Shire of EAST Pilbara
THE HEART OF THE PILBARA

Safe & Healthy East Pilbara

2024 - 2029

CONTENTS

ACKNOWLEDGMENT OF COUNTRY

The Shire of East Pilbara would like to acknowledge the Traditional Owners of the land and waters on which we operate. We acknowledge and pay our respects to the traditional owners of the lands and waters on which the Shire of East Pilbara resides and operates.

We pay our respect to Elders past and present and acknowledge the contributions of Aboriginal and Torres Strait Islander people that have helped shape the community and the Shire of East Pilbara.

MESSAGE FROM THE SHIRE PRESIDENT

Recognised as the 'government closest to the people' it is widely acknowledged that local government has the capacity to positively influence community health and safety.

The Shire of East Pilbara understands that a person's health is influenced by a range of factors and goes beyond just the mere absence of disease. Safe and Healthy East Pilbara has been developed using a Social Model of Health, a conceptual framework for thinking holistically about health.

The model helps to address the many social, cultural, environmental, biological, political and economic determinants of health that can affect the health of the community.

Additionally, the plan identifies deliverables to support an integrated and collaborative approach that will support and enhance the community's ability to lead healthy, productive and rewarding lives.

The mission for the Shire of East Pilbara is to foster a thriving community through many safety and wellbeing initiatives. We do this by proactively assessing, reviewing, and addressing the present and future health and safety needs of our community, guided by best practice and sustainability principles. We aim to work collaboratively with the community to ensure the best possible health, well being and quality of live for all residents.

We highly value and cultivate collaborative partnerships with internal and external stakeholders helping to foster a unified approach to community health and wellbeing for constituents and our staff.

The Shire believes an integrated model of community health and safety principles is embraced in the existing programs and services, to ensure both community and visitor safety.
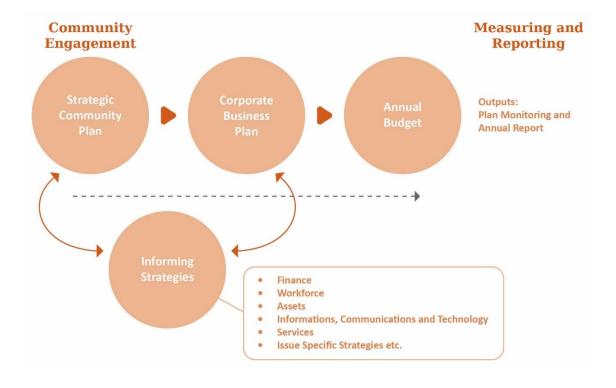
We also believe in facilitating a shared vision for a healthy and safer community by encouraging active local participation and fostering an inclusive environment where every voice is heard. Establishing strategic links and relationships with local, state, and national government bodies is important for policies that impact community health and safety.

Cr Anthony Middleton

EXECUTIVE SUMMARY

The Plan is based on a social model of health, using epidemiological data and will continue to inform the way in which public health is managed. Additionally, the plan identifies deliverables to support an integrated and collaborative approach that will support and enhance the community's ability to lead healthy, productive, and rewarding lives.

The Plan forms part of the Shire's suite of informing strategies as shown below.

Community Engagement

Measuring and Reporting

Strategic Community Plan → Corporate Business Plan → Annual Budget

Outputs:
Plan Monitoring and Annual Report

Informing Strategies

- Finance
- Workforce
- Assets
- Informations, Communications and Technology
- Services
- Issue Specific Strategies etc.

ALIGNMENT TO THE STATE PUBLIC HEALTH PLAN

The *Public Health Act 2016* states that Local Public Health Plans must be consistent with the State Public Health Plan, where appropriate. The State Public Health Plan summarises the key public health objectives and policy priorities for WA which are -

- Empowering and enabling people to live healthy lives;
- Providing health protection for the community and;
- Improving Aboriginal health and wellbeing.

A range of strategies and actions were developed to underpin these focus areas and demonstrate how the Shire plans to create a physical, social and cultural environment that supports and promotes health and safety for the whole community.

In addition, the Shire is in the process of reviewing its Reconciliation Action Plan (RAP) which will further strengthen the Shire's approach to ensure services and facilities meet the cultural needs of our community and are delivered in a culturally sensitive and inclusive manner.

INTRODUCTION

The Shire recognises that health, wellbeing and safety are essential to creating a vibrant community. The Shire acknowledges its role in the promotion of community health and safety as core business and recognises that a whole of council approach, along with partnerships with sectors of government, non-government and community organisations is essential. Safe and Healthy East Pilbara is a five-year strategic document that details how the Shire plans to improve community health and safety and meets the Shire's legislative obligations for public health planning under the *WA Public Health Act 2016*.

Our Vision

For the People of East Pilbara to live well and experience the best possible health, wellbeing and quality of life; building on our strengths to grow and create opportunities for all.

Our Mission

Safe, connected and family-friendly communities where all people thrive, and have their needs met at all ages and stages of life

Proactively assessing, reviewing, and addressing the present and future health, wellbeing, and safety needs of our community, guided by best practices and sustainability principles.

Cultivating collaborative partnerships with internal and external stakeholders, fostering a unified approach to community health and wellbeing.

Integrating community health and safety principles into our existing services and programs, ensuring that these aspects are prioritized in everything we do.

Facilitating a shared vision for a healthy and safer community by encouraging active community participation and fostering an inclusive environment where every voice is heard.

Establishing strategic links and relationships with local, state, and national plans and policies that impact community health and safety, aligning our efforts with broader goals.

Creating a vibrant local democracy, forward-thinking civic leadership, and transparent stewardship of the community's assets and resources

Figure 1 below highlights that as a provider of infrastructure, services, facilities and programs, the Shire is in a key position to influence these determinants and positively contribute to health and wellbeing outcomes at a local level.

Figure 1: How local government can make a difference in health and wellbeing

Promoting community wellbeing is about intervening "to change those aspects of the environment which are promoting ill health, rather than continuing to encourage individuals to change their behaviours and lifestyles when, in fact, the environment in which they live and work gives them little or no choice or support for making such changes". [2]

ABOUT THE PLAN

The Plan is focused on best practice and the Shire's legislative obligations under the *WA Public Health Act 2016* and will operate as an informing strategy to the *East Pilbara Strategic Community Plan*.

The Plan establishes an integrated health and wellbeing planning process that fits into the Shire's corporate planning framework under the *Local Government Act 1995*. This framework sets out the statutory responsibilities of local government in Western Australia to plan and understand the future aspirations of residents.

Figure 2 below outlines the expectation and interactions between the Shire's Strategic Community Plan, Corporate Business Plan and informing strategies.

The plan aligns with the three objectives identified within the State Public Health Plan for Western Australia being empowering and enabling people to live healthy lives, providing health protection for the community, and improving Aboriginal health and wellbeing.

Figure 2: Elements of Integrated Planning and Reporting Framework

KEY AREAS

The Plan aims to address the physical, social, cultural and economic factors impacting people's health and safety especially those in the community at risk. Three key focus areas were identified which align with the community vision and priority areas identified in the Shire's Strategic Community Plan.

COMMUNITY ENGAGEMENT

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

Shire officers will run community workshops to share information and collect valuable feedback, which focusses on public health policy and ideas for how the Shire could collaborate more effectively to spread positive health and wellbeing messages with the East Pilbara residents.

Community feedback will be collected via a survey conducted online with hard copies available from Shire buildings and shopping centre pop up stalls. Community feedback will be important for the policy and will then be incorporated into the framework and future action plan.

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 frameworks and strategies.
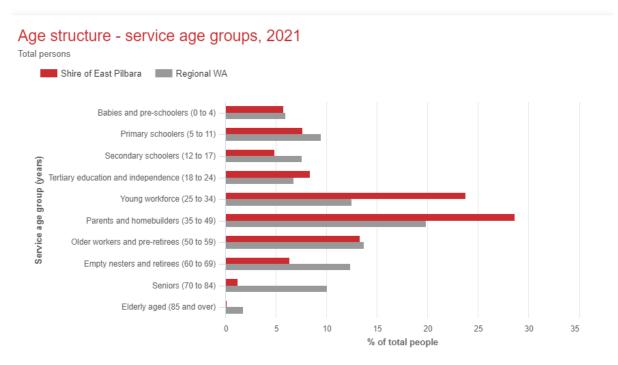
COMMUNITY HEALTH PROFILE

SNAPSHOT OF THE SHIRE

The Shire of East Pilbara Estimated Resident Population for 2023 is 10,401, with a population density of 0.03 persons per square km.

Our health is influenced by the environment we live in and the choices we make. Healthy choices and behaviours play an important part of people leading longer, healthy and active lives. These include increasing physical activity, improving diet, safeguarding mental health and wellbeing and reducing risky behaviours.

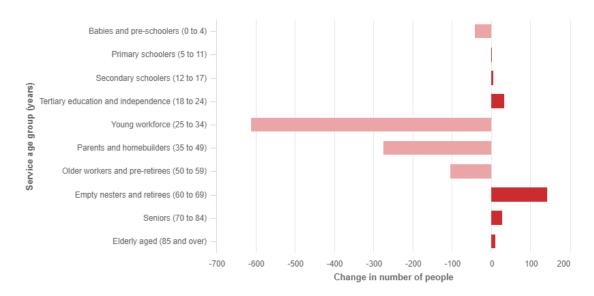It is important the Shire understands the community's current health status and barriers to determine what initiatives the Shire should focus on.

Age structure - service age groups, 2021
Total persons

Shire of East Pilbara ▬ Regional WA ▬

Source: Australian Bureau of Statistics, Census of Population and Housing, 2021 (Usual residence data). Compiled and presented in profile.id by .id (informed decisions).

Change in age structure - service age groups, 2016 to 2021

Shire of East Pilbara - Total persons

Source: Australian Bureau of Statistics, Census of Population and Housing, 2016 and 2021 (Usual residence data). Compiled and presented in profile.id by .id (informed decisions).

Analysis of the service age groups of the Shire of East Pilbara in 2021 compared to Regional WA shows that there was a lower proportion of people in the younger age groups (0 to 17 years) as well as a lower proportion of people in the older age groups (60+ years).
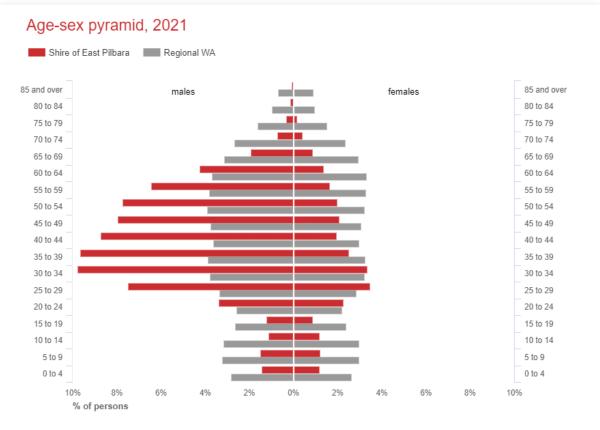
Overall, 18.2% of the population was aged between 0 and 17, and 7.6% were aged 60 years and over, compared with 23.0% and 24.2% respectively for Regional WA.

The major differences between the age structure of the Shire of East Pilbara and Regional WA were:

- A *larger* percentage of 'Young workforce' (23.8% compared to 12.5%)
- A *larger* percentage of 'Parents and homebuilders' (28.6% compared to 19.9%)
- A *smaller* percentage of 'Seniors' (1.2% compared to 10.1%)
- A *smaller* percentage of 'Empty nesters and retirees' (6.3% compared to 12.4%)

LIFE EXPECTANCY
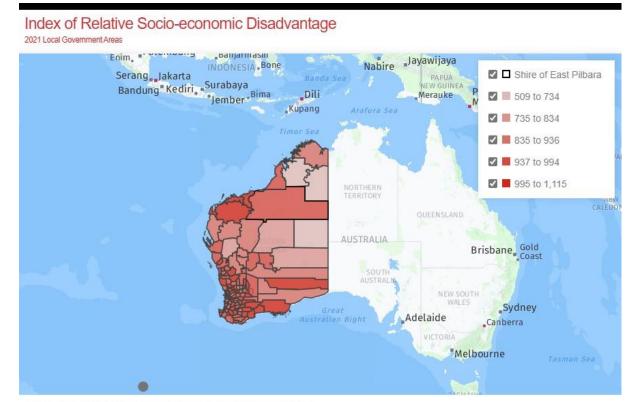
Life expectancy at birth estimates represent the average number of years that a newborn could expect to live, assuming current age-specific death rates are experienced throughout their lifetime. It is a statistical measure to give an indication of the rate of potentially fatal diseases within the area and does not consider non-fatal health outcomes such as disability or quality of life.

Age-sex pyramid, 2021

Source: Australian Bureau of Statistics, Census of Population and Housing, selected years between 1991-2021 (Enumerated data). Compiled and presented in profile.id by .id (informed decisions).

The age-sex pyramid is a demographic tool which shows patterns of change in the age structure and sex ratio of an area over time. Its name comes from the traditional pyramid shape of an area which indicates a lot of children in large families, with a lower life expectancy and relatively few elderly. This shape is quite rare in developed nations like Australia. As nations and areas transition over time this shape turns into a column where there are less children, a mix of ages, including many elderly. The sex ratio of males to females can also be seen - young areas are likely to have more males, while elderly areas generally have more females due to longer life expectancy.

SEIFA Index of Disadvantage for the Shire of East Pilbara in 2021 was 939.

Index of Relative Socio-economic Disadvantage
2021 Local Government Areas

Source: Australian Bureau of Statistics, Census of Population and Housing 2016.
Compiled and presented in profile.id by .id (informed decisions).

The Shire of East Pilbara Socio-Economic Indexes for Areas (SEIFA) measure the relative level of socio-economic disadvantage and/or advantage based on a range of Census characteristics. Two of the SEIFA indexes: the Index of Relative Socio-Economic Disadvantage (IRSD) and the Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD) can be selected below.

Index of Relative Socio-Economic Disadvantage (IRSD)

This index contains only disadvantage indicators (e.g. unemployment, low incomes or education levels, single parent families, low skilled occupations, poor English proficiency), so is best used to distinguish between disadvantaged areas, but doesn't differentiate between those areas which are highly advantaged, and those just lacking a lot of disadvantage (with population close to the middle). This index is more commonly used for funding allocations and advocacy, because it highlights the areas of most need.

Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD)
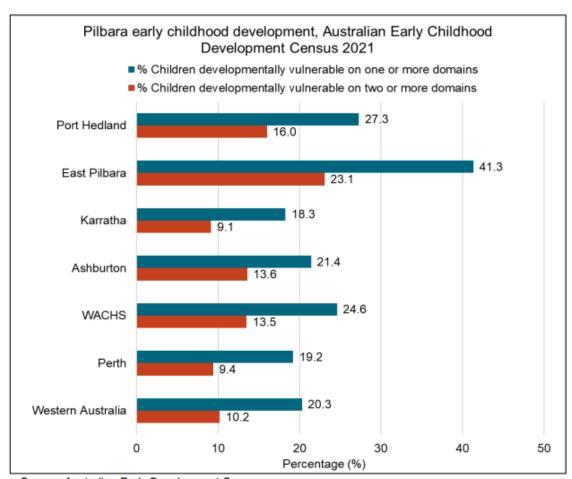
This index contains indicators of disadvantage as well as additional indicators of advantage (e.g. professional occupations, high income, higher education levels, high rent, large dwellings), Characteristics are also weighted differently than the IRSD, so areas do score differently on either measure. Often the IRSAD index will show a more "spread out" distribution with a greater range of scores from very high to very low, due to its ability to measure advantage above the average level.

SEIFA indexes are a good place to start to get a general view of the relative level of disadvantage in one area compared to others, but it is important to also look at these underlying characteristics as they can differ markedly between areas with similar SEIFA scores and shed light on the type of disadvantage being experienced.

A higher score on the index means a lower level of disadvantage or (in the case of IRSAD only) a higher level of advantage. A lower score on the index means a higher level of disadvantage on both indexes, and a lack of advantage on the IRSAD.

The percentile column indicates the approximate position of this small area in a ranked list of Australia's suburbs and localities in 2021. It's meant to give a broad indication of where the area sits within the whole nation. A higher number indicates a higher socio-economic status. For instance, a percentile of 72 indicates that approximately 72% of Australia's suburbs have a SEIFA index lower than this area (more disadvantaged), while 28% are higher. This applies a comparison to suburbs even when the index concerned doesn't relate to a suburb.

In 2021, Newman had the lowest level of Disadvantage in the Shire of East Pilbara, with a SEIFA index score of 1,037.7.

Source: Australian Early Development Census

LIFESTYLE RISK FACTORS

Lifestyle risk factors are risk factors that individuals can modify such as diet, exercise, smoking and drinking alcohol.

In the Shire of East Pilbara, the most common long-term health condition was asthma, while 15.2% of the population reported one or more health conditions. New research suggests that children may be more likely to be hospitalised for severe asthma complications during a heatwave. It is a problem that is only expected to increase as hotter weather patterns become more frequent.

The State Public Health Plan for Western Australia identifies that, "WA's Aboriginal population have demonstrably poorer health outcomes than the non-Aboriginal population. These include significantly lower rates of life expectancy at birth, higher rates of infant and child mortality, higher rates of avoidable and preventable mortality rates, higher prevalence of chronic conditions (such as diabetes, cardiovascular disease, and respiratory disease), and higher potentially preventable hospitalisations."

(Government of Western Australia, 2019)

Following Indigenous principles of land management, governments like the Shire must encourage a new era of reciprocity and kinship with nature and support gender justice by supporting women and girls' education and rights, which reduces fertility rates and raises the standard of living. Cultural narratives should be encouraged through art and media, thereby establishing a systemic response based on kinship with nature. Family violence prevention programs, alcohol prevention programs, accessible social housing and food security would all help to alleviate poverty in the community.

The Shire of East Pilbara is committed to finding a pathway for our most vulnerable populations which includes the elderly, children, pregnant women and people with disabilities and life-threatening illness or disease.

The Shire believes in promoting a shared vision for a healthy and safer community by encouraging active local participation and fostering an inclusive environment where every voice is heard.

UNICEF has recognised that children have the right to a healthy life, to food, and water which is unpolluted, clean air and an education and these inalienable rights need to be reinforced by government at all levels.

"It's clear that young people are feeling a sense of abandonment by the older generation. When an entire generation is having these kinds of feelings in an ongoing way, this signals that a major social issue is brewing. If young people don't have a sense of trust in governments and democratic processes, if they don't have a sense of hope, then this can have a highly damaging impact on their participation and engagement in democracy, not to mention on their psychosocial development, health and wellbeing," said Professor Amanda

Third, lead researcher with UNICEF on the future for Australian children, between the ages of 10-18.
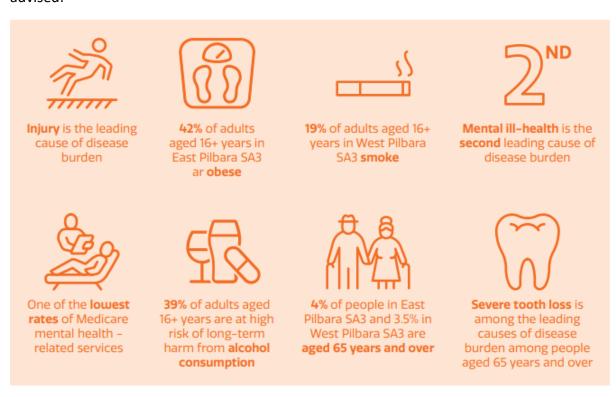
In Australia, rural and remote communities are more prone to the health-related impacts of climate change. The geographical location of regional communities makes them more at risk of extreme weather events such as heatwaves, extended periods of drought or low rainfall or high rainfall and flooding.

In Australia, heat waves have increased in the past 70 years. Part of the role of local government is to ensure that communities already disadvantaged by inequitable access to health care, due to living in regional Australia, are not further disadvantaged by the impact of climate change on health.

In some communities, infrastructure sch as housing, telecommunications, transport and sanitation is lacking. This exacerbates existing health challenges and other disadvantages and leaves many communities more vulnerable to health risks.

The development of sustainable communities and businesses through regionally specific transition plans is also very important if food security is threatened by flooding or fires in rural and remote communities. This dedicated funding for building research capacity across rural and remote Australia will create and ensure sustainable communities.

Pilbara Needs Assessment 2022-2024, conducted by the WA Primary Health Alliance advised:

Injury is the leading cause of disease burden

42% of adults aged 16+ years in East Pilbara SA3 ar **obese**

19% of adults aged 16+ years in West Pilbara SA3 **smoke**

Mental ill-health is the **second** leading cause of disease burden

One of the **lowest rates** of Medicare mental health – related services

39% of adults aged 16+ years are at high risk of long-term harm from **alcohol consumption**

4% of people in East Pilbara SA3 and 3.5% in West Pilbara SA3 are **aged 65 years and over**

Severe tooth loss is among the leading causes of disease burden among people aged 65 years and over

(WA Primary Health Alliance, 2022)

From 2014-2018, the rate of unintentional drug induced deaths in Country WA was 8.3 per 100,000. In 2014-2018 the East Pilbara and West Pilbara SA3s had the second highest rate range of 7.5 to 9.9 deaths per 100,000 for unintentional drug-induced deaths (Penington Institute, 2020)

"Stakeholders have identified an emerging trend in drug use in children under 14 years and as young as five years old particularly in Nullagine, Marble Bar, Newman and Western Desert Communities. Stakeholders identified a lack of youth-specific services in the Pilbara region for alcohol and other drug use among children, as well as for mothers and babies. Additionally, feedback from stakeholders cited concerns about Fetal Alcohol Syndrome Disorder (FASD) in their communities, a lack of evidence about rates of FASD, and the health needs of children and young people suffering from FASD." (WA Primary Health Alliance, 2022) Organisations like https://www.reddust.org.au offer children, teens and youths' different pathways and role models. Seed Mob https://www.seedmob.org.au offers teens an opportunity to create a more just and sustainable world, faced with the uncertainty of climate change. Aboriginal and Torre Strait Islander youth are at the forefront of climate change in the remote and regional areas they live, so they have the most at stake.

It's these communities on the frontline that need to be leading solutions and building societies that are resilient, healthier, cleaner and more just. Seed Mob is Australia's first Indigenous led youth group for climate justice, building strong communities and powered by renewable energies.

Heavy rainfall due to storms leading to flooding can result in psychological trauma, defined as any event that involves exposure to actual or threatened death or serious injury. Around 90% of residents in outer regional and remote areas are more affected than those in major cities in Australia.

Extreme weather events have a significant impact on mental health and wellbeing in the short and medium term and this relationship increases with the remoteness of the location. In a lon-gitudinal study of the psychological impact of the Black Saturday bushfires in 2009, it was de-termined that most people affected by the fires were resilient to trauma and recover with time. However, the Lismore flooding events 2022, indicated communities had not recovered from one traumatic weather event before the next one impacted their community. The extent of on-going life stress was a predictor for delayed development of flood related post-traumatic stress disorder. Noting that the geographical landscape around Lismore is different to that in the East Pilbara Shire, there are still lessons to be learned from climate impact events, like floods and fire.

Drought also has an impact on mental health in rural and remote areas. The impact of drought is thought to be modulated by the characteristics of the drought and the remoteness of the res-ident. The levels of distress are in the sub-clinical range of moderate distress, putting them at increased risk of developing a mental health disorder. An association has also been found be-tween drought severity and suicide in remote and rural males aged 30-49. In a retrospective study, there was a 15 per cent increase in the relative risk of suicide in this demographic when the drought index rose.

Problem alcohol use was found to be high in all communities and remained high over time. Such research illustrates the persistent nature of the mental health and wellbeing implications for extreme weather events, attending in more frequency with climate change impacts. The Australian Government has recognised that climate change is a significant and enduring threat to health and considers that the health risks are greater for those living in rural and remote communities.

The Australian Government has committed to rolling out mitigation and adaptation strategies for climate change driven by human activity. The development of the National Health and Cli-mate Strategy will begin to administer the need for action in three main areas:

Extreme weather events, food security and vector-borne disease. Such strategies indicate why immunisation is an important tool in protecting communities. 8b

MAJOR CAUSES OF DEATH

When considering causes of death, three main disease groups are responsible for chronic disease and death. Cardiovascular disease (CVD), respiratory disease, mental illness, diabetes and dehydration are the main conditions nationally.

Chronic diseases can range from debilitating arthritis and low back pain to life-threatening heart disease and cancers. These conditions may never be cured completely, so there is generally a need for long-term management. Once present, chronic diseases often persist throughout life, although they are not always the cause of death.

Examples of chronic diseases coronary heart disease and stroke) • cancers (such as lung and colorectal cancer) • many mental disorders (such as depression) • diabetes • many respiratory diseases (including asthma and COPD) • musculoskeletal diseases (arthritis and osteoporosis) • chronic kidney disease • oral diseases. These chronic diseases have each been the focus of recent surveillance efforts, because of their significant health effects and costs, and because actions can be taken to prevent them.

In addition to the personal and community costs, chronic diseases result in a significant economic burden because of the combined effects of health-care costs and lost productivity from illness and death. Estimates based on allocated health-care expenditure indicate that the 4 most expensive disease groups are chronic—cardiovascular diseases, oral health, mental disorders, and musculoskeletal—incurring direct health-care costs of $27 billion nationally, in 2008–09. This equates to 36% of all allocated health expenditure. This amount is conservative because not all health-care expenditure can be allocated by disease, particularly diseases predominantly managed in primary health care. Chronic disease costs would also be far greater if non-health sector costs, such as residential care, were included. Although patterns of spending vary by disease group, most health dollars that can be allocated to diseases are spent on admitted patient hospital services, out-of-hospital services, medications, and dental services. The large cost, in the order of several billions of

dollars, is one of the key drivers for more efficient and effective ways to prevent, manage and treat chronic disease. 8

> The Western Australian Burden of Disease Study 2015 (Department of Health Western Australia, 2021) indicated that in the Pilbara health region, coronary heart disease, dementia and severe tooth loss were among the leading causes of health costs.

Mental health was the second leading cause of disease burden in the Pilbara region. Disease burden is the impact of a health problem on a given population and can be measured using a variety of indicators such as mortality, morbidity or financial cost. Mental health measured 16% to the total disease burden for the Pilbara region (Department of Health Western Australia, 2021). Depressive disorders were the leading cause of mental health burden for women in the Pilbara while suicide and self-inflicted injuries were the second leading cause of mental health burden in males (Department of Health Western Australia, 2021).

The burden of disease attributable to suicide and self-inflicted injuries increases with remoteness and is one of the five most burdensome diseases in outer regional or remote and very remote areas of Australia. These drivers of inequity must be addressed in responses to health outcomes and climate change. Higher temperatures, less rainfall and flooding all have a measurable effect on the health and wellbeing of Australians – especially those living in rural, remote and regional centres.

Management of chronic disease in primary care

From 2013-14 to 2018-19, percentage of population utilisation of GP chronic disease management plans (CDMPs) increased in the region from 2.7% to 5.0% in East Pilbara SA3 and from 3.3% to 4.5% in West Pilbara SA3 (Australian Institute of Health and Welfare, 2020c). However, utilisation was still considerably below the national rate for SA3s in remote areas, which increased from 8.8% to 12% over the same period. Feedback from local stakeholders suggests that this may be an indication of a lack of allied health services in the region. (WA Primary Health Alliance, 2022)

Top five causes of death, Pilbara residents, 2014–2018
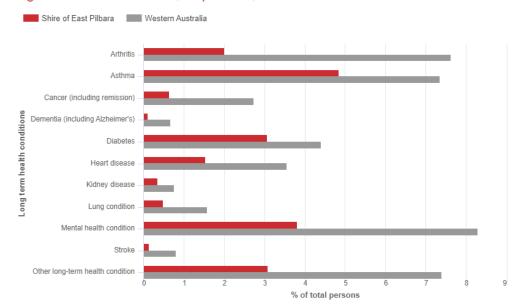
		1st	2nd	3rd	4th	5th	Total
West Pilbara	Condition	Neoplasms	Circulatory diseases	External causes of mortality	Endocrine and nutritional diseases	Respiratory diseases	
	No.	71	59	54	18	15	**267**
	SRR	0.72	1.13	0.82	1.61	0.9	**0.89**
East Pilbara	Condition	Circulatory diseases	Neoplasms	External causes of mortality	Respiratory diseases	Digestive diseases	
	No.	73	54	52	23	20	**297**
	SRR	1.63	0.69	1.07	1.54	2.21	**1.22**
Pilbara Total	Condition	Circulatory diseases	Neoplasms	External causes of mortality	Respiratory diseases	Digestive diseases	
	No.	132	125	106	38	33	**564**
	SRR	1.36	0.71	0.93	1.2	1.61	**1.04**

ASR = age standardised rate per 100,000 person years

SRR = Standardised Rate Ratio, relative to the WA rate. An SRR lower than 1 is lower than the WA average, an SRR higher than 1 is higher than the WA average.
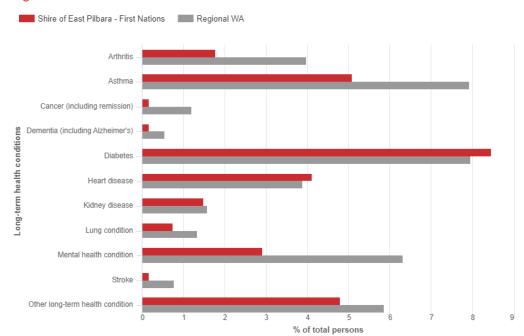
Source: Department of Health, Health Tracks

Long term health conditions, all persons, 2021

■ Shire of East Pilbara   ■ Western Australia

Source: Australian Bureau of Statistics, Census of Population and Housing, 2021 (Usual residence data). Compiled and presented in profile.id by .id (informed decisions).

Long term health conditions 2021
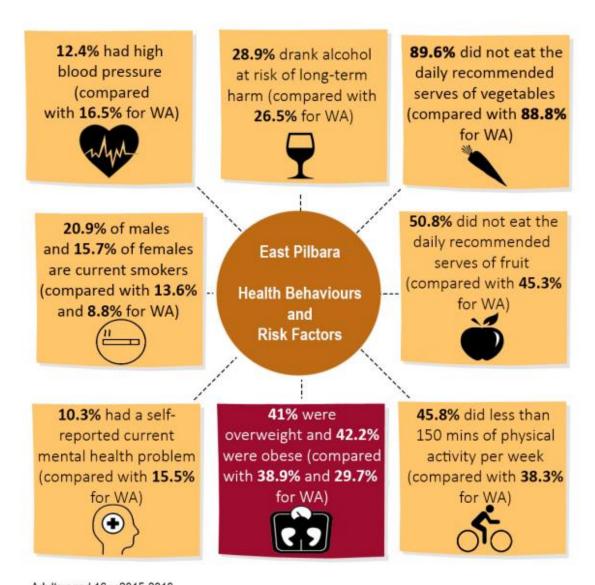
■ Shire of East Pilbara - First Nations   ■ Regional WA

Source: Australian Bureau of Statistics, Census of Population and Housing, 2021 (Usual residence data). Compiled and presented in profile.id by .id (informed decisions).

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EAST PILBARA HEALTH RISK FACTORS

East Pilbara health risk factors

The graphics below highlight the prevalence of key health risk factors for the East Pilbara district. These are self-reported measures collected through the Department of Health's Health and Wellbeing Surveillance System.

12.4% had high blood pressure (compared with **16.5%** for WA)

28.9% drank alcohol at risk of long-term harm (compared with **26.5%** for WA)

89.6% did not eat the daily recommended serves of vegetables (compared with **88.8%** for WA)

20.9% of males and **15.7%** of females are current smokers (compared with **13.6%** and **8.8%** for WA)

East Pilbara
Health Behaviours and Risk Factors

50.8% did not eat the daily recommended serves of fruit (compared with **45.3%** for WA)

10.3% had a self-reported current mental health problem (compared with **15.5%** for WA)

41% were overweight and **42.2%** were obese (compared with **38.9%** and **29.7%** for WA)

45.8% did less than 150 mins of physical activity per week (compared with **38.3%** for WA)

Adults aged 16+, 2015-2019.
Source: Health and Wellbeing Surveillance System, Epidemiology Branch, Department of Health
Note: Colour coding reflects where a District rate is significantly different (red higher, green lower, amber similar) than the State rate. The State rate may still be at a level of concern.

East Pilbara HD Health Profile, 16 years and over, HWSS, January 2016 to December 2020

	East Pilbara HD			Western Australia	Significant difference~
	Prevalence Estimate		Estimated Pop^	Prevalence Estimate	From WA
	Per Cent		Persons	Per Cent	
Currently smokes	22.0		4,416	10.5	Higher
Eats less than two serves of fruit daily	52.6		10,582	53.1	-
Eats less than five serves of vegetables daily	89.6		18,019	89.5	-
Eats fast food at least weekly	26.4		5,311	34.0	-
Drinks at high risk levels for long-term harm (a)	28.2		5,667	25.9	-
Drinks at high risk levels for short-term harm (b)	11.9	*	2,391	10.3	-
Spends 21+ hours per week in sedentary leisure time	32.3		6,492	39.1	-
Less than 150 mins of physical activity per week (c)	40.4		7,945	39.7	-
Current high blood pressure (d)	11.0		2,210	17.3	Lower
Current high cholesterol (e)	11.8		2,377	17.6	-
Overweight (f)	43.9		8,826	38.2	-
Obese (f)	38.9		7,831	31.2	-
High or very high psychological distress	5.9	*	1,180	9.0	-
Attended a primary health care service in the past 12 months	83.3		16,759	89.9	-
Arthritis	13.9		2,801	20.0	-
Injury (g)	15.2		3,066	20.5	-
Current asthma	10.5	*	2,111	9.0	-
Mental health problem (h)	9.2	*	1,849	16.7	Lower
Stress related problem (i)	4.6	*	923	10.3	Lower
Anxiety (i)	6.3	*	1,269	9.8	-
Depression (i)	5.4	*	1,091	9.0	-

Source: WA Health and Wellbeing Surveillance System, Epidemiology, DOH.
This information is based on responses from 256 adults within the East Pilbara HD areas and 30162 adults within the State.
* Result has a RSE between 25% and 50% therefore should be used with caution.
. Result has a RSE above 50% therefore has been withheld.
~ Determined by comparing confidence intervals, where intervals that do not overlap are deemed significantly different. NA indicates that a comparison is not available.
^ Estimated population refers to the estimated number of people with the risk factor/ condition. It is derived by multiplying the Estimated Resident Population by the persons prevalence estimate.
(a) Drinks more than 2 standard drinks on any one day.
(b) Drinks more than 4 standard drinks on any one day.
(c) Adults aged 18 years and over only. Refers to moderate minutes with minutes spent in vigorous physical activity doubled.
(d) Currently have high blood pressure or take medication for high blood pressure. Of those who have had their blood pressure measured.
(e) Currently have high cholesterol or take medication for high cholesterol. Of those who have had their cholesterol measured.
(f) Height and weight measurements have been adjusted for errors in self-report.
(g) Injury in the last 12 months requiring treatment from a health professional.
(h) Diagnosed by a doctor with a stress related problem, depression, anxiety or any other mental health problem in the last 12 months.
(i) Diagnosed by a doctor in the last 12 months.
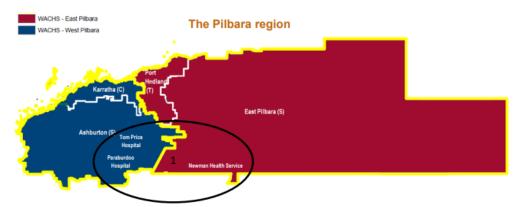
HOSPITALISATIONS

Geographic district	Operational district *	Local Government Area (S) = Shire, (C) = City	Hospitals
West Pilbara	West Pilbara	Karratha (C)	Karratha Health Campus
		Karratha (C)	Roebourne Hospital
		Ashburton (S)	Onslow Health Service
	Inland (see map for detail)	Ashburton (S)	Paraburdoo Hospital
		Ashburton (S)	Tom Price Hospital
East Pilbara	East Pilbara	East Pilbara (S)	Newman Health Service
		East Pilbara (S)	Marble Bar Nursing Post
		East Pilbara (S)	Nullagine Nursing Post
		Port Hedland (T)	Hedland Health Campus

Overview of regional service activity, by hospital, 2020-21

Sources: WACHS Emergency Department Collection, WACHS Inpatient Collection (excludes boarders and unqualified newborns), WACHS Outpatient Appointment Collection (excludes Did Not Attends and
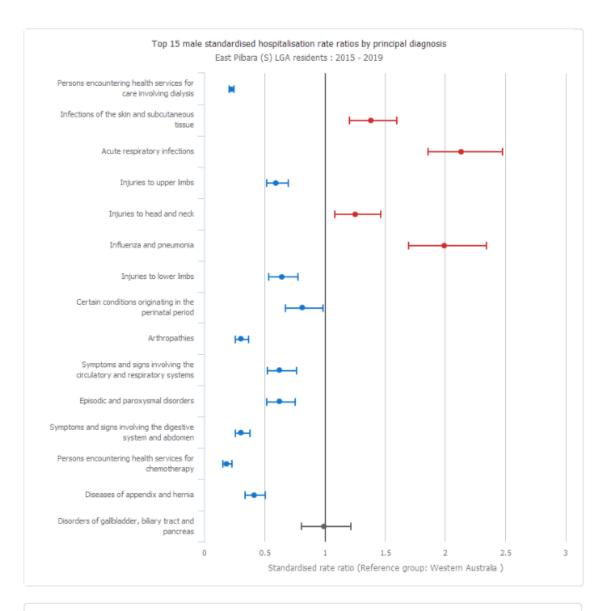
District	Hospital	Emergency Department presentations	Inpatient separations	Outpatient service events
West Pilbara	Karratha Health Campus	23,131	4,253	29,297
	Onslow Health Service	1,595	97	2,105
	Paraburdoo Hospital	948	27	461
	Roebourne Hospital	3,471	53	838
	Tom Price Hospital	3,329	389	1,688
East Pilbara	Hedland Health Campus	28,069	11,908	26,177
	Newman Health Service	8,159	796	2,260
	Marble Bar Nursing Post	521		1,803
	Nullagine Nursing Post	296		1,405
Pilbara Total		**69,519**	**17,558**	**66,263**

Non-Client events). *Includes activity by both Pilbara and non-Pilbara residents.

Pilbara Hospital bed Numbers

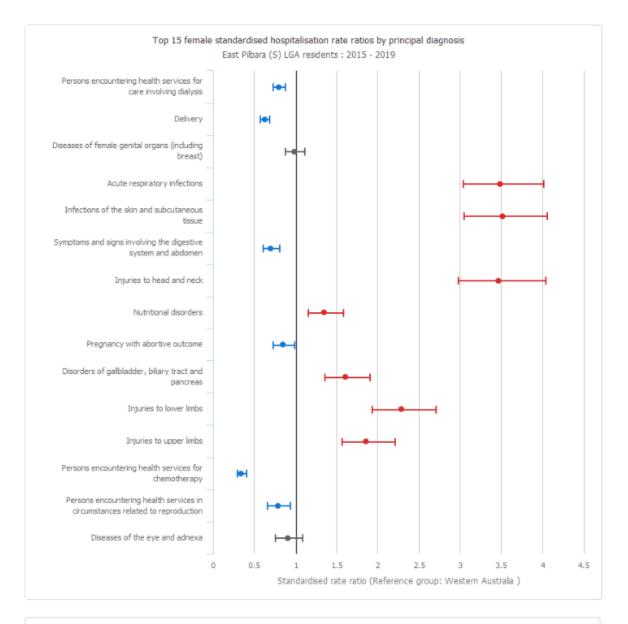| District	Hospital	Bed Numbers
West Pilbara	Karratha Health Campus	50
	Onslow Health Service	6
	Paraburdoo Hospital	4
	Roebourne Hospital	10
	Tom Price Hospital	8
East Pilbara	Hedland Health Campus	71
	Newman Health Service	10
Pilbara Total		**159**

Includes neonatal cots. Source: WACHS Planning and Evaluation Bed Capacity Audit document, accessed September 2022.

Top 15 male standardised hospitalisation rate ratios by principal diagnosis
East Pilbara (S) LGA residents : 2015 - 2019

Standardised rate ratio (Reference group: Western Australia)

Notes

- The error bars represent the 95% confidence intervals of the rate ratio. Red lines are significantly higher than the Western Australia rate while blue lines are significantly lower. Black lines are similar to the state rate.
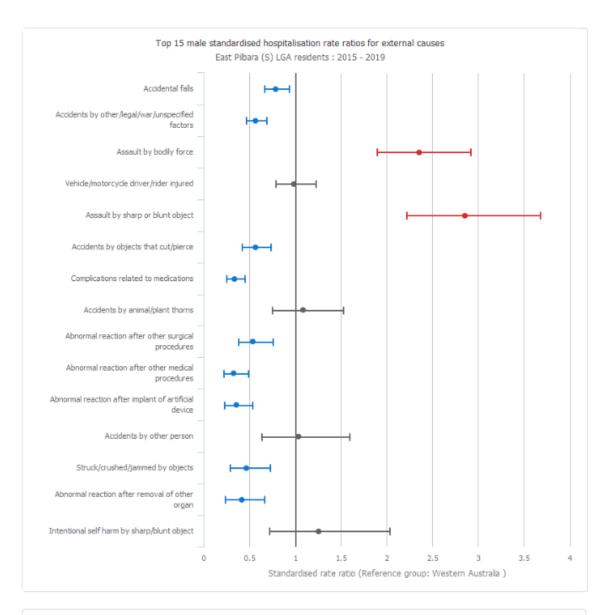
The rates for hospitalisations in males due to infections of the skin and subcutaneous tissue; acute respiratory

infections; injuries to head and neck; and influenza and pneumonia were significantly greater than the rates in Western Australians.

Top 15 female standardised hospitalisation rate ratios by principal diagnosis
East Pilbara (S) LGA residents : 2015 - 2019

Standardised rate ratio (Reference group: Western Australia)

Notes

- The error bars represent the 95% confidence intervals of the rate ratio. Red lines are significantly higher than the Western Australia rate while blue lines are significantly lower. Black lines are similar to the state rate.

The rates for hospitalisations in females due to acute respiratory infections; infections of the skin and subcutaneous tissue; injuries to head and neck; nutritional disorders; disorders of gallbladder, biliary tract and pancreas; injuries to lower limbs; and injuries to upper limbs were significantly greater than the rates in Western Australians.

Top 15 male standardised hospitalisation rate ratios for external causes
East Pilbara (S) LGA residents : 2015 - 2019

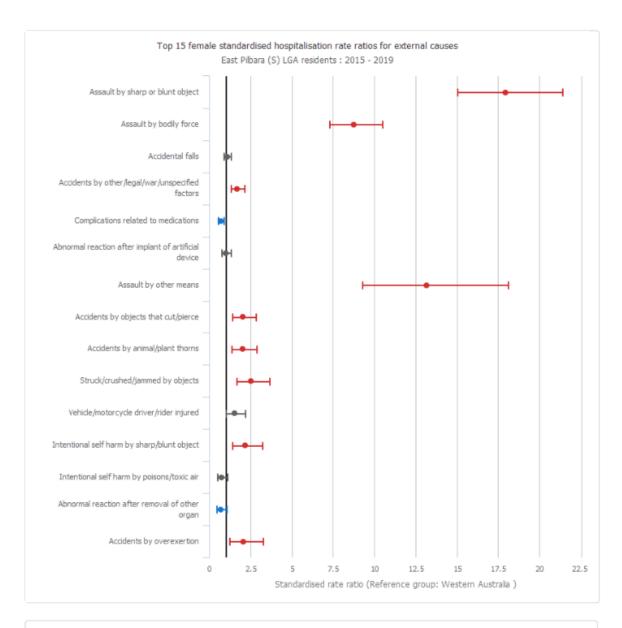Standardised rate ratio (Reference group: Western Australia)

Notes

- The error bars represent the 95% confidence intervals of the rate ratio. Red lines are significantly higher than the Western Australia rate while blue lines are significantly lower. Black lines are similar to the state rate.

The rates for hospitalisations in males due to assault by bodily force; and assault by sharp or blunt object were significantly greater than the rates in Western Australians.

Top 15 female standardised hospitalisation rate ratios for external causes
East Pilbara (S) LGA residents : 2015 - 2019

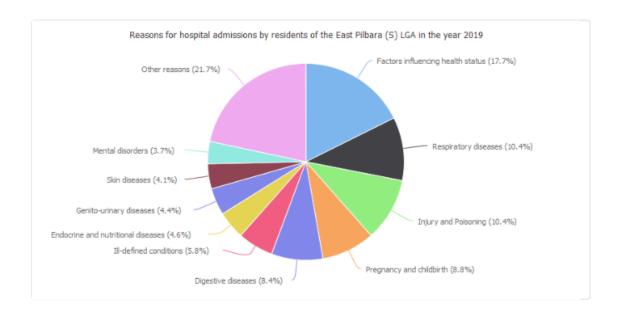Standardised rate ratio (Reference group: Western Australia)

Notes

- The error bars represent the 95% confidence intervals of the rate ratio. Red lines are significantly higher than the Western Australia rate while blue lines are significantly lower. Black lines are similar to the state rate.

The rates for hospitalisations in females due to assault by sharp or blunt object; assault by bodily force; accidents by other/legal/war/unspecified factors; assault by other means; accidents by objects that cut/pierce; accidents by animal/plant thorns; struck/crushed/jammed by objects; intentional self harm by sharp/blunt object; and accidents by overexertion were significantly greater than the rates in Western Australians.

Reasons for hospital admissions by residents of the East Pilbara (S) LGA in the year 2019

- Other reasons (21.7%)
- Factors influencing health status (17.7%)
- Respiratory diseases (10.4%)
- Injury and Poisoning (10.4%)
- Pregnancy and childbirth (8.8%)
- Digestive diseases (8.4%)
- Ill-defined conditions (5.8%)
- Endocrine and nutritional diseases (4.6%)
- Genito-urinary diseases (4.4%)
- Skin diseases (4.1%)
- Mental disorders (3.7%)

For males living in the East Pilbara (S) LGA, based on the hospitalisation data covering the period 2015-2019, only hospitalisations due to respiratory diseases was significantly higher than the state rate after making adjustments for differences in the age-structure.

For females, the number of hospitalisations due to injury and poisoning, skin diseases, respiratory diseases, circulatory diseases, endocrine and nutritional diseases and infectious diseases were significantly greater relative to the state rate after making adjustments for differences in the age-structure.

Table 1. Estimated alcohol-attributable hospitalisations, average bed days and cost by year

Year	Estimated number of hospitalisations	ASR	ASR LCI	ASR UCI	Average bed days	Cost (CPI Adjusted)
2018	115	1081.5	426.2	1736.9	0.8	$609,942
2019	94	953.8	360.0	1547.6	0.6	$625,818
2020	99	1017.5	396.3	1638.7	0.8	$695,492
2021	97	1042.3	290.1	1794.6	0.9	$755,606
2022	86	876.2	614.9	1137.5	0.9	$581,121

Table 2. Estimated number and rate of alcohol-attributable hospitalisations 2018-2022 (combined)

Sex ▲	Estimated number of hospitalisations	ASR	ASR LCI	ASR UCI	SRR	SRR LCI	SRR UCI	Comparison with WA State rate
Female	217	1174.4	724.0	1624.8	1.85	1.62	2.11	Higher
Male	273	902.8	658.8	1146.9	0.86	0.76	0.97	Lower
Persons	490	983.6	768.5	1198.8	1.19	1.09	1.30	Higher

* All rates are per 100,000 population

ASR = Age-standardised rate; SRR = Standardised rate ratio; LCI = 95% lower confidence interval; UCI = 95% upper confidence interval. N/A - Rates are not provided when number of hospitalisations are less than 20 because the derived rates are unreliable. The indirect SRR method only requires a minimum of 6 cases and therefore allows comparison between the geographic area and WA rates.

Average bed days is the mean of the total bed days for any hospitalisation for which there is an alcohol attributable portion. This method has changed since previous dashboard versions, resulting in lower estimates. Estimated numbers less than 6 have been suppressed to protect privacy and data confidentiality. Other numbers have also been suppressed to prevent back-calculation and therefore the percentages may not add up to 100%. Age-specific rates are not provided when the number of hospitalisations is less than 20 for males and females and less than 40 for persons because the derived rates are unreliable. The estimated number of hospitalisations by year in Table 1 may not add up to the total number of hospitalisations in Table 2 due to rounding. "Other" health condition category in Figure 2 is made up of "Other alcohol-attributable injuries", "Other digestive system diseases" & "Other alcohol-attributable diseases".

Figure 3. Age-specific alcohol-related Emergency Department attendance rates 2018-2022

IMMUNISATION RATES

Immunisation is a safe and effective way to protect against harmful communicable diseases and, at the population level, prevent the spread of these diseases among the community. Several vaccine-preventable diseases, such as measles, rubella and diphtheria, are now rare in Australia because of Australia's high immunisation rates. See Infectious and communicable diseases. (Australian Government, 2024)

Immunisation is one of the most effective measures to improve the health of a community and is effective in reducing morbidity and mortality rates. [7] When there is a high vaccine coverage there is less disease circulating, this is known as "Herd immunity".-The Australian Government has estimated that coverage of 92-94% is required for herd immunity, particularly from highly infectious diseases such as measles [7].

For this reason, the national immunisation coverage target rate has been set at 95%.

Current Australia Wide Statistics are as follows:

State	% DTP	% Polio	% Fully Immunised
ACT	95.70	95.76	95.54
NSW	94.21	94.18	93.98
VIC	95.06	95.07	94.85
QLD	93.10	93.08	92.95
SA	95.31	95.26	95.04
WA	93.07	93.08	92.85
TAS	94.23	93.99	93.75
NT	92.37	92.40	92.14
AUS	94.15	94.13	93.93

This data table is for the five-year-old cohort (60 to less than 63 months old).

Analysis of data: The rolling annualised percentage of all children 'fully immunised' by 60 months of age for Australia is 93.93%.

Coverage for individual antigens due by 60 months was greater than or equal to 92.37% in all states and territories.

(Australian Government Department of Health and Aged Care, 2024)

The data tables below show the percentage of Aboriginal and Torres Strait Islander children fully immunised at one, two and five years of age. The data are for the most recent period available (annual period ending December 2023) and include the percentages for Australia as a whole.

State	% DTP	% Polio	% Fully Immunised
ACT	95.81	95.29	95.29
NSW	96.59	96.42	96.37
VIC	96.19	95.74	95.74
QLD	95.74	95.64	95.56
SA	95.33	94.76	94.57
WA	93.94	93.79	93.67
TAS	96.25	96.09	96.09

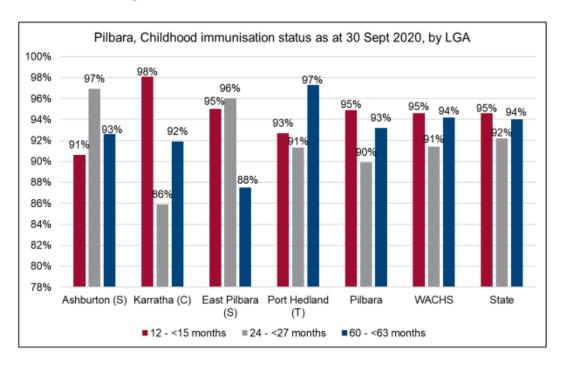| NT	93.30	93.01	92.92
AUS	95.71	95.51	95.44

This data table is for the Aboriginal and Torres Strait Islander five-year-old cohort (60 to less than 63 months old).

Analysis of data: The rolling annualised percentage of Aboriginal and Torres Strait Islander children 'fully immunised' by 60 months of age is 95.44%.

For individual antigens due by 60 months of age all jurisdictions achieved coverage greater than or equal to 93.01%.

Pilbara and comparisons childhood immunisation 2020

Source: Department of Health, Health Tracks

COMMUNITY SAFETY

The Shire recognises that crime has a negative effect on the community and that local governments have a role to encourage collaboration to investigate the nature of crime and how best to provide localised solutions. For this to be successful, partnerships must be made with key stakeholders such as members of the public, government agencies, police, community organisations and local businesses.

The Shire actively facilitates and supports an environment where residents feel a sense of security and safety within their homes and surrounding environments and is committed to making the community a safe place to live, work and play.

The Shire currently has a number of safety and crime prevention strategies in place which include making public spaces more accessible, better utilised and protected through increased usage and visitation, the provision of emergency management and rangers/community safety officers, the continued delivery of community safety programs, the provision of infrastructure such as lighting and an ongoing CCTV implementation program along with regular engagement of key stakeholders.

COMMUNITY CRIME PROFILE DATA

The West Australian Police (WAPOL) publish crime statistics for a broad range of offence categories which are broken down by suburb. The reports allow for crime increases or decreases to be monitored and acted upon depending on their nature. The data can assist with pinpointing trouble spots, allow an insight into the kind of awareness to prevention programs that may be required or indicate success of crime prevention strategies that have been implemented in some areas.
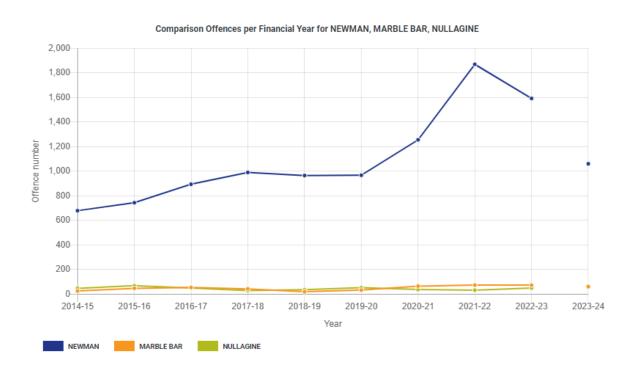
There are some limitations with the recorded crime data that must be mentioned:

- Recorded crime data only reflects crimes reported by the police, that is not all crimes are reported. Therefore, the data is simply a snapshot of crimes reported via appropriate police channels;
- Increases in reported crime may reflect increased activity by one or several offenders, if the offenders are removed, crime rates can change dramatically;
- Time lags in offences taking place and reporting can occur and;
- Recorded crime data does not provide information on police clearance rates and/or successful prosecutions.

The following graph shows the number of reported offences by type for the period 2023-2024.

Type of Offence	NEWMAN	MARBLE BAR	NULLAGINE
Homicide	-	-	-
Sexual Offences	28	1	-
Assault (Family)	249	15	15
Assault (Non-Family)	94	4	7
Threatening Behaviour (Family)	47	-	1
Threatening Behaviour (Non-Family)	23	2	1
Deprivation of Liberty	1	-	-
Robbery	2	-	-
Dwelling Burglary	48	3	2
Non-Dwelling Burglary	97	1	13
Stealing of Motor Vehicle	64	7	7
Stealing	93	3	6
Property Damage	127	10	2
Arson	13	4	1
Drug Offences	89	12	-
Graffiti	8	-	-
Fraud & Related Offences	17	-	1
Breach of Violence Restraint Order	60	-	1
Total of Selected Offences	**1,060**	**62**	**57**

Notes:
- Crime statistics are extracted quarterly from the WA Police Force Incident Management System.
- Crime statistics are provisional and subject to change.

Comparison Offences per Financial Year for NEWMAN, MARBLE BAR, NULLAGINE

Comparison Offences per Financial Year for NEWMAN, MARBLE BAR, NULLAGINE

ACTION PLAN

The following action plan has been developed to align with health priorities and objectives identified in the State Public Health Plan for Western Australia along with data collected at the local level. The purpose of this action plan is to capture the successful strategies and initiatives from the original CHWP while identifying new, innovative strategies for the Shire to progress. The action plan is divided into four sections addressing key health and wellbeing focus areas. Objectives, strategies and actions have been developed to address each focus area, with a Shire of East Pilbara service area identified and implementation targets.

FOCUS AREA 1 – EMPOWERING AND ENABLING PEOPLE TO LIVE HEALTHY LIVES

Objective: Foster strong communities and healthier environments.

Action	Responsibility	24/25	25/26	26/27	27/28	28/29	Evaluation Measures
1.1 Provide programs, events and facilities that support and promote physical activity.							
1.1.1 Deliver and support facilities and programs that encourage physical activity. • Ensure information is on the Shire's website • Investigate areas where exercise equipment can be installed to support physical activity	• Recreation	x	x	x	x	x	• Ongoing maintenance of facilities, established programs implemented and new programs identified • Website contains up to date information • Report to Council opportunities for installation of exercise equipment
1.1.2 Ensure events have relevant approvals and adequate risk management plans	• Regulatory Services • Community Experience	x	x	x	x	x	• Monitor via event approval process

	• Activation and Events						
Investigate the introduction of a healthy eating policy for Shire run events and facilities	• Community Experience (Recreation Services)	x	x	x	x	x	• Investigate and provide report and recommendations to KLT • Develop policy
1.1.3 Support state and federal 'physical activity' campaigns and implement relevant initiatives locally	• Community Experience (Recreation Services and Communications)	x	x	x	x	x	• Programs and services implemented, monitor participant numbers • Report to Council new opportunities
1.1.4 Continue working towards 'masterplans' for the development and upgrade of recreation/sports facilities and public open spaces (i.e. parks)	• Community Experience (Recreation Services)	x	x	x	x	x	• Percentage of masterplans complete • Amount of external funding allocated to deliver masterplans
1.1.5 Continue to implement the Shire's *Clubs support* program which incorporates a range of initiatives and strategies designed to engage, support and help develop local sport and recreation clubs within the Shire	• Community Experience (Recreation Services and Leisure Planning)	x	x	x	x	x	• Successful implementation of the Shires Club Support program. • Launch of the Club Toolkit • Reporting on annual Club Development Plan, in-line with DLGSC - Every Club Funding
1.1.5 Activate places and spaces to provide opportunities for community to come together	•	x	x	x	x	x	
1.2 Provide healthy ways to get around the Shire.							
1.2.1 Promote Walking and Cycling	• Community Experience	x					• Statistics in relation to number of walkers, runners and cyclists within the district showing increasing trend.

1.2.2 Provide and maintain paths, signage and streetlights across the Shire	• Assets/ BHP	x	x	x	x	x	• Length of Path provided across the Shire • Regular reporting on streetlight improvements • Number of complaints regarding paths, signage and streetlights
1.2.3 Explore opportunities to integrate 'healthy living by design' principles into urban design and increase awareness of principles by council staff, community members and key stakeholders • Encourage schools and recreational facilities to offer healthy food options (via a healthy eating policy) • Investigate areas where community gardens can be established	• Community Experience - Recreation Services • Community Experience – Community Development		x	x	x	x	• Include information on the Shire's website • Measure number of schools and recreational facilities that offer healthy foods • Monitor number of gardens established, participation and support
1.3 Provide access to relevant and topical information about healthy living.							
1.3.1 Maintain and monitor use of the Shire's website and social media pages to incorporate promotion of health and wellbeing information and messages	• Community Experience - Communications • Executive Services – Governance	x	x	x	x	x	• Website contains health and wellbeing information and messages. • Number of campaigns on social media and website focused on promotion of health and well-being information.

1.3.2 Support local networks of service providers to encourage collaboration and partnership and sharing of information. Ensure ongoing collaboration and sharing of information with the community and service providers	• Community Experience -	x	x	x	x	x	• Interagency meetings Sharing of information
1.4 Provide access to safe, sustainable and healthy food.							
1.4.1 Implement the seed library project through the Newman Library	• Community Experience • Library Services		x	x	x	x	• Monitor number of seed packets distributed to community members • Monitor number of seed packets returned to the library seed bank • Statistics in relation to number of queries regarding seed bank • Qualitative feedback from community members
1.4.2 Support and promote both community and residential edible gardens • Explore opportunities to educate and encourage residents to grow their own food • Promote community gardens	• Community Experience	x	x	x	x	x	• Monitor program participation and support • Community Garden established.
1.4.3 Promote safe food handling practice among the Shire's food businesses by continuing to	• Regulatory Services • Environmental Health	x	x	x	x	x	• Monitor program participation and support • Results of inspections

implement the Shire's statutory responsibilities • Support local food businesses/handlers to enhance their skills and knowledge in food safety • Sample food to ensure that relevant microbiological and chemical standards are met.							
• Incorporate healthy food options into Shire run events	• Community Experience – Events and Activations	x	x	x	x	x	• Monitor number of events with healthy food options

1.5 Provide opportunities to learn about healthy eating.

1.5.1 Support state and federal 'healthy eating' campaigns and implement relevant initiatives locally • Develop healthy food choice policy • Encourage Shire funded/owned recreation facilities to provide healthy food options	• Community Experience – Communications	x	x	x	x	x	• Develop and implement healthy food choice policy • Monitor food options at Shire funded/owned recreation facilities

1.6 Work towards reducing alcohol (and other drug) related harm in the community.

1.6.1 Work in collaboration across service areas to develop an 'Alcohol Management Policy' for the Shire of East Pilbara	• Community Experience – Community Development • Regulatory Services		x	x	x	x	• Policy developed and success measures monitored.

1.6.2 Support state and federal 'alcohol awareness' campaigns and implement relevant initiatives/programs/messages locally • Incorporate information to existing public health campaigns on Shire's website regrading alcohol and support services • Investigate feasibility of an Alcohol Management Plan/Policy	• Environmental Health • Communications	x	x	x	x	x	• Ensure website is up to date with educational material • Alcohol Management Plan/Policy developed and endorsed by Council

1.7 Work towards reducing exposure to second hand smoke in public areas.

1.7.1 Maintain no smoking signage at Shire facilities	• Infrastructure Services	x	x	x	x	x	Signage installed at all Shire Facilities
1.7.2 Promote smoke free public events, festivals and venues	• Activation and Events	x	x	x	x	x	• The number of smoke free events
1.7.3 Support state and federal campaigns that address smoking cessation and deliver messages at the local level • Reduce incidence of smoking and exposure to second hand smoke	• Regulatory Services – Environmental Health	x	x	x	x	x	• Enforce legislation in smoking prohibited areas

1.8 Work towards the prevention in injuries.

1.8.1 Support 'injury prevention' campaigns and implement relevant initiatives locally • Respond to hazards reported to the Shire	• Regulatory Services • Work Health and Safety • All Departments	x	x	x	x	x	• Education around Work Health and Safety, injury prevention and responsibilities. • Monitor number of issues reported and resolved

• Ensure inspections are carried out of private properties; pool safety barriers in accordance with the *Building Regulations 2012*							• Annual reporting to DMIRS

FOCUS AREA 2 – HEALTHY COMMUNITY

Objective: Support and celebrate diversity and encourage community inclusion across all life stages; promoting positive mental health; reducing the burden of chronic disease, communicable disease and injury.

Action	Responsibility	24/25	25/26	26/27	27/28	28/29	Evaluation Measures
2.1 Encourage and promote active participation in social and cultural events that celebrate diversity.							
2.1.1 Continue to provide and seek new opportunities for Shire led events and programs that appeal to people from a diverse range of ages, backgrounds, lifestyles and cultures	• Events • Community Development • Library Services	x	x	x	x	x	• Number of events and programs held • Social impact of events that celebrate diversity • Deliver Strategy 1.9 – 1.11 and 3.11 of the East Pilbara Futures Youth Plan • Deliver Goal 1 and Goal 3 of the Inclusive East Pilbara Social Inclusion Plan
2.1.2 Support external stakeholders through sponsorship and partnership opportunities.	• Strategy and Partnerships	x	x	x	x	x	• Number of Sponsorships. • Delivery of the Community Funding Program • Social Impact of services and experiences provided because of sponsorships and partnerships entered by the Shire of East Pilbara
2.2 Facilitate the inclusion of the ageing population and people with a disability to have access to information, facilitates and services.							
2.2.1 Develop and implement actions identified in the Shire's *Social Inclusion Plan 2024*	• Community Experience - Community Development	x	x	x	x	x	• Develop Social Inclusion Plan. • Achievement of Social Inclusion Plan Goals • Support local champions to include those with disability and ageing • Compliance with reporting requirements.

2.3 Provide opportunities for young people through recreation, social and education activities to reduce risk of anti-social behaviour and build a strong base to develop our future generation.								
2.3.1 Develop and implement actions identified in the Shire's East Pilbara Youth Plan 2024	• Community Experience - Community Development	x	x	x	x	x	• Development of Youth Plan in 24/25. • Achievement of Youth Plan Actions • East Pilbara Youth Advisory Leadership Committee Established and Operational meetings	
2.4 Support families, early years' service providers and early childhood practitioners.								
2.4.1 Develop an East Pilbara 's Early Years Network	• Community Experience - Community Development	x	x	x	x	x	• Development of the Network	
2.5 Provide opportunities to pursue learning.								
2.5.1 Continue to deliver the Shire's Library services, programs and activities, addressing social inclusion and mental wellbeing outcomes	• Community Experience – Community Development Library Services	x	x	x	x	x	• Delivery of Focus Area 1 Actions 1.3-1.11 of the East Pilbara Futures Youth Plan	
2.6 Provide opportunities to feel connected and supported within my community and promote positive mental wellbeing.								
2.6.1 Continue to encourage and support volunteering within Shire's programs and activities	• Community Experience - Community Development	x	x	x	x	x	• Maintained or increased membership in established volunteer roles.	
2.6.2 Strengthen the Shire's relationship with Mentally Healthy WA 'Act-Belong-Commit' campaign and work towards recruiting and supporting local community groups/service providers as community partners	• Regulatory Services – Environmental Health • Community Experience -	x	x	x	x	x	• Include information on the Shire's website and monitor website traffic to establish areas that require further development/attention • Monitor participation level at events • Events calendar developed	

• Campaign aims to: raise awareness of activities that promote good mental health, reduce stigma associated with mental illness and strengthen individual resilience. • Develop events calendar that promotes health and wellbeing campaigns/ activities/programs	Community Development • Community Experience – Activation and Events						
2.6.3 Support relevant 'mental health and wellbeing' initiatives and messages locally (E.g. Mental Health Week, and R U OK Day). Information material to be available on the Shire's website	• Community Experience - Community Development • Executive Services – Governance	x	x	x	x	x	• Delivery of Actions 1.4, 1.6, 1.9, 2.1, 2.2 and 3.10 of the East Pilbara Futures Youth Plan • Material on the Shire's website up to date and monitor website traffic to establish areas that require further development.
2.6.4 Explore opportunities to work with NGO's concerned with people who suffer from mental illness and provide opportunities for the community to attend seminars and workshops	• Community Experience - Community Development	x					• Deliver Actions from the East Pilbara Youth Plan • Monitor participation level • Encourage Beyond Blue and Lifeline organisations to become involved • Encourage membership of Red Dust Role Models • Innovate joining Seed Mob
2.6.5 Provide Arts and Cultural Programs that support and promote arts activities and contribute to a sense of place, identity and wellbeing	• Community Experience – Martumili and Community Development	x	x	x	x	x	• Deliver Actions from the East Pilbara Youth Plan • Develop and deliver Actions from the Arts and Culture Strategy 2024

FOCUS AREA 3 – HEALTHY AND SAFE ENVIRONMENT

Objective: Protect against public and environmental health risks and effectively managing emergencies.

Action	Responsibility	24/25	25/26	26/27	27/28	28/29	Evaluation Measures
3.1 Provide a healthy environment to live, work and play.							
3.1.1 Implement and adhere to legislative requirements as defined in the Food Act 2008, Environment Protection Act 1986, Waste Avoidance & Resource Management Act 2007 and Emergency Management Act 2005	• Regulatory Services Environmental Health • Community Safety Services • Infrastructure Services – Waste Management	x	x	x	x	x	• Annual reporting to relevant state government agencies • Review number of compliant/non-compliant businesses and actions taken and successes
3.1.2 Management of contaminated sites to reduce the risks to public health and the environment	• Regulatory Services Environmental Health • Waste Services	x	x	x	x	x	• Management of all contaminated sites • Compliance with the Contaminated Sites Act 2003

Action	Responsible Area						Measure
3.1.3 Keep the Shire's mosquito population to acceptable levels through education and project delivery • Implement the Shire's Mosquito Management Program • Monitor mosquito breeding and species (trapping) • Provide educational information to Shire residents via press release, website and social media channels.	• Regulatory Services Environmental Health • Communications and Engagement	x	x	x	x	x	• Monitor effectiveness of mosquito management program, number of complaints, and effectiveness of treatment. • Ensure information is on website and up to date • Undertake communications campaigns
3.1.4 Increase awareness of Asbestos • Information on Shire's website • Participate in the annual Asbestos Awareness Month • Educate and advise residents on Asbestos issues through resolution of complaints and assessment of developments • Maintain asbestos risk register for all Shire owned buildings	• Health Services	x					• Monitor number of complaints and action taken • Ensure website contains factual and up to date information. • Annual inspection and reporting/updating of asbestos risk register
3.2 Provide a safe and secure community.							
3.2.1 Continue to provide and monitor CCTV with the Shire.	• Community Safety Services	x	x	x	x	x	• CCTV Operational.

Action	Service						Measure
3.2.2 Provide a well-resourced and responsive ranger service to the community. Rangers to respond to community complaints and concerns	• Community Safety Services	x	x	x	x	x	• Monitor complaint/concerns and action taken • Amount of community education undertaken.
3.2.3 Continue to implement Eyes on the Street and work closely with Police	• Community Safety Services	x	x	x	x	x	• Monitor number of complaints, action taken and successes
3.2.4 Develop and implement Graffiti Management Plan for the Shire	• Asset Maintenance	x	x	x	x	x	• Graffiti Management Plan Developed • Reduce the amount of Graffiti per annum
3.2.5 Incorporate public safety principles, including Safer Places by Design, into planning and development of the built environment	• Regulatory Services - Development Services	x	x	x	x	x	• Number of major projects with Safer by Design principles implemented
3.2.6 As guided by the State Government and peak bodies, progress the Implementation of Child Safeguarding Principals in Shire facilities and operations	• Community Experience - Community Development	x	x				• Implementation of Child Safeguarding Principals in Shire of East Pilbara facilities and operations.
3.3 Help the community prepare and manage risks associated with emergency events.							
3.3.1 Coordinate and support the ongoing functions of the Local Emergency Management Committee and the Local Emergency Management Arrangements	• Regulatory Services - Community Safety Services	x	x	x	x	x	• Ensure the Shire's local emergency management arrangements and supporting documents remain relevant

3.3.2 Undertake fire management services and drought protection programs	• Regulatory Services – Community Safety	x	x	x	x	x	• Review of any events/incidents and outcomes
3.3.3 Provide services and activities to assist the community prevent, respond and recover from fire and flood events	• Regulatory Services – Community Safety	x	x	x	x	x	• Review of any events/incidents and outcomes

EVALUATION

East Pilbara Public Health Plan identifies how public health, wellbeing and safety will be managed over the next five years. Implementation and monitoring of The Plan will be managed by the Shire of East Pilbara Regulatory Services Environmental Health Department, with support from the Community Experience team and will require the execution of actions by relevant departments and support of senior management.

The ongoing establishment of the internal Public Health and Wellbeing Stakeholder Group will also assist with the review and implementation of the Plan. This group will be formed in 2024 and meets on an annual basis to contribute to the assessment of progression and the review of the ongoing relevance of the Plan.

Conducting an annual review of the Plan will be a statutory requirement under section 45(5) of the Public Health Act. Under the same section The Plan can be amended or replaced at any time.

An annual review of the Plan will take place aiming to:

- Confirm actions are producing the desired measures;
- Ensure implementation is progressing to schedule;
- Review key data (e.g. health status, risk factors, needs and demographics);
- Identify need for adjustments/amendments to meet any changes in community need (e.g. reduce or conclude activities no longer necessary and/or commence new activities in response to newly identified needs);
- Report and celebrate achievements;
- Reconsider strategic direction and priorities;
- Influence resource allocation;
- Identify new networks and partnerships.

The progress of the Plan will be reported quarterly through the corporate business plan and further reported in the Shire's Annual Report.

At the end of the five years, a full social impact evaluation will be undertaken, and a new 5-year plan will be established.

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