Public Health Plan

2026–2030

A plan to protect, improve and promote public health and wellbeing amongst all residents of the Shire of Dardanup.

DRAFT for Council Endorsement

DOCUMENT HISTORY

Version	Status	Date	Prepared By	Notes
0.1	Initial Draft	31/3/2026	Principal Environmental Health Officer	Draft for internal review prior to community consultation, peer review and Council workshopping
0.2	Working Draft	20/4/2026	Principal Environmental Health Officer	Draft for internal review prior to community consultation, peer review and Council workshopping
1.0	Draft for Council endorsement	12/6/2026	Principal Environmental Health Officer	Draft for Council endorsement at 24th June 2026 OCM

This Plan was formally adopted by the Shire of Dardanup Council at the Ordinary Council Meeting on [INSERT DATE].

MESSAGE FROM THE SHIRE PRESIDENT AND CHIEF EXECUTIVE OFFICER

Nothing matters more to us than the health and wellbeing of our community. It sits behind everything the Shire does: the parks we maintain, the events we put on, the facilities we build and the places we plan. A healthy community is a more connected, more resilient and more productive one, and investing in public health is one of the most enduring things a local government can do for its people.

This Plan is a significant step forward from the plan it replaces. It is built on the most current evidence available about our community's health, shaped by genuine community consultation, and designed to be measured and reported on openly. It is honest about where we have done well and where we can do better, and it sets out specific, realistic commitments for the next five years that we intend to deliver.

Our Shire is growing faster than almost any other in Western Australia. The Waterloo Industrial Park, the Bunbury Outer Ring Road and our growing residential areas are bringing new residents, new opportunities and new demands. This Plan has been written with that growth firmly in mind, because the wellbeing of thousands of new residents over the coming decade will be shaped by the choices we make now.

We are proud of what this Plan represents: our commitment to protecting, improving and promoting the health and wellbeing of everyone who lives, works and raises a family in the Shire of Dardanup. We look forward to bringing it to life with our community, our partners and our staff.

Cr Tyrrell Gardiner

Shire President, Shire of Dardanup

André Schönfeldt

Chief Executive Officer, Shire of Dardanup

CONTENTS

Page numbers will be inserted upon finalisation of the document.

SECTION 1 —
ACKNOWLEDGEMENT OF COUNTRY

The Shire of Dardanup acknowledges the Noongar people as the traditional owners of the land upon which the Shire is situated. The Shire recognises and respects the Noongar people's continuing culture, their deep and enduring connection to Country, and the significant contribution they make to the life and character of this region. The Shire pays its respects to Noongar Elders past, present and emerging, and extends that respect to all Aboriginal[1] peoples who live, work and raise families within our community.

The Shire of Dardanup recognises that the health and wellbeing of Aboriginal people is inseparable from cultural identity, connection to Country, family and community. This Public Health Plan 2026–2030 is committed to supporting the health and wellbeing of all residents of the Shire, including its Aboriginal community, in a manner that is culturally respectful and inclusive.

[1] Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. Aboriginal and Torres Strait Islander may be referred to in the national context. No disrespect is intended to Torres Strait Islander colleagues and community members. This convention is consistent with that adopted by the WA Department of Health in the State Public Health Plan for Western Australia 2025–2030 and the Shire of Dardanup Health and Wellbeing Profile 2015–2024.

SECTION 2 — INTRODUCTION

Purpose of this Plan

We have prepared this Public Health Plan 2026–2030 (the Plan) under the Public Health Act 2016 (WA), which requires every local government in Western Australia to plan for the health of its community. It sets out how we will protect, improve and promote the health and wellbeing of everyone who lives, works and raises a family in the Shire of Dardanup.

This Plan replaces our Public Health Plan 2021–2025 and reflects how much our community and the public health landscape have changed since then.

A Prevention Focus

Prevention is at the heart of this Plan. The biggest gains in community health come not from treating illness, but from creating the conditions for healthier, more active and more connected lives — in the places we live, work, play and age. Healthy choices should be within everyone's reach, whatever their income, background or circumstances.

This Plan is not about clinical treatment. It focuses on the parts of community life the Shire can directly deliver, make easier, partner on or advocate for.

The Role of Local Government in Public Health

Local governments sit closer to their communities than any other level of government, giving us both the responsibility and the practical ability to shape many of the everyday conditions that influence health.

Some of this work is long-established. Food safety, drinking water quality, noise management, mosquito control and managing public health risks remain core business for our Environmental Health team, delivered under the Public Health Act 2016, the Food Act 2008, the Environmental Protection (Noise) Regulations 1997 and related laws.

The Public Health Act 2016 has also broadened our role into health promotion, chronic disease prevention, mental health and wellbeing, communicable disease management, and designing healthier neighbourhoods. This Plan embraces that wider role while staying realistic about what a Shire of our size can do.

A Community That Is Growing and Changing

The Shire of Dardanup is one of the fastest-growing local governments in the South West of Western Australia, and the pace is accelerating. We are a very different community from the one our last plan described.

The future Wanju residential area could one day be home to around 60,000 people across up to 20,000 dwellings. The Waterloo Industrial Park is growing as a nationally significant hub in the critical minerals supply chain. The Bunbury Outer Ring Road, opened in December 2024, has reshaped how we move around the region. The decade ahead places our Shire at the centre of one of Western Australia's most strategically significant growth corridors.

Growth is central to public health planning, not incidental to it. New residents need to be welcomed into a healthy, connected community, and growth brings new pressure on services alongside a once-in-a-generation opportunity to build health into our neighbourhoods from the ground up.

How to Read this Plan

Sections 3 and 4 set the scene: where this Plan fits, and an honest account of how we performed against our last plan. Sections 5, 6 and 7 present the evidence: who we are, what the health data tells us, and the bigger social factors shaping health in Dardanup. Section 8 sets out our vision, objectives and three priority areas. Section 9 is our action plan: specific, measurable commitments with named leads and clear timeframes. Sections 10 and 11 explain how we will work with partners, and how progress will be tracked and reported.

This is a living document. We will review progress internally every year, report to Council annually, complete a mid-plan review in 2028, and begin developing the next plan in 2029–2030.

SECTION 3 —
STRATEGIC ALIGNMENT

This Plan does not stand alone; it draws its direction and authority from laws and strategies at the local, state and national level. This section explains how it all connects.

Legislative Framework

Public Health Act 2016 (WA)

This Plan meets our obligations under Part 5 of the Public Health Act 2016 (WA), which requires local governments to develop, implement and review local public health plans. The Act defines public health broadly as the wider health and wellbeing of the community, and the safeguards, policies and programs that protect, maintain, promote and improve it. This Plan reflects that emphasis on prevention, health promotion and health protection.

Food Act 2008 (WA)

Our food safety work – registering and inspecting food businesses, is carried out under the Food Act 2008 and sits within this Plan's Healthy and Safe Amenity priority area.

Environmental Protection (Noise) Regulations 1997 (WA)

Noise management and complaint investigation are ongoing statutory functions of our Environmental Health service and are reflected in this Plan's commitments.

Disability Inclusion Act 2014 (WA)

Our obligations under the Disability Inclusion Act 2014, including our Disability Access and Inclusion Plan, support this Plan's commitment to equity, inclusion and access for all residents.

State Strategic Documents

State Public Health Plan for Western Australia 2025–2030

The State Public Health Plan 2025–2030 (SPHP), prepared by the WA Chief Health Officer, sets the strategic framework for public health planning across the state. It has four core objectives: Promote, Prevent, Protect and Enable, plus two that run through everything: Aboriginal health and wellbeing, and equity and inclusion. It also names two new priorities: managing the health effects of climate change, and pandemic preparedness.

This Plan aligns with the SPHP 2025–2030. Our three priority areas: Sustainable and Healthy Environments, Connected and Resilient Community, and Healthy and Safe Amenity together address all four of the State Plan's core objectives. Appendix C maps this alignment in full.

WA Sustainable Health Review 2019

The WA Sustainable Health Review 2019 remains a landmark statement of strategic direction for health in this state. Its emphasis on prevention, community-centred care and the social determinants of health is reflected throughout this Plan.

Local Strategic Documents

Shire of Dardanup Strategic Community Plan 2020–2030

This Plan is an informing strategy within our Integrated Planning and Reporting Framework, sitting beneath the Strategic Community Plan 2020–2030 (SCP) and the Corporate Business Plan. The SCP carries the community's vision: balanced growth that recognises the diverse needs of our community through five objectives: Leadership, Environment, Community, Prosperity and Amenity.

This Plan most directly supports the SCP's Community objective, particularly a safe and secure community (3.4), a healthy place to live (3.5) and access to health, community and social services (3.6) along with the Environment and Amenity objectives. Every action in this Plan identifies the SCP outcome it contributes to.

Shire of Dardanup Corporate Business Plan

The Corporate Business Plan is the four-year delivery vehicle for the SCP. Actions from this Plan that need dedicated resourcing will flow through the Corporate Business Plan and the annual budget so that commitments are funded and tracked.

Shire of Dardanup Council Plan 2022–2032

The Council Plan 2022–2032 brings the Strategic Community Plan and Corporate Business Plan together into a single document, shaped by more than 600 community members. Its vision: 'a healthy, self-sufficient and sustainable community, that is connected and inclusive' is directly reflected in this Plan. The most relevant Council Plan outcomes are a safe community (Outcome 1), a healthy and active community (Outcome 2), a compassionate and inclusive community (Outcome 4), a responsibly managed natural environment (Outcome 5), a community resilient to natural disasters (Outcome 7) and safe, easy movement around the Shire (Outcome 10). SCP outcome references in our action tables correspond to these Council Plan outcomes.

Shire of Dardanup Sport and Recreation Plan

The Sport and Recreation Plan 2020–2030 guides our investment in active recreation facilities and programs, recognising the value of sport and recreation to physical health, mental wellbeing and social connection. This Plan aligns its relevant actions, particularly Action 3.4 with that plan's objectives and infrastructure priorities.

Shire of Dardanup Place and Community Plan

The Place and Community Plan 2020–2030 guides community development, events, social programs and placemaking. Many of the connection and wellbeing actions in this Plan are delivered with the Place and Community team. The Place and Community Plan explicitly identifies the Shire's health plan as the vehicle for community health and wellbeing programming – a handoff this Plan accepts through its Connected and Resilient Community priority area.

Shire of Dardanup Disability Access and Inclusion Plan 2023–2028

Our Disability Access and Inclusion Plan (DAIP) 2023–2028, prepared under the Disability Services Act 1993 (WA), shares this Plan's commitment to equity and inclusion. The DAIP covers seven outcome areas, from access to services, events, buildings and information through to consultation and employment. We are committed to ensuring that health programs, events and services delivered under this Plan are accessible to people with disability, their families and carers.

National Strategic Documents

National Preventive Health Strategy 2021–2030 (Commonwealth)

The National Preventive Health Strategy 2021–2030 sets the national direction for preventive health. Its priorities: reducing chronic disease, improving mental health and wellbeing, and addressing health inequities are reflected in this Plan's priority areas and actions.

Closing the Gap National Agreement 2020

The Closing the Gap National Agreement 2020 commits governments and Aboriginal and Torres Strait Islander community-controlled organisations to improving life outcomes for Aboriginal and Torres Strait Islander peoples. This Plan's commitment to Aboriginal health and wellbeing, and to culturally respectful and inclusive service delivery, is consistent with its principles and targets.

This Plan is also consistent with United Nations 'Sustainable Development Goal 3 — Good Health and Wellbeing' which the Council Plan 2022–2032 adopts as part of its global planning framework.

Appendix C provides a full table mapping each of this Plan's objectives to the legislative and strategic documents above.

SECTION 4 —
REVIEW OF THE 2021–2025 PLAN

What the 2021–2025 Plan Set Out to Do

Our first Public Health Plan under the Public Health Act 2016 was adopted by Council on 25 August 2021. Its vision: to protect, improve and promote public health and wellbeing amongst all residents was pursued through three priority areas: Sustainable Environment, Connected Community, and Healthy Amenity.

That plan drew on community consultation undertaken for the Strategic Community Plan, Vision 2050, Place and Community Plan and Sport and Recreation Plan, supplemented by an online survey and our Community Advisory Group. It identified six priority health issues: physical activity, healthy eating, mental health and wellbeing, youth initiatives, early childhood development and environmental health, and set 22 actions.

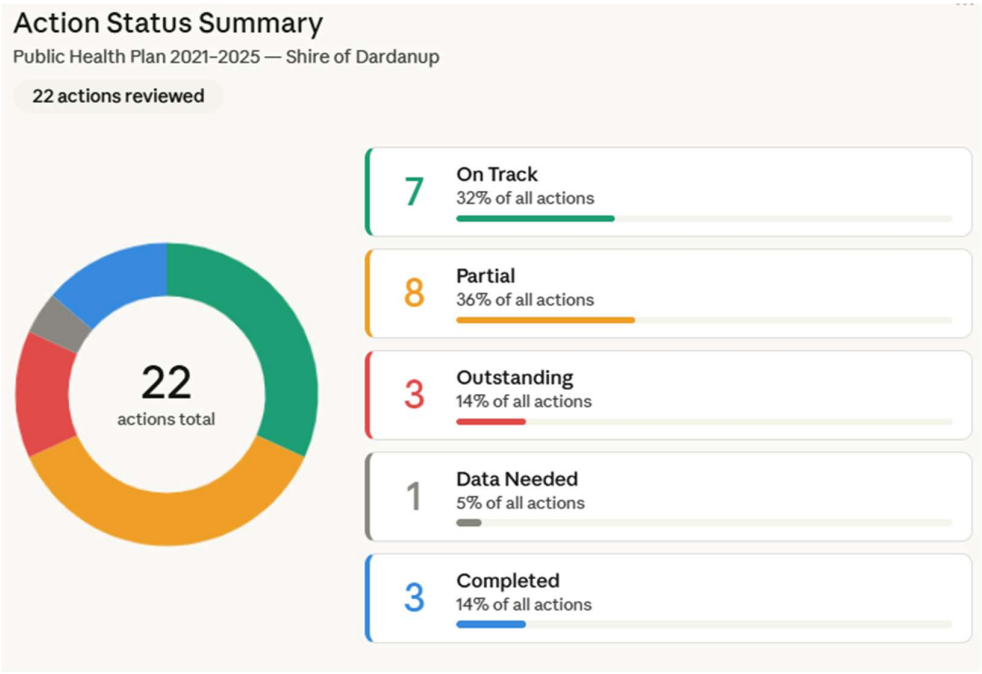
Review of Actions – 2021 – 2025 Plan

In preparing this Plan, we reviewed all 22 of those actions against service records, Corporate Business Plan reporting, budget data, grant records, Council minutes and publicly available information. Each action was rated as:

- **On Track** — confirmed active and delivering throughout the plan period
- **Partial** — some evidence of activity, but outcomes or metrics incomplete
- **Outstanding** — not progressed during the plan period, with explanation
- **Data Needed** — activity plausible but not confirmed through available records
- **Completed** — fully delivered during the plan period

The results of this review are summarised below and presented in full in Appendix B.

Of the 22 actions: 7 were rated On Track, 8 Partial and 3 Outstanding, 1 needed further internal data to confirm, and 3 were completed or in good standing throughout the plan period.



Source: Shire of Dardanup Public Health Plan 2021–2025 — Review of Actions. Assessed against internal service records, Corporate Business Plan reporting, annual budget data, grant records, Council minutes and publicly available information.

What the 2021–2025 Plan Did Well

We delivered best where actions lined up with our statutory duties or established services. The Leschenault CLAG mosquito control program ran every season. Statutory environmental health services were delivered consistently, at growing volume as our population grew. The FOGO kerbside collection service launched in October 2021 with strong recovery rates. The Eaton Recreation Centre kept delivering a broad, well-attended program of activity and wellbeing services. Our major community events: the Tronox Spring Out Festival, the Bull and Barrel Festival and the Eaton Foreshore Festival drew tens of thousands of people each year. Emergency management and community resilience capability was strengthened. The Age-Friendly Communities Connectivity program achieved all six grant outcomes, reaching over 80 participants aged 65 to 85 across five locations. And our partnership with Healthway delivered Summer in Your Park with 28 free family-friendly health and wellness events across Burekup, Eaton and Dardanup laying a proven foundation for the health promotion partnerships in Action 3.3 of this Plan.

Where the 2021-2025 Plan Fell Short

Three actions did not progress. Direct engagement with Cancer Council WA gave way to competing demands. A Shire-wide Transport Strategy was not completed, although real progress was made on individual components, including a Local Bike Plan adopted in 2023. And regional collaboration on early years lapsed after the Greater Bunbury Early Years Strategy and Action Plan ended in 2023.

One further action: ‘structured partnerships with mental health organisations’ was only partly progressed due to resourcing constraints. That gap matters, because mental health conditions in our Shire consistently sit above the state average.

These shortfalls were not failures of intent. They reflect a small Environmental Health team carrying a significant and growing statutory workload in a rapidly growing Shire. Section 10 addresses the resourcing implications directly.

Honest Assessment of the Plan’s Design

We have also been honest with ourselves about the design of the last plan: its actions were often broad rather than specific and measurable; it had no monitoring, evaluation or KPI framework; its community data was already five years old when it was adopted; and accountability was often assigned to a directorate rather than a named lead. This Plan fixes all four.

What Carries Forward

We carry forward: statutory environmental health services; the Leschenault CLAG mosquito control program; food safety regulation and the investigation of a voluntary food safety rating system; community physical activity and recreation programs; mental health and wellbeing initiatives; youth development programs; cross-generational community events; active transport infrastructure and advocacy; emergency management and community resilience; and regional collaboration on early years, age-friendly communities and youth strategies.

The three Outstanding actions: Cancer Council engagement, the Transport Strategy and regional early years collaboration return as priorities in this Plan, with clearer delivery expectations and named leads. Appendix B summarises the full review.

Section 5 —

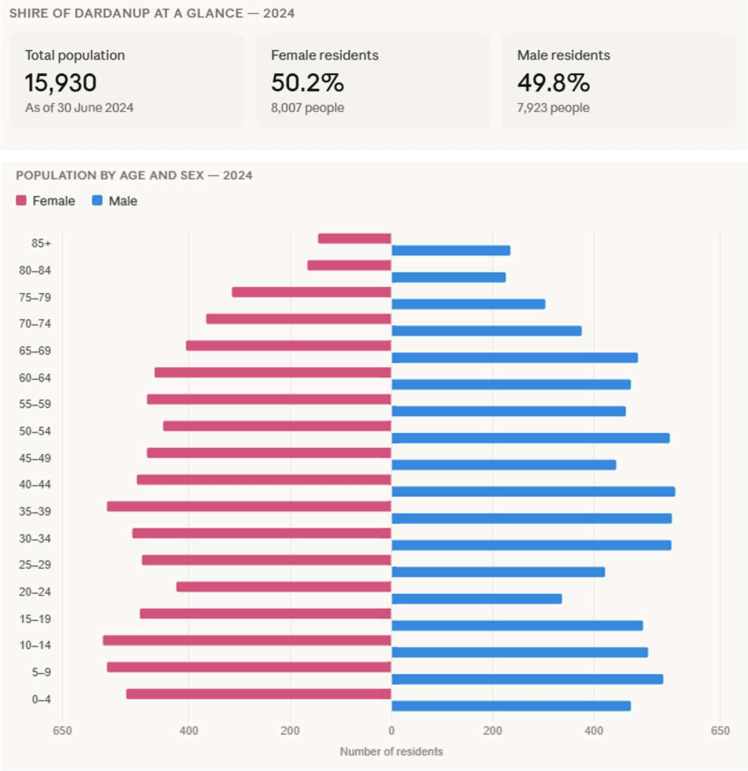
OUR COMMUNITY PROFILE 2026

This section paints a picture of who we are as a community, using the most recent data available: the Australian Bureau of Statistics 2021 Census and the ABS estimated resident population figures for 2024. We will refresh this profile with 2026 Census data at our mid-plan review in 2028.

Population and Growth

At 30 June 2024, our estimated population was 15,930, up from 14,969 at the 2016 Census, with growth continuing year on year. We are almost evenly split between males (49.8%) and females (50.2%). The Shire covers 525.8 square kilometres, taking in the suburbs of Eaton and Millbridge, the townsites of Burekup and Dardanup, and substantial rural and industrial land including the Waterloo Industrial Park.

Population Profile



Source: 2024 Estimated Resident Population, Australian Bureau of Statistics.

Strong growth is expected to continue well beyond the life of this Plan, driven by ongoing residential development in Millbridge and surrounds and, over the longer term, by the future Wanju residential area.

Age Profile

Our median age is 37, a young, family-oriented community. Around a third of residents (33.6%) are aged 50 or over, and the number of residents aged 60 and over, a group with distinct and growing health needs, is rising steadily. As today's families age in place, this trend will strengthen across the life of this Plan.

Household and Family Composition

We are a community of families: 78.2% of households are family households, and couples with children make up 44.5%. Most of us live in separate houses (93.1% of dwellings). Around 78.4% of homes are owned or being purchased, and 21.6% are rented.

Cultural Diversity

Around a quarter of residents (25.2%) were born overseas, and 15.4% speak a language other than English at home. Aboriginal residents make up about 3.8% of our population based on the 2021 Census, likely an undercount, given known Census limitations for Aboriginal populations.

Socioeconomic Profile

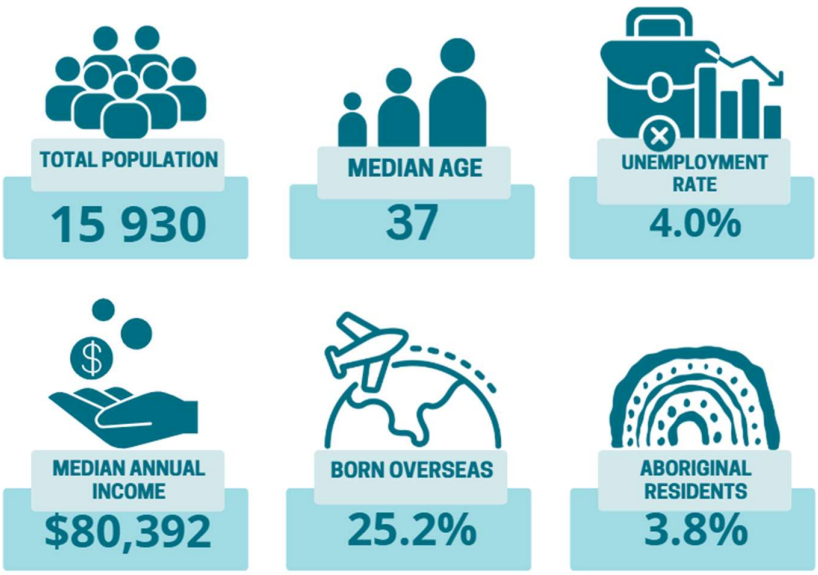
Our median household income is $80,392, a working and middle-income community. Employment is strong: 54.7% of workers are full-time and 32.2% part-time, with unemployment around 4.0%. Even so, about 24.3% of families live on less than $64,999 a year, and some households, particularly those with children, experience low income and welfare dependence.

Selected population measures, Shire of Dardanup (2021)

Population measure	Count	Percentage (%)
Aboriginal	584	3.8
Persons born overseas	3,833	25.2
Persons who do not speak English at home	2,263	15.4
Persons who are unemployed	327	4.0
Families with annual income < $64,999	995	24.3

Source: 2021 Census Population and Housing, Australian Bureau of Statistics

Population Metrics



Source: Table 1, Health and Wellbeing Profile: Shire of Dardanup 2015–2024 (page 7)

Cost-of-living pressure has intensified across Australia since 2021 and has become a health issue in its own right: housing affordability, energy costs, food costs and financial stress all have direct, measurable effects on health and wellbeing.

Transport and Mobility

We are a car-dependent community: 97.8% of households have a vehicle, only 2.8% of us catch public transport to work, and just 1.5% walk. The Bunbury Outer Ring Road, opened in December 2024, has changed how we connect with the region. The Shire manages 57.63 kilometres of pathways, with a further 14.38 kilometres planned over the coming decade.

The independent MARKYT® Community Scorecard (606 residents, 2021) adds the community's voice to the numbers. Health and community services ranked tenth of 40 service areas, a clear signal that health matters to our community. The top three priorities, youth services and facilities, family and children's services, and seniors' services and care are reflected directly in our Connected and Resilient Community priority area. Food, health, noise, pest and pollution services ranked twentieth. These statutory services are valued, but much of this work happens out of public view.

Priority Population Groups

Some groups in our community face higher health risks or extra barriers to good health, and deserve particular attention in this Plan. They include:

- **Aboriginal residents** — who experience significant health disparities relative to non-Aboriginal Australians, and whose health and wellbeing is shaped by cultural determinants that require a culturally safe and responsive approach.
- **Older residents** — the proportion of residents aged 60 and over is growing, bringing with it increased risk of chronic disease, social isolation, falls and age-related functional decline.
- **Children and young people** — early childhood developmental vulnerability and youth mental health are identified priority concerns in the Shire's health data.
- **Residents experiencing socioeconomic disadvantage** — including low-income households, welfare-dependent families and those experiencing housing stress or food insecurity.
- **Residents from culturally and linguistically diverse backgrounds** — who may face barriers to health literacy and access to culturally appropriate services.
- **Residents in rural and outlying areas** — including Burekup, Dardanup townsite and surrounding rural areas, who may have reduced access to health-supporting services and infrastructure compared to residents in the Eaton and Millbridge suburban areas.

SECTION 6 —
OUR HEALTH AND WELLBEING PROFILE 2026

This section looks at the health of our community. It draws primarily on the 'Health and Wellbeing Profile: Shire of Dardanup 2015–2024' prepared by the Department of Health WA's Epidemiology Directorate and published in January 2026, making it the most current population health data available for our Shire. It is supported by the WA Health and Wellbeing Surveillance System, hospital morbidity records, the WA Notifiable Infectious Diseases Database and the Australian Bureau of Statistics.

A Note on Data Interpretation

A quick note on the numbers. Much of this data is statistically modelled by the Department of Health. For smaller local governments like ours, survey-based estimates draw on broader regional data to stabilise the results, so they are best read as reliable indicators of direction rather than precise local counts. Data drawn from actual records, e.g. hospital admissions and disease notifications is more locally specific, and we give it particular weight in identifying priority health issues.

Population Health Summary

In many ways, we are a healthy and active community. Illicit drug-related hospitalisations and deaths are below the state average. Assault-related hospitalisations are well below the state average. Blood-borne disease and sexually transmitted infection rates are lower than the state average. These are meaningful signs of a community with real social strengths.

But the data also shows areas where our community carries a heavier health burden than the state as a whole, or where local trends warrant targeted action.

Nutrition

Our eating habits are a mixed picture. Fruit and vegetable consumption is broadly in line with the state. But more of our adults eat fast food more than twice a week (6.9%, against 6.0% statewide), and more of our children drink sugary soft drinks or energy drinks more than twice a week (9.9% of children aged 1–15, against 8.5% statewide).

Nutrition Indicators

Source: Nutrition indicators for children (1–15 years or 2–15 years) and adults (16 years and above) by sex, Shire of Dardanup (2024), Health and Wellbeing Profile: Shire of Dardanup 2015–2024, page 9

Physical Activity

About 40.7% of adults don't reach the recommended 150 minutes of moderate physical activity a week, close to the state average of 39.1%. Among children aged 5–15, 62.2% fall short of recommended activity levels, again similar to the state. That is a large share of our community at higher risk of chronic disease, and a strong case for continued investment in recreation facilities, programs and active transport.

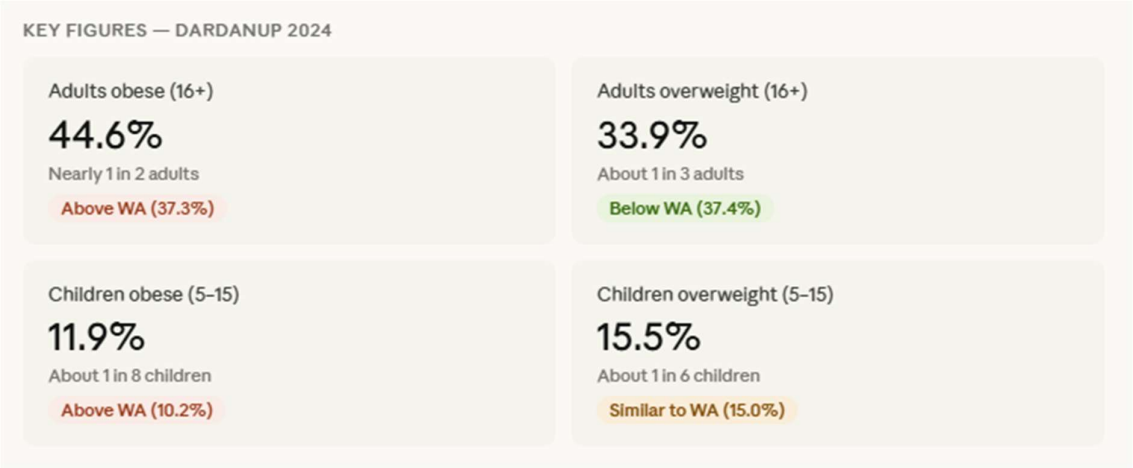
Overweight and Healthy Weight

Healthy weight is the single biggest gap between our community's health and the state average, and one of the most changeable. An estimated 44.6% of adults are in the obese range, well above the state figure of 37.3% and consistent across both sexes. A further 33.9% are overweight. Together, around 78.5% of our adults are above a healthy weight.

Among children aged 5–15, 11.9% are in the obese range, above the state figure of 10.2%. These are modelled estimates and should be read as directional, consistent with the data note above.

Being above a healthy weight raises the risk of type 2 diabetes, cardiovascular disease, some cancers, muscle and joint problems and poor mental health. Healthy weight is a named priority of this Plan, and it runs through our actions on nutrition, physical activity, neighbourhood design and health promotion.

Overweight and Obesity



Source: Prevalence (%) of overweight and above healthy weight range in children and adults by sex, Shire of Dardanup (2024), Health and Wellbeing Profile: Shire of Dardanup 2015–2024, page 16

Tobacco-Related Harm

About 12.5% of our adults smoke, close to the state average of 13.5%. But tobacco-related hospitalisations are higher than the state average (390.2 against 366.8 per 100,000), and so are tobacco-related deaths, for both men and women. That gap likely reflects a legacy of past smoking, or heavier use among current smokers, and it warrants continued attention through health promotion partnerships.

Alcohol-Related Harm

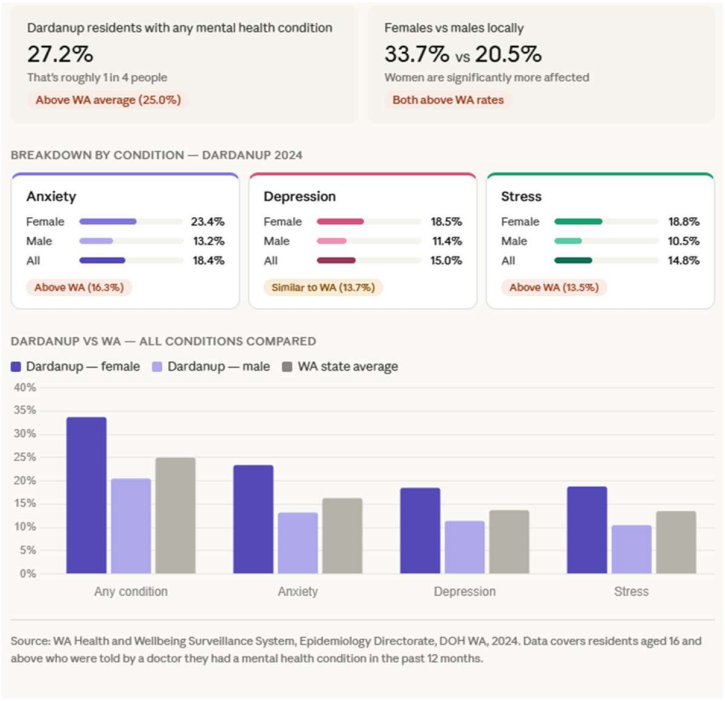
Our drinking patterns are broadly similar to the rest of WA, but alcohol-related deaths are higher (29.5 against 26.0 per 100,000), for both men and women. This supports continued advocacy for alcohol harm reduction programs with our partners.

Mental Health and Psychological Wellbeing

Mental health is a sustained and significant concern for our community. Across a full decade of data, mental health conditions in our Shire have consistently tracked above state averages.

In 2024, an estimated 27.2% of residents aged 16 and over had been told by a doctor in the past year that they had a mental health condition (state: 25.0%). Anxiety stands out: 18.4% of residents were diagnosed in the past year, compared with 16.3% statewide. Stress-related conditions are also higher (14.8% against 13.5%), and around 22.7% of adults experience high or very high psychological distress, similar to, but trending above, the state.

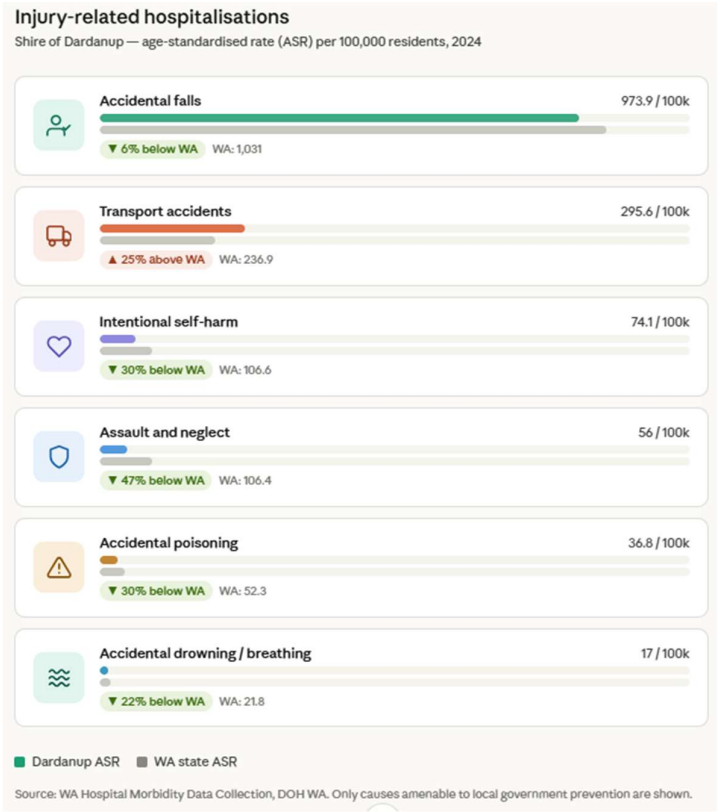
Mental Health, Shire of Dardanup — prevalence (%) among residents aged 16+, 2024



Source: Health and Wellbeing Profile: Shire of Dardanup 2015–2024, page 32

Injury — Transport Accidents

Transport accidents are one of our clearest and most locally specific health risks. In 2024, our residents were hospitalised after transport accidents at a rate of 295.6 per 100,000, about 25% above the state rate of 236.9. Transport accident deaths are also higher: 10.2 against 7.2 per 100,000. These figures come from actual hospital and death records, so they carry strong local reliability, and they make a compelling public health case for road safety and a comprehensive Transport Strategy for the Shire.



Source: Health and Wellbeing Profile: Shire of Dardanup 2015–2024, page 38

Vector-Borne Disease

Our mosquito-borne disease rates run well above the state average. In 2022 we recorded 50.6 notifications per 100,000, more than double the state rate of 21.1. This reflects our location in the Leschenault estuary catchment, with its extensive mosquito breeding habitat, and confirms why the Shire's role in the Leschenault CLAG mosquito control program matters so much.

Enteric Disease

Gastrointestinal (enteric) disease notifications were also above the state average in 2022: 250.5 against 218.9 per 100,000. These illnesses connect directly to food safety, reinforcing our continued focus on inspection, education and compliance.

Early Childhood Development

The 2015–2024 health profile does not cover early childhood development, but earlier Australian Early Development Census data showed a significant share of our children were developmentally vulnerable in one or more areas, particularly language and cognitive skills. Early childhood development remains a priority health issue for this Plan.

Priority Health Issues for this Plan

Drawing all of this together with the community profile in Section 5, this Plan focuses on the following priority health issues:

- **Obesity and healthy weight** — across both adults and children, consistently above state averages
- **Mental health and psychological wellbeing** — with anxiety as a named focus, above state averages across the decade
- **Tobacco and alcohol-related harm** — where harm outcomes exceed state averages despite broadly similar prevalence rates
- **Transport safety** — with hospitalisation and death rates from transport accidents significantly above the state average
- **Vector-borne disease** — with notification rates more than double the state average
- **Nutrition and healthy eating** — particularly fast food consumption among adults and sugar-sweetened drink consumption among children
- **Physical activity** — with a significant proportion of both adults and children not meeting recommended activity guidelines
- **Early childhood development** — a persistent concern requiring regional collaboration and advocacy
- **Climate change and health** — an emerging and growing priority consistent with the State Public Health Plan 2025–2030
- **Pandemic preparedness** — consistent with the State Public Health Plan 2025–2030 and the lessons of the COVID-19 pandemic

SECTION 7 —
SOCIAL DETERMINANTS OF HEALTH

What Are the Social Determinants of Health?

Health is shaped by much more than personal choices about diet, exercise or lifestyle. The conditions in which we are born, grow, live, work and age, known as the 'social determinants of health', have a profound, well-documented influence on how long and how well we live. They include:

- Employment and economic security
- Education and early childhood development
- Housing affordability and quality
- Access to health care and community services
- Transport and mobility
- Food security and access to nutritious food
- Community safety and freedom from violence
- Social connection and community cohesion
- The built and natural environments in which people live

These factors interact and reinforce one another, for better or worse. Improving health takes more than encouraging healthier individual choices; it means creating the conditions where healthy choices are accessible, affordable and supported for everyone, regardless of income, background or circumstance.

The Social Determinants in the Dardanup Context

Our community has real social strengths: strong employment, high home ownership, active community organisations and volunteer networks, a busy and well-loved recreation centre, and a calendar of events that consistently draws large and diverse crowds.

At the same time, the profile in Sections 5 and 6 points to several pressures shaping health outcomes in our Shire, and this Plan responds to them.

Cost of Living and Economic Stress

Cost-of-living pressure is a health issue. Rising housing, energy and food costs, and financial stress, increase the risk of poor nutrition, push preventive health down the priority list, worsen mental health and limit participation in community life. It is an emerging determinant that this Plan takes seriously.

Housing

Most of us live in detached houses on suburban lots (93.1% of dwellings). That brings space and privacy but also car dependence, less walkability and fewer casual social connections, which can contribute to inactivity and isolation. Rental households (21.6% of dwellings) are more exposed to housing insecurity and the health effects that come with it.

Transport and Mobility

Car dependence is one of the most significant health factors in the Dardanup context. With 97.8% of households owning a vehicle and only 2.8% of residents commuting by public transport, our transport culture is overwhelmingly car-based. That means less incidental exercise, greater exposure to road trauma, already well above the state average, and isolation for residents who don't drive.

Social Connection and Community Cohesion

Loneliness and social isolation are now well recognised as risks to both mental and physical health, and the COVID-19 pandemic made connection harder in many communities. The Shire has responded with a strong program of community events, library programs, youth initiatives and welcoming community spaces. This Plan builds on those assets, with a particular focus on reaching the people most at risk of isolation.

Rapid growth itself can affect health. New residents in growing areas like Millbridge may not yet have the networks, local knowledge and connections that support wellbeing. Welcoming newcomers into a connected, healthy community is a health strategy as much as a community development one.

Early Childhood Development and Education

The early years matter more than any other stage of life for lifelong health. Quality early childhood education and care, maternal and child health services, and family support sit largely with state and federal governments, so the Shire's role here is mainly to advocate, facilitate and collaborate regionally.

Climate Change as a Social Determinant

Climate change is now firmly established as a determinant of health, and its effects are already being felt in the South-West: hotter and more frequent heat events, shifting mosquito-borne disease patterns, air quality impacts from industry and bushfire smoke, and the mental health toll of climate-related events. The State Public Health Plan 2025–2030 names climate change and health as a priority for every level of government.

The Shire's Sphere of Influence

Not everything that shapes health is within the Shire's control, and saying so plainly makes for a better plan. Throughout this Plan, our role in each action is identified as one of four:

- **Deliver** — to provide a service, program, event or initiative directly
- **Facilitate** — to make it easier for others to act or for residents to access health-supporting options
- **Partner** — to work directly with other organisations to achieve shared health outcomes
- **Advocate** — to voice support for, or actively promote, action by other levels of government or agencies where the determinant falls outside the Shire's direct control

This distinction matters in a fast-growing community, where the pace of change can outstrip what we can deliver directly. Being clear about our limits, and advocating actively beyond them, is how this Plan makes the biggest difference it can.

SECTION 8 — VISION, OBJECTIVES AND PRIORITY AREAS (2026–2030)

Vision

To protect, improve and promote public health and wellbeing amongst all residents of the Shire of Dardanup — a community that is growing, connected and healthy.

Our Objectives

To achieve this vision, we commit to **six objectives**:

1. Prevent and reduce health risks through effective statutory environmental health services and proactive health protection.
2. Promote healthy behaviours, healthy environments and healthy lifestyles, focused on the priority health issues identified in Section 6.
3. Strengthen community connection, resilience and mental wellbeing — because social cohesion is a foundation of good health.
4. Partner with state agencies, non-government organisations, regional local governments and community organisations to extend the reach of public health action beyond what the Shire can achieve alone.
5. Advocate for the policies, investment and services our community needs, where health outcomes depend on the actions of others.
6. Implement, monitor, report on and review this Plan in a transparent and accountable way.

These objectives align with the four core objectives of the 'State Public Health Plan for Western Australia 2025–2030': Promote, Prevent, Protect and Enable, and support its overarching objectives of Aboriginal health and wellbeing, and equity and inclusion. Appendix C maps this alignment in full.

Our Three Strategic Priority Areas

This Plan is structured around three priority areas, building on the three pillars of the 2021–2025 Plan and strengthened in response to the data, our community's growth and the changed public health landscape.

Priority Area 1 — Sustainable and Healthy Environments

Evolution of: Sustainable Environment (Health Plan 2021-2025)

Healthy communities need healthy places: built, natural and social environments that get people moving, protect against health risks, bring people together, and respond to climate change and rapid growth. Under this priority, we commit to:

- **Healthy and active by design —** planning new developments, public open spaces, pathways and community facilities so they actively support physical activity, walkability, social connection and access to nature.
- **Environmental health statutory functions —** delivering our core services: food safety regulation, drinking water quality monitoring, noise complaint management, onsite wastewater assessment, asbestos management and environmental contamination response.
- **Vector-borne disease management —** continuing our role in the Leschenault CLAG mosquito control program.
- **Waste and environmental sustainability —** continuing and promoting our FOGO kerbside collection service and other waste minimisation initiatives.

- **Climate change and health —** monitoring and responding to local climate-health impacts — heat-related risks, expanding mosquito-borne disease range, air quality and the mental health effects of climate events.
- **Green space, natural areas and mental health —** caring for our parks, reserves, foreshores and natural open spaces as places that support health and wellbeing.

This priority area supports SCP Outcomes 2.1, 2.2, 2.3 and 3.5.

Priority Area 2 — Connected and Resilient Community

Evolution of: Connected Community (Health Plan 2021-2025)

A connected community is a healthier community. Social connection, mental wellbeing, access to programs and services, and the capacity to recover from adversity are all things local government can genuinely influence. Under this priority, we commit to:

- **Mental health and psychological wellbeing —** making mental health a named, explicit priority — strengthening partnerships with mental health promotion organisations and improving community access to information and programs.
- **Social connection and community cohesion —** delivering and supporting events, programs and spaces that bring residents together, reduce isolation and build belonging.
- **Youth health and development —** supporting young people's health and wellbeing through youth-specific programs, events and initiatives, and continued regional youth strategy work.
- **Healthy ageing —** supporting our growing older population with programs, services and environments for active, connected, healthy ageing.
- **Early childhood development —** advocating for and supporting programs that address developmental vulnerability in our youngest residents, and pursuing renewed regional collaboration on an early years strategy.
- **Aboriginal health and wellbeing —** ensuring our public health programs and services are culturally respectful, accessible and responsive to the needs of our Aboriginal community.
- **Emergency management and community resilience —** strengthening our capacity to support community health and wellbeing during and after emergencies.
- **Pandemic preparedness —** embedding the lessons of the COVID-19 pandemic in our emergency planning and community resilience frameworks.

This priority area supports SCP Outcomes 3.1, 3.2, 3.3, 3.4, 3.5 and 3.6.

Priority Area 3 — Healthy and Safe Amenity

Evolution of: Healthy Amenity (Health Plan 2021-2025)

A healthy community is one where the everyday environment supports health — where food is safe, transport is safe, health information is easy to find, and the services that protect public health are delivered well. Under this priority, we commit to:

- **Food safety and nutrition —** delivering high-quality food safety services, investigating a voluntary food safety rating system, and partnering with health promotion organisations to build healthy eating knowledge.
- **Transport safety and active transport —** prioritising a comprehensive Transport Strategy for the Shire, in recognition that our transport accident hospitalisation and death rates are significantly above state averages.
- **Health literacy and preventive health —** partnering with health advocacy organisations on preventive health knowledge, cancer screening, healthy weight, and tobacco and alcohol harm reduction.
- **Alcohol and tobacco harm reduction —** supporting community access to information and programs that address alcohol and tobacco-related harm, where our harm outcomes exceed state averages.
- **Community safety and injury prevention —** supporting programs and initiatives that promote community safety and reduce injury risk across all age groups.
- **Healthy workplaces —** fostering a healthy, safe and positive working environment for Shire staff — because staff wellbeing underpins service quality.

This priority area supports SCP Outcomes 3.4, 3.5, 3.6, 5.1 and 5.2.

Equity and Inclusion

Equity and inclusion are not a separate priority area – they run through everything in this Plan, consistent with the State Public Health Plan 2025–2030. We are committed to making this Plan's health benefits accessible to all residents: Aboriginal residents, people from culturally and linguistically diverse backgrounds, people experiencing socioeconomic disadvantage, older residents, young people, people living with disability, and residents in our rural and outlying areas.

SECTION 9 — OUR ACTION PLAN (2026–2030)

This is where the Plan gets practical. The actions below translate our vision, objectives and priority areas into specific, measurable commitments, each with a clear owner, a defined timeframe and a stated measure of success.

We have deliberately chosen fewer, sharper actions than the last plan. Experience taught us that a smaller number of well-defined, properly resourced commitments achieves more than a long list of broad intentions. Every action is realistic within our current and projected capacity, and ambitious enough to make genuine progress on our priority health issues.

Each action sets out: what we will do; the priority area; SCP alignment; our role (Deliver, Facilitate, Partner or Advocate); the responsible lead; the timeframe (Short: 0–2 years, Medium: 2–4 years, or Ongoing); the success indicator; and how it will be reported.

Priority Area 1 — Sustainable and Healthy Environments

Action 1.1 — Statutory Environmental Health Services

Action	Deliver statutory environmental health services in accordance with legislative requirements, including food safety inspections, drinking water sampling, noise complaint management, onsite wastewater assessment, asbestos management and environmental contamination response. Maintain service volumes commensurate with population growth.
SCP Alignment	3.5 — Our community will be a healthy place to live
Role	Deliver
Lead	Development Services
Timeframe	Ongoing
Success Indicator	Statutory inspection and service programs delivered annually at volumes consistent with legislative requirements and population growth. Complaint response times within Shire service standards. Annual EH service data reported to Council.
Reporting Mechanism	Annual service report to Council; Corporate Business Plan reporting

Action 1.2 — Vector-Borne Disease Management

Action	Maintain and actively participate in the Leschenault Contiguous Local Authorities Group (CLAG) mosquito surveillance and control program, including ground treatments, larval

	surveys, aerial treatment coordination and community education. Pursue opportunities to expand community engagement including at high-attendance community events.
SCP Alignment	2.1 — Enhanced and responsibly managed natural environment and public open spaces; 3.5 — Our community will be a healthy place to live
Role	Deliver / Partner
Lead	Development Services
Timeframe	Ongoing
Success Indicator	CLAG program participation maintained annually. Larval survey and treatment program completed each season. Vector-borne disease notification rate monitored against state average. Community education delivered at minimum one major community event per year.
Reporting Mechanism	Annual CLAG program report; Annual service report to Council

Action 1.3 — Healthy Active by Design

Action	Advocate for and facilitate the incorporation of Healthy Active by Design principles into the planning and design of new residential developments, public open spaces, pathways and community facilities within the Shire, with particular reference to planning referrals, developer contribution plan negotiations and structure plan assessments.
SCP Alignment	2.1 — Enhanced and responsibly managed natural environment and public open spaces; 2.3 — Land use provisions that reflect current and future needs
Role	Facilitate / Advocate
Lead	Development Services / Infrastructure Planning and Design
Timeframe	Ongoing
Success Indicator	Healthy Active by Design principles referenced in planning referral responses and structure plan submissions. At least one formal internal guidance note or checklist developed for use in planning referral assessments by end of Year 1.
Reporting Mechanism	Annual service report to Council; Corporate Business Plan reporting

Action 1.4 — Food Safety Rating System

Action	Progress the investigation and feasibility assessment of a voluntary food safety rating system for food premises in the Shire, including consultation with food businesses, assessment of administrative and resourcing implications, and a report to Council with recommendations.
SCP Alignment	3.5 — Our community will be a healthy place to live
Role	Deliver

Lead	Development Services
Timeframe	Short (0–2 years)
Success Indicator	Feasibility report with recommendations presented to Council by end of Year 2. If endorsed by Council, implementation framework developed and consultation with food businesses commenced by end of Year 3.
Reporting Mechanism	Council report; Annual service report

Action 1.5 — Climate Change and Health

Action	Develop and implement a climate-health monitoring framework for the Shire, identifying the key local health risks associated with climate change — including heat events, expanded vector-borne disease range, air quality impacts and bushfire smoke — and establishing baseline monitoring protocols. Advocate to State Government for resources and guidance to support local government climate-health response.
SCP Alignment	2.1 — Enhanced and responsibly managed natural environment and public open spaces; 2.2 — Environmental sustainability embedded within practices and procedures
Role	Deliver / Advocate
Lead	Development Services
Timeframe	Short (0–2 years) for framework development; Ongoing for monitoring
Success Indicator	Climate-health risk register developed and endorsed internally by end of Year 2. Annual monitoring report produced from Year 3 onwards. At least one submission or representation made to State Government on climate-health resourcing for local governments during the plan period.
Reporting Mechanism	Annual service report to Council; Corporate Business Plan reporting

Priority Area 2 — Connected and Resilient Community

Action 2.1 — Mental Health and Wellbeing Partnerships

Action	Establish and maintain structured partnerships with at least two mental health promotion organisations — including but not limited to the Mental Health Commission WA, Headspace, Act Belong Commit and Beyond Blue — to deliver or facilitate mental health awareness programs, community education and referral pathway information to Shire residents.
SCP Alignment	3.5 — Our community will be a healthy place to live; 3.6 — Our community will have access to adequate health, community and social services
Role	Partner / Facilitate
Lead	Development Services / Place and Community Engagement

Timeframe	Short (0–2 years) to establish; Ongoing
Success Indicator	Formal partnership or engagement agreement in place with minimum two mental health promotion organisations by end of Year 2. Minimum one community mental health awareness activity delivered per year from Year 2 onwards.
Reporting Mechanism	Annual service report to Council; Corporate Business Plan reporting

Action 2.2 — Community Events and Social Connectedness

Action	Deliver and support a program of inclusive, cross-generational community events and programs throughout the plan period, including the Tronox Spring Out Festival, Australia Day community events and other Shire-delivered events. Incorporate health promotion messaging and activities into Shire-delivered events as standard practice.
SCP Alignment	3.2 — An inclusive community that promotes active involvement in community life; 3.1 — A creative community that fosters cultural and artistic activity and diversity
Role	Deliver / Partner
Lead	Place and Community Engagement
Timeframe	Ongoing
Success Indicator	Minimum three major community events delivered or supported annually. Health promotion activity incorporated into at least two Shire-delivered events per year. Post-event attendance and participant feedback recorded annually.
Reporting Mechanism	Annual service report to Council; Annual Report

Action 2.3 — Youth Health and Development

Action	Deliver and support youth health and development programs throughout the plan period, including YouthFest and other Youth Week WA activities. Pursue renewed regional collaboration on a successor Greater Bunbury Youth Strategy, and advocate to State Government for continued funding of youth development programs in the Shire.
SCP Alignment	3.2 — An inclusive community that promotes active involvement in community life; 3.6 — Our community will have access to adequate health, community and social services
Role	Deliver / Partner / Advocate
Lead	Place and Community Engagement
Timeframe	Ongoing
Success Indicator	YouthFest or equivalent youth health event delivered annually. Regional youth strategy engagement commenced by end of Year 2. Grant funding for youth development programs sought annually.
Reporting Mechanism	Annual service report to Council; Corporate Business Plan reporting

Action 2.4 — Healthy Ageing and Age-Friendly Community

Action	Deliver and support programs that promote active, connected and healthy ageing for the Shire's growing older population, including continuation of seniors-specific programs, digital literacy initiatives and age-friendly community activities. Pursue grant funding for age-friendly community programs and advocate for adequate aged care and community services in the Shire.
SCP Alignment	3.2 — An inclusive community that promotes active involvement in community life; 3.6 — Our community will have access to adequate health, community and social services
Role	Deliver / Partner / Advocate
Lead	Place and Community Engagement
Timeframe	Ongoing
Success Indicator	Minimum one seniors-specific program or initiative delivered per year. Grant funding for age-friendly programs sought during the plan period. Advocacy to State Government for aged care services maintained where gaps are identified.
Reporting Mechanism	Annual service report to Council; Corporate Business Plan reporting

Action 2.5 — Early Childhood Development

Action	Advocate for the renewal of a regional early years strategy to replace the Greater Bunbury Early Years Strategy and Action Plan 2018–2023, which lapsed in 2023. Support collaboration with the Cities of Bunbury and Shires of Capel and Harvey to progress a successor strategy. Support local early childhood programs and Better Beginnings literacy initiatives through the Shire's library and community services.
SCP Alignment	3.6 — Our community will have access to adequate health, community and social services
Role	Partner / Advocate
Lead	Place and Community Engagement / Development Services
Timeframe	Short (0–2 years) for regional strategy engagement; Ongoing for local programs
Success Indicator	Formal engagement with regional local government partners on early years strategy renewal commenced by end of Year 1. Better Beginnings and equivalent library-based early literacy programs delivered annually.
Reporting Mechanism	Annual service report to Council

Action 2.6 — Emergency Management and Community Resilience

Action	Maintain and strengthen the Shire's emergency management and community resilience capacity, including through the Local Emergency Welfare Support Plan, the Local Emergency Management Committee, mutual aid arrangements with neighbouring local governments, and community resilience programs. Embed pandemic preparedness considerations into emergency planning frameworks consistent with the State Public Health Plan 2025–2030.
SCP Alignment	3.4 — To be a safe and secure community

Role	Deliver / Partner
Lead	Development Services / Governance
Timeframe	Ongoing
Success Indicator	LEMC meetings maintained quarterly. Local Emergency Welfare Support Plan reviewed and current throughout the plan period. Pandemic preparedness annex incorporated into emergency planning framework by end of Year 2. Annual exercise or training activity conducted.
Reporting Mechanism	Annual LEMC report; Annual service report to Council

Priority Area 3 — Healthy and Safe Amenity

Action 3.1 — Transport Safety and Transport Strategy

Action	Progress the development of a comprehensive Transport Strategy for the Shire of Dardanup, integrating road safety, active transport, pathway network expansion, public transport advocacy and the transport implications of population growth. Advocate to State Government for road safety improvements on high-risk routes within the Shire. Maintain annual investment in the pathway network consistent with the Local Bike Plan and Corporate Business Plan commitments.
SCP Alignment	5.1 — An inter-connected community; 3.5 — Our community will be a healthy place to live
Role	Deliver / Advocate
Lead	Infrastructure Planning and Design / Development Services
Timeframe	Short (0–2 years) for strategy commencement; Medium (2–4 years) for completion
Success Indicator	Transport Strategy project scoped and approved by Council by end of Year 1. Strategy completed and adopted by Council by end of Year 3. Pathway network capital investment maintained annually consistent with CBP commitments. At least one road safety advocacy submission made to State Government during the plan period.
Reporting Mechanism	Council report; Annual service report; Corporate Business Plan reporting

Action 3.2 — Cancer Council WA Engagement and Cancer Prevention

Action	Establish a structured engagement framework with Cancer Council WA to deliver community cancer awareness, prevention and screening promotion activities. Priority areas include skin cancer prevention (SunSmart), breast and prostate cancer screening awareness, and shade infrastructure standards for outdoor Shire events and facilities.
SCP Alignment	3.5 — Our community will be a healthy place to live; 3.6 — Our community will have access to adequate health, community and social services
Role	Partner / Facilitate

Lead	Development Services
Timeframe	Short (0–2 years) to establish; Ongoing
Success Indicator	Initial engagement with Cancer Council WA South West completed by end of Year 1. Minimum one cancer awareness or screening promotion activity delivered per year from Year 2 onwards. SunSmart policy for outdoor Shire events developed and adopted by end of Year 2.
Reporting Mechanism	Annual service report to Council

Action 3.3 — Health Promotion Partnerships

Action	Maintain and develop partnerships with health advocacy and promotion organisations to deliver programs and initiatives that build community knowledge and capability on priority health topics including healthy weight, nutrition, physical activity, tobacco harm reduction and alcohol harm reduction. Partner organisations to include Healthway, Diabetes WA, Heart Foundation, Injury Matters and Regional Men's Health Initiative.
SCP Alignment	3.5 — Our community will be a healthy place to live; 3.6 — Our community will have access to adequate health, community and social services
Role	Partner / Facilitate
Lead	Development Services / Place and Community Engagement
Timeframe	Ongoing
Success Indicator	Active partnership or grant arrangement maintained with minimum two health promotion organisations at any time during the plan period. Minimum two health promotion activities delivered or facilitated per year. Grant funding through Healthway or equivalent sought annually.
Reporting Mechanism	Annual service report to Council; Grant acquittal reporting

Action 3.4 — Physical Activity and Recreation

Action	Support and promote physical activity across the community through the operation of the Eaton Recreation Centre, delivery of community sport and recreation programs, maintenance of parks and open spaces as active recreation environments, and support for local sporting clubs and associations through grants, facility leases and capacity building.
SCP Alignment	3.2 — An inclusive community that promotes active involvement in community life; 5.2 — A liveable community; aligned with Shire of Dardanup Sport and Recreation Plan 2020–2030
Role	Deliver / Facilitate / Partner
Lead	Sport and Recreation / Infrastructure Planning and Design
Timeframe	Ongoing

Success Indicator	ERC program of group fitness, sport and community health activities maintained and expanded annually in line with membership and community demand. Community grants to sporting and recreation organisations maintained annually. Parks and reserves capital investment maintained consistent with CBP commitments.
Reporting Mechanism	Annual Report; Corporate Business Plan reporting

Action 3.5 — Healthy Workplaces

Action	Support a healthy, safe and positive working environment for all Shire staff, with a focus on physical and mental wellbeing, work-life balance and professional development. Implement and maintain an Employee Assistance Program and staff wellbeing initiatives, and report on staff wellbeing outcomes as part of annual internal reporting.
SCP Alignment	3.5 — Our community will be a healthy place to live
Role	Deliver
Lead	Governance and Human Resources
Timeframe	Ongoing
Success Indicator	Employee Assistance Program maintained and promoted to all staff annually. At least one staff wellbeing initiative delivered per year. Staff wellbeing outcomes included in annual internal reporting from Year 2 onwards.
Reporting Mechanism	Internal annual reporting; Annual Report

SECTION 10 —

PARTNERSHIPS AND GOVERNANCE

Introduction

Public health is a team effort. The Shire cannot, and does not try to, meet our community's health needs alone. Many of the biggest influences on health sit outside local government control, and the most effective public health work happens through sustained partnership with state agencies, non-government organisations, neighbouring local governments, community organisations and the private sector.

Key Partner Organisations

- **Department of Health WA — Epidemiology Directorate —** our primary source of population health data. We will maintain this relationship to ensure access to current data, guidance on plan development and review, and connection to the broader WA public health planning framework.
- **WA Country Health Service — South West —** the primary provider of public health and clinical services to our community. We will maintain a working relationship on shared public health interests, recognising that WACHS engagement with local governments is necessarily limited.
- **South West Primary Health Network —** commissions and coordinates primary health care across the region, including mental health, chronic disease and preventive health programs. An important partner for mental health promotion and preventive health.
- **Cancer Council WA —** a priority new partnership for this Plan, with a South West regional support centre and community programs in cancer prevention, awareness and screening promotion.

- **Healthway —** our most established health promotion partner. We will continue to pursue Healthway grant and partnership opportunities across this Plan's priority areas.
- **Mental Health Commission WA —** the state agency for mental health, alcohol and other drug policy and service commissioning. An important advocacy target and potential program partner, given our above-average rates of mental health conditions.
- **Leschenault Contiguous Local Authorities Group (CLAG) —** our longest-standing and most operationally critical public health partnership, addressing one of our clearest elevated health risks through the mosquito control program.
- **Regional Local Government Partners —** we collaborate with neighbouring local governments through regional forums including the Bunbury Geographe Economic Alliance and South West Zone Councils — particularly for regional health services advocacy and collaborative strategies.
- **Community and Non-Government Organisations —** including Diabetes WA, Heart Foundation, Injury Matters, Regional Men's Health Initiative, South West Cancer Services, Eaton Community College, Bethanie Fields, and local sporting clubs and community associations.

Governance

Responsible Officer

The Principal Environmental Health Officer (PEHO) is responsible for coordinating, implementing and reporting on this Plan, overseeing the action plan, working with internal teams, managing external partnerships, preparing annual progress reports and initiating reviews at the scheduled intervals.

Director-Level Accountability

The Director responsible for Development Services holds director-level accountability for this Plan, ensuring its commitments are reflected in the Corporate Business Plan, adequately resourced, and reported to Council in line with the review schedule in Section 11.

Cross-Directorate Coordination

Several actions are led by or involve teams beyond Development Services, including Place and Community Engagement, Sport and Recreation, Infrastructure Planning and Design, and Governance and Human Resources. The PEHO will coordinate with these teams to keep actions moving, gather reporting data, and identify and escalate any resourcing or delivery issues early.

Council Reporting

Council will receive an annual progress report through the Corporate Business Plan reporting cycle. It will show each action's status against its success indicators, flag anything needing change or additional resourcing, and note any material shifts in the community health context. Its format will follow the Action Plan at a Glance table in this Plan.

Resourcing

Good plans need adequate resourcing. Our environmental health and community development functions face growing demand as the Shire grows, and Council is asked to note that delivering this Plan's commitments, particularly new partnerships, programs and monitoring frameworks, may require additional resourcing through the Corporate Business Plan and annual budget process.

Community Engagement

We are committed to genuine, ongoing engagement with our community on public health. This Plan was informed by an online community survey, summarised in Appendix D, and we will keep seeking community feedback through our existing engagement channels throughout the plan period.

Budget Interface

Actions will be funded through a mix of existing operational budgets, grants and, where needed, new allocations approved through the Corporate Business Plan and annual budget. Ongoing actions led by Development Services or Place and Community Engagement are expected to fit within existing budgets, subject to annual approval. Short and medium-term actions involving new programs or partnerships may need specific allocations, and will be identified in Corporate Business Plan submissions. We will actively pursue external grant funding wherever actions exceed existing capacity.

SECTION 11 — MONITORING, EVALUATION AND REVIEW

Introduction

A plan that isn't measured can't improve, which is why a robust monitoring, evaluation and review framework is one of this Plan's highest priorities. This section explains how we will track progress, evaluate what is working, report openly to Council and the community, and keep the Plan relevant across its five-year life.

Monitoring Framework

Action-Level Monitoring

Action-level monitoring asks: are we delivering what we said we would? The Principal Environmental Health Officer will gather progress data from each team annually, assess it against the defined success indicators, and prepare a consolidated annual progress report. Each action will be rated as:

- **On Track** — the action is progressing in accordance with its defined timeframe and success indicators
- **Partial** — the action has commenced or is partially progressed, but outcomes or milestones are incomplete
- **Not Yet Commenced** — the action has not yet commenced, consistent with its defined timeframe
- **Delayed** — the action has not commenced or progressed as expected, with explanation provided
- **Completed** — the action has been fully delivered

Outcome-Level Monitoring

Outcome-level monitoring asks the bigger question: is community health improving? We will draw on the following data sources:

- **Shire of Dardanup Health and Wellbeing Profile** — to be updated at the mid-plan review point in 2028 where data availability permits
- **WA Health and Wellbeing Surveillance System** — providing annual updates on key lifestyle risk factors and health conditions
- **WA Notifiable Infectious Diseases Database** — for vector-borne disease monitoring
- **WA Hospital Morbidity Data Collection** — for transport accident and injury monitoring
- **Australian Bureau of Statistics** — with the 2026 Census to be incorporated at the mid-plan review
- **Shire of Dardanup internal service data** — including EH inspection volumes, complaint data, grant records, event attendance and program participation figures

Key Performance Indicators

Priority Area 1 — **Sustainable and Healthy Environments**

KPI	Baseline (2024–2026)	Data Source	Review Frequency
Statutory EH inspections and services delivered annually at volumes consistent with requirements and population growth	2024-25 service volumes as recorded in internal EH data	Internal EH service data	Annual
Vector-borne disease notification rate per 100,000	50.6 per 100,000 (2022)	WA Notifiable Infectious Diseases Database	Annual

Number of community education activities on vector-borne disease prevention	Baseline to be established in Year 1	Internal EH service data	Annual
Climate-health risk register developed and endorsed	Not yet developed	Internal	Year 2 milestone

Priority Area 2 — **Connected and Resilient Community**

KPI	Baseline (2024–2026)	Data Source	Review Frequency
Prevalence of mental health conditions in the Shire (adults 16+)	27.2% (2024)	WA HWSS / Health Profile	At mid-plan review (2028)
Number of structured mental health promotion partnerships active	0 confirmed (2025)	Internal	Annual
Number of major community events delivered or supported annually	3+ confirmed annually (2021–2025)	Internal / Annual Report	Annual
Youth development programs delivered or supported annually	YouthFest and equivalent delivered annually (2021–2025)	Internal	Annual
Regional early years strategy engagement commenced	Not commenced (2025)	Internal	Year 1 milestone

Priority Area 3 — **Healthy and Safe Amenity**

KPI	Baseline (2024–2026)	Data Source	Review Frequency
Transport accident hospitalisation rate per 100,000	295.6 per 100,000 (2024)	WA Hospital Morbidity Data Collection	At mid-plan review (2028)
Transport Strategy commenced	Not commenced (2025)	Internal	Year 1 milestone
Cancer Council WA engagement framework established	Not established (2025)	Internal	Year 2 milestone
Number of health promotion partnership activities delivered per year	Baseline to be established in Year 1	Internal	Annual
Adults living above a healthy weight range	Above state average (2024)	WA HWSS / Health Profile	At mid-plan review (2028)

Review Schedule

- **Annual Internal Progress Review**

  The Principal Environmental Health Officer will review progress against the action plan each financial year, completing the review by 31 October for the preceding financial year.

- **Annual Report to Council**

  An annual progress report will go to Council through the Corporate Business Plan reporting cycle and be published on the Shire's website within 30 days of its presentation.

- **Mid-Plan Review — 2028**

  A mid-plan review in 2028 will bring in updated population health data – including, where available, the 2026 Census and refreshed health profile data from the Epidemiology Directorate – assess overall progress against the Plan's objectives and KPIs, and be reported to Council and made public.

- **Full Plan Review — 2029–2030**

  Development of the next plan will begin in 2029–2030, consistent with the five-year cycle established by the Public Health Act 2016, with the new plan adopted by Council before this Plan expires on 30 June 2031.

Public Reporting

We are committed to reporting openly. Annual progress reports will be published on the Shire's website, the mid-plan review will be made public on adoption by Council, and a plain-language summary of the Plan and its key commitments will be published following adoption.

Limitations and Honest Expectations

We are upfront about the limits. Population health outcomes are shaped by many factors beyond the Shire's control or influence, and health data for a community our size carries statistical limitations that affect the precision of local estimates. We are also a small organisation with finite resources in a fast-growing Shire, where demand sometimes grows faster than capacity.

None of that diminishes the value of public health planning. Our commitment is to do what we can, with the resources we have, as effectively and transparently as possible, and to be honest when circumstances change, actions are delayed, or outcomes fall short. That honesty is itself a mark of good public health governance.

2026-2030 ACTION PLAN AT A GLANCE

This table presents all 16 actions of the Shire of Dardanup Public Health Plan 2026–2030 in consolidated form. It is intended as a working reference for Council, staff and the community, and as the primary tool for annual progress monitoring and reporting. Full action details, including success indicators and reporting mechanisms, are set out in Section 9.

Action	Description	Priority Area	Role	Lead	Timeframe	Status
1.1	Statutory Environmental Health Services	PA 1	Deliver	Development Services	Ongoing	
1.2	Vector-Borne Disease Management	PA 1	Deliver / Partner	Development Services	Ongoing	

1.3	Healthy Active by Design	PA 1	Facilitate / Advocate	Dev Services / Infrastructure	Ongoing	
1.4	Food Safety Rating System	PA 1	Deliver	Development Services	Short (0–2 yrs)	
1.5	Climate Change and Health	PA 1	Deliver / Advocate	Development Services	Short / Ongoing	
2.1	Mental Health and Wellbeing Partnerships	PA 2	Partner / Facilitate	Dev Services / Place & Community	Short / Ongoing	
2.2	Community Events and Social Connectedness	PA 2	Deliver / Partner	Place and Community Engagement	Ongoing	
2.3	Youth Health and Development	PA 2	Deliver / Partner / Advocate	Place and Community Engagement	Ongoing	
2.4	Healthy Ageing and Age-Friendly Community	PA 2	Deliver / Partner / Advocate	Place and Community Engagement	Ongoing	
2.5	Early Childhood Development	PA 2	Partner / Advocate	Place & Community / Dev Services	Short / Ongoing	
2.6	Emergency Management and Community Resilience	PA 2	Deliver / Partner	Dev Services / Governance	Ongoing	
3.1	Transport Safety and Transport Strategy	PA 3	Deliver / Advocate	Infrastructure / Dev Services	Short / Medium	
3.2	Cancer Council WA Engagement	PA 3	Partner / Facilitate	Development Services	Short / Ongoing	
3.3	Health Promotion Partnerships	PA 3	Partner / Facilitate	Dev Services / Place & Community	Ongoing	
3.4	Physical Activity and Recreation	PA 3	Deliver / Facilitate / Partner	Sport & Recreation / Infrastructure	Ongoing	
3.5	Healthy Workplaces	PA 3	Deliver	Governance and HR	Ongoing	

Symbol	Status
✓ On Track	Action progressing in accordance with defined timeframe and success indicators
⚠ Partial	Some progress; milestone(s) incomplete
✗ Delayed	Not progressing as expected; explanation required
⏳ Not Yet Commenced	Consistent with defined timeframe
✓ Completed	Fully delivered

APPENDIX A — GLOSSARY

The following terms are used throughout the Shire of Dardanup Public Health Plan 2026–2030. Definitions are provided to assist readers who may be unfamiliar with public health, local government planning or legislative terminology.

Aboriginal[1] **—** Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. See footnote 1 for the full terminology note.

Act Belong Commit — A Healthway-funded mental health promotion program that encourages Western Australians to stay mentally healthy by being active, belonging to groups and committing to meaningful activities.

Age-Standardised Rate (ASR) — A statistical measure that adjusts crude rates to account for differences in the age structure of populations, enabling meaningful comparisons between different geographic areas or population groups over time.

Bayesian Modelling — A statistical method used by the WA Department of Health Epidemiology Directorate to produce smoothed, stable population health estimates for local government areas. For smaller LGAs such as the Shire of Dardanup, Bayesian modelling draws on broader regional data to stabilise estimates where local sample sizes are small.

Built Environment — The human-made surroundings in which people live, work and play — including buildings, roads, pathways, parks, public open spaces and community facilities.

CLAG (Contiguous Local Authorities Group) — A formal collaborative arrangement between neighbouring local governments and the Department of Health WA for the management of a shared public health risk. The Leschenault CLAG — comprising the Shire of Dardanup, Shire of Harvey, City of Bunbury and the Department of Health — coordinates the mosquito surveillance and control program.

Closing the Gap — The National Agreement on Closing the Gap 2020 is a formal agreement between Australian governments and Aboriginal and Torres Strait Islander community-controlled organisations to improve life outcomes for Aboriginal and Torres Strait Islander peoples.

Corporate Business Plan (CBP) — The Shire of Dardanup's four-year operational planning document, which translates the Strategic Community Plan into specific projects, services and actions.

Developer Contribution Plan (DCP) — A planning mechanism under which developers of new residential or industrial land contribute financially to the provision of community infrastructure required to service new development.

FOGO — Food Organics, Garden Organics. A three-bin kerbside collection system that separates food and garden organic waste from general waste for processing into compost, reducing the volume of organic material sent to landfill.

Health Literacy — The ability of individuals to obtain, understand and use health information to make informed decisions about their health and the health of their families.

Health Promotion — Action directed at improving the health of individuals and communities by addressing the social, environmental and behavioural determinants of health.

Healthway — The Western Australian Health Promotion Foundation, a state government statutory authority that funds health promotion programs, community events and research across Western Australia.

Healthy Active by Design — A framework developed by the Heart Foundation Australia that provides guidance on how the built environment can be designed to support physical activity and healthy lifestyles.

HWSS (Health and Wellbeing Surveillance System) — The WA Health and Wellbeing Surveillance System, managed by the Epidemiology Directorate, DOH WA. The largest ongoing population health survey in Western Australia.

Integrated Planning and Reporting (IPR) Framework — The Western Australian State Government framework, introduced in 2012, that requires each local government to have a Strategic Community Plan, a Corporate Business Plan and a suite of informing strategies.

Kessler Psychological Distress Scale (K10) — A validated 10-item questionnaire used to measure levels of psychological distress, including anxiety and depressive symptoms experienced in the past four weeks.

LEMC (Local Emergency Management Committee) — A statutory committee established under the Emergency Management Act 2005, responsible for ensuring that effective local emergency management arrangements are in place within the local government area.

Local Government Area (LGA) — A defined geographic area administered by a local government authority. The Shire of Dardanup is a local government area covering 525.8 square kilometres in the South West of Western Australia.

Mental Health Commission WA — The Western Australian state agency responsible for mental health, alcohol and other drug policy, planning, purchasing and coordination of services across Western Australia.

Notifiable Infectious Disease — An infectious disease that must, by law, be reported to the Department of Health WA when diagnosed. Ross River virus and Barmah Forest virus are the vector-borne diseases of primary concern in the Shire.

PHN (Primary Health Network) — Australian Government-funded organisations responsible for commissioning and coordinating primary health care services at a regional level. The South West PHN covers the Shire of Dardanup.

Preventive Health — Action taken to reduce the risk of disease, illness and injury before it occurs, rather than treating conditions after they develop.

Priority Population Groups — Population groups that may experience greater health risks or face additional barriers to accessing health-supporting services and environments.

Public Health Act 2016 (WA) — The primary public health legislation in Western Australia. Part 5 requires local governments to develop and implement local public health plans.

Social Determinants of Health — The conditions in which people are born, grow, live, work and age that have a significant and well-documented influence on health outcomes, life expectancy and quality of life.

Strategic Community Plan (SCP) — The Shire of Dardanup's highest-level strategic planning document, covering the period 2020 to 2030. This Public Health Plan is an informing strategy within the SCP framework.

Transport Strategy — A comprehensive strategic document integrating road network planning, road safety, active transport, public transport advocacy and transport infrastructure investment to guide transport decision-making.

Vector-Borne Disease — A disease caused by pathogens transmitted to humans through the bite of an infected arthropod — primarily mosquitoes in the Dardanup context. Ross River virus and Barmah Forest virus are the vector-borne diseases of primary concern, with rates more than double the state average.

WACHS (WA Country Health Service) — The Western Australian Country Health Service, responsible for delivery of public health and clinical health services across regional and rural Western Australia. WACHS South West is the relevant provider for the Shire of Dardanup.

Wanju — A major approved future residential development located within the Shire of Dardanup, planned to accommodate up to 20,000 dwellings and a future population of approximately 60,000 residents.

Waterloo Industrial Park — A significant industrial land area within the Shire of Dardanup, growing as a nationally significant node in the critical minerals supply chain connecting the Greenbushes lithium mine to the Port of Bunbury.

APPENDIX B — SUMMARY OF 2021–2025 ACTION COMPLETION

This appendix presents the results of the structured review of the Shire of Dardanup Public Health Plan 2021–2025 action plan, conducted as part of the preparation of this Plan. It provides the evidential basis for the assessment in Section 4 and documents the carry-forward decisions reflected in the 2026–2030 action plan in Section 9.

#	Priority Area	Action (2021–2025)	Status	Carry-Forward Decision
1	Sustainable Environment	Incorporate Healthy Active by Design principles into natural areas and public open spaces	Partial	Carried forward as Action 1.3
2	Sustainable Environment	Provide diverse waste disposal and processing options including recycling and FOGO	On Track	Ongoing operational activity – not a specific PHP action
3	Sustainable Environment	Ensure local planning framework reviewed and updated per statutory requirements	On Track	Completed. Health-by-design interface carried forward as Action 1.3
4	Connected Community	Deliver and promote activities contributing to increased physical activity	On Track	Carried forward as Action 3.4
5	Connected Community	Deliver and promote activities contributing to mental health and wellbeing	Partial	Carried forward and strengthened as Action 2.1
6	Connected Community	Build the capacity of local clubs and groups to deliver health and wellbeing activities	Partial	Carried forward as part of Actions 3.4 and 2.2
7	Connected Community	Contribute to development of a collaborative Greater Bunbury Youth Strategy	Partial	Carried forward as Action 2.3
8	Connected Community	Develop and support events encouraging inclusive cross-generational interactions	On Track	Carried forward as Action 2.2
9	Connected Community	Contribute towards a welcome pack for new residents	On Track	Ongoing operational activity – not a specific PHP action
10	Connected Community	Contribute towards development of a Transport Strategy for the Shire	Outstanding	Carried forward as priority Action 3.1
11	Connected Community	Support programs and events that promote active transport	Partial	Carried forward as part of Action 3.1
12	Healthy Amenity	Encourage healthy food options at Shire events	Partial	Carried forward as part of Action 2.2
13	Healthy Amenity	Support a healthy and happy workplace for Shire staff	Data Needed	Carried forward as Action 3.5

14	Healthy Amenity	Partner with health advocacy organisations (Healthway, Diabetes WA, Heart Foundation, Injury Matters, RMHI)	Partial	Carried forward and strengthened as Action 3.3
15	Healthy Amenity	Partner with mental health advocacy organisations (Headspace, Mental Health Commission WA)	Partial	Carried forward and strengthened as Action 2.1
16	Healthy Amenity	Engage Cancer Council WA on cancer prevention, screening and recovery	Outstanding	Carried forward as priority Action 3.2
17	Healthy Amenity	Reduce mosquito-borne disease risk via Leschenault CLAG partnership	On Track	Carried forward as Action 1.2
18	Healthy Amenity	Provide environmental health services per statutory requirements	On Track	Carried forward as Action 1.1
19	Healthy Amenity	Investigate feasibility of a voluntary food safety rating system	Outstanding	Carried forward as Action 1.4
20	Healthy Amenity	Collaborate with other LGAs on Greater Bunbury Early Years Strategy	Outstanding	Carried forward as Action 2.5
21	Healthy Amenity	Collaborate with other LGAs on Greater Bunbury Age-Friendly Communities Strategy	Completed	Completed. Ongoing work embedded in Action 2.4
22	Healthy Amenity	Increase community capacity to recover from emergency events (IHeartDardanup)	On Track	Carried forward as Action 2.6

Summary Statistics

Status	Count	Percentage
On Track	7	32%
Partial	8	36%
Outstanding	3	14%
Data Needed	1	5%
Completed	3	14%
Total	22	100%

No action was found to have zero activity during the plan period. The three Outstanding actions: the Transport Strategy, Cancer Council WA engagement, and renewal of the regional early years strategy are all carried forward as priority actions in this Plan with specific delivery milestones. The doubling of environmental health complaints and service requests over the plan period is noted as a significant indicator of growing demand on the Development Services team and is relevant to the resourcing considerations discussed in Section 10.

APPENDIX C — STRATEGIC ALIGNMENT TABLE

This appendix presents a full strategic alignment mapping for the Shire of Dardanup Public Health Plan 2026–2030. It demonstrates how each of the Plan's three priority areas and their associated objectives aligns with the relevant legislative and strategic documents at local, state and national levels.

Alignment with State Public Health Plan 2025–2030 — Detailed Mapping

SPHP 2025–2030 Objective	SPHP Priority	Aligned Plan Action(s)
Promote	Optimise mental health and wellbeing	Action 2.1 – Mental Health and Wellbeing Partnerships
Promote	Foster strong, connected communities	Actions 2.2, 2.3, 2.4, 2.5
Promote	Encourage healthy eating and active living	Actions 3.3, 3.4
Prevent	Prevent injuries and promote safer communities	Action 3.1 – Transport Safety and Transport Strategy
Prevent	Improve access to population-based screening programs	Action 3.2 – Cancer Council WA Engagement
Prevent	Reduce use of tobacco; reduce harm due to alcohol use	Action 3.3 – Health Promotion Partnerships
Prevent	Prevent, monitor and control notifiable infectious diseases	Action 1.2 – Vector-Borne Disease Management
Protect	Ensure access to safe food and water; administer public health legislation	Action 1.1 – Statutory Environmental Health Services
Protect	Ensure public health risks considered in planning processes	Action 1.3 – Healthy Active by Design
Protect	Manage the effects of climate change on people's health	Action 1.5 – Climate Change and Health
Protect	Enhance pandemic preparedness and response	Action 2.6 – Emergency Management and Community Resilience
Enable	Develop partnerships with key agencies and communities	Actions 2.1, 3.2, 3.3
Enable	Attract, develop and retain a public health workforce	Action 3.5 – Healthy Workplaces
Overarching – Aboriginal health and wellbeing	Apply an Aboriginal cultural lens to all public health initiatives	Embedded across all priority areas; explicit in Actions 2.2, 2.3, 2.4, 2.5
Overarching – Equity and inclusion	Empower community groups at risk of greater health inequities	Embedded across all priority areas; explicit in Actions 2.3, 2.4, 2.5, 3.3

Legislative Compliance Summary — Public Health Act 2016

Legislative Requirement	How This Plan Addresses It
Local government must prepare a local public health plan	This Plan fulfils that requirement for the period 2026–2030
The plan must identify the health status of the local population	Addressed in Section 6 – Our Health and Wellbeing Profile
The plan must identify priority health issues for the local population	Addressed in Section 6 – Priority Health Issues
The plan must set out the strategies the local government will use to address those issues	Addressed in Sections 8 and 9 – Vision, Priority Areas and Action Plan
The plan must be consistent with the State Public Health Plan	Addressed through the alignment demonstrated in this Appendix and throughout the Plan
The plan must be reviewed at least every five years	Addressed in Section 11 – Monitoring, Evaluation and Review
The plan must be developed in consultation with the community	Addressed in Section 10 and Appendix D – Consultation Summary
The plan must be adopted by the local government	To be confirmed upon adoption by Council

Strategic Alignment Table – Broad View

This table maps each of the Shire of Dardanup Public Health Plan 2026–2030's three priority areas and their associated plan objectives against the relevant legislative and strategic documents at local, state and national levels. ✓ indicates alignment; where specific provisions or outcomes are noted, these are listed within the cell.

Priority Area	Plan Objective	Public Health Act 2016 (WA)	State Public Health Plan 2025–2030	Shire of Dardanup SCP 2020–2030	National Preventive Health Strategy 2021–2030	Closing the Gap National Agreement 2020	WA Sustainable Health Review 2019
Priority Area 1 Sustainable and Healthy Environments	**Objective 1** – Prevent and reduce health risks through effective statutory environmental health services and proactive health protection.	Part 5 obligations – local public health planning Food Act 2008 – food safety regulatory functions EP (Noise) Regulations 1997 – noise management	Protect objective Prevention and health protection priority	Outcome 2.1 – A well-managed natural environment Outcome 2.2 – Protection of natural open spaces Outcome 3.5 – A healthy place to live	Priority 1 – Reduce burden of chronic disease Priority 4 – Healthy environments	Target 14 – Healthy environments for Aboriginal communities	Recommendation 9 – Prevention-first system Social determinants focus
	Objective 2 – Promote healthy behaviours, healthy environments and healthy lifestyles, with a focus on priority health issues.	Section 51 – health promotion functions of local government	Promote objective Climate change and health – new SPHP priority	Outcome 2.3 – Land use supports community needs Outcome 3.5 – A healthy place to live	Priority 2 – Healthy weight and physical activity Priority 4 – Healthy environments	Target 14 – Reduce environmental health disparities	Recommendation 3 – Prevention and wellbeing Recommendation 12 – Climate and sustainability
	Objective 5 – Advocate for policies, investments and services that the community needs, where outcomes depend on the actions of others.	Section 51 – health promotion and advocacy role	Enable objective – systems and advocacy	Outcome 2.1, 2.2, 2.3 – Environment outcomes	Governance and systems strengthening priority	Shared decision-making and advocacy principles	Recommendation 26 – Advocacy and partnerships
Priority Area 2 Connected and Resilient Community	**Objective 3** - Strengthen community connection, resilience and mental wellbeing, recognising that social cohesion is a foundation of good health.	Part 5 – public health planning includes social determinants	Promote objective Pandemic preparedness – new SPHP priority Aboriginal health and wellbeing overarching objective	Outcome 3.1 – A creative and vibrant community Outcome 3.2 – Community involvement in community life Outcome 3.3 – A caring and inclusive community Outcome 3.4 – A safe and secure community	Priority 3 – Mental health and wellbeing Priority 6 – Reducing health inequities	Target 9 – Aboriginal children thriving Target 11 – Youth education and employment Target 16 – Reduce rate of family violence	Recommendation 5 – Mental health system reform Recommendation 7 – Social determinants

Priority Area	Plan Objective	Public Health Act 2016 (WA)	State Public Health Plan 2025–2030	Shire of Dardanup SCP 2020–2030	National Preventive Health Strategy 2021–2030	Closing the Gap National Agreement 2020	WA Sustainable Health Review 2019
				Outcome 3.6 – Access to adequate health and social services			
	Objective 4 – Partner with state agencies, NGOs, regional local governments and community organisations to extend the reach of public health action.	Section 51 – collaborative health planning functions	Enable objective – partnerships and systems	Outcome 3.2 – Community involvement Outcome 3.6 – Access to services	Governance priority – cross-sector partnerships	Formal partnerships with Aboriginal community-controlled organisations Shared accountability mechanisms	Recommendation 26 – Partnerships Recommendation 28 – Workforce and collaboration
	Objective 6 – Ensure Plan commitments are implemented, monitored, reported and reviewed in a transparent and accountable manner.	Section 52 – monitoring and review obligations Section 53 – reporting requirements	Enable objective – accountability and governance	Integrated Planning and Reporting Framework obligations	Measurement and accountability framework	Shared accountability and review mechanisms	Recommendation 32 – Accountability and outcomes focus
Priority Area 3 Healthy and Safe Amenity	**Objective 1** – Prevent and reduce health risks through effective statutory environmental health services (food safety, transport safety, amenity).	Part 5 – public health planning Food Act 2008 – food safety EP (Noise) Regulations 1997	Protect objective Prevention priority	Outcome 3.4 – A safe and secure community Outcome 3.5 – A healthy place to live Outcome 5.1 – Maintained assets and infrastructure Outcome 5.2 – A liveable and attractive Shire	Priority 1 – Reduce chronic disease burden Priority 4 – Healthy environments	Target 14 – Healthy and safe environments	Recommendation 9 – Prevention-first Recommendation 12 – Healthy environments
	Objective 2 – Promote healthy behaviours and health literacy, with a focus on cancer prevention, physical activity, nutrition, tobacco and alcohol.	Section 51 – health promotion functions	Promote objective Prevention priority areas including tobacco, alcohol, cancer screening	Outcome 3.5 – A healthy place to live Outcome 3.6 – Access to health services	Priority 1 – Chronic disease reduction Priority 2 – Healthy weight and activity Priority 5 – Tobacco, alcohol and other drugs	Target 14 – Closing health gap for Aboriginal people	Recommendation 3 – Prevention and health promotion Recommendation 10 – Cancer and screening

Priority Area	Plan Objective	Public Health Act 2016 (WA)	State Public Health Plan 2025–2030	Shire of Dardanup SCP 2020–2030	National Preventive Health Strategy 2021–2030	Closing the Gap National Agreement 2020	WA Sustainable Health Review 2019
	Objective 5 – Advocate for policies, investments and services that the community needs (transport strategy, health infrastructure, services).	Section 51 – health promotion and advocacy	Enable objective	Outcome 5.1 – Maintained assets Outcome 5.2 – Liveable and attractive Shire	Governance and advocacy priority	Shared commitments and advocacy for service equity	Recommendation 26 – Advocacy Recommendation 13 – Transport and built environment

Sources: Public Health Act 2016 (WA); State Public Health Plan for Western Australia 2025–2030 (WA Chief Health Officer); Shire of Dardanup Strategic Community Plan 2020–2030; Shire of Dardanup Council Plan 2022–2032; Shire of Dardanup Place and Community Plan 2020–2030; Shire of Dardanup Disability Access and Inclusion Plan 2023–2028; National Preventive Health Strategy 2021–2030 (Commonwealth); Closing the Gap National Agreement 2020; WA Sustainable Health Review 2019

APPENDIX D — CONSULTATION SUMMARY

Note to author: This appendix is to be completed following the community consultation process. The structure below sets out what the appendix should contain. Substantive content — survey results, themes, participant numbers and Council workshopping outcomes — is to be inserted by the PEHO following completion of the consultation process.

Introduction

The Public Health Act 2016 requires that local public health plans be developed in consultation with the community. This appendix documents the consultation process undertaken in the development of the Shire of Dardanup Public Health Plan 2026–2030, including the methods used, the reach of the consultation, the key themes that emerged, and how those themes have been reflected in the Plan.

Consultation Methods

Online Community Survey

An online community health survey was conducted during [INSERT MONTH AND YEAR]. The survey was open to all residents of the Shire of Dardanup and was promoted through the Shire's website, social media channels, e-newsletter and community noticeboard. To maximise participation, the survey was incentivised through [INSERT INCENTIVE]. The survey was open for [INSERT NUMBER] weeks and received [INSERT NUMBER] responses.

Council Workshop

A brief workshop was conducted with Council and Councillors on [INSERT DATE] to provide elected members with an overview of the draft Plan's priority areas and directions, and to invite their input on community health issues of particular local significance.

Stakeholder Engagement

The following stakeholder organisations were consulted or engaged during the development of this Plan: [INSERT LIST]

Community Survey — Key Findings

[INSERT survey participation data, demographic breakdown, priority health issues identified by the community, and open-ended feedback themes — to be completed following survey analysis.]

Council Workshop — Key Findings

[INSERT key issues raised by Councillors and how they have been addressed in the Plan — to be completed following Council workshop.]

Peer Review

An independent peer review of this Plan was conducted by [INSERT NAME AND CREDENTIALS] in [INSERT MONTH AND YEAR].

[INSERT peer review findings, recommendations and amendments made in response — to be completed following peer review.]

Department of Health WA Review

This Plan was submitted to the Department of Health WA Public Health Planning division for review and feedback in [INSERT MONTH AND YEAR].

[INSERT DoH feedback and amendments — to be completed following DoH review.]

WACHS South West — Feedback

Feedback was sought from WA Country Health Service South West in [INSERT MONTH AND YEAR].

[INSERT WACHS feedback and amendments if applicable — to be completed following WACHS engagement.]

How Consultation Has Shaped This Plan

Consultation Input	Key Themes or Findings	How Reflected in the Plan
Online Community Survey	[To be completed]	[To be completed]
Council Workshop	[To be completed]	[To be completed]
Peer Review	[To be completed]	[To be completed]
Department of Health WA Review	[To be completed]	[To be completed]
WACHS South West Feedback	[To be completed]	[To be completed]