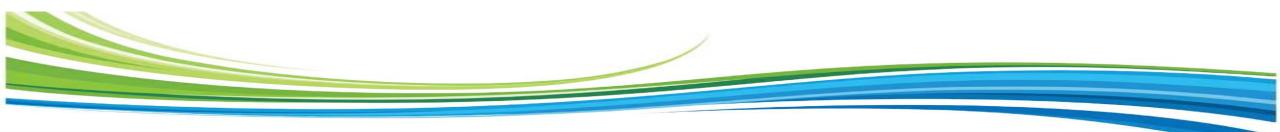


Health Plan



Why are we producing a Health Plan?

- Public Health Act 2016
 - Part 5 requires WA local governments to produce a Local Health Plan for their district.
 - Statutory due date: **1 July 2023** Target date: **1 July 2021**
- Local government is best positioned because it is 'Closest to the people'.



What is a Health Plan?

A strategic framework to guide local government efforts to improve or maintain the health and wellbeing of its community.

- The broad view of public health and wellbeing (holistic)
- LG to look across all of its services



Core Requirements:

- Based on population health data + community consultation
- Integrated into organisational strategic plan
- Considers objectives of State Public Health Plan
- Reflects health and wellbeing needs of the district
- 3 key health and wellbeing priorities



Strategic alignment:

- Vision 2050
- Community Strategic Plan 2018 2022
- The majority of Local Government services and functions impact on health and wellbeing.
- These functions are governed by their own strategic/operational plans.
- Objectives will be incorporated into the Health Plan.

LG Services and Functions:

- Provision of Transport and Mobility Infrastructure roads, footpaths, cycleways
- Provision of Sport and Recreation Facilities and Infrastructure parks, playgrounds, sports grounds, sports facilities, recreation centres
- Urban Planning Local Planning Scheme, strategic planning for: walkability, urban design, planning for economic growth, housing, interaction and connectedness
- Facilitating economic growth and employment
- Facilitating provision of services (as needed) e.g. early childhood services, GPs, support services
- Protection of Public Health, Public Safety, and Emergency preparedness Environmental Health, Rangers and Emergency Services
- Community Engagement & Library services Community events, services, programs and initiatives.
- Environmental Preservation programs and initiatives to preserve the natural environment and biodiversity, and improve human interaction with the environment
- Waste Management Sanitation; initiatives in recycling, waste reduction and sustainable waste management

Where does the Health Plan fit?

Place and

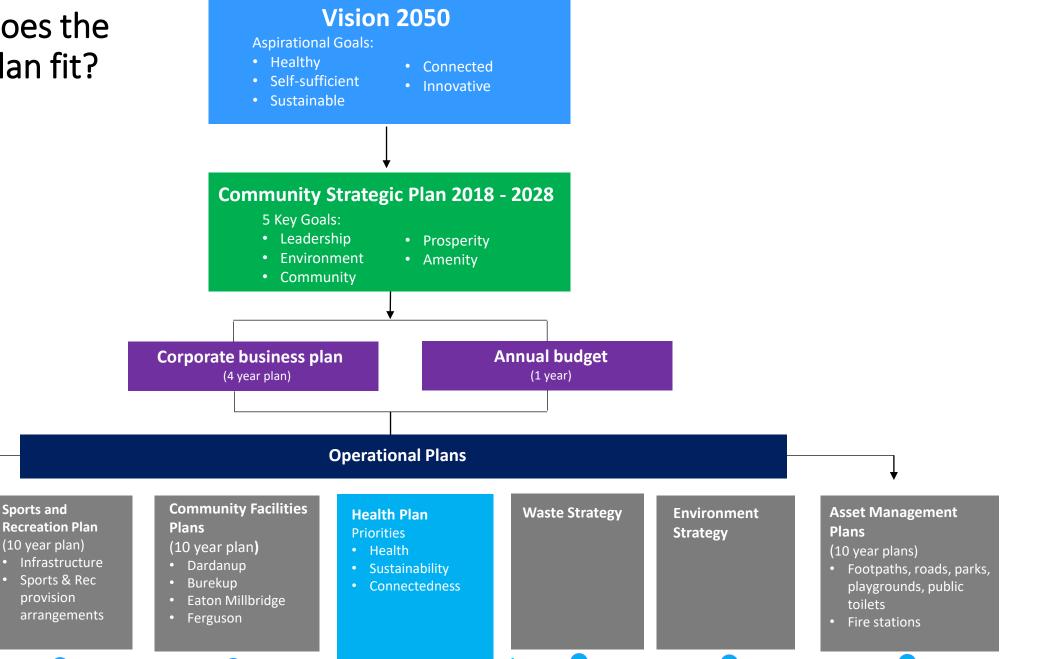
• Events

Community Plan

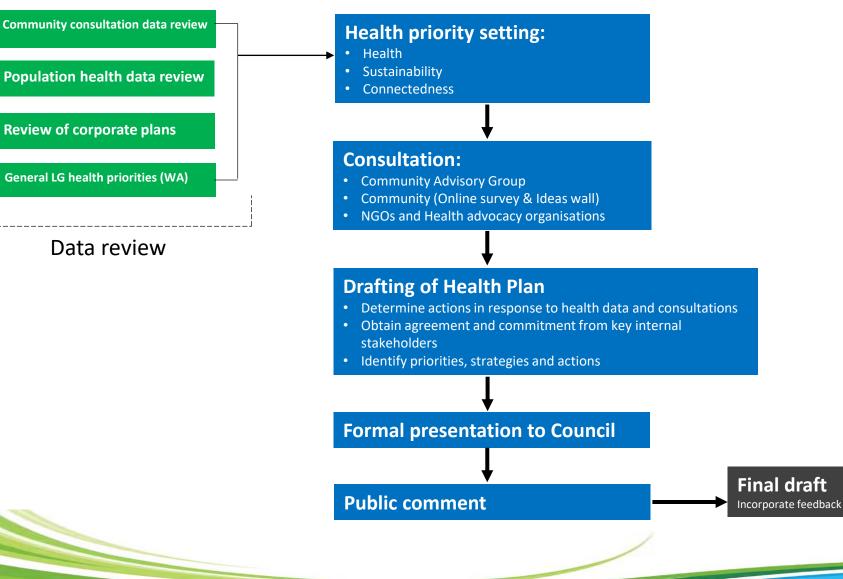
(10 year plan)

Programs

• Services



Health Plan development:



Implementation

July 2021

Health plan priorities

will be based on:

Population Health Data

Community and stakeholder consultation

Objectives of Strategic Plan / Vision 2050 + Corporate Business Plan

What the population health data told us:

- More exercise
- Diet and nutrition
- Early childhood development focus
- Increase disease screening and detection
- Suicide reduction focus (young females)
- Connectedness
- Dardanup health stats similar to state average.
- We consistently trailed behind the 'well to do' metro suburbs (Nedlands, Cottesloe)



Health data snapshot

Health risk factors

Condition	Shire of Dard	WA	
	ASR	Estimated	ASR
	(Age Standardised Rate: incidence per 100 people	Population	
	in a standardised		
	population)		
Obesity – Children (<u>2 to 17 year old</u>)	6	229	6.1
Obesity – Adults (18 +)	30.7	3,339	24.6
High blood pressure	19.7	2,116	21.2
Risky Drinking (15 +)	21.4	2,442	19.5
Smoking	16.4	1,785	16.0
High Cholesterol	37.6	3,603	34.8
Low exercise (last 7 days)	68.4	7,235	62.8
Diabetes	4.4	355	4.6



Better than the state average

Worse than the state average

Health data snapshot

Participation Rate - Cancer Screening

Condition	Shire of Dard	WA		
	% participation rate	Estimated	% participation rate	
	(of those who were invited)	Population		
Bowel Cancer – Males and Females	43.8	235	34.9	
Bowel Caner – Males	44.5	129	32.7	
Bowel Cancer – Females	42.9	106	37.2	

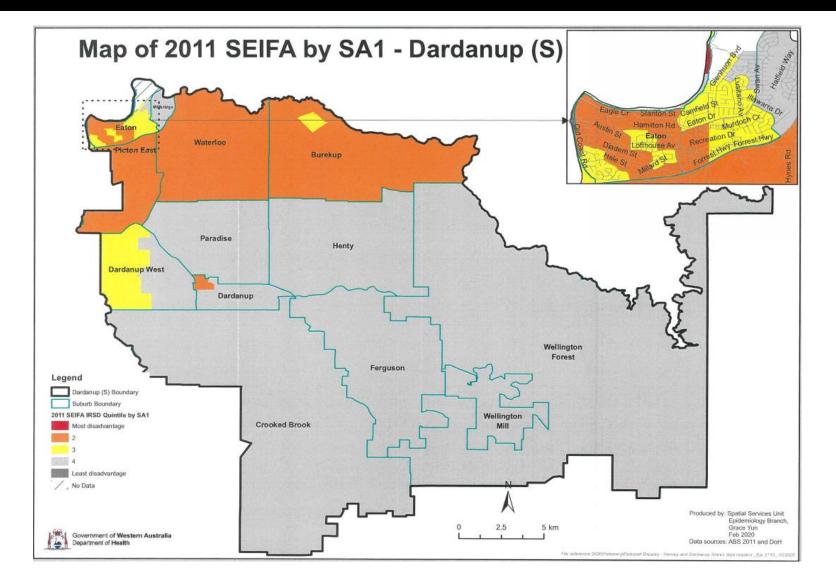
Death rates

Condition	Shire of Dardar	WA	
	ASR (Age Standardised Rate: incidence per 100 000)	Estimated Population	ASR
Cardiovascular Disease (30 to 69 years)	64.5	21	56.9
Cancer (30 to 69 years)	128.6	41	127.2
Suicide (0 to 74)	14.0	9	13.7



Better than the state average Worse than the state average

Health data snapshot – Socio-economic Indexes of Areas (SEIFA)



Health data snapshot – Australian Early Development Census

Trends Over time in the Dardanup Community

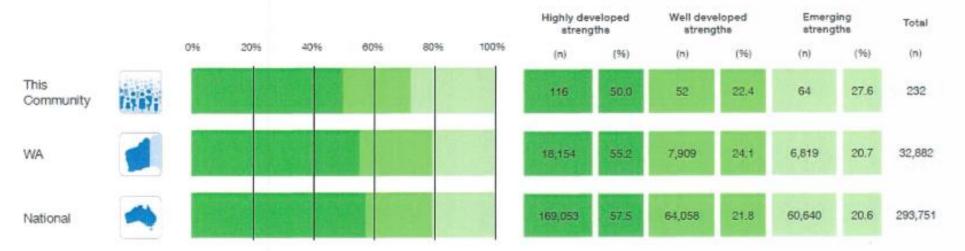
Legend:	Significant	No significant	Significant		
Legenu.	increase	change	decrease		

Philippine and the second second second	Percentage of children developmentally vulnerable (%)								
Dardanup community	Physical health and wellbeing	Social competence	Emotional maturity	Language and cognitive skills (school- based)	Communication skills and general knowledge	Vulnerable on one or more domains of the AEDC	Vulnerable on two or more domains of the AEDC		
Developmentally vulnerable in 2012 (%)	12.4	9.3	6.8	11.4	18.1	30.4	15.6		
Developmentally vulnerable in 2015 (%)	12.7	11.6	12.7	10.5	8.4	28.6	13.8		
Developmentally vulnerable in 2018 (%)	7.3	6.9	8.7	7.8	6.0	20.1	7.3		
2012 vs 2015 (%)	0.3	2.3	5.9	-0.9	-9.7	-1.8	-1.8		
2015 vs 2018 (%)	-5,4	-4.7	-4,0	-2.7	-2.4	-8.5	-6.5		
2012 vs 2018 (%)	5,1	-2.4	1.9	3.6	-12 1	-10.3	-8.3		

Health data snapshot – Australian Early Development Census

Multiple strengths indicator (MSI)

A summary indicator that measures developmental strengths in social and emotional development such as self-control, pro-social skills, respectful behaviour towards peers, teachers and property, and curiosity about the world. It also identifies children who have advanced literacy skills, a particular interest in reading, numeracy and memory and very good communication skills.



Characteristics of children in each of the MSI categories 'emerging strengths', 'well developed strengths' and 'highly developed strengths'.

Highly developed strengths	Children have strengths in most of the 39 MSE items. These children are likely to be on track on all five AEDC domains, and show strengths across all AEDC domains.
Well developed strengths	Children are showing strengths in 50-70% of the following skills: relating to peers and teachers, self-control, curiosity about the world, working independently, reading and writing simple words, communicating effectively with peers and teachers, and story-telling.
Emerging strengths	Children may be meeting developmental expectations when they start school but they do not demonstrate a high number of strengths. Children in this category range from those with strengths in none of the 39 MSI items, to children with strengths in about half of the MSI items.

Walk Scores





Eaton is a Car-Dependent neighborhood

Most errands require a car.

Most errands require a car in Eaton Bunbury.

Eaton is the 5th most walkable neighborhood in Bunbury with a Walk Score of 32.

Millbridge Walk Score

47 Hazelgrove Crescent

Millbridge, Bunbury, 6232 Commute to **2 recreation drive 60+** min **60+** min **1** K 60+ min View Routes

 \heartsuit Favorite

Map 🔍 Nearby Apartments



Car-Dependent

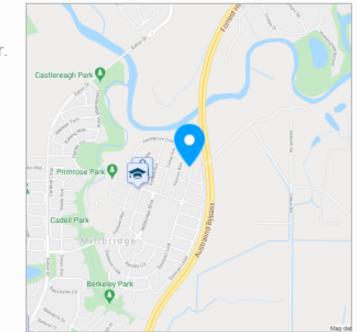
Almost all errands require a car.



Minimal Transit

It is possible to get on a bus.

About your score



Eaton Walk Score

121 Hamilton Road

Eaton, Bunbury, 6232

Commute to 2 recreation drive 🖉

🚗 60+ min 🚲 60+ min 🕺 60+ min View Routes

♡ Favorite

🕮 Мар

🔍 Nearby Apartments

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Alexander Island



Somewhat Walkable Some errands can be

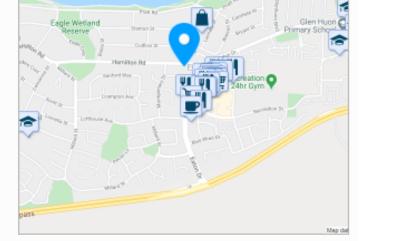
accomplished on foot.



About your score

Some Transit A few nearby public

transportation options.



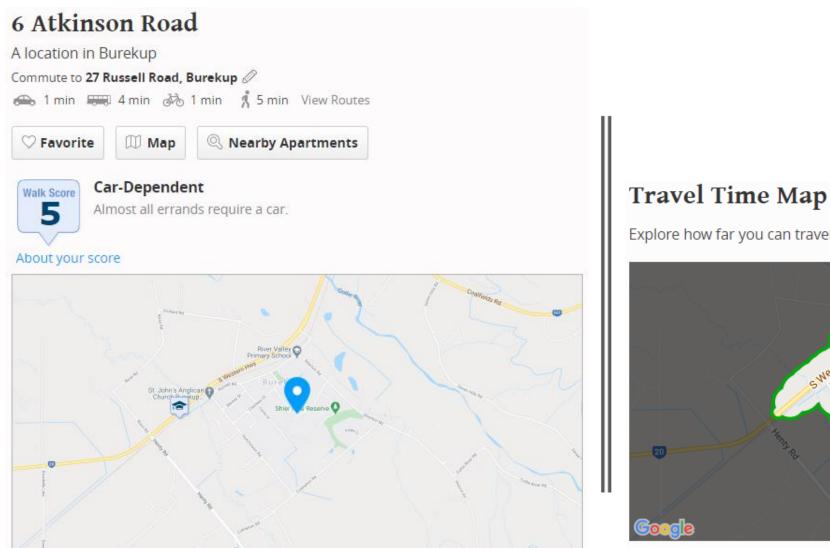
Clifton Park Primary School



Gromark Park



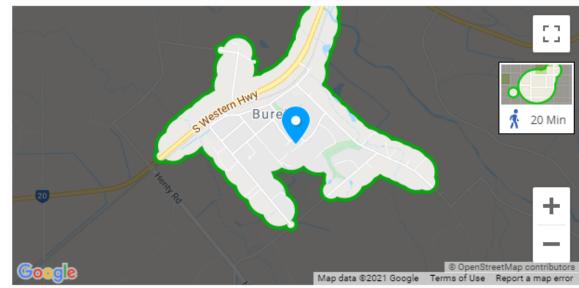
Burekup Walk Score – relative to centre of residential area



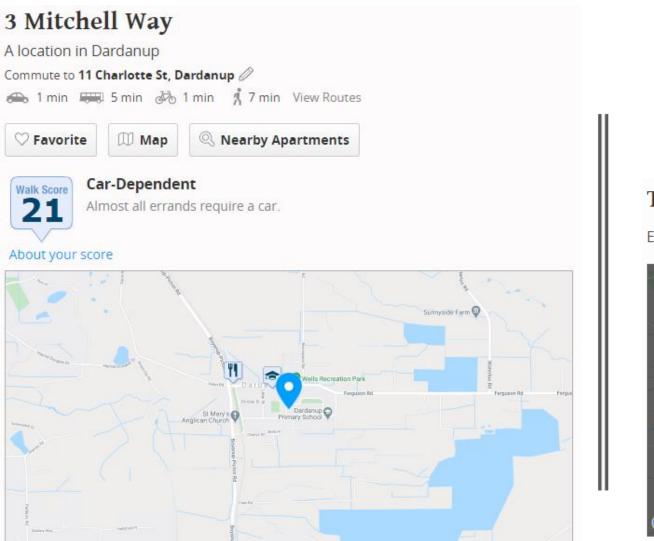
Мар

Add to your site

Explore how far you can travel by car, bus, bike and foot from 6 Atkinson Road.



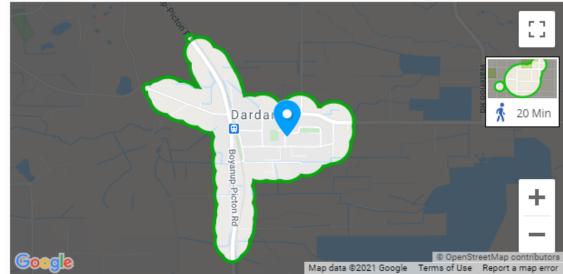
Dardanup Walk Score – relative to centre of residential area



Travel Time Map

Add to your site

Explore how far you can travel by car, bus, bike and foot from 3 Mitchell Way.



What the community engagement told us:

• Vision 2050

- Focus on Health
- Focus on Sustainability
- Focus on Connectedness
 + others

• Community Strategic Plan 2018 – 2022

- Respect for natural environment
- Maintain lifestyle value, community spirit and identity
- Safe and vibrant community, inclusive and welcoming of all ages and interests
- Maintenance of facilities, infrastructure and services



What the community engagement data told us:

• Place and Community Plan

- Include community in planning of facilities and services
- Increase and promote volunteering
- Encourage volunteer groups to deliver events, programs and projects
- Participate in state initiatives for community and culture
- Reduce crime and anti-social behaviour
- Encourage active and healthy lifestyles
- Encourage learning, resilience, and knowledge sharing
- Provide events, programs, and services
- Support the isolated and vulnerable
- Increase place-based activities and connectedness



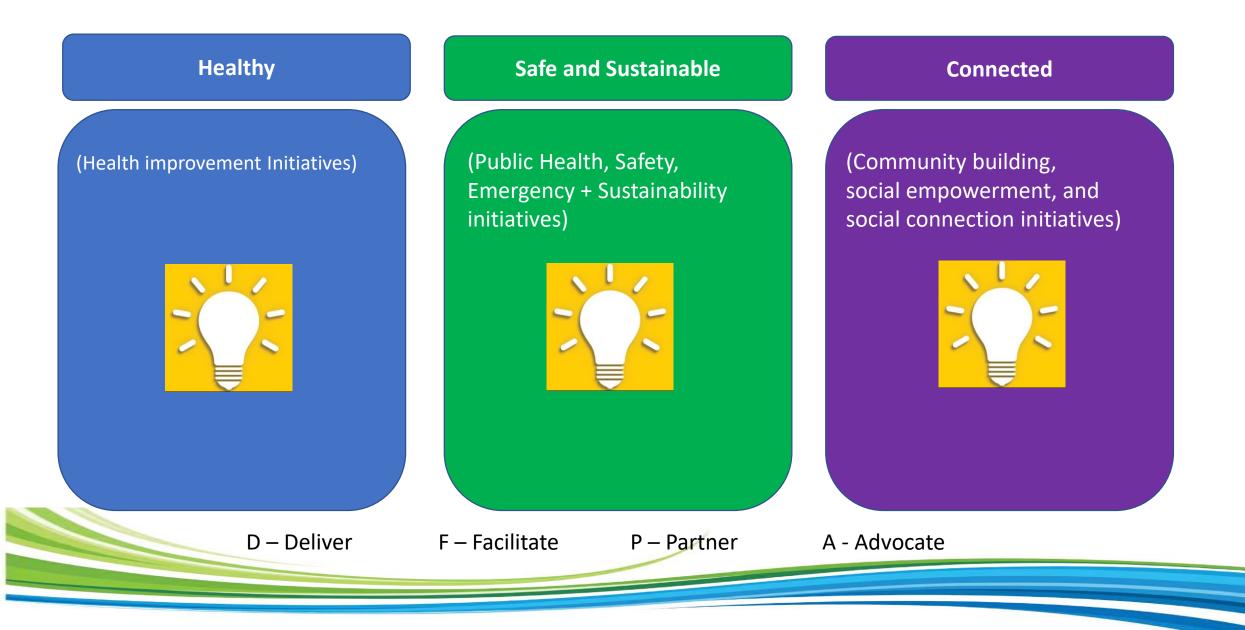
What the community engagement data told us:

• Youth Engagement:

- More things to do
- A youth space
- Better public transport
- Need a voice (Youth Advisory Group commenced)
- More youth-friendly facilities



Health Plan priority areas:



Consider:

- LG Capability
- LG Services Planning, Building, Health, Environment, Emergency, Infrastructure, Community Development, Sport and Recreation, Waste, Libraries, + Council considerations (Economic Development, Access to Services)
- LG, State, and Federal responsibility; + NGOs and external Organisations
- If the Shire should:
 - ➢ Deliver
 - ➢ Partner
 - ➤ Facilitate
 - ≻Advocate



Example of how priorities, objectives, and actions will be structured:

Priority Area: Health

Goal: To improve the health of our community by promoting health lifestyle, better nutrition, and improving opportunities to improve health

Actions	Deliver	Facilitate	Partner	Advocate	Timing	Budget	Success indicators
Strategic Community Plan	5.2.1 To encourage physical activity by providing services and recreational facilities that encourage our community towards an active and healthy lifestyle						
Public Health Plan Strategy	To m	aintair	n and ir	nprov	e the physical healt	h, and nutrition o	f the community, and reduce chronic disease
Increase programs promoting active lifestyles		Х	Х		Ongoing	Staff	Number of participants in these programs
To provide sports and recreation facilities in line with the sports and recreation plan	х		х		Ongoing	Staff	Achievement of the objectives of the Sports and Recreation Plan
To engage with health advocacy NGOs to delivery health awareness programs within the Shire		х	x		Ongoing	Staff	Increase in the rate of participation in health screening. Reduction in chronic disease morbidity and mortality
Provide playgrounds, parks and recreation facilities in line with the Facilities Plans (Infrastructure)	х				Ongoing	Staff	Construction of playgrounds, parks and recreation facilities in line with the Facilities Plans (Dardanup, Burekup, Eaton Millbridge, Ferguson)

