



Public Health Plan  
2021 - 2026

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## **Our Vision:**

To be a leading regional economic driver and a socially interactive and inclusive community.

## **Our Mission:**

To provide leadership, direction and opportunities for the community.

## **Key Principles:**

In achieving the Vision and Mission, we will set achievable goals and work with the community to maintain a reputation of openness, honesty and accountability. In doing so, we will:

- respect the points of view of individuals and groups;
- build on existing community involvement;
- encourage community leadership;
- promote self-reliance and initiative;
- recognise and celebrate achievement;
- support the principles of social justice; and
- acknowledge the value of staff and volunteers.

## Message from the Shire President & Chief Executive Officer

The Shire of Narrogin is proud to present the Public Health 2021-2025. The plan has been developed to protect, promote, and improve public health and wellbeing in our community and we are committed to ensuring that the residents of the Shire have an acceptable level of health today and into the future. Health is important to each of us as individuals, to our families and to our communities and we hope to ensure that we all have the opportunity to enjoy our health to the fullest extent.

The development of the Public Health Plan has been a process of research and community consultation which has resulted in a roadmap for the people of Narrogin and their families to enjoy the benefits of a healthy community, lifestyle and environment. Traditional health protection initiatives will continue to occur while adopting a new focus on assisting the Local Health service providers and the State in preventing long term disease caused by poor lifestyle choices. Residents of the Shire will be encouraged to live healthy and fulfilling lives. The Shire is working towards having more opportunities for residents to engage in a healthy lifestyle and to make the choices that will lead them to greater physical, social, and mental health wellbeing while being a part of a growing and thriving community.

This Public Health Plan will assist Narrogin in being and continuing to be a place where social, cultural, and economic benefits promote the quality of life necessary to maintain a healthy lifestyle and environment. The Shire is committed to working with its stakeholders, including the State Government, to make the goals of this plan a reality and to fully realise the benefits of a healthy lifestyle, through the right choices in exercise, diet and community interaction to our community today and into the future. This Public Health Plan will guide our community along a path of health and wellbeing, which will be enjoyed by all residents now and into the future.



Leigh Ballard

**Shire President**

Dale Stewart

**Chief Executive Officer**

## Executive Summary

The purpose of the Shire of Narrogin Public Health Plan (the Plan) is to protect, improve and promote public health and wellbeing for all residents and ratepayers in the Shire of Narrogin. The Plan's intent is to support all members of the community, through various life stages to enable good health and wellbeing to be enjoyed across a range of identified health issues.

The Plan focuses on what the Shire can do directly within its functions and capacity, and through partnerships, to enhance public health, and recognises that many factors influence health and wellbeing, including those which occur within the social, built, economic and natural environments.

In partnership with key health, community, education and government organisations and private industry, the Shire of Narrogin is committed to implementing a range of initiatives across Council functions that contribute to the health and wellbeing of individuals and families, particularly those most vulnerable and in need of support.

The development of this Plan has used an evidenced-based framework, supported by a sound understanding and acknowledgement of the many factors in our environments and residential areas that affect health and wellbeing.

The methodology used to develop this Plan included a policy alignment process to identify existing public health priorities within the Shire, the identification of community needs and aspirations, involvement of Shire of Narrogin staff to identify local public health risks, advice from key stakeholders on the issues affecting their clients and communities and the integration of local health data.

Through this process a list of five priority health issues were identified and include:

- Environmental health protection;
- Alcohol and Drugs;
- Access to fresh food and nutrition;
- Mental health; and
- A more active lifestyle.

For those five identified priorities, set strategies and actions have been identified and fit under the broad priority areas of; **Environmental Health Protection, Chronic Disease Prevention and Promoting Positive Community Lifestyle.**

It is expected that implementation of the Public Health Plan will occur through:

- the implementation of actions directly identified in this document; and
- the development and subsequent implementation of a range of action plans or existing Plans that are called up, which reflect the policy directions and community issues identified in the Public Health Plan.

The Shire will measure and report against an agreed range of community health indicators to track outcomes over time. This will focus on improvements to health and wellbeing, partnerships and communication within the Shire of Narrogin.

Central to the development of this Plan is an acknowledgement of the need and value of integrated health planning and strong partnerships in the Shire of Narrogin. The nature of the Plan is dynamic, reflecting a commitment to work with partner organisations to progressively address priority health and wellbeing issues and to develop and implement a number of strategies under this Plan.



## 2.0 ABOUT THIS PLAN

This Plan meets the Shire's legislative obligations under the Western Australia's *Public Health Act 2016*, which aims to establish an integrated health and wellbeing planning process that fits into existing planning frameworks and strategies within local government and can support a wider local vision for a healthier community.

The Plan aims to identify the health and wellbeing needs of the community and establish priorities and strategies for a five-year period with a focus on the following key areas:

Key Areas:

### 1. HEALTHY PEOPLE AND COMMUNITY:

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

### 2. HEALTHY PLACES AND SPACES:

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

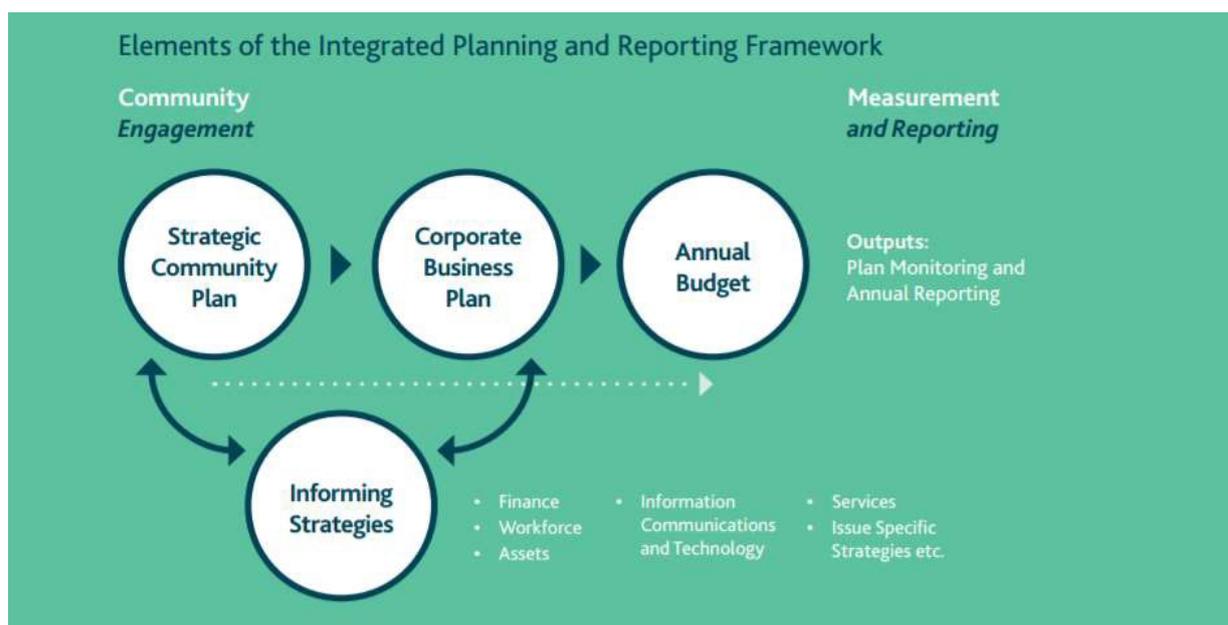
### 3. HEALTHY PARTNERSHIPS:

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

## 2.1 Corporate Planning Framework

The Plan aligns with and builds on the foundations of the **Integrated Planning and Reporting Framework**, as shown in the image below, and will operate as an informing strategy to the Shire's **Strategic Community Plan 2017-27**. This plan is intended to integrate with and 'value-add' to the Shire's core functions rather than duplicate existing plans and strategies across the organisation. (See Figure 2 below)

Figure 2: Integrated Planning



## 2.2 Community Engagement

This draft Plan will be advertised for community consultation and formed by the ideas and feedback gathered from the community, service providers, local organisations, businesses and government agencies, through various engagement processes.

The draft Plan has been developed through research, and consultation with the Wheatbelt Health Services and Shire staff including Planning ,Building Services and Community Development. It is intended to advertise the draft plan and seek community, Government and non-Government Organisations (NGO) feedback. Where appropriate that feedback will be fed into this Plan to identify opportunities to optimise the health and wellbeing of the community.

The Plan provides a framework for an integrated and collaborative approach that will support and enhance the community's ability to lead healthy, active and rewarding lives. It is designed to complement rather than duplicate Council's existing planning frameworks and strategies.

The following documents have been used to inform and/or complement this plan:

- SoN Strategic Community Plan 2017-2027
- SoN Corporate Business Plan 2020-2024
- Recreation and Community Facilities Strategy 2020
- Disability Access and Inclusion Plan 2018-2023
- SoN Public Art Strategy & Masterplan 2019.

## 3.0 BACKGROUND

### 3.1 Definition

The World Health Organisation (WHO) in 2016, defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” In functional terms, health is a resource which permits people to lead an individually, socially and economically productive life.

Social commentator, researcher and writer on health and wellbeing, Richard Eckersley, describes community wellbeing in his book “*Measuring Progress: Is Life Getting Better?*” as the condition or state of being well, contented and satisfied with life. He describes wellbeing as having several components, including physical, mental, social and spiritual. Wellbeing can be used in a collective sense, to describe how well a society satisfies people’s wants and needs.

For the purpose of this Plan, health and wellbeing refers to a state of physical, mental and social wellbeing, where individuals feel connected to their community and satisfied with their overall quality of life. Quality of life refers to the general wellbeing of a person or society, defined in terms of health and happiness rather than wealth.

An individual’s health and wellbeing is impacted by a number of factors often outside of their control which fall into the social, economic, built and natural environments in which people live, work and play.

From a community perspective, positive levels of health and wellbeing can contribute to the level of social interaction and the vitality of a community. For example, it enables participation in sports, volunteering, arts, culture and other activities that connect the community. Of course, these activities also contribute to positive health and wellbeing. By contrast, poor health and wellbeing reduces this participation and brings with it the high costs of medical care and other community services.

A healthy community can be defined as one where people living within it come together to make life better for themselves and one another. One which connects people and resources, encourages communication, embraces diversity, fosters a sense of community, and shapes its future.

### 3.2 International Context

#### 3.2.1 World Health Organisation (WHO)

The goal of the WHO, which was established in 1948, is to build a better and healthier future for people all over the world.

WHO has identified ten social determinants of health and wellbeing which should be addressed through policy at all levels – in government, public and private institutions to help create a healthy society:

- socio-economic status
- unemployment
- stress
- social support
- early life
- addiction
- social exclusions

- food
- work
- transport.

### 3.2.2 The Ottawa Charter for Health Promotion

The Ottawa Charter for Health Promotion (Charter) is an international agreement signed at WHO's First International Conference on Health Promotion in Ottawa, Canada, in November 1986. It launched a series of actions to improve world health by the year 2000 and beyond through better health promotion.

The Charter seeks action in five key areas:

1. Build healthy public policy;
2. Create supportive environments for health;
3. Strengthen community action for health;
4. Develop personal skills; and
5. Re-orient health services.

### 3.3 National Context

Australia's health system is considered world class, supporting affordable access to high quality medical, pharmaceutical and hospital services, while helping people to stay healthy through health promotion and disease prevention activities. The Australian Federal Department of Health is charged with the responsibility of overseeing Australia's health system.

#### 3.3.1 Department of Health (Australia)

The Australian Government Department of Health (Department) has a diverse set of responsibilities, but all with a common purpose that is reflected in their vision statement:

*"Better health and wellbeing for all Australians, now and for future generations."*

The Department is committed to achieving its vision through working towards three strategic priorities:

- Better health and ageing outcomes and reduced inequality
- Affordable, accessible, efficient, and high-quality health and aged care system
- Better sport outcomes.

The Department has released a set of National Guidelines for *Physical Activity and Sedentary Behaviour* which includes recommendations for people of different ages.

Table 1 summarises these daily recommendations.

	Physical Activity	Sedentary Behaviour
0-5 Years	Move and play every day 1-3 Years – Physically active every day – 3 hours	Younger than 2 years – minimal time watching television or using electronic media.  2-5 years – less than 1 hour of electronic media.

6-12 Years	At least 60 minutes of physical activity (moderate and vigorous activities) 3 days a week – muscle/bone strengthening activities.	Less than 2 hours of electronic media.
13-17 Years	60 minutes moderate to vigorous activities every day. Include muscle/bone strengthening activities.	Limited to less than 2 hours of electronic media for entertainment.
18-64 Years	Be active on most days of every week.  150-300 minutes (moderate) or 75-150 minutes (vigorous) physical activity a week.  Muscle strengthening activities at least twice a week.	

Table 1: National Guidelines for Physical Activity, Sedentary Behaviour and Nutrition

### 3.3.2 Australian Sports Commission

The Australian Sports Commission (ASC), established in 1985, plays a central leadership role in the development and operation of the Australian sports system, administering and funding innovative sport programs and providing leadership, coordination and support for the sport sector.

In December 2016, ASC funded the launch of a national population tracking survey called AusPlay. Data collected within the survey reveals that:

- participation in sport-related activity (i.e. team sports) tends to decline in children from the age of nine, and continues to decline until adulthood;
- participation in sport-related activity remains fairly constant in adults until around 35 years, when most adults retire from their chosen sport; and
- participation in non-sport related activities (i.e. walking, running, gym training) begins to increase from the age of 15, and then remains fairly constant throughout the life course.

This data shows that while sport remains an important form of physical activity throughout life, non-sport related activities become more important as we age.

## 3.4 Western Australia – State Context

WA Health manages the state's public health system and consists of the Department of Health (DoH), as well as a number of Health Service Providers and Health Support Services.

On 1 July 2017, the State Government introduced major changes to the public sector including a 40% reduction in government departments and a major service review in order to create efficiencies and deliver better services for the community. In line with these changes, the Department of Local Government Sport and Cultural Industries (DLGSC) was amalgamated with several other state government departments to form the Department of Local Government, Sport and Cultural Industries (DLGSCI). This department has a strong emphasis on enlivening

our communities and economy, as well as offering outstanding sporting and cultural experiences to local, interstate and international visitors.

These changes have created a lot of uncertainty in regards to various funding models, programs and professional networks. The Shire works closely with existing partners to try and maintain funding to support the implementation of this strategy over the next five years. In the event that existing funding agreements are impacted by this service review, the Shire will ensure that appropriate funds are still committed to improving community health and wellbeing.

### 3.4.1 Department of Health (WA)

#### *Public Health Act 2016*

The Public Health Act 2016 (PHA), together with the supporting Public Health (Consequential Provisions) Act 2016, is now law in Western Australia.

Key features of the PHA include:

- promoting public health and wellbeing in the community
- help prevent disease, injury, disability and premature death
- inform individuals and communities about public health risks
- encourage individuals and their communities to plan for, create and maintain a healthy environment
- support programs and campaigns intended to improve public health
- collect information about the incidence and prevalence of diseases and other public health risks for research purposes
- reduce the health inequalities in public health of disadvantaged communities.

To assist in meeting these key features, DoH has developed a State Public Health Plan (SPHP). The SPHP has 3 objectives:

- Objective 1 – Empowering and enabling people to live healthy lives
- Objective 2 – Providing health protection for the community
- Objective 3 – improving Aboriginal health and wellbeing.

#### **Objective 1**

1.1 Healthy Eating	<ol style="list-style-type: none"> <li>1. Foster environments that promote and support healthy eating patterns.</li> <li>2. Increase availability and accessibility of quality, affordable, nutritious food.</li> <li>3. Increase the knowledge and skills necessary to choose a healthy diet.</li> </ol>
1.2 A More Active WA	<ol style="list-style-type: none"> <li>1. Promote environments that support physical activity and reduced sedentary behaviour.</li> <li>2. Reduce barriers and increase opportunities for physical activity across all populations.</li> <li>3. Increase understanding of the benefits of physical activity and encourage increased activity at all stages of life.</li> <li>4. Motivate lifestyle changes to reduce sedentary behaviour.</li> </ol>

<p>1.3 Curbing the rise in overweight and obesity.</p>	<ol style="list-style-type: none"> <li>1. Promote environments that support people to achieve and maintain a healthy weight.</li> <li>2. Prevent and reverse childhood overweight and obesity.</li> <li>3. Motivate behaviour to achieve and maintain a healthy weight among adults.</li> </ol>
<p>1.4 Making smoking history.</p>	<ol style="list-style-type: none"> <li>1. Continue efforts to lower smoking rates.</li> <li>2. Eliminate exposure to second-hand smoke in places where the health of others can be affected.</li> <li>3. Reduce smoking in groups with higher smoking rates.</li> <li>4. Improve regulation of contents, product disclosure and supply.</li> <li>5. Monitor emerging products and trends.</li> </ol>
<p>1.5 Reducing harmful alcohol use.</p>	<ol style="list-style-type: none"> <li>1. Change community attitudes towards alcohol use.</li> <li>2. Influence the supply of alcohol in accordance with the Liquor Control Act 1998.</li> <li>3. Reduce demand for alcohol.</li> <li>4. Promote environments that support people not to drink or to drink at low-risk levels.</li> </ol>
<p>1.6 Reduce use of illicit drugs, misuse of pharmaceuticals and other drugs of concern.</p>	<ol style="list-style-type: none"> <li>1. Increase help seeking behaviour and reduce stigma around illicit drugs and emerging drugs of concern.</li> <li>2. Support state-wide evidence-based strategies to prevent and reduce illicit drug use and related harms.</li> <li>3. Increase awareness of the harms associated with illicit drug use, while not being stigmatising.</li> <li>4. Continue to mobilise communities and other stakeholders to work in partnership on evidence based prevention activities addressing drug use and related harm.</li> <li>5. Develop personal skills, targeted public awareness and engagement regarding misuse of pharmaceuticals and other drugs of concern.</li> </ol>
<p>1.7 Optimise mental health and wellbeing.</p>	<ol style="list-style-type: none"> <li>1. Increase public awareness about mental health and wellbeing, and suicide prevention.</li> <li>2. Build community capacity to reduce stigma, increase awareness of where to go for help, and promote strategies to optimise mental health and wellbeing.</li> <li>3. Create and maintain supportive environments that increase social connectedness and inclusion, community participation and networks.</li> </ol>

1.8 Preventing injuries and promoting safer communities.	<ol style="list-style-type: none"> <li>1. Protect children from injury</li> <li>2. Prevent falls in older people</li> <li>3. Reduce road crashes and road trauma</li> <li>4. Improve safety in, on and around water</li> <li>5. Reduce interpersonal violence</li> <li>6. Develop the injury prevention and safe communities sector</li> <li>7. Monitor emerging issues in injury prevention</li> <li>8. Promote sun protection in the community</li> <li>9. Prevent and reduce alcohol intoxication</li> </ol>
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Table 2: WA SPHP – objective 1 – Empowering and enabling people to live healthy lives

**Objective 2**

Policy Priorities	Priority activities
2.1 Reduce exposure to environmental health risks	<ol style="list-style-type: none"> <li>1. Maintain safe food and water.</li> <li>2. Maintain healthy built environments.</li> <li>3. Manage environmental hazards to protect community health.</li> <li>4. Improve the environmental health conditions in remote Aboriginal communities.</li> </ol>
2.2 Administer public health legislation	<ol style="list-style-type: none"> <li>1. Continue to administer, enhance and provide policy support for public health legislative instruments, including:               <ol style="list-style-type: none"> <li>a) Public Health Act 2016</li> <li>b) Health (Miscellaneous Provisions) Act 1911 and subsidiary legislation</li> <li>c) Food Act 2008</li> <li>d) Medicines and Poisons Act 2014</li> <li>e) Tobacco Products Control Act 2006</li> <li>f) Liquor Control Act 1988.</li> </ol> </li> </ol>
2.3 Mitigate the impacts of public health emergencies	<ol style="list-style-type: none"> <li>1. Ensure public health emergencies are included in emergency and disaster planning.</li> <li>2. Maintain continuous improvement in the response to public health emergencies.</li> <li>3. Strengthen the preparedness and resilience of communities against extreme weather events, with a focus on the most vulnerable in the community.</li> <li>4. Establish a climate change adaptation plan to protect public health from the harmful health impacts of climate change.</li> </ol>

2.4 Support immunisation	<ol style="list-style-type: none"> <li>1. Continue efforts to increase vaccination coverage for young children, adolescents and adults.</li> <li>2. Improve immunisation education and consent processes.</li> <li>3. Sustain mechanisms for the surveillance and follow-up of suspected adverse events following immunisation.</li> </ol>
2.5 Prevention and control communicable diseases	<ol style="list-style-type: none"> <li>1. Coordinate state-wide surveillance of notifiable communicable diseases.</li> <li>2. Conduct and coordinate outbreak investigations of communicable diseases.</li> <li>3. Continue to support and enhance disease control prevention and education programs delivered by stakeholders, including access to hardware and equipment to prevent communicable diseases.</li> <li>4. Eliminate stigma and discrimination around sexually transmitted infections and blood-borne viruses.</li> <li>5. Maintain and improve partnerships with stakeholders engaged in communicable disease control activities.</li> </ol>
2.6 Promote oral health improvement	<ol style="list-style-type: none"> <li>1. Support activities that promote oral health</li> </ol>

Table 3: SHPH – Objective 2 – Providing health protection for the community.

### Objective 3

Policy priorities	Priority activities
3.1 Promote culturally-secure initiatives and services	<ol style="list-style-type: none"> <li>1. Complement population-wide approaches with targeted programs that are culturally-secure and meet the needs of Aboriginal people.</li> <li>2. Ensure services, programs, and initiatives work within a holistic framework that recognises the importance of connection to country, culture, spirituality, family and community.</li> </ol>
3.2 Enhance partnership with the Aboriginal community	<ol style="list-style-type: none"> <li>1. Ensure ongoing collaboration with the Aboriginal community to create a two-way transfer of skills and ensure that Aboriginal people's cultural rights, beliefs and values are respected in the development of health and wellbeing responses.</li> <li>2. Ensure a coordinated and collaborative approach to service delivery through knowledge exchange, information sharing and the pooling of resources, where possible.</li> </ol>

3.3 Continue to develop and promote Aboriginal controlled services	<ol style="list-style-type: none"> <li>1. Work closely and collaboratively with Aboriginal controlled organisations in the development and delivery of culturally secure responses.</li> <li>2. Ensure ongoing participation by Aboriginal controlled organisations in decision-making to take back care, control and responsibility of their health and wellbeing.</li> </ol>
3.4 Ensure programs and services are accessible and equitable	<ol style="list-style-type: none"> <li>1. Ensure programs and services are physically and culturally accessible to Aboriginal people.</li> <li>2. Develop programs and services that are inclusive of the needs of Aboriginal people.</li> <li>3. Incorporate Aboriginal ways of working that facilitate the engagement of Aboriginal people.</li> </ol>
3.5 Promote Aboriginal health and wellbeing as core business for all stakeholders	<ol style="list-style-type: none"> <li>1. Ensure all relevant stakeholders consider and respond to the needs of Aboriginal people as part of their core business and not only through specific funded programs.</li> <li>2. Ensure services work together to acknowledge and address the impact of the cultural and social determinants of health.</li> <li>3. Enhance the capacity of the Aboriginal workforces.</li> </ol>

Table 4: SPHP – Objective 3 – Improving Aboriginal health and wellbeing

The PHA will be progressively introduced and will eventually require all Local Government Authorities to develop a Local Public Health Plan. The local plan will be consistent with a new State Public Health Plan that is projected for development and release during Stage 5 of DoH's implementation of the PHA in three to five years.

In 2019, DoH released State '*Public Health Plan for Western Australia*' following the 2017 release of the "*First Interim State Public Health Plan for Western Australia*" (Interim Plan), to provide Local Governments and agencies wanting to begin their local public health planning with a guiding document. The Interim Plan was followed in March 2018 by the *Public Health Planning Guide for Local Government*. This document provides guidance to local government on the evidence required to support the need for public health programs across the three public health objectives and their policy priorities (see Tables 2, 3 and 4 above).

### 3.4.2 Healthway

Healthway is an independent authority that reports to the Minister for Health and is considered the health promotion funding arm of the State Government. Healthway provides funding to a range of organisations across WA to support programs which encourage healthy lifestyles. This includes various health promotion initiative grants and sponsorships to promote health campaign messages, create healthy environments and increase participation in healthy activities.

### 3.4.3 Act-Belong-Commit – Mentally Healthy WA

Act-Belong-Commit (A-B-C) is a comprehensive community-based health promotion campaign by Mentally Healthy WA that encourages individuals to take action to protect and promote their own mental wellbeing. It also encourages community participation in mentally healthy activities delivered by community organisations. This evidence-based campaign was developed primarily

from research undertaken by Curtin University into people's perceptions of mental health and behaviours they believed protected and promoted good mental health.

The A-B-C guidelines for positive mental health provide a simple approach that individuals can adopt to become more mentally healthy:

- Act – Keep mentally, physically and socially active: take a walk, read a book, stop to chat
- Belong – Join a book club, take a cooking class, go along to a community event
- Commit – learn something new, take on a challenge, volunteer.

### 3.4.4 Department of Sport and Recreation

Prior to the state government amalgamations in 2017, the former DLGSC published a document titled: “Sport and Recreation and Public Health: A Resource for community sector professionals working in local government”, which describes how local government can contribute to improving community health and wellbeing. The priority issues and how local government can contribute are listed in Table 5:

Priority Issues	Local Government Contribution
Physical activity	Provision of sport and leisure facilities, programs and services including: gyms, swimming pools, indoor and outdoor courts and sport fields. Provision of parks and public open spaces, walk paths, cycle ways and nature trails.  Maintenance of open space and council facilities to enhance safety and enjoyment.
Healthy eating	Regulation of foods available in council-managed facilities.  Facilitation and development of community gardens.
Tobacco and alcohol control  Compliance with existing tobacco and alcohol policy Managing smoke-free facilities  Social interaction	Compliance with existing tobacco and alcohol policy Managing smoke-free facilities.  Provision of sport and leisure facilities, programs and services including sport fields and clubrooms, leisure centres, community centres, libraries, youth facilities, art centres, parks and community meeting places.  Community
Community education and events	Provision of health-related materials at council venues including community centres, leisure and aquatic centres and community events. Provision of club development officers / recreation officers to enhance club capacity and increase community participation Community engagement in event planning and management.
Urban planning  Planning	Planning of quality parks and public open space integrated with urban form Community engagement in public space planning.

Environmental health	Ensuring public open spaces and community facilities meet environmental health guidelines and regulations.
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Table 5: Priority issues and local government contributions

### State Initiatives

The West Australian government funds a number of sport, recreation and well-being initiatives, which provide significant health outcomes for people of all ages. This is ongoing through National Sporting Organisations (NSO's) and State Sporting Associations (SSA's).

#### Sport and recreation funding

Opportunities for regional people to participate in sporting and active recreational activities.

Active Regional Communities (ARC) aims to increase the opportunities for regional people to participate in sporting and active recreational activities in regional Western Australia and is tailored to meet the ever-changing demands and challenges of sport and active-recreation groups within the nine diverse regions of Western Australia.

Available for:

- Community organisations
- Regional organisations
- Local governments
- State Sporting Associations
- Active recreation organisations
- Sport or active recreation clubs

Funding through the DLGSCI is available through the following grant and subsidy schemes for all West Australians:

- Active Regional Communities Grants
- Coach and Official Education Subsidy
- Community Sporting and Recreation Facilities Fund
- Country Sport Enrichment Scheme
- Every Club Grant Scheme
- Innovation Challenge Program
- KidSport
- North West Travel Subsidy
- Regional Athlete Travel Subsidy Scheme
- Regional Organisation Grants
- Sport Development Funding Program
- Targeted Participation Program
- WA Hiking Participation Grants.

Categories and amounts vary with each program.

## Your Move

The previous DLGSC partnered with the Department of Transport (DoT) to introduce an innovative community-based behaviour change program aiming to help people find simple ways to get active. The program has been built on some of the elements of the DoT's previous TravelSmart and Living Smart programs, encouraging workplaces, schools and community to choose more active ways of getting around, increasing their level of physical activity.

## Club Development Officer Scheme

The Club Development Officer (CDO) Scheme is a funding partnership between DLGSCI and WA local governments. The aim, through the Club Development Framework is to create a collaborative approach to club development by connecting State Sporting Associations, Regional Sport Associations, local government and community organisations to support sport and recreation clubs to become sustainable and deliver diverse opportunities to participate in physical activity in their local community.

Locally, this program was a partnership between the Shires of Narrogin, Wickiepin, Cuballing, Wagin, Pingelly and Brookton to support and enhance the sustainability and capacity of sporting and recreation organisations. The program has in the past been delivered by the Shire's in conjunction with Community Resource Centres and assists local sport and recreation clubs in becoming sustainable organisations that continue to provide opportunities for locals of all ages to participate in a variety of sport and recreation.

The program was operated through the Shire's Community Development Officer.

## KidSport

KidSport was launched by the previous DLGSC in 2011, as part of Sport 4 All, a \$20 million project aiming to increase participation in community sport and recreation throughout WA. KidSport enables eligible children aged 5-18 years to participate in community sport and recreation by offering them financial assistance towards club fees through a voucher system. DLGSCI partners with local governments across WA to administer the program locally through the provision of funding. The Shire has been involved in KidSport since 2012 and will continue the partnership with DLGSCI in the foreseeable future if funding continues.

## 4.0 SHIRE OF NARROGIN HEALTH PROFILE

### 4.1 Shire Profile

The Shire of Narrogin is located in the southern area of the Wheatbelt region of Western Australia and has a rich indigenous history as part of the broader Gnaala Karla Booja Region.

The Shire was first settled by Europeans in the 1860's and was originally part of the Williams Road Board.

The townsite of Narrogin is located in the southern Wheatbelt agricultural region, 192 km south east of Perth and 32 km east north east of Williams. It is located on the Great Southern Railway, and when this line was opened in 1889, Narrogin was one of the original stopping places. The railway line was a private line, and the Company that built the line declared a private townsite here in 1891. The railway was purchased by the Government in 1896, and in 1897 Narrogin was gazetted as a government townsite. Narrogin is an Aboriginal name, having been first recorded as "Narroging" for a pool in this area in 1869. The meaning of the name is uncertain, various sources recording it as "bat camp", "plenty of everything" or derived from "gnargagin" which means "place of water".

The Shire of Narrogin Local Government area (LGA) covers an area of 1,630.6 square kilometres and borders the Shires of Cuballing, to the north, Wickiepin to the east, Wagin and West Arthur to the south and Williams to the west. The Shire includes the following localities, Narrogin Township, Narrogin Valley, Boundain, Dumberning, Highbury, Hillside, Mingin, Nomans Lake and Yilliminning

### 4.2 Health and Wellbeing

Health is impacted by a number of factors, often outside the control of the individual. These factors are referred to as the social determinants of health and include socio-economic status, employment, income, education, housing, social support, access to health care, drug addiction, transport, food security and community safety.

From a community perspective, the health and wellbeing of the population contributes to social interaction and the vitality of the community. For example, it enables participation in sports, volunteering, arts, culture and other activities that bring the community together. By contrast, poor health and wellbeing reduces this participation and brings with it the high costs of medical care and other community services.

The Rural Health West publication – Outreach in the Outback – Wheatbelt – population and health snapshot, has identified specific areas of public health, including Population forecasts, Measure of disadvantage, Major Health Services, Maternal Health, Child and adolescent health, Adult health, eye health, ear health, mental health, hospitalisations and mortality.

### 4.3 Community Profile

The social determinants of health demonstrates that public health is closely linked with many other components of a community's profile. The following Population overview provides a snapshot of the Shire's demographic and social profile (from the 2016 Census Data).

## 4.4 Population Overview

The Shires population is currently 5162, according to the 2016 census with males making up 48.8% and females 51.2% of the population, with a median age of 40.

The proportion of adults 65 plus years old currently make up 18.2% of the population, however this is expected to double by 2026. Children aged 0 to 14 years make up 20.8% of the population. Based on the 2016 census Aboriginal people represented 6.3% of Narrogin's population. Generally, the Wheatbelt Aboriginal population has a younger age structure, with 50% of the population aged under 20.

## 4.5 Socio-Economic Status – Measure of Disadvantage

The Socio-Economic Indexes for Areas (SEIFA) measures a broad range of socio-economic indices from a baseline of 1,000, which summarise a variety of social and economic variables such as income, educational attainment, employment and number of unskilled workers. SEIFA scores are based on a national average of 1000 and areas with the lowest scores are the most disadvantaged. Based on 2011 Census data, the Narrogin township had a SEIFA Index of Disadvantage score of 932. The SEIFA score for Narrogin is the third highest in the Wheatbelt. The SEIFA index for Local Governments within the Wheatbelt Health Service Region ranged from 905 to 943.

ABS, 2033.0.55.001 – Socio-economic Indexes for Areas (SEIFA) 2016

## 4.6 Chronic Diseases

Many of the health conditions included in the HWSS are chronic diseases which usually have a number of contributing factors, develop gradually and have long lasting effects. Diseases such as cardiovascular disease, type 2 diabetes, respiratory diseases and some cancers contribute significantly to the burden of illness and injury in the community. Considerable potential exists to reduce the burden of disease. It is estimated that in WA in 2011, 435,000 years of healthy life were lost to premature death or living with a disability due to a chronic disease or injury. Injuries are also an important cause of death and disability and strategies to prevent chronic disease are often linked with injury prevention.

## 4.7 Lifestyle and Physiological Risk Factors

There are many factors that can influence a person's health, including genetics, lifestyle, age, environmental and social factors. Many chronic diseases and injuries are associated with a common set of modifiable lifestyle risk factors which can have either a positive effect on health, such as a high consumption of fruit and vegetables, or a negative effect, such as smoking, alcohol use and physical inactivity. These lifestyle risk factors also impact on the physiological risk factors such as high cholesterol, high blood pressure, and being overweight which are also related to chronic disease and are potentially modifiable.

General Population			
The Shire encompasses a number of localities, including Narrogin Townsite, Narrogin Valley, Boundain, Dumberning, Highbury, Hillside, Minigin, Nomans Lake and Yilliminning. The Shire covers an area of 1,630.6 square Kilometres.	Population of 5,162 people.	27.2% of residents were born overseas (England 4.3%, Philippines 2.1%, New Zealand 2.1%, South Africa 0.9% and India 0.7% the most common countries of birth outside Australia).	Median age of residents is 40 years.
Employment and income			
Labour force participation is 94.3%	5.7% were unemployed and looking for work compared to the Wheatbelt region of 6.2%.	The median weekly income of people is \$615.00 for Narrogin compared to the state average of \$724.00.	
Education and volunteering			
Of people aged 15 and over 12.8% had completed year 12 or equivalent.	23.6% of people have completed a tertiary qualification	26.9% people were involved in voluntary work for an organisation or group	
Housing			
61.3% of household own their own home.	33.2% of households rent, including from the government housing authority.	5.5% other tenure type.	
Transport			
74.8% of people travelled to work by car as driver or passenger.	7.3% of people walked to work.	2.7% of residents worked at home.	1.2% travelled to work by public transport.

## 4.8 Objectives and Policies

Objective 1 – Healthy Eating Policy – Attachment 1

Objective 2 – Active Narrogin Policy – Attachment 2

Objective 3 – Alcohol and Drug Policy – Attachment 3

Objective 4 – Environmental Health Policy – to be developed

Objective 5 – Mental Health – to be developed

Objective 6 – Local Food Action Plan – to be developed

## 5.0 IMPLEMENTATION, EVALUATION OF THE PLAN, REVIEW AND REPORTING

Ongoing programs will continue to be implemented throughout the term of the Plan.

High priority new programs will be initiated by the financial year 2022/2023. An interim evaluation of the programs, outcomes and performance measures for each priority areas will be held in the financial year 2023/2024. Low priority new programs will be initiated between 2023 and 2026.

The Shire's staff will review the Plan at least annually or as required in accordance with the WA *Public Health Act 2016* to ensure it continues to respond to the needs of the community, and that it remains current.

The Senior Environmental Health Officer will coordinate the annual review in partnership with the Rural Health West - Wheatbelt Health Service.

An evaluation will occur at the end of the Plan cycle, in 2024, consisting of:

- Assessment of progress against outcomes for each goal within the Plan;
- Assessment of performance measures for each priority area;
- Review of key data for the Shire including the social profile, health status, health risk factors, health behaviours and population risk groups; and
- Review of implementation mechanisms for the Plan including partnership terms and arrangements with key stakeholders.

The Senior Environmental Health Officer will prepare and submit an annual report on progress and evaluation findings to the Chief Health Officer of the Western Australian Department of Health, if required.

## 6.0 ACKNOWLEDGEMENTS

The Shire of Narrogin would like to thank the following organisations for their assistance.

City of Rockingham – Community Plan Strategy – Health and Wellbeing Strategy 2018-2022

Shire of Collie – Public Health and Wellbeing Plan 2015 – 2018

State Public Health Plan for Western Australia – Objectives and Policy Priorities for 2019 - 2024

Useful Links used to develop this plan

Pathway to a Healthy Community', Department of Health 2017: <https://ww2.health.wa.gov.au/-/media/Files/Corporate/general-documents/SMHS/Reports-and-Publications/SMPHU/Pathway-to-healthy-community-2017.pdf>

*Pathway to a Healthy community: a guide for councillors and local government*, South Metropolitan Health Service, Perth: <https://www.fsh.health.wa.gov.au/About-us/News/New-guide-for-local-government-offers-pathway-to-better-health>

State Public Health Plan: <https://ww2.health.wa.gov.au/-/media/Files/Corporate/general-documents/Public-Health-Act/State-public-health-plan/State-PH-Plan-2019-2024/State-Public-Health-Plan-WA.pdf>

Public Health Planning for Local Government: <https://ww2.health.wa.gov.au/-/media/Files/Corporate/general-documents/Public-Health-Act/State-public-health-plan/State-PH-Plan-2019-2024/State-Public-Health-Plan-WA.pdf>

Public Health Planning Guide for Local Government: <https://ww2.health.wa.gov.au/-/media/Files/Corporate/general-documents/Public-Health-Act/public-health-planning/Public-Health-Planning-Guide.pdf>

Australian Bureau of Statistics:

[https://quickstats.censusdata.abs.gov.au/census\\_services/getproduct/census/2016/quickstat/LGA56460](https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/LGA56460)

Wikipedia: [https://en.wikipedia.org/wiki/Narrogin,\\_Western\\_Australia](https://en.wikipedia.org/wiki/Narrogin,_Western_Australia)