

Public Health Plan

2021-2026



Foreword

To formalise our commitment to creating environments that support our community's health and wellbeing, the Shire of Esperance (the Shire) has developed a Public Health Plan (the Plan).

The Shire has a strong traditional focus on health protection, delivering a range of programs and services that contribute to the health and wellbeing of the Esperance community, encouraging it to thrive.

Through the promotion of healthy lifestyle choices, the enhancement of built environments, social interaction, and community connectivity and wellness, we strongly believe we will create an active and healthy community.

Health can be influenced by many factors, sometimes outside of personal control, therefore a holistic approach towards health was adopted when developing the Plan. Connections between social, cultural, economic, built and natural environments in which we live, work and play were considered; from the food we eat to the way we build our communities, it all plays a part in our health and wellbeing.

Executive Summary

The Plan, required under the WA *Public Health Act 2016 (Health Act 2016)*, is a strategic document designed to guide an integrated health and wellbeing planning process for the purpose of protecting, promoting and enhancing the health, wellbeing and quality of life for the Esperance community.

Development of the Plan involved research and engagement with the community and stakeholders to identify the current health and wellbeing needs of our community. As a result, three priority focus areas were identified:

- **Healthy active lifestyle opportunities for all;**
- **A safe and protected community; and**
- **An inclusive, resilient and connected community.**

A range of strategies and actions were developed to underpin these focus areas and demonstrate how the Shire plans to further create environments to lead the protection, improvement and promotion of public health outcomes for our community. This Plan acts as an informing strategy to our Strategic Community Plan and also aligns with the State Public Health Plan 2019-2024.

The Shire recognises that it is not possible to individually address every actual or potential public health issue affecting our community. However, through successful partnerships with local service providers, community organisations, businesses and other levels of government, the Shire can create and maintain positive health and wellbeing outcomes while empowering the community to become more self-reliant and resilient.

The Plan has a strong focus on engaging with priority populations in our community who are recognised as having the poorest health outcomes and who benefit the most from additional support to improve their health and wellbeing.

This Plan includes performance measures and a reporting mechanism to evaluate its implementation over the first five years, which will then be followed by a review process.

Acknowledgment

The Shire of Esperance acknowledges the Nyungar and Ngadju people who are the Traditional Custodians of this Land and their continuing connection to land, waters and community. We pay our respect to their Elders past, present and emerging and we extend that respect to other Aboriginal Australians today.

What Determines Health and Wellbeing?

Although individuals ultimately make the decisions that affect their own health, Local Government can assist people in making healthy choices. In order to understand what actions and priorities to focus on, each Local Government needs to understand their community by looking at its current health status and what may be some of the barriers to people leading healthier lives. By understanding these factors, we are better positioned to identify the public health needs of our community and make positive changes.

Some of these factors, often outside the control of individuals, can impact their health and are referred to as the social determinants of health. They include, but are not limited to, socio-economic status, employment, income, education, housing, social support, access to health care, transport, food security and community safety.

The relationship between the determinants of health and the health and wellbeing of individuals and communities can also be understood by considering factors that:

- Contribute to good health and wellbeing - 'protective factors'
- Jeopardise good health and wellbeing - 'risk factors'

For the above reasons, this Plan has been developed using a Social Model of Health which looks holistically at the broader issues in health.

A photograph of a person sitting on a large, dark, textured rock. The person is wearing a purple jacket, black pants, and a white cap. They are looking towards the camera. In the background, there is a coastal landscape with green vegetation, a body of water, and a cloudy sky.

The World Health Organisation defines 'health' as:

"... A STATE OF COMPLETE PHYSICAL, MENTAL, SPIRITUAL AND SOCIAL WELLBEING, AND NOT MERELY THE ABSENCE OF DISEASE OR INFIRMITY."

The Role of Local government

Local Governments have achieved huge gains in improving the health of communities by enforcing environmental health legislation and initiating surveillance and risk assessment programs. This work has led to significant reductions in many diseases, illnesses and injuries across WA. These fundamental programs have been documented within the Plan to ensure risks to the community continue to be identified and managed.

The Shire of Esperance recognises that good health and wellbeing is essential to creating a healthy and vibrant community, however, this is not the role of a single agency and good collaborative partnerships are needed to contribute to:

- Figure 1 (below): The social determinants of health and wellbeing – How Local Government can make a difference**

[illegible]

Figure 1:
The social determinants of
health as related to the work
of local government.
SOURCE: WORLD HEALTH ORGANISATION

Public Health Plan 2021-2026

lifestyles when, in fact, the environment in which they live and work gives them little or no choice or support for making such changes” (Public Health Advocacy Institute of Western Australia [PHAIWA] & Stoneham and Associates, 2011).

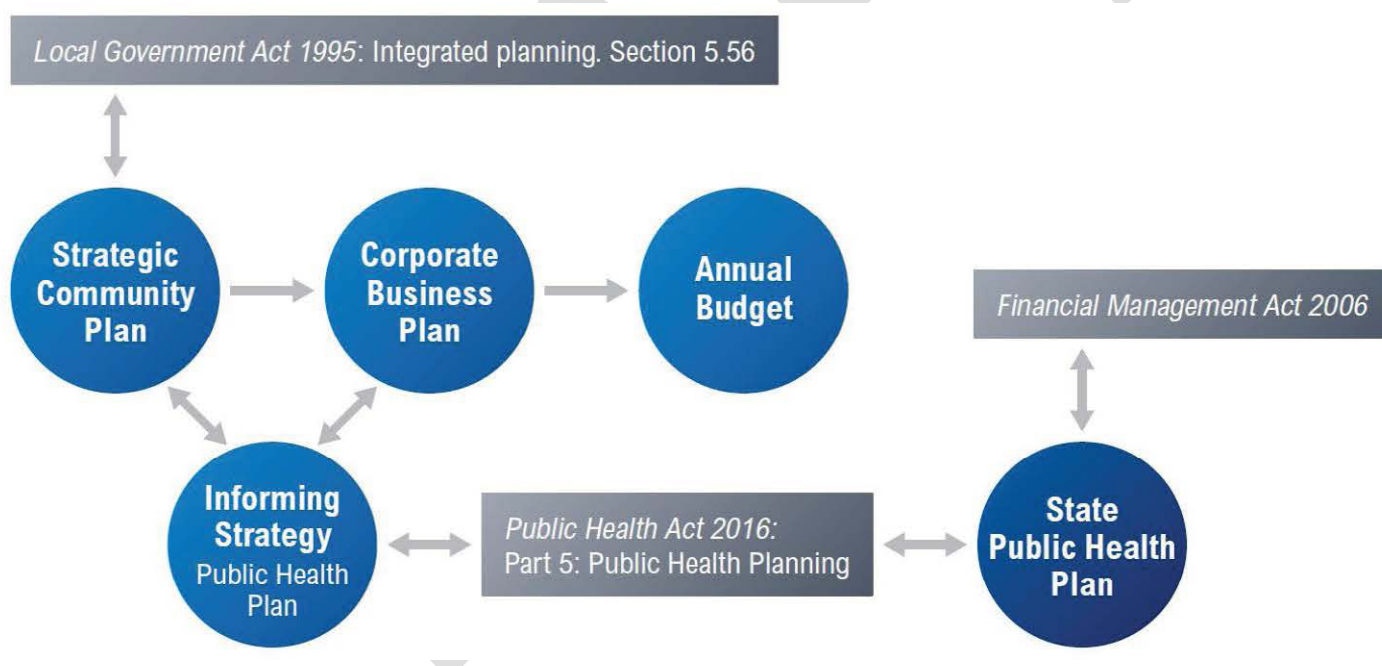
The Framework

The Plan is a five-year strategic document that details how the Shire intends to protect, improve and promote public health amongst its residents. It aims to support all members of the community, across all life stages to achieve good health and wellbeing outcomes across a range of identified priority health issues. The Public Health Planning Guide for Local Government was used as a development tool.

The Plan is an informing strategy to the Shire’s Strategic Community Plan, Corporate Business Plan and the community itself. It establishes an integrated health and wellbeing planning process that fits into the Planning framework under the *Local Government Act 1995*.

Integrating public health planning in this way provides the opportunity to bring together what are often regarded as unrelated activities across Local Government to focus on health and wellbeing outcomes for the community and to enable a more optimal use of resources.

Diagram 2: Linkages between Part 5 of public health planning under the *Public Health Act 2016*, and Local Government planning for the future requirements under section 5.56 of the *Local Government Act 1995*.



Reprinted from "State Public Health Plan for WA: Objectives and Policy Priorities for 2019-2024" by the Department of Health Western Australia, 2019. (<https://ww2.health.wa.gov.au/-/media/Files/Corporate/general-documents/Public-Health-Act/State-public-health-plan/State-PH-Plan-2019-2024/State-Public-Health-Plan-WA.pdf>). Copyright 2019 by the Department of Health Western Australia.

The Plan supports the five themes of the Shire Strategy Community Plan in a number of ways and aligns fundamentally with the theme of Community Connections: Connecting our community to achieve a healthy, inclusive, active and safe place to live. From the Plan emerged a vision, mission, themes, priorities and strategies.

DRAFT

Shire Public Health Plan

Vision: A healthy, liveable, engaged community

Mission: Support the development of a healthy community by empowering people to have healthy lifestyles, be physically active and be socially engaged.

Themes

- Healthy and active lifestyle opportunities for all
 - A safe and protected community
- An inclusive, resilient and connected community

Community Engagement

The Plan has been informed by the ideas and feedback from the community, service providers, local organisations and government agencies.

Findings from the following community engagement opportunities were used in the development of the Plan:

- 334 residents responded to the Esperance Health and Wellbeing survey in 2019;
- 8 health related agencies responded to the Esperance Health and Wellbeing stakeholders survey in 2019;
- 1650 responded to the Strategic Community Plan consultation - Community Scorecard Report 2019 –March 2019;
- Community Resilience Scorecard August 2020;
- Esperance Wellbeing Survey, Report for Esperance AODHRG, LifeSPAN, and the MHC, November 2019 (AOHRG: Alcohol and Other Drug Harm Reduction Group, MHC: Mental Health Commission);
- Esperance Strategic Community Plan – review 228 respondents & 30 workshops 2017;
- Managing of Alcohol in our Communities – Workshop – 28 participants June 2019;
- Esperance Suicide Prevention Action Plan (2021-2025) - Engagement process for agencies July 2019; and
- Public Health Advisory Institute WA (PHAIWA) Obesity Forum – May 2019.

Consultation with Shire staff (internal cross functional working group and middle management group), local agencies, PHAIWA, WA Country Health Services, Esperance Population Health, Curtin University, Cancer Council and Injury Matters took place throughout 2019- 2020 to identify opportunities and optimise the health and wellbeing of the Esperance community.

The internal working group participated in “mapping” key existing programs, strategies and services as they represent a significant pre-existing commitment to improving community health and wellbeing.

Shire of Esperance Strategic Plans & Organisational Plans

The following documents were used to inform and/or complement the Plan. Some provided measurable health indicators while others provided a source of information to build on additional strategies to complement rather than duplicate existing ones.

Shire of Esperance - Strategic Community Plan 2017/2027	Communities for Youth Stage 2 report 2016 - 157 young respondents	Shire of Esperance Disability Access and Inclusion Plan 2019 - 2024
Shire of Esperance - Corporate Business plan 2021/2022	Shire of Esperance Age – Friendly Communities report 2015 - Plus 55 Community Project - 106 respondents	Asset Management Strategy 2015
28 x Shire of Esperance Business Unit plans	Shire of Esperance Playgrounds & Public Open Space Strategic Plan 2015 - 2025	Community Waste Management Plan & Community Waste Strategy 2018 - 2023
General Asset Management Plan	Esperance 2050 Cycling Strategy	State Interim & Final Public Health Plan.
Shire of Esperance Community Waste Strategy 2018-2023	Reconciliation Action Plan (RAP) 2019 - 2020	CBD Landscaping Concept Design Plan.
Esperance Town Centre Revitalisation Master plan 2015-2035	The Shire of Esperance Sports Facilities and Service Plan	Local Planning Strategy

Implementation, Governance and Reporting

Governance

The strategic and operational governance of the Plan will be overseen by two key groups:

An **Advisory Committee** will meet once a year to provide strategic advice on the ongoing development, implementation and evaluation of the Plan.

The committee will have representatives from key local agencies, which have a significant role in or influence on community health and wellbeing including, but not limited to:

- Shire of Esperance;
- WA Country Health Service; and
- WA Primary Health Alliance- Esperance.

A **Shire of Esperance Working Group** will have representatives from the various Shire teams with the highest level of responsibility for influence on the Plan's strategies and actions. The group will meet quarterly to monitor the progress of the action plan, discuss key issues and opportunities as well as to integrate and advocate for health and wellbeing across the Shire's service and decision-making areas.

Implementation

The five-year Plan will be implemented through the Shire Action Plan that identified strategies, outcomes and measures. Reporting of the Plan will be coordinated by the Shire Governance and Corporate support areas in collaboration with the Health Services area. This also requires the delivery of actions by a range of service areas across the Shire of Esperance.

Reporting and Review

After five years, the Plan will be evaluated for further development according to the needs of our local community, the State Public Health Plan and the legislative requirements of the *Public Health Act 2016*.

Measures

Changes in health status across the population are usually only seen over long periods of time. Therefore, a range of measures will be used to track the impact and effectiveness of the Plan's strategies and actions over the short, medium and long term.

SHORT TERM	MEDIUM TERM	LONG TERM	
Actions from the PHP action plan have been implemented as planned.	Improved community perception of health, wellbeing and liveability issues.	Decrease or no change in prevalence of health risk factors in the community.	Decrease or no change in Esperance preventable death and hospitalisation rates.
Actions from the PHP have been an effective way for the Shire to focus on health and wellbeing.	Improved community perception and use of the Shire's health, wellbeing and liveability services and assets.	Increased prevalence of protective health factors in the community.	Changes in access to socio-economic resources within the community.
Data from quarterly reporting of progress of the action plan and individual project/action evaluation.	Data sourced from health, wellbeing, and liveability indicators of the Shire community perception survey undertaken as determined by Council.	Data sourced from Esperance population health data – death and hospitalisation rates, risk factor prevalence rates, and socioeconomic data from the Department of Health Epidemiology Branch [WA Health].	

Esperance Profile

Population Demographic Overview

Esperance is located 725 km from Perth and is classified as remote according to the Accessibility/Remoteness Index of Australia (ARIA). Esperance as a town accounts for about 73% of the Shire's population (Australian Bureau of Statistics [ABS], 2016a), a static figure since 1996. The Shire includes the satellite towns of Gibson, Condingup, Coomalbidup, Grass Patch, Scaddan, Salmon Gums, Dalyup and Cascade, which are the backbone of our agricultural industry, are linked by 4853km of roads and contribute to the main employment industry (16.5%) (ABS, 2016a).

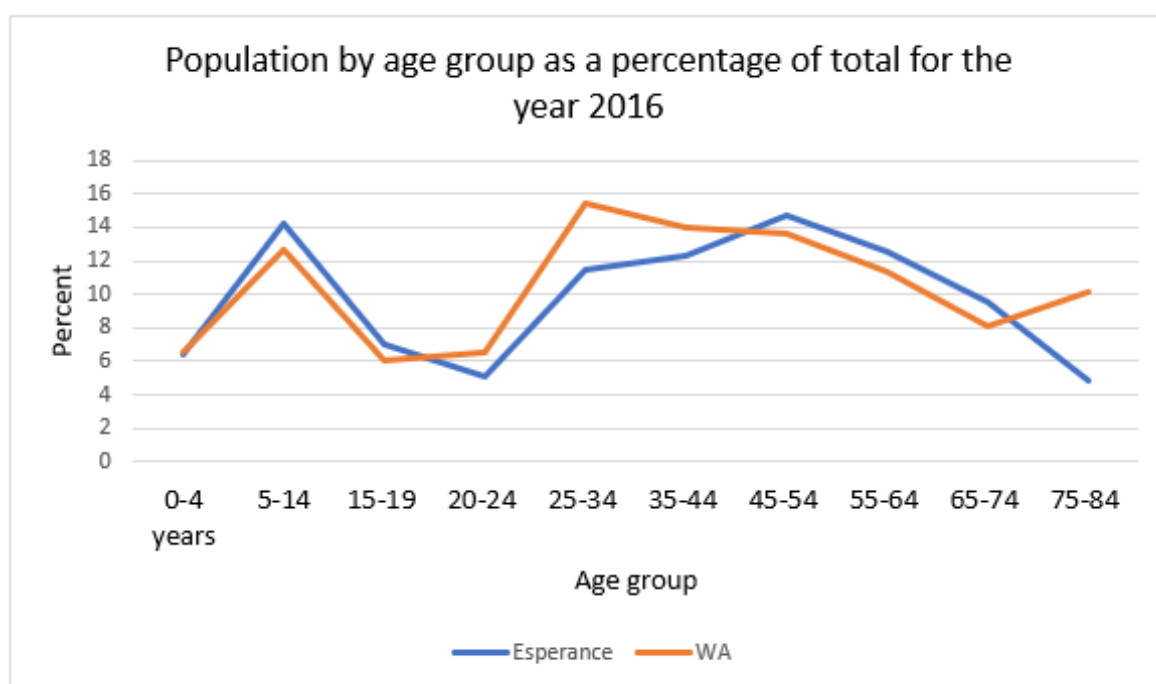
Our isolation and strong sense of community contribute to our community resilience. The community has a strong desire to help those in need in times of crisis from bush fires, floods, pandemics and personal tragedies, which manifests itself by a strong culture of volunteering and philanthropy. In Esperance, 28% of people do voluntary work for an organisation or group (ABS, 2016a). It should be noted that this report was compiled prior to the COVID-19 Pandemic, which has impacted populations at risk identified in this plan, and highlighted the importance of focussing on health priority actions that would benefit most of these populations.

The Esperance community is diverse and vibrant and actively gets involved in making things happen, evidenced by the large amount of sport and recreation clubs. Our national parks, Ramsar wetlands and dramatic coastline provide a number of recreational and tourism opportunities.

The Shire of Esperance manages an area encompassing over 44,000km (ABS, 2016a). With a population of 14,236 (ABS, 2016a), the Esperance Shire has a low population density of only 0.33km² compared to the State average of 1.0km² (ABS, 2016a). Low population density towns are often impacted by gaps in health service availability, staff recruitment and retention and general isolation.

Esperance's age profile in Diagram 3 shows a higher proportion of school-aged children and a lower proportion of young adults than the State. This is typical of many regional towns where young adults move away for tertiary education and work. The median age of people in Esperance is 40 years, a little older than the State median age of 36 (ABS, 2016a).

Diagram 3: Age Profile, Shire of Esperance (Department of Planning, Lands and Heritage [DPLH], 2019)



Aboriginal people in Esperance account for 4.1% of the population, which is higher than the State average at 3.1% (ABS, 2016a), but lower than country WA at 8.4% (ABS, 2016a), and with a median age of 17 years, younger than the State median of 23 (ABS, 2016a). There remains a discrepancy between the health status and life expectancy of Aboriginal people when compared to non-Aboriginal people. The Shire acknowledges this discrepancy, and closing the health gap is an endeavour shared with other agencies through actions targeting specific needs of the community. In September 2019 the Shire adopted its first Reconciliation Action Plan (RAP) paving the way for future engagement activities with Aboriginal in Esperance.

Population Forecast

The Shire of Esperance has seen a conservative increase in population growth from 13,487 people in 2011 to 14,236 (ABS, 2016a) with similar growth forecasted in 2031 (Appendix 1). Although a positive growth, there has been a shift in demographics in the age profile category with the median age progressively increasing over the last four census periods from 34 to 40 (ABS, 2016a).

The older age groups are expected to grow at a higher rate than younger groups as the proportion of people aged 70 and over is expected to grow to 38% from 2021 to 2031 making the predicted size of Esperance's ageing population noteworthy (Appendix 2).

Climate, lifestyle, services and support facilities available in Esperance provide an attractive retirement destination. Other reasons for an increasing ageing population include an increased life expectancy and the "baby boomer" generation moving through the population structure. Increased demand for health and affiliated services will continue to be a consequence of the ageing population. In addition, as the potential prevalence of chronic conditions and health issues increases, prevention of chronic diseases through education and accessible services will become even more essential.

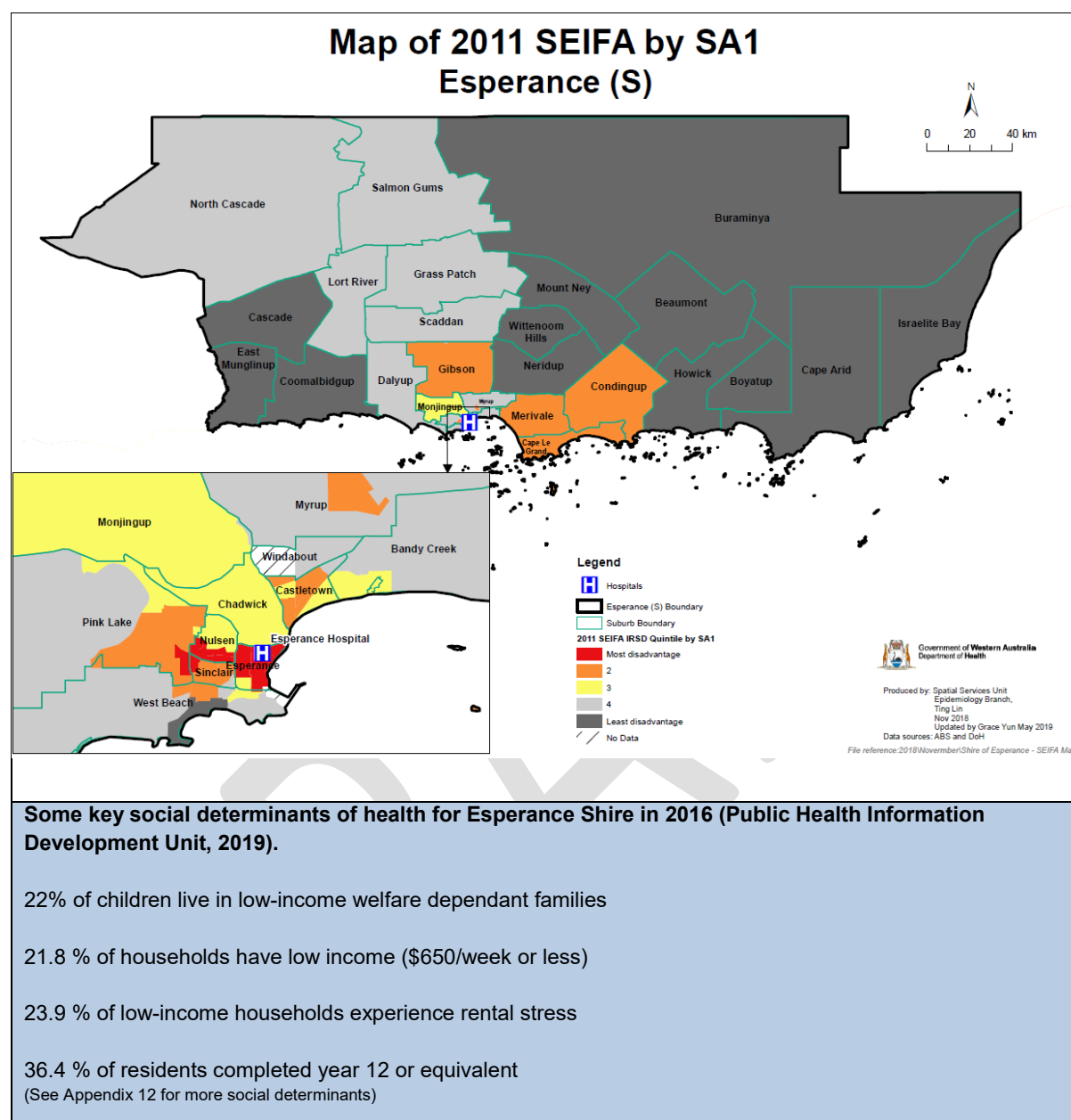
Social - Economic Status

The more disadvantaged an area, the higher prevalence of self-reported ill health or risk factors for ill health' (ABS, 1999). Subsequently, delivery of services and programs should target the most disadvantaged populations. The SEIFA Index of Disadvantage measures the relative level of socio-economic disadvantage based on a range of Census characteristics and is a good place to obtain an overall view of the relative level of disadvantage of a community to identify vulnerable populations.

When targeting services to disadvantaged communities, it is important to also look at the underlying characteristics as they can differ markedly between areas with similar SEIFA scores. A higher score (out of 1000) on the index means a *lower* level of disadvantage (darker grey). A lower score on the index means a *higher* level of disadvantage (red areas).

The Esperance 2011 and 2016 SEIFA's scores were respectively 996 and 998 (ABS Census, 2011, 2016) which are relatively high scores. The below SEIFA map of 2011 by SA1 for Esperance shows some areas of high levels of disadvantage (in red), which may be missed if only looking at score.

Diagram 4: Map of 2011 SEIFA by SA1 Esperance (Department of Health Epidemiology Branch & Cooperative Research Centre for Spatial Information [WA Health & CRCSI], 2018a)



Lifestyle Risk Factors Overview

Health profiling must also look at lifestyle risk factors, disease, death and hospitalisation rates. Our health is influenced by the choices we make, whether we smoke, drink alcohol, are immunised, have a healthy diet or undertake regular physical activity. Many chronic diseases share lifestyle risk factors that are largely preventable. Modifying these risk factors can reduce an individual's risk of developing a chronic disease and result in large health gains by reducing illness and rates of death (Australian Institute of Health and Welfare [AIHW], 2016a). In Australia, the risk factors causing the most burdens are tobacco use, high body mass, alcohol use, physical inactivity, poor nutrition and high blood pressure (Australian Institute of Health and Welfare, 2016b). The current goal of the WA Health Promotion Strategic Framework is to "lower the incidence of avoidable chronic disease and injury in WA by

facilitating improvement in healthy lifestyles and environments” (Australian Institute of Health and Welfare, 2016b).

The following Health and Wellbeing Surveillance System (HWSS) report for Esperance identifies the prevalence of some chronic diseases, injuries and mental illness within our community and demonstrates the incidence of lifestyle behaviours which contribute to the increased risk of these chronic health conditions.

Table 1: Prevalence of common health conditions for adults (16 and over) Shire of Esperance WA, 2015 – 2016 (WA Health, 2018)

	Estimate Esperance %	Estimate WA %
Current high blood pressure	23.9	16.0
High cholesterol +	14.2	17.5
Overweight	37.9	38.9
Obese	33.9	27.7
Injury	27.8	23.3
Mental health problem (**)	*14.9	14.6
Arthritis	20.9	19.5

Prevalence of lifestyle risk factors for adults (16 and over) Shire of Esperance WA, 2015 – 2016

Eat less than 5 serves of vegetables daily	85.6	88.4
Eat less than 2 serves of fruits daily	57.5	50.3
Less than 150 minutes of physical activity per week	53.4	36.4
Eats fast food at least weekly	38.4	33.2
Spends 21 + hours per week in sedentary leisure time	35.8	34.9
Drinks at high risk levels for short-term harm	5.9	10.0
Drinks at high risk levels for long-term harm	18.2	27.5
Currently smokes +	*10.9	11.8
Attended a primary health care service in last 12 months	82.2	89.9

* Result has a RSE between 25% and 50% therefore should be used with caution.

(**) Diagnosed by a doctor with a stress related problem, depression, anxiety or any other mental health problem in the last 12 months

+ Higher results have been provided by WAPHA – WA Primary Health Alliance April 2018 - See Annexe 13

This information is based on responses from 272 adults within the Esperance Local Government Authority (LGA) and 12845 adults with the State of Western Australia (WA).

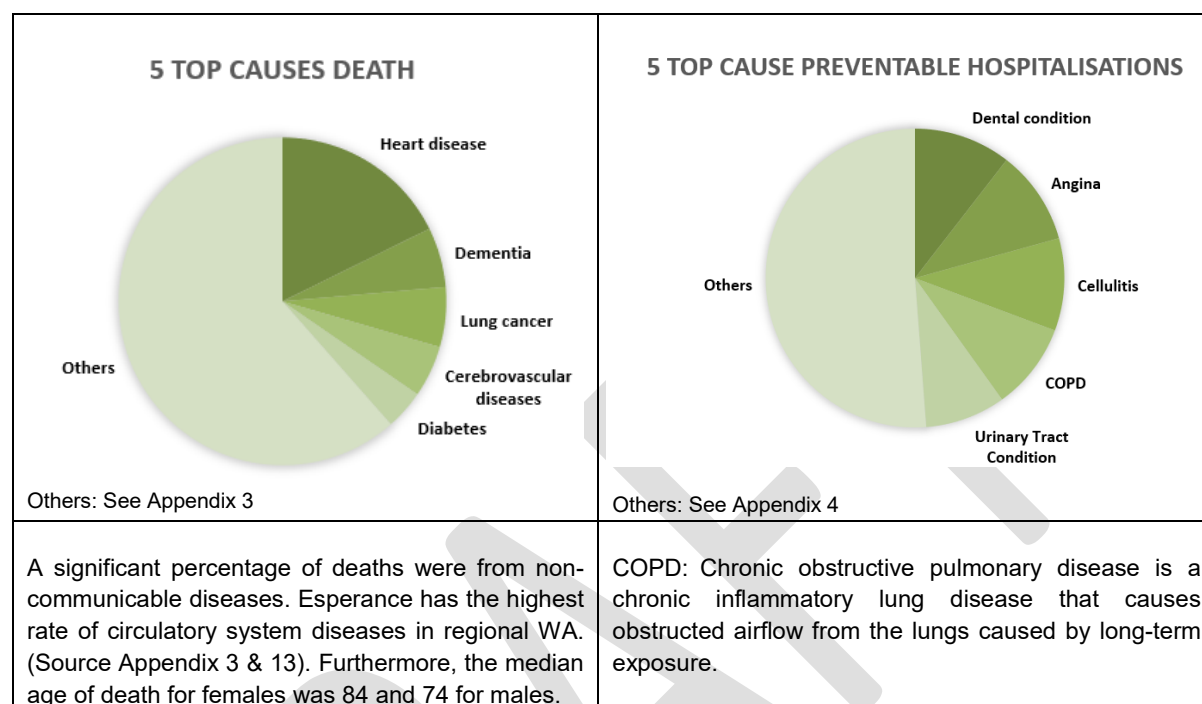
The Esperance HWSS report may not be representative of the Aboriginal population and national levels of chronic disease among the Aboriginal population must be factored into estimates of chronic disease for Esperance given that 4% of the population is Aboriginal. “Nationally, Aboriginal people report a higher prevalence of most chronic conditions compared with non – Aboriginal people and are more likely to have poorer health than non-Aboriginal people” (WA Country Health Service [WACHS], 2018). It is noteworthy that as at April 2018, only 13% of Aboriginal people living in Esperance received a GP health assessment compared to 48% in the Goldfields (Annexe 13).

Care was taken when looking at the HWSS data due to the small sample size for Esperance and the number of years necessary to make up a representative sample. Subsequently, chronic diseases were

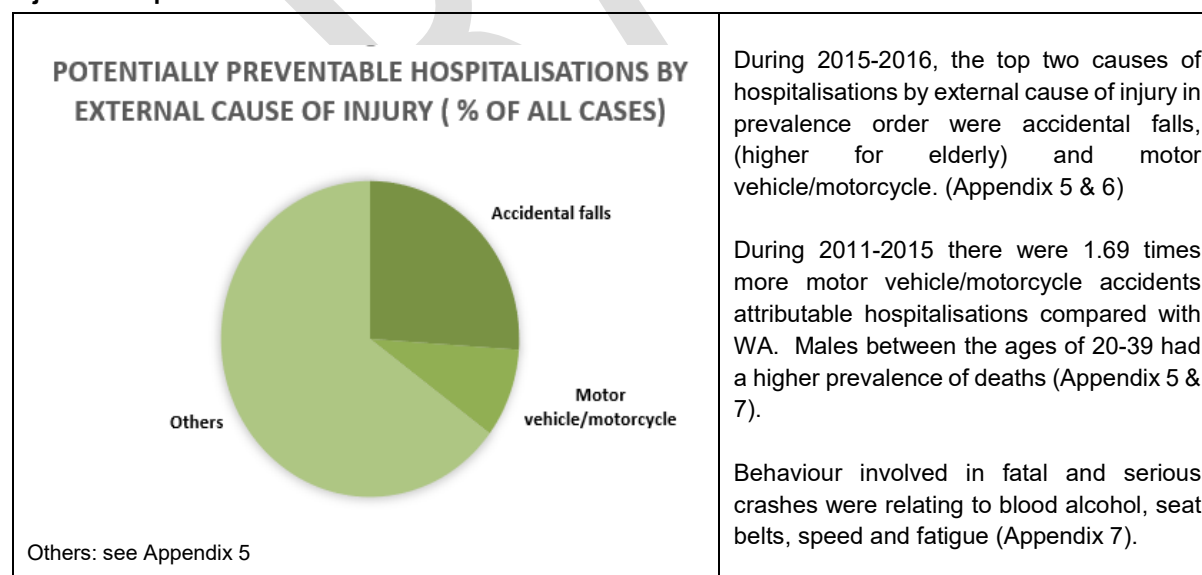
also reported using other methods such as hospitalisation, death registries and data from other agencies.

Causes of Deaths and Preventable Hospitalisations - Esperance

Between 2011-2015 Esperance's top five causes of death and preventable hospitalisation in order of prevalence were:



Injuries – Esperance



Alcohol and Other Drugs (Including Misuse of Pharmaceuticals)

“In 2018, Esperance had the second highest drug and alcohol hospitalisation admission rates per resident in regional WA” (WA Country Health Service [WACHS], 2018).

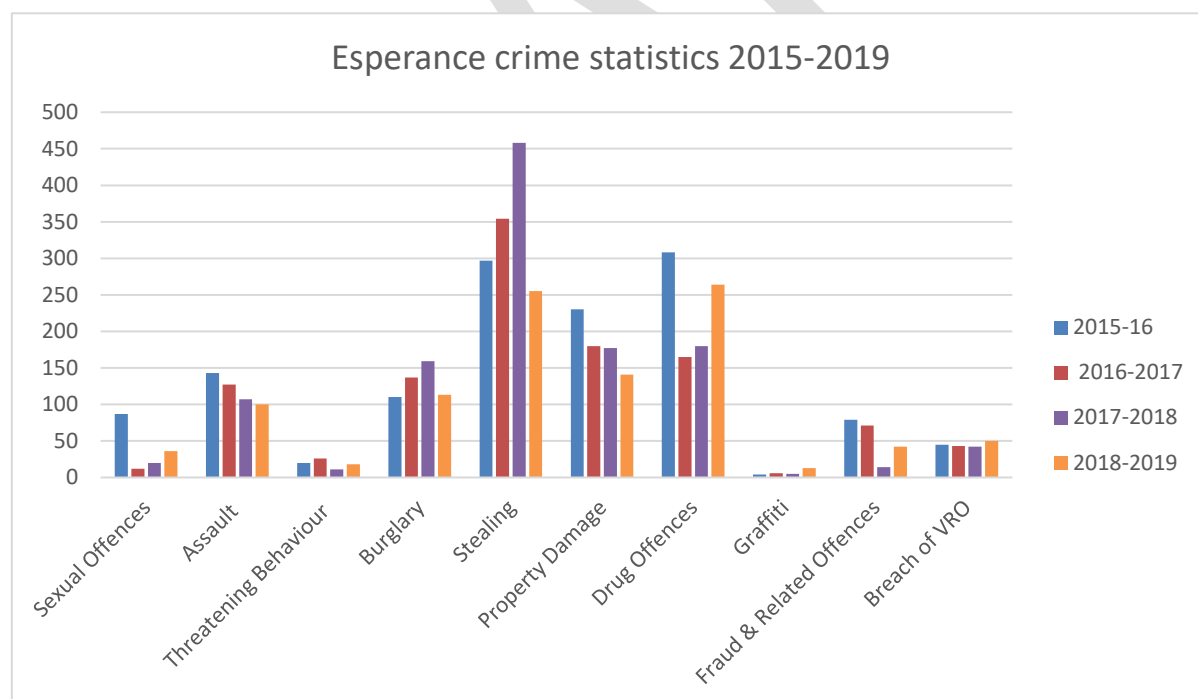
During 2011-2015, there were 1.30 times the number of alcohol-attributable hospitalisations in Esperance compared with WA, and Esperance was also slightly higher for illicit drugs at 1.34 times the WA rate (Appendix 8).

Some of the key findings of the Esperance Wellbeing Survey, the report for Esperance AODHRG, LifeSPAN, and the MHC in November 2019 included:

- One-quarter to one-third of respondents are consuming alcohol at unsafe levels. A greater proportion of respondents aged under 50 were classified as unsafe drinkers.
- The majority of respondents agreed alcohol is a problem worrying the community. Respondents perceive the results of drinking too much alcohol, taking illegal drugs causes harm, damage, and health problems within the community.

Diagram 4 shows that since 2015 stealing is the most prevalent crime followed by drug offences. The two are often strongly linked as economic necessity plays a role in the decision to commit crimes to help defray the costs of use.

Diagram 4: Esperance Crime Statistics 2015-2019



*VRO: Violence Restraint Order

*Including all suburbs (Bandy Creek, Beaumont, Boyatup, Buraminy, Cape Arid, Cape Le Grand, Cascade, Castletown, Chadwick, Condingup, Coomalbidgup, Dalyup, East Munglinup, Esperance, Gibson, Grass Patch, Howick, Israelite Bay, Lort River, Merivale, Monjingup, Mount Ney, Myrup, Neridup, North Cascade, Nulsen, Pink Lake, Salmon Gums, Scaddan, Sinclair, West Beach, Windabout, Wittenoom Hills)

Mental Health - Esperance

In 2016, Esperance had the highest proportion of non-urgent emergency department presentations for psychosocial complications compared to regional WA and nearly triple the hospital admission rate per 10 000 people due to depression compared to the nation (Appendix 13).

"Access to mental health services is substantially more limited than in major cities. Rural Australians face greater challenges as a result of such conditions, due both to the difficulty of accessing the support needed for mental illness and to the greater visibility and stigma. Tragically, rates of self-harm and suicide increase with remoteness" (National Rural Health Alliance Inc., 2017).

Esperance had higher rates of youth suicide (male and female) from 2006-2015 than the State (Appendix 9). It is also noteworthy that Australian men aged over 85 have the highest suicide rate in Australia, more than double that of teenagers (ABS 2015).

Aboriginal people (two thirds of whom live in rural, regional or remote areas) are almost three times as likely as non-indigenous people to report high or very high levels of psychological distress" (Australian Bureau of Statistics, (2013).

Other Diseases

In Esperance, from 2011-2015, cancers including melanoma, cervical and lung cancers had higher incidence rates than regional WA and the state (Appendix 13).

Mosquito-borne diseases are often associated with above rainfall seasons and was reflected with higher disease prevalence in Esperance in 2016-2017 (Appendix 14).



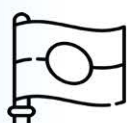
Snapshot of the Health of People in Esperance

KEY DEMOGRAPHIC FACTORS

in 2016



Population
14,236
0.33 people
per km²
Median age
40 years



Aboriginal
People
comprised 4.1%
of population
Median age
17 years



By 2031, it is
estimated the
number of
people
70+ years
will increase
by 38%



3.5% of the
population
needed
assistance with
core activities
due to disability



3 in 4 people
were born in
Australia
36% of residents
completed yr 12
or equiv.



21.8% of
households have
low income,
of which 23.9%
experience
rental stress



Over 1 in 2
were not active
enough
Over 1 in 3 spent
21+ hours / week
of sedentary
leisure time



1 in 7 eat
enough
vegetables
1 in 2 eat
enough fruit



2 in 5 consume
fast food at least
weekly
(> than WA)



1 in 10 smoke
1 in 5 smoke
when pregnant



Over 1 in 5 drink
at high risk levels
for long term harm
1.3 times
more alcohol
attributable
hospitalisations
and 1.34 times
more for illicit
drugs compared
to WA average
from 2011-15



82% attended a
primary health
care service
in the last
12 months,
compared to WA
average of 90%

KEY LIFESTYLE FACTORS

2015-2016 Adults 16+

KEY BIOMEDICAL & DISEASE

Diagnosed in 2015-2016
Adults 16+



3 in 4 are
overweight or
obese



Over 1 in 5
had high blood
pressure
Highest rate
of circulatory
system diseases
in regional WA



1 in 7 had high
cholesterol
Mental illness
est. 14.9%**



Over 1 in 4
sustained an injury
in last 12 months
Top two causes of
PPH by external
cause of injury:
- Accidental Falls
- Motor Vehicles



Melanoma
1.5 times higher
Lung Cancer
1.2 times higher
Cervical Cancer
1.3 times higher
than state average
from 2011-15



The incidence
of vector borne
disease was 1.3
times higher
than state
average from
2011-15

PPH: Potentially Preventable Hospitalisations

** Diagnosed by a doctor with a stress related problem, depression, anxiety or any other mental health problem (2015-2016)

What the Community has said:

In the 2019 Esperance Health and Wellbeing Survey, the community rated the following:



WHAT WOULD HELP THEM TO BE MORE PHYSICALLY ACTIVE?

1.

More accessible / affordable fitness classes

2.

More walk / cycle trails & maps

3.

More recreational community activities and events

4.

Exercise / play equipment in parks catering to various ages

5.

Information on opportunities to be physically active and finding the time & motivation



WHAT WOULD HELP THEM TO EAT HEALTHIER?

1.

More healthy options at events, takeaway / fast food outlets and at sporting & community cubs

2.

Food labelling literacy

3.

Food security (affordable, fresh produce & the skills to grown own food)

4.

Skills and knowledge on how to prepare healthy meals



THE RISK FACTORS THAT ARE MOST IMPORTANT:

1.

Illicit drug use

2.

Mental ill-health

3.

Harm / harmful alcohol use

4.

Tobacco smoking with 92% wanting a policy to reduce harm from alcohol and tobacco

Majority of respondents agreed alcohol is a problem / worry in the community. They perceived the results of drinking too much alcohol, taking illegal drugs causes harm, damage, and health problems within the community.⁷



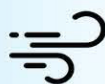
⁷ (Esperance Wellbeing Survey, Report for AODHRG, LifeSPAN, and the MHC, 2019.)

What the Community has said, cont.

MOST IMPORTANT PUBLIC HEALTH RISK FACTORS



Community
Safety



Clean &
Safe Air



Safe Waters
(Pool, Ocean,
Lake)



Parks & Open
Public Spaces



Range of
Recreational
Facilities



Road
Safety



Access
Nutritious &
Affordable Food

2019 HEALTH & WELLBEING SURVEY RESULTS SHOW

56%

Agreed they felt
their life has a
sense of purpose

53%

Agreed they are
proud of the area
they live in

37%

Feel as though they
belong in their local
community

35%

Agreed they enjoy
interacting with people
in their neighbourhood

31%

Agreed there is a
strong community
spirit in their local area

COMMUNITY TOP 5 AREAS OF INTEREST FOR VOLUNTEERING



Environment



Sporting



Community
Groups &
Services



Aged Citizens



Emergency
Events



Rational of the Plan

Deliverables

Delivering on the Vision, Themes, Identified Priorities and Aspirations of the Community were achieved using the PABCAR Model. In addition, the rational was drafted by working within the context of the existing Shire of Esperance strategies, State legislation, existing evidence and consultation feedback.

Theme 1: Healthy Active Lifestyle opportunities for all

Aim: To inform and empower individuals to make positive health choices which enhance their physical and mental wellbeing by promoting healthier options and advocating against adverse behaviours.

Esperance key population health data (HWSS)

- Over 1 in 2 adults are not active enough, over 1 in 3 spends 21+ hours per week of sedentary leisure time;
- Highest rate of circulatory system diseases in regional WA;
- 1 in 5 have high blood pressure, 1 in 7 have high cholesterol;
- 1 in 7 eat enough vegetables, 1 in 2 eat enough fruits;
- 3 in 4 are overweight or obese;
- 2 in 5 eat fast food at least weekly;
- 1 in 10 smokes, 1 in 5 when pregnant;
- Over 1 in 5 drink at high risk levels for long term harm;
- Has 1.30 times alcohol-attributable hospitalisations and 1.34 times for illicit drugs compared with the WA;
- Top two causes of potentially preventable hospitalisations by external cause of injury: accidental falls (higher for elderly) and motor vehicle/motorcycles; and
- 1/4 to 1/3 of respondents consume alcohol at unsafe levels. A greater proportion of respondents aged under 50 were classified as unsafe drinkers.

Is there acceptance/need for interventions in Esperance?

The 2019 Esperance Health and Wellbeing Survey results show:

The top responses when asked what would help you to be more physically active:

- More accessible/affordable fitness classes;
- More walk & cycle trails and maps;
- More recreational community activities & events;
- Exercise /play equipment in parks catering to various ages; and
- Information on opportunities to be physically active & finding the time & motivation.

When asked what would help you to eat more healthy:

- More healthy options at events, takeaway/fast food outlets and at sporting & community clubs;
- Food labelling literacy; and
- Food security (affordable, fresh produce & skills to grow food).

When asked to rate the level of risk factors:

- Illicit drugs use;
- Mental ill-health ;
- High / harmful alcohol use; and
- Tobacco smoking with 92% wanting a policy to reduce harm from alcohol and tobacco.

Majority of respondents agreed alcohol is a problem/worry in the community. They perceived the

	results of drinking too much alcohol, taking illegal drugs causes harm, damage, and health problems within the community- Esperance Wellbeing Survey, report for Esperance AODHRG, LifeSPAN, and the MHC - November 2019 Positive results: March 2019 MARKYT Survey For footpaths, trails and cycle ways the Shire had 11 index points ahead of the MARKYT® Industry Standard. 2020 MARKYT - Community Resilience Scorecard 1 During COVID-19, diet and exercise were given the lowest wellbeing score by the community.
Is the problem amenable to change? WA State Public Health Plan identified for 2019-2024 that empowering and enabling people to live healthy lives is a key objective. Poor diet, insufficient physical activity, being overweight/obese and smoking were identified priority risk factors to increasing the incidence of preventable disease, illness, injury, disability and premature death. The National Health Priority Areas are nine preventable diseases and conditions prioritised because they contribute significantly to the burden of illness and injury in the community: 1. Cancer; 2. Cardiovascular health; 3. Injury; 4. Mental health; 5. Diabetes; 6. Asthma; 7. Arthritis; 8. Obesity; and 9. Dementia. Cost of inaction: Evidence is clear that prevention offers cost-effective ways to improve health outcomes in Australia (Department of Health Western Australia, 2019): • \$715 million of hospital costs in WA were attributed to chronic conditions in 2013; • In 2013, hospital costs in WA for injury were just short of \$350 million; and • \$176 million invested in tobacco prevention in Australia between 1971 and 2010 averted approximately \$8.6 billion in health costs over that period.	
Identified priority programs •Active living • Healthy eating & drinking • Healthy living • Mental health • Chronic diseases •Injury	

Theme 2: A Safe and Protected Community

Aim: To undertake a range of actions and programs designed to provide safeguards to protect a person's health from external sources in the built and natural environment to prevent disease.

Health programs

In the 2018/19 financial year, activities that aimed to reduce Esperance environmental health risk exposures included:

- 701 inspections of registered businesses and events;
- 376 water monitoring samples collected from a variety of water sources (environmental, aquatic facilities & drinking waters) to monitor compliance and to meet statutory requirements;
- 16 adult mosquito traps were installed, 78 larval surveys were conducted including larvicide treatments to reduce mosquito activity and mosquito borne disease risks;
- Species identification of 2476 mosquitoes;
- 1 case of mosquito borne disease recorded;
- 811 responses to public health service requests relating to:
 - Asbestos;
 - Noise;
 - Food recalls;
 - Dust;
 - Moulds;
 - Algal bloom;
 - Needles;
 - Smoke;
 - Litter; and
 - Disease notifications.
- 19 public health literacy opportunities including media releases, displays and broadcasted messages were released;
- 143 temporary food permits were issued;
- Food program surveying quality, affordability and labelling;
- 278 building approvals were issued; and
- 22 pool barrier inspections conducted.

Is there acceptance/need for interventions in Esperance?

The 2019 Esperance Health and Wellbeing Survey results show:

The top public health risk factors rated most important by the community were:

- Community safety
- Clean and safe air
- Safe waters (pools, ocean, lakes)
- Parks and open public spaces
- Range of recreational facilities
- Road safety
- Access nutritious and affordable food

Positive results: March 2019 MARKYT survey

Since the last study, the Shire has improved in 18 performance measures. The biggest improvements were in:

- Health and community services;
- Footpaths, trails and cycle ways;
- Community buildings, halls and toilets;
- Social media presence; and
- Playgrounds, parks and reserves.

2020 MARKYT - Community Resilience Scorecard 1

During COVID-19 the community agreed good practices to manage risk were put in place, including clear thinking and decision making by the Shire of Esperance.

Is the problem amenable to change?

The State Health Plan identifies "providing health protection for the community" as a key priority, with the enforcement of regulatory programs continuing to be an important priority for the State and Local Governments.

Identified Priority Programs

Delivery of a suite of public health legislative programs, essential services & interventions to reduce exposure to environmental health risks and regulatory measures such as regulation of industries, wastewater management, infectious disease surveillance and outbreak responses, control of disease vectors and disaster management. Such interventions have resulted in the decline in the WA mortality rate over the last century.

Theme 3: Inclusive, Resilient and Connected Community

Aim: To provide a range of services and facilities designed to meet the community wellbeing needs by promoting and developing positive external factors to a person's health.

Priority Populations:

The Plan applies to the health and wellbeing of all people, however, it is recognised that targeted interventions to reduce health inequities and to assist those in the community who have a higher risk of exposure to health risk factors is essential.

- 3.5% need assistance with core activities due to disability;
- By 2031, it is estimated people over 70 years old will increase by 38%;
- Aboriginal people report a higher prevalence of most chronic conditions compared with non – Aboriginal people and are more likely to have poorer health than non-Aboriginal people;
- 22% of children live in low-income welfare dependant families;
- 36% of residents completed year 12 or equivalent;
- 21.8% of households have low income; 23.9% of low-income households experience rental stress;
- Nearly triple the hospital admission rate per 10,000 people was due to depression as compared to the nation;
- Highest proportion of non-urgent emergency department presentations for psychosocial complications as compared to regional WA; and
- Higher rates of youth suicide (male and female) from 2006-2015 compared to State average.

Is there acceptance/need for interventions in Esperance?

The 2019 Esperance Health and Wellbeing Survey results show:

- 56% agreed that they feel their life has a sense of purpose.
- 53% agreed that they are proud of the area they live in
- 37% feel as though they belong in their local community
- 35% agreed that they enjoy interacting with people in their neighbourhood
- 31% agreed there is a strong community spirit in their local area

The community top 5 areas of interest for volunteering:

- Environment;
- Sporting;
- Community groups and services;
- Aged citizens; and
- Emergency events

Positives results: March 2019 MARKYT survey

As a place to live, the performance index score was 76 out of 100, close to par with the MARKYT® Industry Standard.

The community would like Council to focus on:

- Economic development;
- Tourism attractions;
- Governance; and
- How the community is consulted.

2020 Markyt- Community Resilience Scorecard 1

During COVID-19, 76% of the community felt hopeful and enthusiastic about the future compared to 69% in WA.

Is the problem amenable to change?

The above populations at risk also align with the priority populations of the State Public Health Plan for WA 2019-2024.

The Shire of Esperance Disability Access and Inclusion Plan 2019-2024, the Esperance Age-Friendly Communities Report 2015, the Communities for Youth Stage 2 Report 2016 and the Reconciliation Action Plan (RAP) 2019-2020 also identified priority actions.

Identified Priorities

Building a liveable community for all that is safe, connected and secure, affordable, offers supportive community features and services to enhance personal independence, allow residents to remain in their homes and communities as they age, and foster residents' engagement in the community's civic, economic and social life.

The yearly Shire budget also includes capital projects, maintenance programs, services and activities that all contribute to the safety and wellbeing of our community.

Shire of Esperance 2020/2021 – Where we budgeted to invest in



Shire Action Plan

Theme 1: Healthy Active Lifestyle Opportunities for All

Aim: To **inform and empower individuals** to make positive health **choices** which **enhance their physical and mental wellbeing** by promoting healthier options and advocating against adverse behaviours.

Strategy 1: Promotions				
No	Objective	Action	Outcomes	Measures
1.1	Delivery of programs designed to promote physical exercise and active living	a) Educational material to be available on the Shire's website and other mediums.	Residents able to access relevant information easily.	Website pages contain desired and up to date information.
		b) BOILC provides and promotes a wide range of wellbeing and fitness programs that are accessible and supports various community and sporting groups and individuals. BOILC continues to identify new program opportunities.	Diverse range of leisure activities provided at BOILC.	- Programs implemented; and - Community satisfaction*.
		c) Enhance outdoor public fitness equipment and deliver fitness and wellbeing programs in a range of suitable public places across Esperance in collaboration with local agencies.	Affordable and accessible fitness & wellness activities delivered to the community.	- Programs /events in and public places that involve fitness and that are free identified and implemented; and - Community satisfaction*.
		d) Identify opportunities to partner with local, state and federal health promotion bodies and campaigns to facilitate and help promote physical exercise and active living (Live Lighter, Heart Foundation, LGIS, HEAL, Cancer Council, Injury Matters).	Increased level of community knowledge on the topic of physical and active living.	- Increase funding to promote health & wellbeing; - Compare HWSS data after 5 years; and - Reduction of lifestyle risk factors - Compare Injury Matters data after 5 years.
		e) Continue to deliver community events that promote and educate the community on being active, eating healthy	Increased access to healthy and safe events and community knowledge.	Number of: Health and wellbeing and environmental

		and looking after themselves and the environment.		focused events; and • Community satisfaction*.
		f) Continue to run health outcome programs that promote healthy lifestyles and investigate new ones for Shire staff and Council.	Active and healthy workforce and Council leading the community from within.	Staff engagement surveys.
1.2	Promote programs designed to promote healthy eating	a) Educational material to be available on the Shire's website and other mediums.	Residents able to access relevant information easily.	Website pages contain desired and up to date information.
		b) Support or run community workshops, seminars, events or programs in partnership with others as may be appropriate to promote healthy eating (Live lighter, Cancer Council, Food Sensation, Heathway/Fuel to Go and Play, Food Safe, Food Safe online) for priority populations.	- Increased level of community knowledge on the topic of healthy eating; and - Increase number of sustainability projects.	- Participation level in programs offered; - Compare HWSS data after 5 years; and - Community satisfaction*.
		c) Support community markets and other food security & sustainability initiatives.	Increase access to nutritious food so eating healthy is easier.	- Food security & sustainability; - Initiatives implemented; and - Community satisfaction*.
1.3	Promote programs designed to discourage excessive alcohol consumption and tobacco and drug use .	a) Educational material to be available on the Shire's website and other mediums.	Residents able to access relevant information easily	Website pages contain desired and up to date information.
		b) Support or run community workshop seminars or programs in partnership with other organisations as may be appropriate.	Increased level of community knowledge on the topic of excessive alcohol consumption and tobacco and drug harm.	- Participation level in workshops offered; - Compare HWSS data after 5 years; and - Reduction in lifestyle risk factors.
		c) Work in partnership with PHAIWA, Primary Health Network (PHN) Country WA and other local service providers and promotional agencies to deliver	Prevent and reduce the level of harm and ill- health associated with the sale, supply and consumption of alcohol and drugs.	- Completing actions as per approved plan; - Compare Injury Matters data after 5 years;

		Esperance Alcohol and Other Drug Management Plan.		- Compare crime data after 5 years; and - Community satisfactions*.
		d) Continue to promote and enforce smoke free public places/events via inspection programs in public places under The <i>Tobacco Products Control Act 2006</i> .	Prevent and reduce the level of harm and ill-health associated with smoking.	- As per public building inspection program; and - Community satisfactions*.
1.4	Promote programs designed to inform and improve mental health issues within the community	a) Educational material to be available on the Shire's website and other mediums.	Residents able to access relevant information easily.	Website pages contain desired and up to date information.
		b) Continue to partner with agencies for mental health promotion and support community networks and social inclusion.	Increased service level capacity within the community to address mental illness.	Compare HWSS data & Injury Matters data after 5 years (% attendance at primary health care service in last 12 months).
1.5	Promote programs designed to promote disease prevention and protection of health	a) Educational material to be available on the Shire's website and other mediums.	Residents able to access relevant information easily.	Website pages contain desired and up to date information.
		b) Develop partnerships with organisations as may be appropriate to provide disease prevention programs, such as, but not limited to, needle syringe program, fall prevention, Food safety, Mosquito program, health screening, immunisation and health and wellbeing programs.	Reduce of preventable illness in the community.	- Programs activated; and - Compare HWSS & Injury Matters data after 5 years (% attendance at primary health care service in last 12 months)

Strategy 2: Advocacy & Leadership

No	Objective	Action	Outcomes	Measures
2.1	Develop an alcohol policy	a) Develop a clear position of the Shire's actions with regards to alcohol consumption and promotion within the Shire's facilities and at Shire events. b) Investigate initiatives and resources required in the Guide for Local Government publication	- To develop a policy which will assist the Shire to take proactive measures to reduce harmful effects of alcohol consumption; and - Policy developed and endorsed by Council.	

		“Managing Alcohol in Our Communities”.		
		c) Continue to deliver Shire alcohol-free events in partnerships with health promotional agencies and encourage promoters to follow.	Increased access to healthy and safe events and community knowledge.	• Number of Shire and non-Shire alcohol-free events; and • Update event package.
2.2	Develop a tobacco control policy	a) Develop a clear position of the Shire’s actions with regards to tobacco use in and around Shire facilities and at Shire events.	To develop a policy which will assist the Shire to take proactive measures to reduce harmful effects of tobacco use.	Policy developed and endorsed by Council.
		b) Continue to deliver Shire smoke-free events and encourage other promoters and business owners to make their events and premises smoke free.	To increase the level of private event organisers voluntarily choosing to make their event smoke free.	• Number of non-Shire smoke free events; and • Update event package.
2.3	Develop a healthy food policy	a) Develop a clear position of the Shire’s actions and guidance which supports healthy food options and discourages unhealthy options.	To develop a policy which will assist the Shire and community to take proactive measures to reduce harmful effects from unhealthy foods.	• Policy developed and endorsed by Council • Number of food businesses participating in voluntary healthy menu initiative; and • Update event package.



Theme 2: A Safe and Protected Community

Aim: To undertake a range of **actions and programs** designed to provide safeguards to protect a **person's health** from external sources in the built and natural environment to **prevent disease**.

Strategy 1: Approvals & Inspections				
No	Objective	Action	Outcomes	Measures
1.1	Ensure development is undertaken in compliance with legislative and policy requirements.	a) Applications assessed with relevant conditions applied when approved. Input from relevant stakeholders sought where appropriate.	Processing time as per legislative requirements to protect the community.	Number of: • Development applications; • Building permits; • Health applications; • Approvals not issued in time; and • Community satisfaction*.
		b) Ensure built environment noncompliance issues are investigated and adequately addressed.	Work requests actioned to ensure public safety as per risk management matrix.	Number of: • Inspections; • Enforcement actions; and • Community satisfaction*.
		c) Ensure private swimming pool barriers are maintained to required standards.	Private pools and other built environments are safe & accessible.	Number of: • Private pools inspected.
Strategy 2: Surveillance and Monitoring Programs				
No	Objective	Action	Outcomes	Measures
2.1	Undertake a risk-based surveillance program of key elements of public health significance	a) Ensure food premises operate to required standards utilising preliminary assessment, conduct routine inspections, food and water sampling for analyses, food surveys, service request investigations, education, verification of audits and promotion.	Food remains safe for consumption by the public.	Number of: • Inspections; • Food samples; • Water samples; • Food recalls; • Food safety education; • Food surveys; • Compare HWSS data; and • Community satisfaction*.
		b) Ensure public buildings and public events are operated in a manner which minimise the risk of harm to the community.	Public buildings and events remain safe for the public.	Number of: • Inspections of public buildings and events.
		c) Ensure public swimming pools are safe for the public by	Public swimming pools remain safe.	Number of:

		undertaking routine water samples and inspections.		Pool water samples & inspections.
		d) Monitor a range of other premise types where the Shire is the enforcement agency.	Other premise types remain safe and do not adversely affect public health.	Number of inspections for: - Accommodation; - Caravan parks & camping grounds; and - Personal appearance, offensive trade.
2.2	Monitor a range of environmental parameters to ensure there is no risk to the public	a) Monitor air, collect water, soil, moulds, asbestos and noise samples for analysis against legislative requirements. Actions implemented when required.	Ensure environmental risks to public health are minimised.	Community satisfaction* Number of samples: - Recreational water; - Reuse water; - Bores; and - Environmental water & others.
2.3	Undertake pest surveillance and control programs of pest which may be of public health significance	a) Monitor mosquito breeding and undertake control action per Shire mosquito management plan including review of MMP. b) Maintain drains & Investigate/redesign identified storm drains to reduce frequency of controlling reeds & pests and reduce fire risk. c) Monitor, investigate and active situations involving other pests such as rats, mice, midges and bed bugs which may have an impact on public health.	Mosquito numbers remain at acceptable levels to minimise disease transmission Reduce number of larvae and mosquitoes in vicinity of Shire storm drainage and sumps. Impact on public health minimised.	- Compare HWSS data; - Review of MMP; and - Cultural control. Number of: - Adult mosquito traps; - Mosquito identified; and - Treatments. - Rejuvenate storm drains; and - Retrofit of identified priority storm sumps. - Number of actions undertaken - Community satisfaction*
Strategy 3: Service Request Investigations				
No	Objective	Action	Outcomes	Measures

3.1	Respond to and investigate service requests relating to issues which may impact public health or safety	a) Requests are actioned and investigated within set time frame and any identified non-compliance issues adequately addressed as deemed necessary.	Service requests are responded to within approval processing timeframes.	- Number of service Requests responded in time in CRM & in Trim; and - Community satisfaction*
3.2	Undertake programs designed to minimise risks of infectious Disease	a) Where reports of a notifiable disease (food-borne or mosquito-borne disease) are received from the Department of Health, undertake follow up action as required.	Reports of incidences properly investigated so potential source of problem may be identified and addressed.	Notifiable disease reports actioned as recommended by Department of Health.
Strategy 4: Program Development (Reporting)				
No	Objective	Action	Outcomes	Measures
4.1	Provide relevant and accurate information	a) Website, guidelines, information sheets to be continually reviewed. b) Continuous availability of informed staff for public enquiries. c) Training programs and information opportunities delivered as needed to the community.	- Information is to be maintained so it is up to date and relevant to community needs; and - Community knowledge increased.	- Community satisfaction*; and - Website pages contain desired and up to date information. Number of: - Training/education delivered; and - Educational displays & media releases prepared.
4.2	Develop mutually beneficial internal team relations and partnerships with other agencies when opportunity arises	a) Maintain high level of cooperation, resource sharing, information sharing and a collaborative approach to address issues relating to protection of public health.	Better level of understanding between teams, agencies and an improved level of cooperation which minimises duplication.	Number of: - Building and planning referrals to health; and - Partnership actions between Shire and other agencies (Water Corporation, CLAG, health promotion agencies/ stakeholders).
4.3	Continue to keep abreast of emerging public health	a) Staff are given opportunity to attend relevant training, seminars, conferences	Knowledge base maintained so the Shire is at the	Participation in relevant training programs as identified & required.

	risks and new areas requiring attention	and other forums to improve their level of knowledge.	forefront of public health issues.	
4.4	Ensure Shire programs remain relevant to the needs of the organisation and community.	a) Shire programs & policies are reviewed as part of the business unit planning process.	Programs reviewed so high importance issues are given priority.	Annual business unit plans submitted and endorsed within required time frame.
4.5	Outcomes of health programs reported in accordance with <i>Public Health Act</i>	a) Report health outcomes as per mandatory requirements of the Department of Health WA.	Health outcomes measured.	- Public Health Act & Food Act reports annually; and - Public Health Plan every 5 years.



Theme 3: An Inclusive, Resilient and Connected Community

Aim: To provide a range of **services and facilities** designed to meet the community wellbeing needs by promoting and **developing positive external factors** to a person's health.

Strategy 1: Services				
No	Objective	Action	Outcomes	Measures
1.1	To provide a range of services designed to meet the health needs of the community	a) Services are designed to meet the objectives of the different Business Unit Plans catering for the specific demographic needs of each area.	To ensure services meet the needs of the community	• Actions Business Unit Plans undertaken, reported to management. • Actions in other Corporate Plans are undertaken, report to management.
		b) Services are given priority on issues which target poorly performing areas of public health within the community (physical activity, diet, mental health, drugs, smoking, alcohol, chronic disease prevention and protection.	Health demographic statistics for the Shire are comparative or better than the state average	Every 5 years Esperance health profile is developed using comparative data produced by the Epidemiology Branch and other administrative reports
1.2	Provide a range of waste collection services	a) Services are reviewed regularly and remain relevant to the community while adopting industry best practice standards.	To ensure the waste collection needs of the community are met.	• Number of waste collection services; • New services investigated; • Sustainability projects; and • Community satisfaction*.
		b) Improve the level of material recycled or diverted from landfill either via education or new programs as per Community Waste Strategy 2018/23.	To position the Shire as the leading example for material recycled or diverted from landfill	• % of material recycled; • Tonnage of material recycled; • Volume of material per; household reduced; and • Community satisfaction*.
		c) Undertake actions designed to minimise and control issues of	To reduce levels of illegal dumping of material	Cost of removing illegally dumped material

		illegal dumping in partnership with landowners.		
Strategy 2: Facilities				
No	Objective	Action	Outcomes	Measures
2.1	To provide a range of facilities designed to meet the specific health needs of different elements of the community	a) Provide facilities to meet the objectives of the different Business Unit plans catering for the specific demographic needs. Multipurpose facilities are encouraged, including but not limited to the library, museum, leisure centre, community hall, sporting clubs, stadium, fire brigade sheds, home care, aged care facility and roads.	Facilities are provided which meet the expectations of the community.	- Facilities/projects delivered as key items identified in capital works budget that have public health & wellbeing significance; and - Community satisfaction*.
		b) Ensure facilities are adequately maintained and improved as per the Shire's Asset Management Plan.	To ensure facilities remain safe and meet community needs.	- Facility renewal in accordance with the Shire's Asset Management Plan; and - Community satisfaction*.
2.2	Maintain and improve active & passive public open space	a) Maintain and enhance safe, healthy, accessible public open space to encourage active and passive living outdoor opportunities for recreation, play and social activities through the development, management and promotion of Shire coastal reserves, parks, natural areas, infrastructures, playgrounds, trails, camping grounds and other public open spaces.	To ensure public open space remains accessible, activated and attractive to the community for a variety of different uses.	- Facility renewal in accordance with the Shire's Asset Management Plan; and - Community satisfaction*.
2.3	Maintain and improve active transport networks	a) Continue to implement and maintain active safe transport networks such as roads, connected footpaths and cycle ways for all users for a	To increase the amount and usability of footpaths and cycle-ways so active transport can be made	Actions undertaken as per Cycling Strategy & with the Shire's Asset Management Plan; and

		safer & better-connected community.	freely, safely & sustainably.	Community satisfaction*.
		b) Identify opportunities to partner with local, state and federal programs and campaigns to facilitate and help promote active & safe transport. Programs can include safety and walking/ riding to work/school (Road Wise, Bike Safety Week, Ride 2 Work, youmove.org.au, Walking School Bus and BikeDr Pit-Stop).	Increased opportunities for physical activity.	Number of events promoting safety.
Strategy 3: Access				
No	Objective	Action	Outcomes	Measures
3.1	Ensure the Shire remains open and transparent in its actions so that the Community maintains its trust and faith in the Shire	a) Council meetings and information to be readily available and accessible.	Partnerships implemented and new ones identified.	- Council agendas and minutes made freely available; and - Community satisfaction*.
		b) Community consultation to be undertaken on key issues as and when deemed appropriate.	Consultations implemented and new ones identified when required.	- Consultation undertaken as required on key issues; and - Community satisfaction*.
3.2	Ensure that all members of the community have equal and fair access to Shire facilities and services	a) People from all cultures, age, abilities and income are able to access services and facilities within the Shire.	To ensure no group is discriminated against in accessing Shire services and facilities.	- Adherence to the Shire's Disability Access Inclusion and RAP; - Youth & Ageing plans; and - Community satisfaction*.
		b) Review and update Disability, Access and Inclusion Plan (DAIP) and RAP plans across the Shire.	To ensure all members of the community have access to services, programs & facilities.	Reviewed plans as set timeframes.
3.3	Advocate for community equitable access to technology and digital services	a) Access to technology and digital services provided at Shire library and through some hot spot locations.	To ensure all members of the community are able to access technology.	Digital services available for use by the community and visitors; and

				Community satisfaction*.
Strategy 4: Community Development				
No	Objective	Action	Outcomes	Measures
4.1	Foster the development of an active, inclusive and vibrant community	a) Undertake a range of Community Development strategies designed to assist community groups and enhance a sense of civic pride within the Shire of Esperance.	Enhanced level of community pride and satisfaction.	- Business unit reporting; and - Community satisfaction* - Participation rate of volunteers
4.2	Ensure new developments are planned to facilitate public health initiatives	a) Incorporate Healthy Active by Design or other principals in a Planning Policy for new developments.	New developments are better designed or harmful activities restricted to provide a liveable community.	- Planning policy developed to include consideration of public health elements; and - Community satisfaction*.
4.3	Encourage a diverse range of different housing options	a) Undertake actions as outlined in the Local Planning Strategy.	Diverse variety of different housing options available within the Shire.	% of low-income households experience rental stress; and - Compare SEIFA score.
4.4	Encourage different education options within the Shire	a) Encourage and advocate for the development of a variety of education and training services within the Shire.	Resident's education and training needs are able to be met locally within the Shire.	% of population with tertiary qualifications; and - Community satisfaction*.
4.5	Encourage business development within the Shire	a) Encourage and support the establishment of a diverse range of businesses and industry types to provide local employment opportunities.	The Shire of Esperance is seen as a good place to establish business opportunities.	% unemployment; - As per Esperance Town Centre Revitalisation Master plan; and - Community satisfaction*.
		b) Encourage and support tourism activities within the Shire.	The Shire of Esperance is seen as a good place to visit.	- Number of visitors to the Shire; and - Community satisfaction*.
Strategy 5: Emergency Management and Safety				
No	Objective	Action	Outcomes	Measures
5.1	Undertake actions designed to	a) Ensure the Shire's Local Emergency Management	To ensure the Shire is well prepared to assist the community	As per Local Emergency Management

	prevent, prepare, respond and recover from emergency situations affecting the Shire and the community	Arrangements remain relevant to cater to emergency situations.	prevent, respond and recover from emergency situations.	Arrangements (LEMA); - As per business units' actions of health significance & SOE bushfire risk management plan; and - Community satisfaction*.
5.2	Ensure residents feel safe within the community	a) Undertake programs designed around improving community safety from detecting and deterring crime, addressing underlying causes of crime, addressing safety issues, natural disasters, fire safety, fire breaks, climate change and increased coordination between agencies.	To ensure residents feel safe in the community.	- Programs in place; and - Community satisfaction*

Strategy 6: Organisational

No	Objective	Action	Outcomes	Measures
6.1	Staff safety and wellbeing	a) Remain an equal opportunity employer with actions against workplace bullying and sexual harassment.	To ensure the Shire has a broad and diverse workforce which does not tolerate negative behaviours.	Staff engagement survey.
		b) Provide an Employee Assistance Program which provides confidential counselling services for work related or personal issues.	To ensure staff have access to counselling services to help address life pressures.	Delivery of a confidential EAP.
		c) Provide a safe working environment and ensure staff undertake tasks in a safe and healthy manner.	To ensure staff perform tasks which do not put at risk themselves, other colleagues or the general community and which comply with WorkSafe requirements.	Biannual OSH and Worksafe audit and reporting of lead indicators.
6.2	Financial management	a) Undertake responsible financial management and seek alternative sources of revenue where possible.	To ensure the Shire remains financially sustainable whilst minimising the financial burden on rate payers.	Financial audit.

6.3	Governance	a) Ensure local laws, policies and procedures are regularly reviewed and meet the needs and expectations of the community whilst endeavouring to streamline process.	Provide strong leadership and accountable decision making.	- Local laws, policies and procedures reviewed as per set time frame; and - Community satisfaction*.
		b) Shire projects and services are reviewed as part of the business planning process.	Ensure Shire projects and services remain relevant to the needs of the community.	Business plans submitted, reviewed and endorsed. Strategic Community Plan reviewed to ensure reflective of community desires.
6.4	Operating sustainably	a) Ensure the Shire undertakes a range of initiatives designed to use resources more effectively & sustainably.	The Shire is seen as a strong supporter of actions with positive environmental outcomes	- Improved environmental credential assets in the areas of energy rating (facilities & fleet), reuse water, connecting to sewer /upgrading sewer and sustainability projects; and - Community satisfaction*.
		b) Assessment of applications in line with environmental legislations & policies.		- Improved environmental practices (tree canopy policy, sewage sensitive areas, waste strategies); and - Community satisfaction*.

Appendix

Appendix 1 - Shire of Esperance – WA Tomorrow Population Forecast 2016- 2031 using Band D (DPLH, 2019)

2011	2016	2021	2026	2031
13,487	14,236	14,580	14,650	14,750

Band D was selected as it provides a conservative approach given the nature of economic opportunities that are likely to be developed with the forecast period.

Appendix 2- Shire of Esperance – Age distribution WA Tomorrow forecast 2016- 2031 using Band D in % (DPLH, 2019)

Age	2021	2026	2031
0-14	20	18	18
15-44	32	32	31
45-69	32	31	30
70-84	11	13	14
85+	2	3	4

Appendix 3- TOP 5 CAUSES OF DEATH (% of all cases) in Esperance (S), 2011 – 2015 (WA Health & CRCIS, 2018b).

Condition	Esperance Persons (%)	WA Regional Persons (%)
Ischaemic heart diseases	17.7	12.8
Dementia (including Alzheimer's)	5.9	5.1
Lung Cancer	5.9	6.1
Cerebrovascular Diseases	5.1	5.6
Diabetes & Impaired Glucose Regulation	3.9	3.4

The 10 other lower prevalence include COPD, cancer of unknown primary sites, breast cancer, intentional self-harm, skin melanoma, influenza & pneumonia, stomach cancer, transport accidents, leukaemia and prostate cancer.
(COPD: Chronic obstructive pulmonary disease)

Appendix 4- TOP 5 CAUSES OF POTENTIALLY PREVENTABLE HOSPITALISATIONS (% OF ALL CASES) in Esperance LGA, 2011- 2015 (WA Health & CRCIS, 2018c)

Condition	Esperance Persons (%)	WA Regional Persons (%)
Dental Conditions	10.5	15.0
Angina	10.2	7.0
Cellulitis	10.0	8.4
COPD	9.4	8.4
Urinary Tract Infections	8.7	11.8

The 10 other lower prevalence include: ENT infections, diabetes complications, convulsions and epilepsy, iron deficiency anaemia, congestive cardiac failure, asthma, gangrene, pneumonia and influenza, hypertension, perforated /bleeding ulcer

COPD: Chronic obstructive pulmonary disease is a chronic inflammatory lung disease that causes obstructed airflow from the lungs caused by long-term exposure.

Appendix 5 - TOP 2 Causes of potentially preventable hospitalisations by external cause (injury & poisoning) (% of all cases) in Esperance, 2011-2015 (WA Health & CRCIS, 2018d)

Condition	Esperance (%)	Comparison with WA
Accidental falls	26.1	Similar
Motor vehicle/motorcycle accidents	9.1	1.69 times higher

The 13 other potentially preventable hospitalisations of prevalence include: accidental exposure to other & unspecified factors, abnormal reaction following implant of artificial internal device, intentional self-poisoning by poisoning including motor vehicle exhaust, accidents caused by objects that cut or pierce, abnormal reaction following other surgical procedures, assault by bodily force, sexual assault by bodily force, accidentally hit, struck or crushed by object, accidents caused by animal, reptile, bird, accidents caused by venomous animals and plants, abnormal reaction following removal of other organ, abnormal reaction following other medical procedures, abnormal reaction following anastomosis, bypass or graft and accidents caused by machinery.

Appendix 6 - Hospitalisation due to accidental falls (per 100,000, 2011-2015)* (WA HEALTH & CRCIS, 2018e)

	Esperance	Regional WA	WA
Children (0-4 years)	431	662	727
Elderly (65 years and older)	3699	3915	4294

*These rates have been age-standardised to the Australian 2001 standard population.

Appendix 7 - Type of crashes & key behaviours involved in fatal and serious crashes from 2013-2017 (Road Safety Commission, 2020)

	Esperance %	Regional WA %
Male killed or seriously injured (KSI)	64.6	55.4
Male 20-39 years	30.8	-
KSI occurred as result of single run-off or non- collision rollover	56.9	24.1
KSI occurred on roads with 110 km/h speed zones	60.0	46.9
KSI occurred on roads with speed zones of 50km/h	23.1	11.5
Seat belts were not worn by vehicle occupants killed or seriously injured.	7.7	8.2
Speed as a factor in the people killed or seriously injured.	10.8	15.8
At least one driver/rider with a blood alcohol concentration (BAC) of 0.05 or higher of people killed or seriously injured*	6.2	8.8
KSI involving fatigue**	15.4	22.9

*BAC data missing for 2015 -2017 due to changes in the sharing of data from the Chem Centre WA.

**Restricted to proxy measures of fatigue.

Appendix 8 - Estimated number and rates of alcohol and illicit drugs attributable hospitalisations in Esperance LGA by gender, WA, 2011-2015 (WA Health, 2013a) (WA Health, 2013b)

Gender	Alcohol attributable hospitalisations		Comparison with WA	Illicit drug-attributable Hospitalisations		Comparison with WA
	Number	Percent (%)		Number	Percent (%)	
Male	463	62.1	1.34 Higher	85	39.6	Similar
Female	283	37.9	1.26 Higher	129	60.4	1.49 Higher
Total	746	100.0	1.30 Higher	213	100.0	1.34 Higher

* All rates are per 100,000 population.

The state rate being set at one for comparative purpose. A ratio of 1 means the regional rate is the same as the State, a value of 2 would indicate the regional rate is twice that of the State.

Appendix 9 - Youth suicide rates and hospitalisation rates due to mental disorder in Esperance (WA HEALTH & CRCSI, 2018e)

YOUTH SUICIDE (per 100,000, 2006-2015) *		Esperance	WA Regional	WA
Males (15 – 24 years)		23.3	38.3	19.6
Females (15 – 24 years)		11.6	14.4	7.7
HOSPITALISATION DUE TO MENTAL DISORDER		Esperance	WA Regional	
Hospitalisation due to mental disorder (% of total hospitalisations by principal diagnosis 2011-2015)		1.39%	1.12%	

*These rates have been age-standardised to the Australian 2001 standard population.

Appendix 10- Key notifiable diseases, cancer and teenage birth incidence (per 100,000, 2011-2015*) – Esperance (WA Health & CRCSI, 2018e)

	Esperance	Regional WA	WA
Vector borne diseases	110.6	221	87.8
STIs	489.4	788	541.6
Melanoma	75.0	57.3	50.7
Breast cancer	118.1	121.8	122.8
Cervical cancer	9.0	7.7	7.0
Prostate cancer	152.7	161.8	162.2
Lung cancer	51.7	44.7	42.7
Teenage births % (<20 years of age) (2015)	5.1	5.1	2.8

*These rates have been age-standardised to the Australian 2001 standard population.

Appendix 11 - Esperance's Demographic, 2016 (ABS, 2016b)			
	Number	%	Regional WA
Population			
Total population	14,236	100.0	100.0
Males	7165	50.3	51.7
Females	7070	49.7	48.3
Australian born	10,694	75.3	71.7
Aboriginal population	585	4.1	8.4
Population density	0.33/km2		0.22/km2
Median Age		40	36(State)
Median Age (Aboriginal and/or Torres Strait Islander)		17	23(State)
Age structure			
0-4	912	6.4	6.7
5-9	1007	7.1	7.1
10-14	1002	7.1	6.5
15-19	1007	7.1	5.7
20-24	717	5.0	5.0
Young workforce (25-34)	1633	11.5	13.6
Families, workforce (35-49)	2757	19.4	20.8
Older worker & pre retirees (50-59)	2057	14.4	14.1
Empty nesters and retirees (60-69)	1574	11.0	11.3
Seniors (70-84)	1298	9.1	7.8
Frail - aged (85 and over)	253	1.8	1.5
Total Population	14,236	100	100
English only spoken at home	12,156	85.6	81.7
Other than English at home	277	5.0	8.3
Household type			
Couples with children	1476	42.8	25.8
Couples without children	1455	42.2	26.0
One Parent families	479	13.9	8.7
Lone Person households	1270	26.4	22.0
Group households	128	2.7	2.5
Disability & carers			
Need for assistance with core activities due to disability	498	3.5	3.8
Providing unpaid assistance to a person with a disability, long term illness or problems related to old age	1041	9.2	9.5

Appendix 12 - Social determinants - Prevalence Health Risk in 2016 (%) (ABS, 2016b)			
	Esperance	Regional WA	WA
Education			
Completed year 12 or equivalent	36.4	51.7	51.7
Advanced Diploma or Diploma	6.5	7.3	8.9
Employment & Work			
Employed	95.5	93.6	92.2
Employed full time	57.6	59.1	57.0
Employed part time	30.9	32.6	33.6
Unemployed	4.5	6.4	7.8
Families both working full time	20.4	n/a	19.8
Unpaid voluntary work for organisation or group	28.0	23.3	19.0
Families with Children under 15 years (Public Health Information Development Unit [PHIDU], (2019)			
Single parent families	13.9	8.7	9.6
Children in low income, welfare-dependant families	22.3	26.0	19.5
Jobless families with children under 15 years old	11.1	13.4	10.8
Income & Income Support			
Median household weekly income	\$1363	\$1210	\$1595
Households with low income (<\$650)	21.8%	18.1%	18.3%
Government income support (June 2017) (PHIDU,2019)			
Households with low income, welfare dependent families with children (% of total families)	10.0	12.9	8.5
People receiving unemployment benefits (%)	5.1	6.4	4.9
People receiving long term unemployment benefits longer than six months (%)	4.5	6.1	4.5
Disability support pensioners (% of people 16-64 yrs.)	4.9	5.1	3.8
Health Care Card Holders (% of people 0 – 64 yrs.)	7.1	7.9	7.0
Female sole parent beneficiaries (% of total females 15 – 54 yrs.)	4.5	5.6	3.7
Pensioner Concession Card holders (% of people over 15 yrs.)	19.7	20.0	16.8
Youth unemployment beneficiaries (% of people 16-24 yrs.)	4.4	5.9	4.0
Age pensioners (% of people aged 65 yrs. & over)	56.5	62.8	61.3
Seniors Health Care Card holders (% of people 65 yrs. & over)	11.0	10.3	
Household Characteristics (PHIDU,2019)			
Median rent (weekly) 2016 Census	\$240	n/a	\$347
Number of total households renting (% of total households)	32.1%	25.4%	28.3%
Social dwellings rented	4.3%	6.4%	3.6%
Median mortgage payment (monthly)	\$1679	n/a	\$1993
Private dwellings with no motor vehicle (% of total dwellings)	4.9%	4.8%	4.9%
Private dwellings with no internet connection (% of total dwellings)	17.5%	16.8%	12.5%
SEIFA	998		975
Low income households with mortgage stress (June 2016)	10.1%	10.2%	10.1%
Low income households with rental stress (June 2016)	23.9%	21.2%	27.8%

Appendix 13 - Esperance health risks and other facts (Dietsch, 2019) (WA Country Health Service [WACHS], 2018)

Significantly higher rate residents with high blood cholesterol compared to national rates

Highest rates of circulatory system diseases in Country WA

18% of women smoke when pregnant (15% in Goldfields)

Has second highest drug and alcohol hospital admission rates in Country WA

Has the highest proportion of non-urgent emergency department presentations for psychosocial complications compare to Country WA

Has high hospital admission rates for mental health conditions

13% of Aboriginal people living in Esperance received a GP health assessment compared to 48% in Goldfields

Cancer screening rates for bowel 48%, breast 62% & cervical 53% above Regional WA respectively 43%, 53%, 52%

Child immunisation rates

	Esperance (%)	Regional WA (%)
1 year	95	93
2 years	92	91
5 years	95	94

Median age death for Females = 84 and Males= 74

Age standardised rate for hospital admissions for depression is 32 per 10000 of the population, nearly triple the national rate of 12 per 10000.

Appendix 14 - Summary mosquito borne disease incidence for Esperance by calendar year 2016-2019 (Western Australia Notifiable Infectious Disease Database [WANIDD], 2019)

	2016	2017	2018	2019
Ross River Virus	24	10	2	0
Barmah Forest virus	0	3	2	0

Appendix 15 Esperance Community Perceptions Survey - MARKYT Community Scorecard March 2019 - Prepared by Catalyse Pty Ltd

Performance index score	Esperance	Standard	Performance index score	Esperance	Standard	Performance index score	Esperance	Standard
1. Place to live	76	77	18. Access to childcare	58	N/A	35. Lighting of streets & public places	57	56
2. Place to visit	76	68	19. Health and community services	61	57	36. Conservation and environment	55	58
3. Governing organisation	39	56	20. Buildings, halls and toilets	58	57	37. Sustainable practices	52	55
4. Value for money from rates	32	45	21. Sport and recreation	58	65	38. Wetlands, coastline & hinterland	55	N/A
5. Council's leadership	31	49	22. Bay of Isles Leisure Centre	65	70	39. Weekly rubbish	75	75
6. Open and transparent	30	41	23. Playgrounds, parks & reserves	65	68	40. Fortnightly recycling	72	72
7. Change, innovation & technology	40	N/A	24. Library and information	67	73	41. Animal & pest control	54	55
8. Consultation	33	46	25. Festivals, events, art & culture	61	65	42. Food, health, noise & pollution	56	57
9. Informing the community	43	53	26. History and heritage	48	60	43. Natural disaster prevention	55	54
10. Council Connections	51	59	27. Safety and security	54	55	44. Economic development	29	44
11. eNewsletters	52	60	28. Area's character and identity	56	60	45. Tourism attractions & marketing	45	49
12. Website	54	59	29. Planning and building	33	45	46. Significant events	58	N/A
13. Social media presence	56	56	30. Local roads	45	53	47. Esperance town centre	40	52
14. Customer service	56	61	31. Traffic management	52	54	48. Access to goods & services	48	51
15. Youth services and facilities	51	50	32. Parking	49	51	49. Access to education & training	53	50
16. Seniors services and facilities	57	57	33. Footpaths, trails & cycleway	65	54			
17. Disability access	53	54	34. Streetscapes	56	56			

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Abbreviations

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