



Shire of EAST
Pilbara
THE HEART OF THE PILBARA

PUBLIC HEALTH PLAN

2025-2030



CONTENTS

ACKNOWLEDGEMENT OF COUNTRY	4	FOCUS AREA 3 – PROTECT: Healthy and Safe Environment	25
MESSAGE FROM THE SHIRE PRESIDENT	6	FOCUS AREA 4 – ENABLE: Grow Capacity	27
EXECUTIVE SUMMARY	7	EVALUATION	28
ALIGNMENT TO THE STATE PUBLIC HEALTH PLAN	8	REFERENCES	29
OVERARCHING OBJECTIVES	10	APPENDIX 1: COMMUNITY HEALTH PROFILE	30
INTRODUCTION	12	SNAPSHOT OF THE SHIRE	30
Our Vision	13	LIFE EXPECTANCY	32
Our Mission	13	LIFESTYLE RISK FACTORS	36
ABOUT THE PLAN	14	MAJOR CAUSES OF DEATH	40
Guiding Principles	15	EAST PILBARA HEALTH RISK FACTORS	45
Key Areas	15	HOSPITALISATIONS	47
COMMUNITY ENGAGEMENT	16	IMMUNISATION RATES	55
ACTION PLAN	18	COMMUNITY SAFETY	57
FOCUS AREA 1 – PROMOTE: Empowering and Enabling People to Live Healthy Lives	19	COMMUNITY CRIME PROFILE DATA	57
FOCUS AREA 2 – PREVENT: Healthy Community	23		



ACKNOWLEDGEMENT 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



The Shire of East Pilbara is committed to positively influence community health and safety. The Shire understands that a person’s health is influenced by a range of factors and goes beyond just the mere absence of disease.

The Shire of East Pilbara Public Health Plan has been developed using a Social Model of Health, a conceptual framework to address the many social, cultural, environmental, biological, political and economic determinants of health that can affect the health of the community.

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 Shire is and will continue to proactively assess, review, and address the current, along with the 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, wellbeing and quality of life 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, wellbeing and empowerment.

We 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.

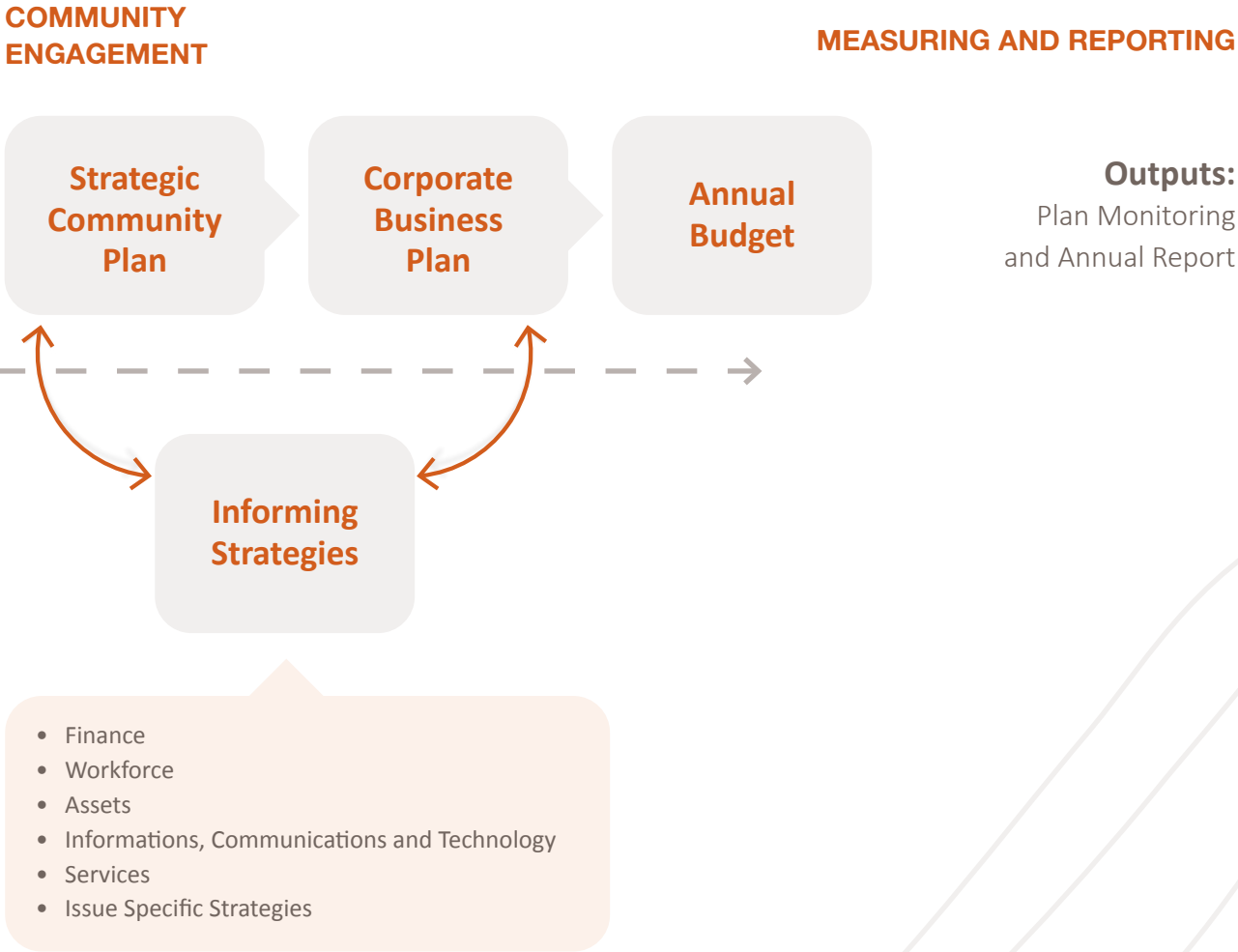
Establishing strategic links and relationships with local, state, and federal government bodies is important for policies that impact community health and safety. I hope you enjoy reading and contributing to health and wellbeing in the Shire of East Pilbara.

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.





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 (SPHP) 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.

On 4 June 2024, Stage 5 of the *Public Health Act 2016* was implemented, requiring the Chief Health Officer to publish the SPHP by 4 June 2025.

State and local governments each play a role in improving the health and wellbeing of Western Australians. Public health planning is an important planning function across government and complements other local government planning areas such as asset management and emergency services. It ensures on-going assessment of public health needs by the government, addresses gaps and priorities, and fosters partnerships across government, non-government organisations (NGOs) and the community to promote collaboration and innovation.

As outlined in the *Public Health Act 2016*, the State Public Health Plan must:

- Identify the public health needs of the State
- Examine data relating to the health status and health determinants in the State

- Establish objectives and policy priorities for the promotion, improvement and protection of public health and the development and delivery of public health services
- Define how the objectives and policy priorities will be achieved
- Describe how the Chief Health Officer will work in partnership with local governments and other agencies to achieve these objectives and priorities
- Provide a strategic framework for the identification, evaluation, and management of public health risks in the State

Objectives of the State Public Health Plan

- **Promote:** Foster strong, connected communities and healthier environments.
- **Prevent:** Reduce the burden of chronic disease, communicable disease, and injury.
- **Protect:** Protect against public and environmental health risks, effectively manage emergencies, reduce impacts of disaster, and lessen the health impacts of climate change.
- **Enable:** Bolster public health systems and workforce, and leverage partnerships to support health and wellbeing
- In addition, 2 overarching objectives have been identified to be integrated across all other objectives.



OVERARCHING OBJECTIVES

1

Aboriginal health and wellbeing: It is essential to apply an Aboriginal cultural lens to all aspects of public health to address systemic racism and strengthen the cultural determinants of health for Aboriginal people in WA. This approach ensures that Aboriginal health and wellbeing are considered in every public health initiative, fostering more equitable and culturally safe models of care.

2

Equity and inclusion: There is an opportunity for targeted engagement and action to empower community groups who may benefit most from support, by addressing the social and environmental determinants that influence health and improving their access to health services. These include, but are not limited to:

- people of Culturally and Linguistically Diverse (CaLD) backgrounds
- people experiencing socio-economic disadvantage
- people living in rural and remote areas
- people with disability
- people living with a mental health condition
- LGBTIQ+SB people
- older people.

FIGURE 1: VISION, OBJECTIVES, PRIORITIES AND GUIDING PRINCIPLES OF THE STATE PUBLIC HEALTH PLAN

	Vision	The best possible health, wellbeing and quality of life for all Western Australians – now and into the future			
Objectives	Aboriginal Health and Wellbeing				
	Equality and Inclusion				
	Promote	Prevent	Protect	Enable	
	Foster strong, connected communities and healthier environments	Reduce the burden of chronic disease, communicable disease, and injury	Protect against public and environmental health risks, effectively manage emergencies, reduce impacts of disaster and, lessen the health impacts of climate change.	Bolster public health systems and workforce and leverage partnerships to support health and wellbeing	
Priorities	<ul style="list-style-type: none">• Ensure public health risks are considered and addressed in planning and development policies and approval processes to facilitate healthy living and minimise impacts from public health hazards.• Optimise mental health and wellbeing.• Improve health literacy by ensuring accessible and appropriate health information is effectively communicated to all Western Australians.• Improve understanding and use of genomic information to promote population health.	<ul style="list-style-type: none">• Reduce use of tobacco, vapes and related products• Encourage and support healthy eating and active living to halt the rise in obesity• Reduce harm due to alcohol use• Prevent injuries and promote safer communities• Reduce the harm due to illicit drug use, misuse of pharmaceuticals and other drugs of concern• Improve access to and quality of population-based screening programs• Expand immunisation program provision to prevent infectious disease.	<ul style="list-style-type: none">• Manage the effects of climate change on people's health and reduce the health system's environmental footprint• Prevent, monitor and control notifiable infectious diseases.• Provide sustainable disaster and emergency management across prevention, preparedness, response and recovery phases.• Reduce harm due to current and future health hazards, including environmental, radiation and biosecurity risks.• Enhance pandemic preparedness and response to emerging communicable disease threats.• Ensure access to safe food and water	<ul style="list-style-type: none">• Enhance population health data, collection, management, analysis and reporting capability• Foster research and innovation to improve our understanding of, and ability to address, public health issues• Develop partnerships with key agencies and communities to enable the delivery of public health services• Attract, develop and retain a public health workforce for the future.	
Guiding Principles					
Partnerships		Sustainable		Proportionate	
Precautionary					



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.

The Shire of East Pilbara Public Health Plan 2025 - 2030 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 prioritised 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.

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.

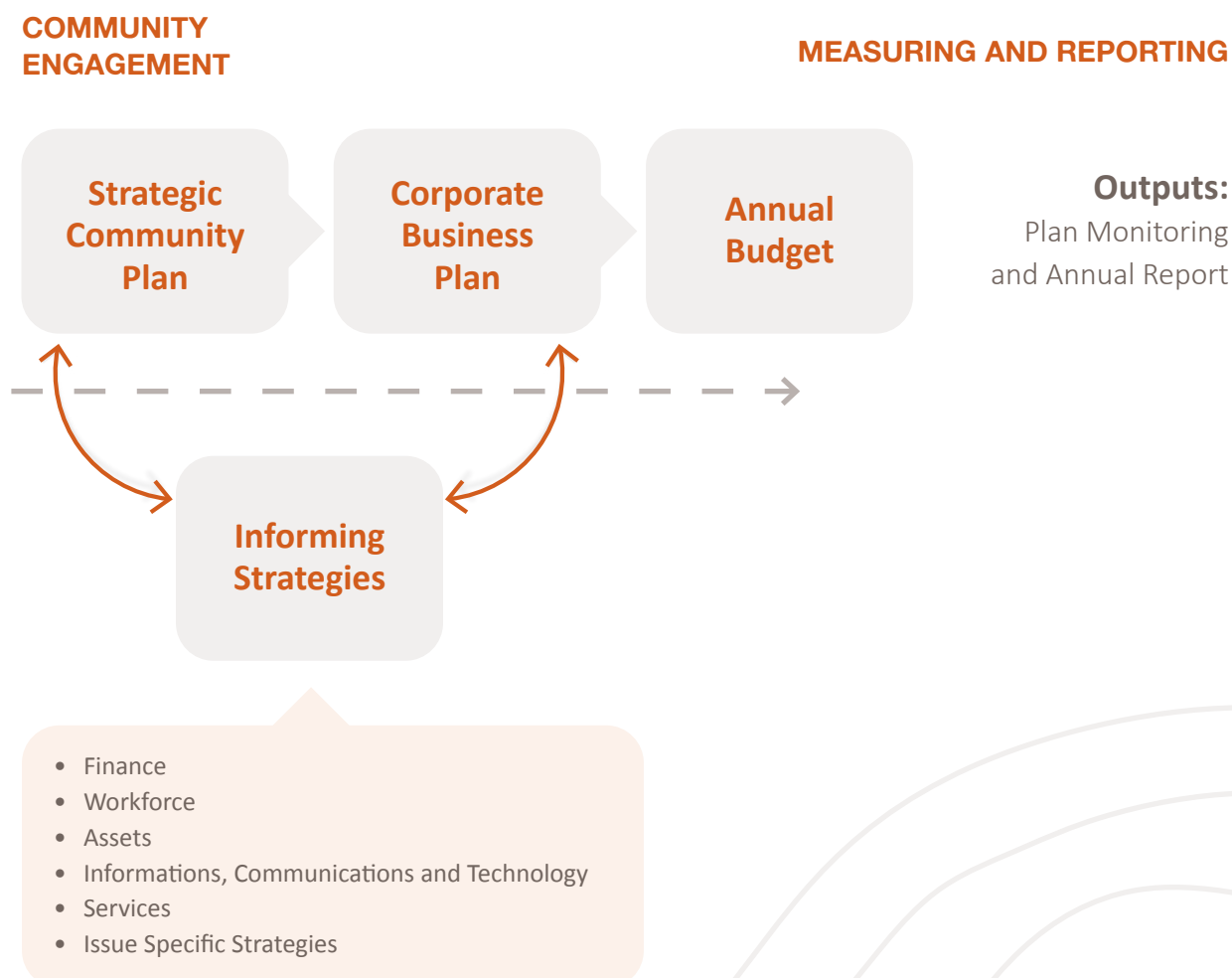
The Plan establishes an integrated health and wellbeing planning process that fits into the Shire's corporate planning framework under the *Local Government Act 1995*. This framework sets out the statutory responsibilities of local

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



GUIDING PRINCIPLES

Partnerships - Realising our vision for a healthier East Pilbara relies on collective efforts to enhance the built, natural, social, and economic environments that foster health and wellbeing. To reduce duplication and maximise effectiveness, it is important to identify shared goals, and pool skills and resources.

Sustainable - Establishing a foundation of sound public health practices and policies that meet the needs of the present without compromising the ability of future generations to meet their own needs.

Proportionate - Decisions made and actions taken to prevent, control or abate a public health risk should be proportionate to the severity of the threat and the potential harm posed. This principle encourages a balanced and tailored approach to public health interventions.

Precautionary - When an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause-and-effect relationships are not fully established scientifically.

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. Four key focus areas were identified which align with the community vision and priority areas identified in the Shire's Strategic Community Plan. These are to promote, protect, prevent and enable.

Focus Area 1

PROMOTE:
EMPOWERING AND ENABLING PEOPLE TO LIVE HEALTHY LIVES

Objective: Foster strong communities and healthier environments.

Focus Area 2

PREVENT:
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.

Focus Area 3

PROTECT:
HEALTHY AND SAFE ENVIRONMENT

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

Focus Area 4

ENABLE:
GROW CAPACITY

Objective: Encourage innovation and partnerships to address public health issues



COMMUNITY

ENGAGEMENT

The Shire of East Pilbara (the Shire) has developed its public health plan throughout 2024 and 2025 with a strong focus on community engagement.

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

The Public Health Plan community engagement report and appendixes provide insight into the demographics of the Shire of East Pilbara, along with providing comprehensive community feedback which was utilised to guide the development of the Plan.

The draft plan was adopted by Council in September 2024 for the purposes of public advertising. Results of the advertising have helped to shape the final 2025 – 2030 Shire of East Pilbara Public Health Plan.

The engagement showcased strong community interest and support for the plan. In phase one community members highlighted alcohol and drugs, mental health and access to health services as key areas of concern, closely followed by social isolation.

The engagement process aimed to ensure community members understood the objective of the plan and were engaged to provide feedback. The engagement was promoted

through the Shire's website, social media channels, email campaigns, and posters around all three towns. The community survey was made available on the Shire's HQ Engagement Portal and promoted via the Shire's website, social media channels, flyers, and email communications before the plan was developed. 34 submissions were received during phase 1 of the project.

The Second survey focused on asking community members for feedback on the draft plan. 82 submissions were received during phase 2 of the project.

Community pop-up engagements were held in Newman, Marble Bar, and Nullagine throughout the engagement period, providing an opportunity for the community to learn more about the Plan. Members of the community were able to ask questions, share their feedback and complete the survey during these sessions. In Marble Bar and Nullagine the Plan and survey was promoted along with a number of other community engagement opportunities at local community events over Christmas 2024. In Newman a pop up was held at the Welcome to Newman Event in March 2025. Shire staff chatted with community members about the project and community members had an opportunity to complete a submission.





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 public health plan 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 PROMOTE

EMPOWERING AND ENABLING PEOPLE TO LIVE HEALTHY LIVES

Objective: Foster strong communities and healthier environments.

Action	Responsibility	25/26	26/27	27/28	28/29	29/30	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. <ul style="list-style-type: none"> Ensure information is on the Shire's website Investigate areas where exercise equipment can be installed to support physical activity Ensure culturally appropriate programs and facilities are available 	<ul style="list-style-type: none"> Recreation 	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> 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 Increased membership from community members who identify as Aboriginal and Torres Strait Islander at local Recreation Centre and Clubs.
1.1.2 Ensure events have relevant approvals and adequate risk management plans	<ul style="list-style-type: none"> Regulatory Services Community Experience Activation and Events 	✓	✓	✓	✓		<ul style="list-style-type: none"> Monitor via event approval process
1.1.3 Investigate the introduction of a healthy eating policy for Shire run events and facilities	<ul style="list-style-type: none"> Community Experience (Recreation Services) 	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Investigate and provide report and recommendations to Executive. Develop policy regarding healthy eating. Increased healthy options at Shire events and facilities
1.1.4 Support state and federal 'physical activity' campaigns and implement relevant initiatives locally	<ul style="list-style-type: none"> Community Experience (Recreation Services and Communications) 	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Programs and services implemented, monitor participant numbers Report to Council regarding new opportunities Increase in physical activity in communities throughout the East Pilbara.
1.1.5 Continue working towards 'masterplans' for the development and upgrade of recreation/sports facilities and public open spaces (i.e. parks)	<ul style="list-style-type: none"> Community Experience (Recreation Services) 	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Percentage of masterplans complete Amount of external funding allocated to deliver masterplans
1.1.6 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	<ul style="list-style-type: none"> Community Experience (Recreation Services and Leisure Planning) 	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Successful implementation of the Shire's Club Support program. Use of the Club Toolkit Reporting on annual Club Development Plan, in-line with DLGSC - Every Club Funding
1.1.7 Activate places and spaces to provide opportunities for community to come together		✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Places and spaces are activated encouraging physical and mental wellness for all members of the community including Aboriginal and Torres Strait Islanders

Action	Responsibility	25/26	26/27	27/28	28/29	29/30	Evaluation Measures
1.2 Provide healthy ways to get around the Shire.							
1.2.1 Promote Walking and Cycling	<ul style="list-style-type: none"> Community Experience – Recreation and Leisure 	✓					<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Assets/ BHP 	✓	✓	✓	✓		<ul style="list-style-type: none"> Audit of lighting in East Newman. 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 <ul style="list-style-type: none"> Encourage schools and recreational facilities to offer healthy food options (via a healthy eating policy) Investigate areas where community gardens can be established 	<ul style="list-style-type: none"> Community Experience - Recreation Services Community Experience – Community Development 	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Community Experience - Communications Executive Services – Governance 	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Community Experience 	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Interagency meetings Number of formal partnerships and collaborations. Information shared. Culturally appropriate healthcare and healthy living materials and messaging developed and available.
1.4 Increase access to safe, sustainable and healthy food.							
1.4.1 Implement the seed library project through the Newman Library	<ul style="list-style-type: none"> Community Experience Library Services 		✓	✓	✓	✓	<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Explore opportunities to educate and encourage residents to grow their own food Promote community gardens 	<ul style="list-style-type: none"> Community Experience 	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Monitor program participation and support Community Gardens established. Community gardens promoted

Action	Responsibility	25/26	26/27	27/28	28/29	29/30	Evaluation Measures
1.4.3 Promote safe food handling practice among the Shire's food businesses by continuing to implement the Shire's statutory responsibilities <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Regulatory Services Environmental Health 	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Monitor program participation and support Results of inspections
1.4.4 Develop and deliver healthy food program including shopping, budgeting and cooking of nutritious food.	<ul style="list-style-type: none"> Community Experience 	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Healthy food program including shopping, budgeting and cooking of nutritious food implemented. Workshops conducted on healthy food.
1.5 Provide opportunities to learn about healthy eating.							
1.5.1 Support state and federal 'healthy eating' campaigns and implement relevant initiatives locally <ul style="list-style-type: none"> Develop healthy food choice policy Encourage Shire funded/owned recreation facilities to provide healthy food options 	<ul style="list-style-type: none"> Community Experience – Communications 	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Community Experience – Community Development Regulatory Services 		✓	✓	✓	✓	<ul style="list-style-type: none"> Policy developed and success measures monitored.
1.6.2 Support state and federal 'alcohol awareness' campaigns and implement relevant initiatives/programs/messages locally <ul style="list-style-type: none"> Incorporate information to existing public health campaigns on Shire's website regarding alcohol and support services Investigate feasibility of an Alcohol Management Plan/ Policy 	<ul style="list-style-type: none"> Environmental Health Communications 	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Ensure website is up to date with educational material Alcohol Management Plan/Policy developed and endorsed by Council Promote messaging around 'Woma' (Alcohol) to Aboriginal and Torres Strait Islander Communities. Reduction in alcohol consumption.
1.7 Work towards reducing exposure to second hand smoke in public areas.							
1.7.1 Maintain no smoking and no vaping signage at Shire facilities	<ul style="list-style-type: none"> Infrastructure Services Community Experience 	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Signage installed at all Shire Facilities Signage in language for Aboriginal and Torres Strait Islander Communities.
1.7.2 Promote smoke free public events, festivals and venues	<ul style="list-style-type: none"> Activation and Events 	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> The number of smoke free events
1.7.3 Support state and federal campaigns that address smoking and vaping cessation and deliver messages at the local level <ul style="list-style-type: none"> Reduce incidence of smoking and exposure to second hand smoke Support Aboriginal and Torres Strait Islander campaigns to reduce smoking 	<ul style="list-style-type: none"> Regulatory Services – Environmental Health 	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Education around Work Health and Safety, injury prevention and responsibilities, in partnership with Injury Matters. Monitor number of issues reported and resolved Annual reporting to DMIRS

Action	Responsibility	25/26	26/27	27/28	28/29	29/30	Evaluation Measures
1.8 Work towards the prevention of injuries.							
1.8.1 Support 'injury prevention' campaigns and implement relevant initiatives locally <ul style="list-style-type: none">Respond to hazards reported to the ShireEnsure inspections are carried out of private properties; pool safety barriers in accordance with the Building Regulations 2012	<ul style="list-style-type: none">Regulatory ServicesWork Health and SafetyAll DepartmentsInjury Matters	✓	✓	✓	✓	✓	<ul style="list-style-type: none">Education around Work Health and Safety, injury prevention and responsibilities, in partnership with Injury Matters.Monitor number of issues reported and resolvedAnnual reporting to DMIRS



Focus Area 2
PREVENT

**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	25/26	26/27	27/28	28/29	29/30	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	<ul style="list-style-type: none">EventsCommunity DevelopmentLibrary Services	✓	✓	✓	✓	✓	<ul style="list-style-type: none">Number of events and programs heldSocial impact of events that celebrate diversityDeliver the Shire of East Pilbara Youth PlanDevelop and Deliver the Shire of East Pilbara Social Inclusion Plan
2.1.2 Support external stakeholders through sponsorship and partnership opportunities.	<ul style="list-style-type: none">Strategy and Partnerships	✓	✓	✓	✓	✓	<ul style="list-style-type: none">Number of Sponsorships.Delivery of the Community Funding ProgramSocial Impact of services and experiences provided because of sponsorships and partnerships entered by the Shire of East Pilbara
2.1.3 Incorporate healthy food options into Shire run events	<ul style="list-style-type: none">Community Experience – Events and Activations	✓	✓	✓	✓	✓	<ul style="list-style-type: none">Monitor number of events with healthy food options
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 2025	<ul style="list-style-type: none">Community Experience - Community Development	✓	✓	✓	✓	✓	<ul style="list-style-type: none">Develop Social Inclusion Plan.Achievement of Social Inclusion Plan GoalsSupport local champions to include those with disability and ageingCompliance with reporting requirements.
Action	Responsibility	25/26	26/27	27/28	28/29	29/30	Evaluation Measures
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 2025	<ul style="list-style-type: none">Community Experience - Community Development	✓	✓	✓	✓	✓	<ul style="list-style-type: none">Development of the Network
2.4 Support families, early years' service providers and early childhood practitioners.							
2.4.1 Develop an East Pilbara Early Years Network	<ul style="list-style-type: none">Community Experience - Community Development	✓	✓	✓	✓	✓	<ul style="list-style-type: none">Development of the Network

Action	Responsibility	25/26	26/27	27/28	28/29	29/30	Evaluation Measures
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	<ul style="list-style-type: none">Community Experience – Community Development Library Services	✓	✓	✓	✓	✓	<ul style="list-style-type: none">Development and Delivery of the Shire of East Pilbara Social Inclusion Plan and Reconciliation Plan.Regular reporting of outcomes for Library and Community Development Services
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	<ul style="list-style-type: none">Community Experience - Community Development	✓	✓	✓	✓	✓	
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 <ul style="list-style-type: none">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	<ul style="list-style-type: none">Regulatory Services – Environmental HealthCommunity Experience - Community DevelopmentCommunity 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	<ul style="list-style-type: none">Community Experience - Community DevelopmentExecutive Services – Governance	✓	✓	✓	✓	✓	
2.6.4 Explore opportunities to work with NGOs concerned with people who suffer from mental illness and provide opportunities for the community to attend seminars and workshops	<ul style="list-style-type: none">Community Experience - Community Development	✓					
2.6.5 Provide Arts and Cultural Programs that support and promote arts activities and contribute to a sense of place, identity and wellbeing	<ul style="list-style-type: none">Community Experience – Martumili and Community Development	✓	✓	✓	✓	✓	

Focus Area 3
PROTECT

**HEALTHY AND
SAFE ENVIRONMENT**

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

Action	Responsibility	25/26	26/27	27/28	28/29	29/30	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	<ul style="list-style-type: none">Regulatory Services Environmental HealthCommunity Safety ServicesInfrastructure Services – Waste Management	✓	✓	✓	✓	✓	<ul style="list-style-type: none">Annual reporting to relevant state government agenciesReview 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	<ul style="list-style-type: none">Regulatory Services Environmental HealthWaste Services	✓	✓	✓	✓	✓	<ul style="list-style-type: none">Management of all contaminated sitesCompliance with the Contaminated Sites Act 2003
3.1.3 Keep the Shire's mosquito population to acceptable levels through education and project delivery <ul style="list-style-type: none">Implement the Shire's Mosquito Management ProgramMonitor mosquito breeding and species (trapping)Provide educational information to Shire residents via press release, website and social media channels.	<ul style="list-style-type: none">Regulatory Services Environmental HealthCommunications and Engagement	✓	✓	✓	✓	✓	<ul style="list-style-type: none">Monitor effectiveness of mosquito management program, number of complaints, and effectiveness of treatment.Ensure information is on website and up to dateUndertake communications campaigns
3.1.4 Increase awareness of Asbestos <ul style="list-style-type: none">Information on Shire's websiteParticipate in the annual Asbestos Awareness MonthEducate and advise residents on Asbestos issues through resolution of complaints and assessment of developmentsMaintain asbestos risk register for all Shire owned buildings	<ul style="list-style-type: none">Health Services	✓					<ul style="list-style-type: none">Monitor number of complaints and action takenEnsure website contains factual and up to date information.Annual inspection and reporting/ updating of asbestos risk register

Action	Responsibility	25/26	26/27	27/28	28/29	29/30	Evaluation Measures
3.2 Provide a safe and secure community.							
2.2.1 Develop and implement actions identified in the Shire's Social Inclusion Plan 2025	• Community Experience - Community Development	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Develop Social Inclusion Plan. Achievement of Social Inclusion Plan Goals Support local champions to include those with disability and ageing Compliance with reporting requirements.
3.2.1 Continue to provide and monitor CCTV with the Shire.	• Community Safety Services	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> CCTV Operational. Feedback from WAPOL regarding use of CCTV for successful prosecutions.
Action	Responsibility	25/26	26/27	27/28	28/29	29/30	Evaluation Measures
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	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> 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	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Monitor number of complaints, action taken and successes
3.2.4 Develop and implement Graffiti Management Plan for the Shire	• Asset Maintenance	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> 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	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> 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	✓	✓				<ul style="list-style-type: none"> 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	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Ensure the Shire's local emergency management arrangements and supporting documents remain relevant Successful grant applications submitted and projects delivered. Recovery from declared disasters.
3.3.2 Undertake fire management services and drought protection programs	• Regulatory Services – Community Safety	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Review of any events/incidents and outcomes Increase in community resilience.
3.3.3 Provide services and activities to assist the community prevent, respond and recover from fire and flood events	<ul style="list-style-type: none"> Regulatory Services – Community Safety Community Experience 	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Review of any events/incidents and outcomes Delivery of Pillowcase Resilience Project Promotion of Rediplan program. Increased number of community members with a Bushfire plan.

Focus Area 4 ENABLE

GROW CAPACITY

Objective: Encourage innovation and partnerships to address public health issues

Action	Responsibility	25/26	26/27	27/28	28/29	29/30	Evaluation Measures
4.1 Innovation and Strategic Partnerships developed and maintained.							
4.1.1 Develop and enhance strategic partnerships to address public health issues in an innovative way.	<ul style="list-style-type: none"> Community Experience Office of the CEO 	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Number of partnerships Reduction in public health issues across all of community including Aboriginal and Torres Strait Islander community populations.



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 Stakeholder Group will also assist with the review and implementation of the Plan. This group will be formed in 2025 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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APPENDIX 1

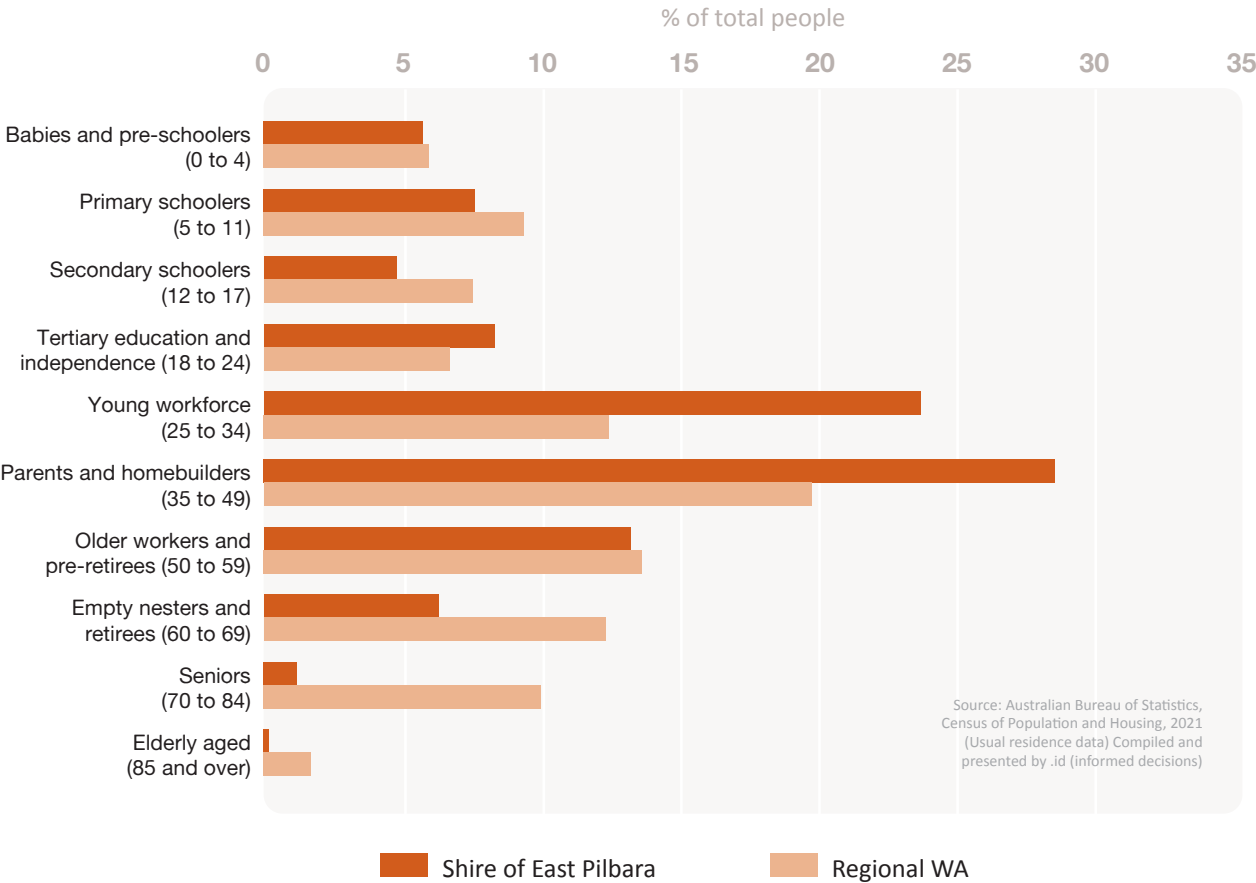
COMMUNITY HEALTH PROFILE

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.

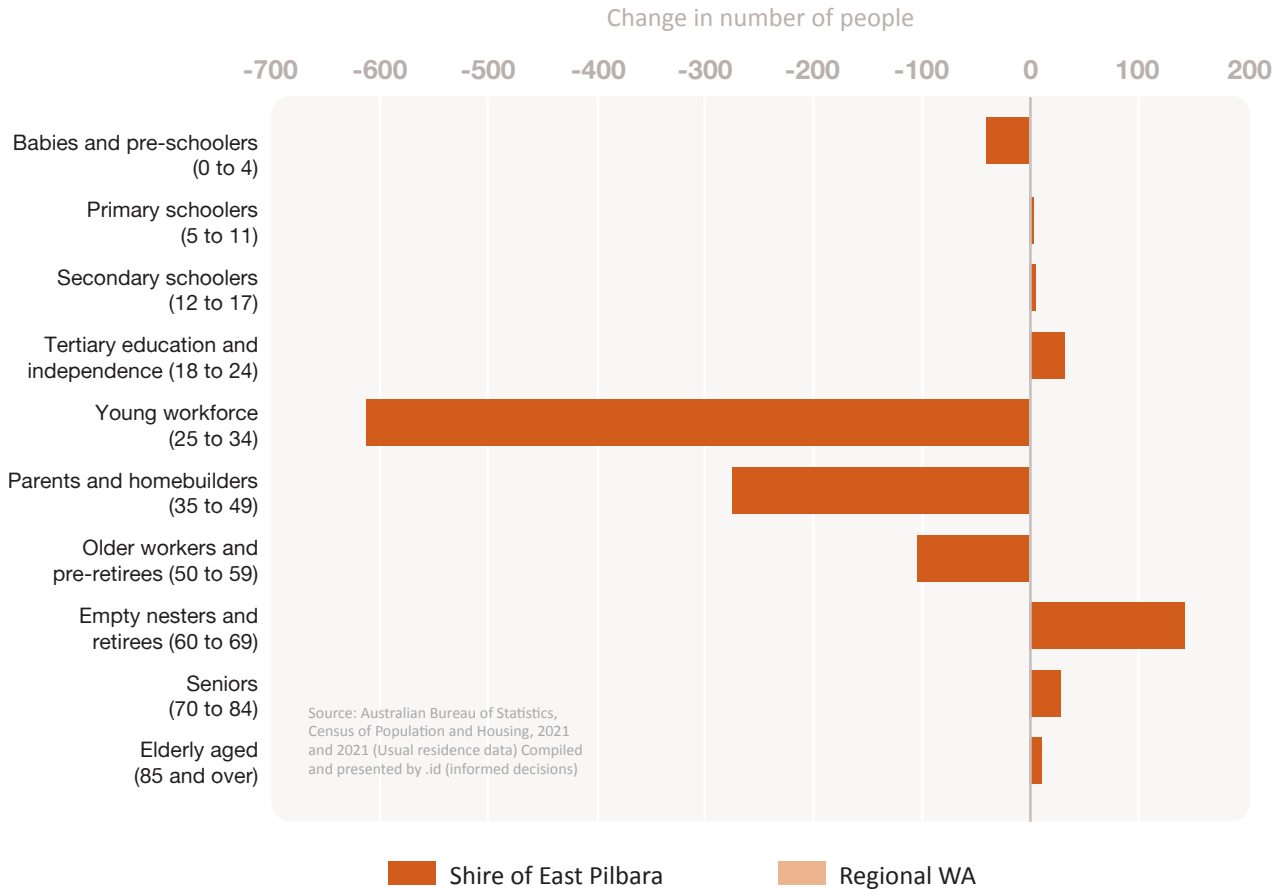
Our health is influenced by the environment we live in and the choices we make. Healthy choices and behaviours play an important part of people leading longer, healthy and active lives. These include increasing physical activity, improving diet, safeguarding mental health and wellbeing and reducing risky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



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

Shire of East Pilbara - Total persons

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:

<div>A LARGER PERCENTAGE OF 'YOUNG WORKFORCE'</div> <div>23.8%</div> <div>REGIONAL WA: 12.5%</div>	<div>A LARGER PERCENTAGE OF 'PARENTS AND HOMEBUILDERS'</div> <div>28.6%</div> <div>REGIONAL WA: 19.9%</div>	<div>A SMALLER PERCENTAGE OF 'EMPTY NESTERS AND RETIREES'</div> <div>6.3%</div> <div>REGIONAL WA: 12.4%</div>	<div>A SMALLER PERCENTAGE OF 'SENIORS'</div> <div>1.2%</div> <div>REGIONAL WA: 10.1%</div>
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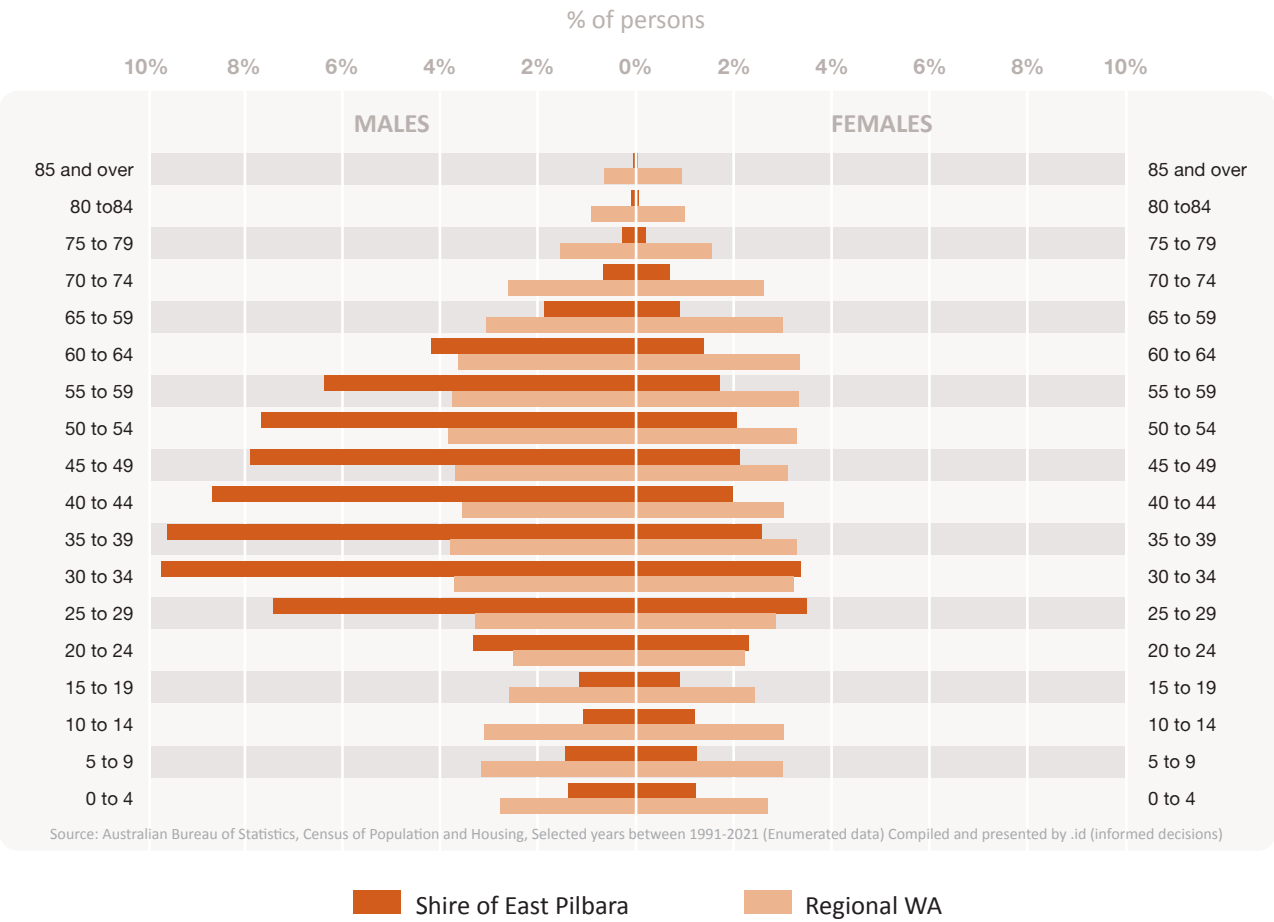
LIFE EXPECTANCY

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.

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.



Age-sex pyramid, 2021

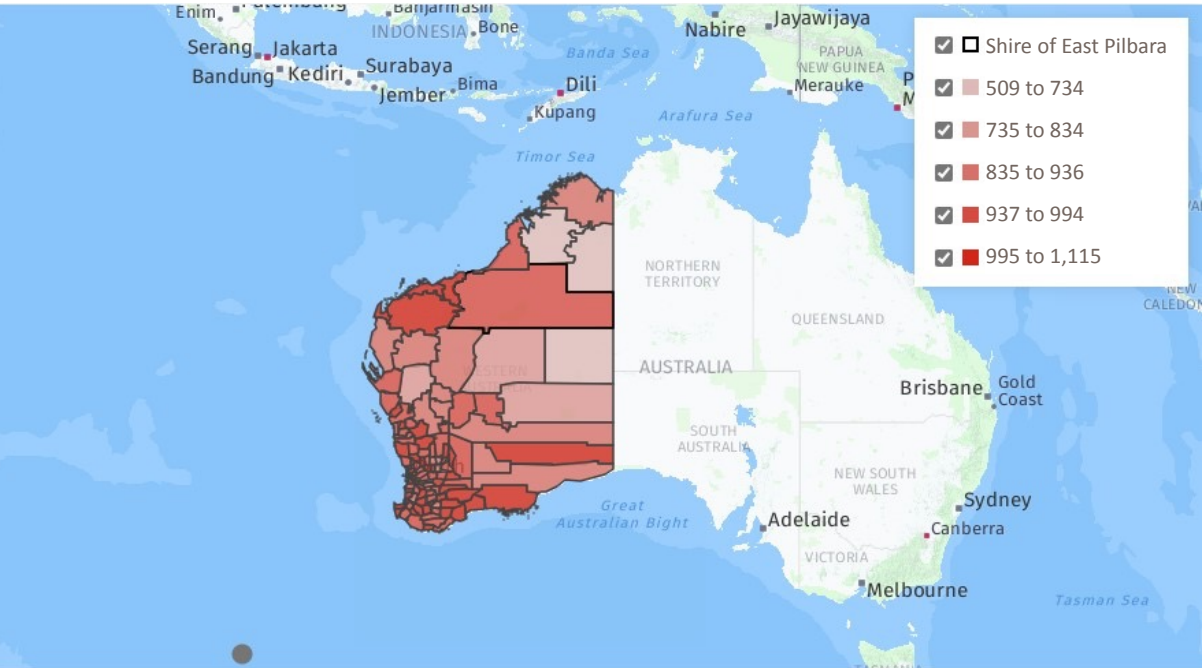


SEIFA Index of Disadvantage for the Shire of East Pilbara in 2021 was

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 IRSAD, 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.

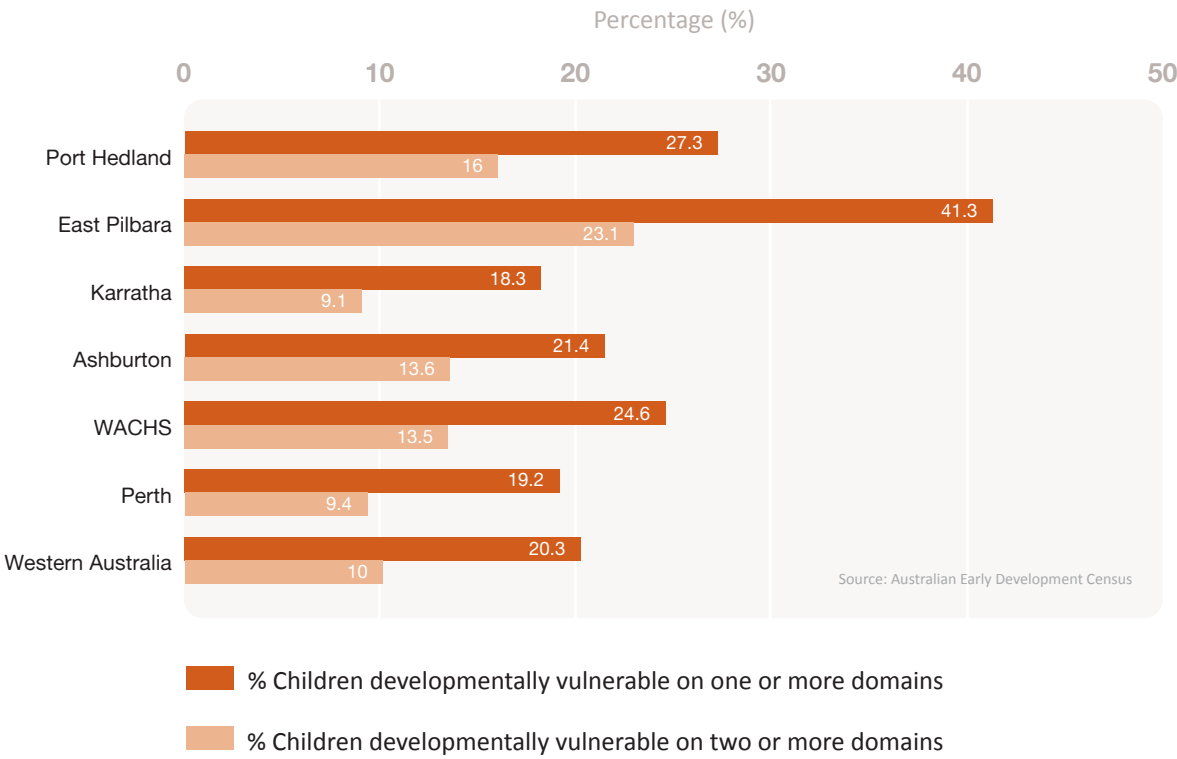
SEIFA indexes are a good place to start to get a general view of the relative level of disadvantage in one area compared to others, but it is important to also look at these underlying characteristics as they can differ markedly between areas with similar SEIFA scores and shed light on the type of disadvantage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



**Pilbara early childhood development,
Australian Early Childhood Development Census 2021**





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 such 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



ADULTS AGED 16+ IN WEST PILBARA SA3 WHO SMOKE

19%



ADULTS AGED 16+ IN EAST PILBARA SA3 WHO ARE OBESE

42%



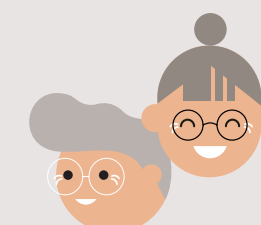
MENTAL ILL-HEALTH

IS THE **SECOND LEADING CAUSE** OF DISEASE BURDEN



SEVERE TOOTH LOSS

IS AMONG THE **LEADING CAUSES** OF DISEASE BURDEN AMONG PEOPLE AGED 65 YEARS AND OVER



4%

OF PEOPLE IN **EAST PILBARA SA3** AND **3.5% IN WEST PILBARA** ARE AGED 65 YEARS AND OVER



ADULTS AGED 16+ AT HIGH RISK OF **LONG-TERM HARM** FROM ALCOHOL CONSUMPTION

39%



ONE OF THE LOWEST

RATES OF **MEDICARE MENTAL-HEALTH** RELATED SERVICES

(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 Torres 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 longitudinal study of the psychological impact of the Black Saturday bushfires in 2009, it was determined 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 resident. 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 between 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 Climate 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.



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. 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.



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.

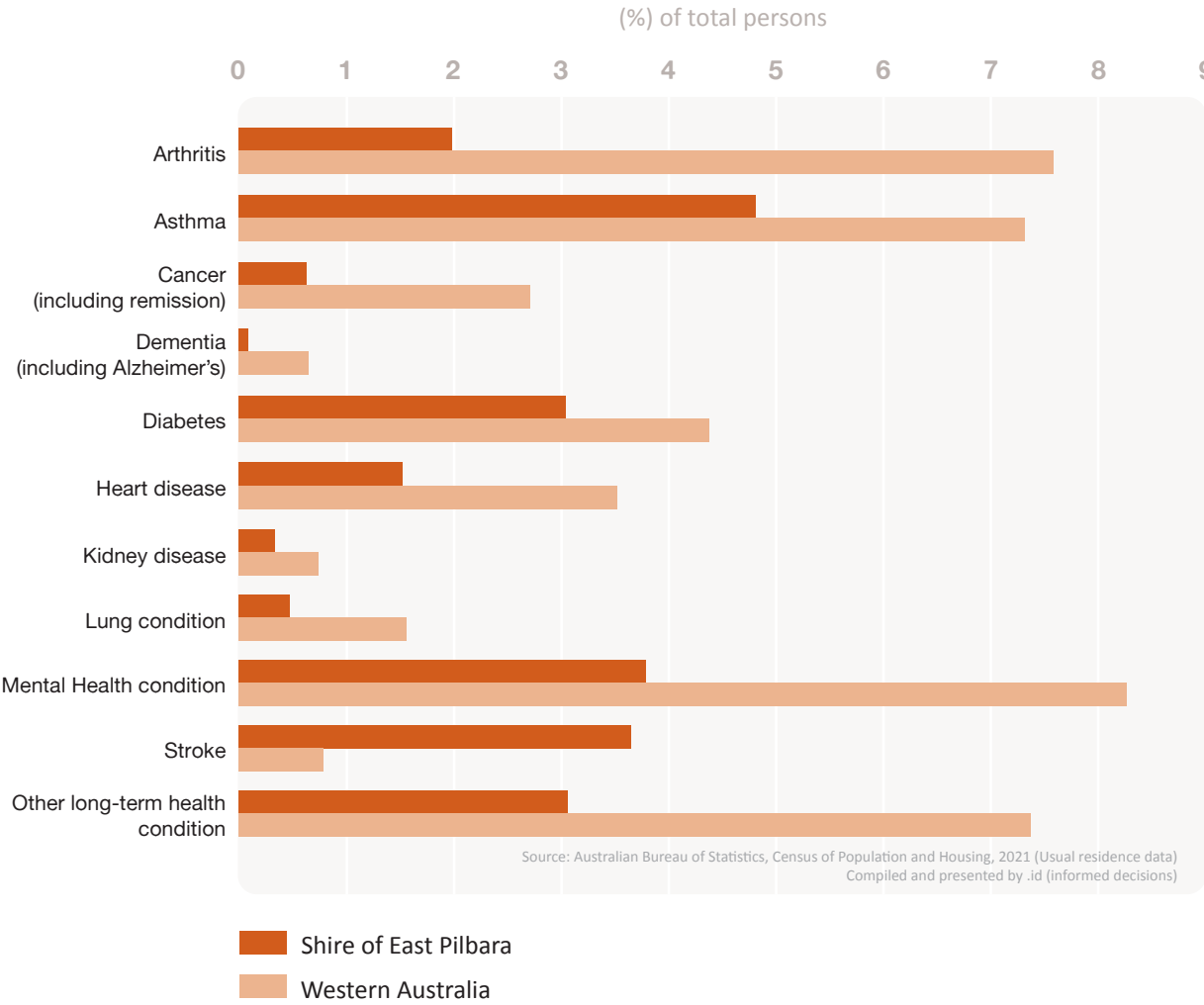
Management of chronic disease in primary care

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

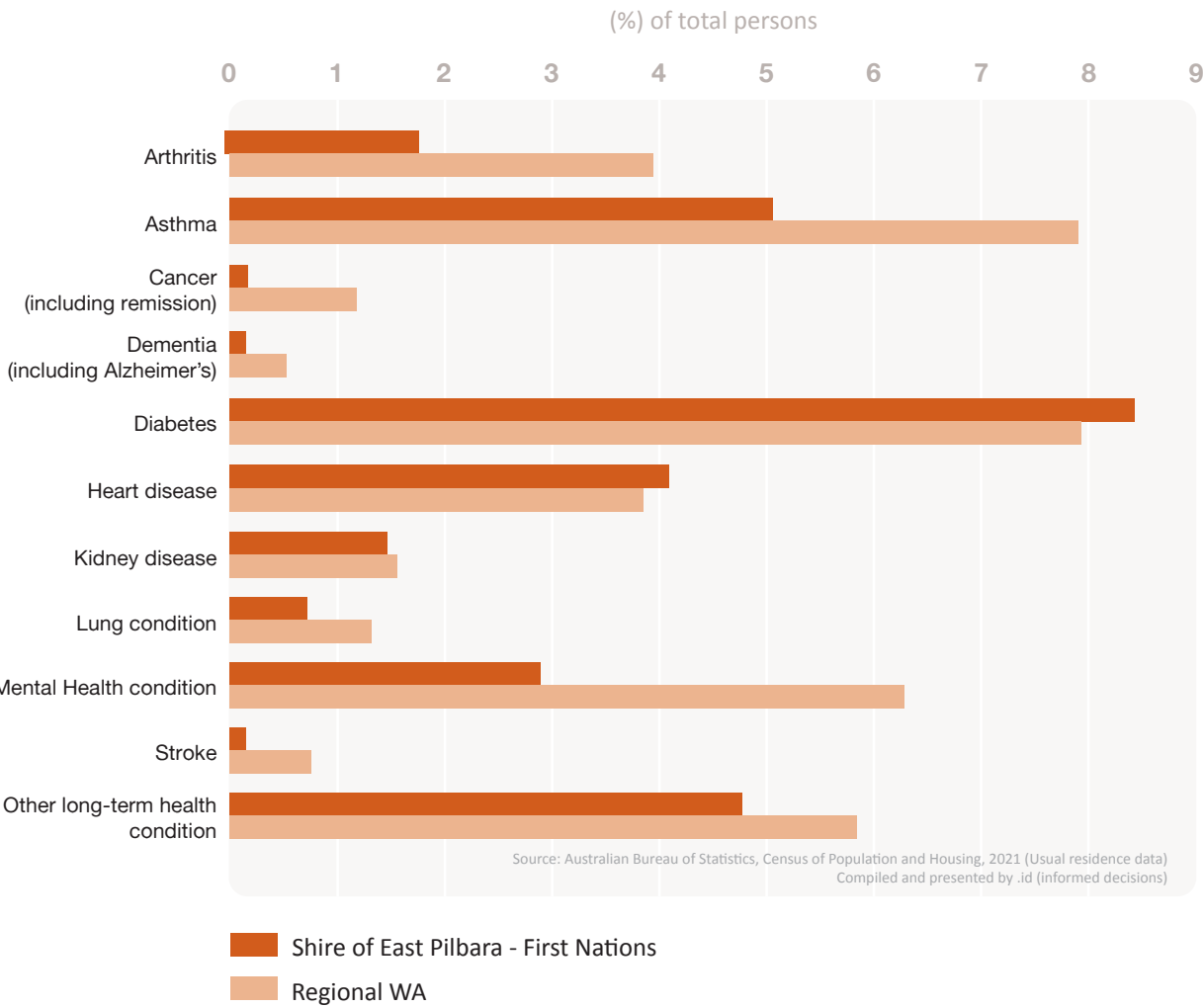
Welfare, 2020c). However, utilisation was still considerably below the national rate for SA3s in remote areas, which increased from 8.8% to 12% over the same period. Feedback from local stakeholders suggests that this may be an indication of a lack of allied health services in the region. (WA Primary Health Alliance, 2022)

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

Top five causes of death, Pilbara residents, 2014-2018



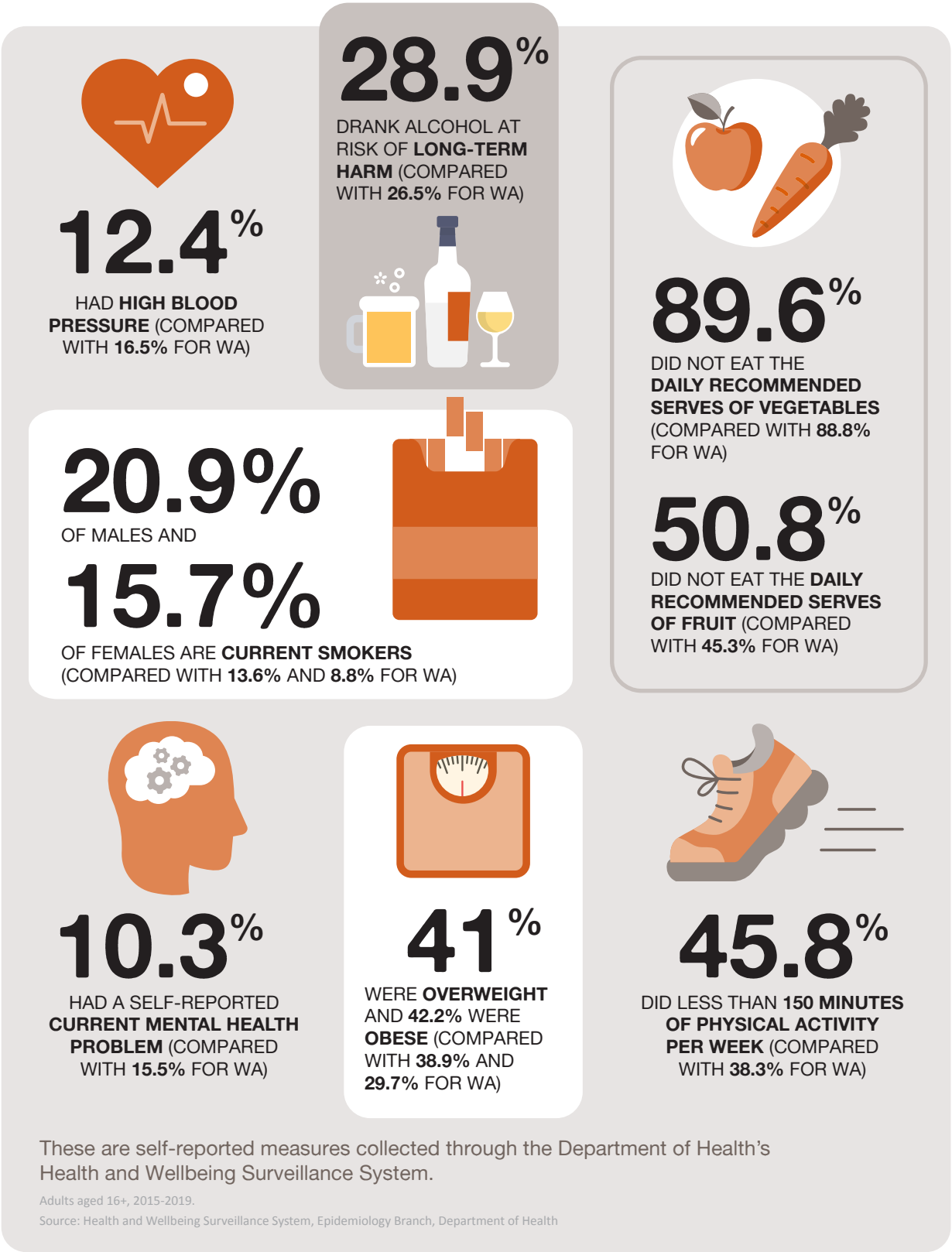
Long-term health conditions, all persons, 2021



Long-term health conditions, 2021

EAST PILBARA
HEALTH RISK FACTORS

THE GRAPHICS BELOW HIGHLIGHT THE PREVALENCE OF HEALTH RISK FACTORS FOR THE EAST PILBARA DISTRICT



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.

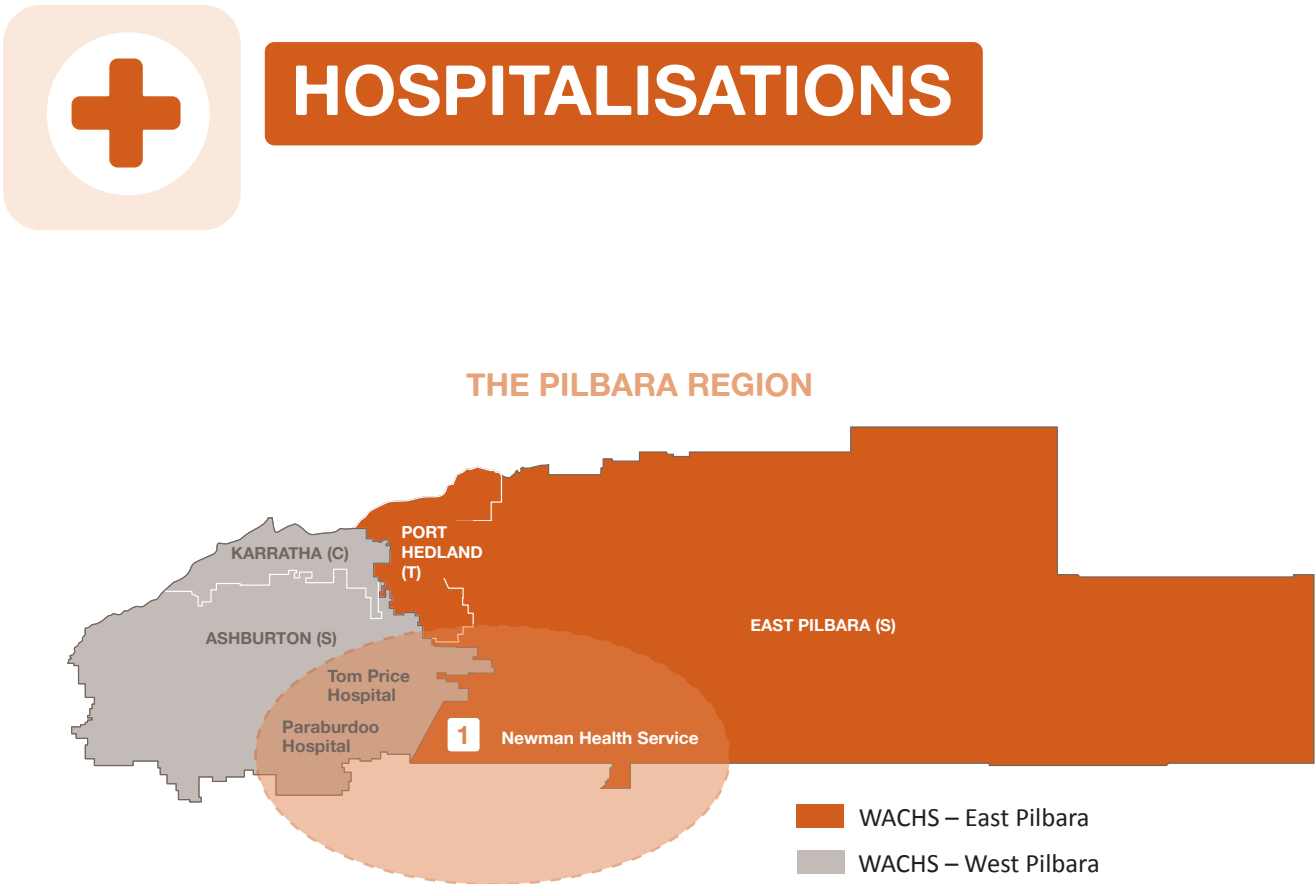
(e) Currently have high cholesterol or take medication for high cholesterol. Of those who have had their cholesterol measured.

(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.



Geographic district	Operational district*	Local Government Area (S)=Shire, (C) = City, (T)=Town	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 (S)	Newman Health Service
	East Pilbara	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

District	Hospitals	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

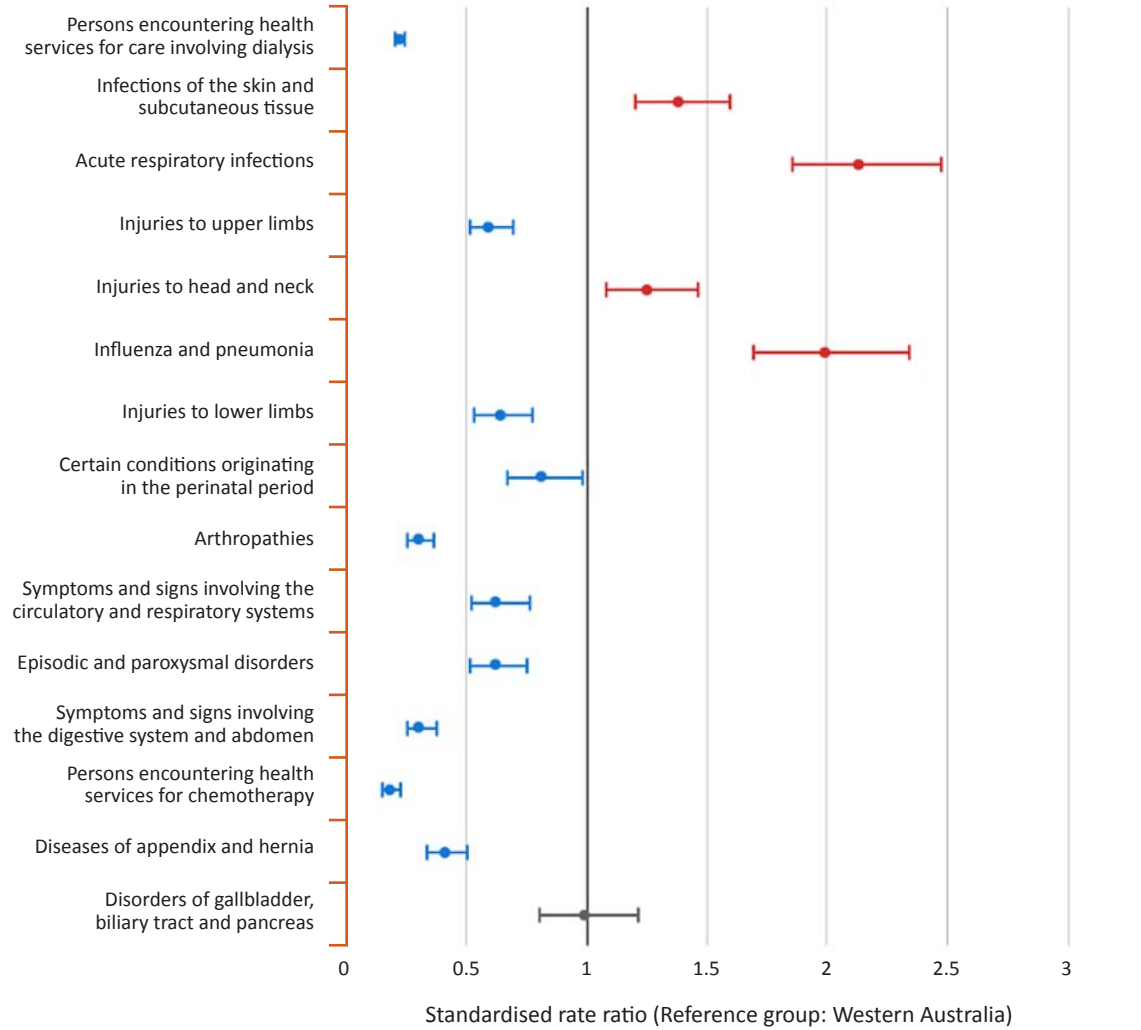
Sources: WACHS Emergency Department Collection, WACHS Inpatient Collection (excludes boarders and unqualified newborns), WACHS Outpatient Appointment Collection (excludes Did Not Attends and Non-Client events). *Includes activity by both Pilbara and non-Pilbara residents.

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.

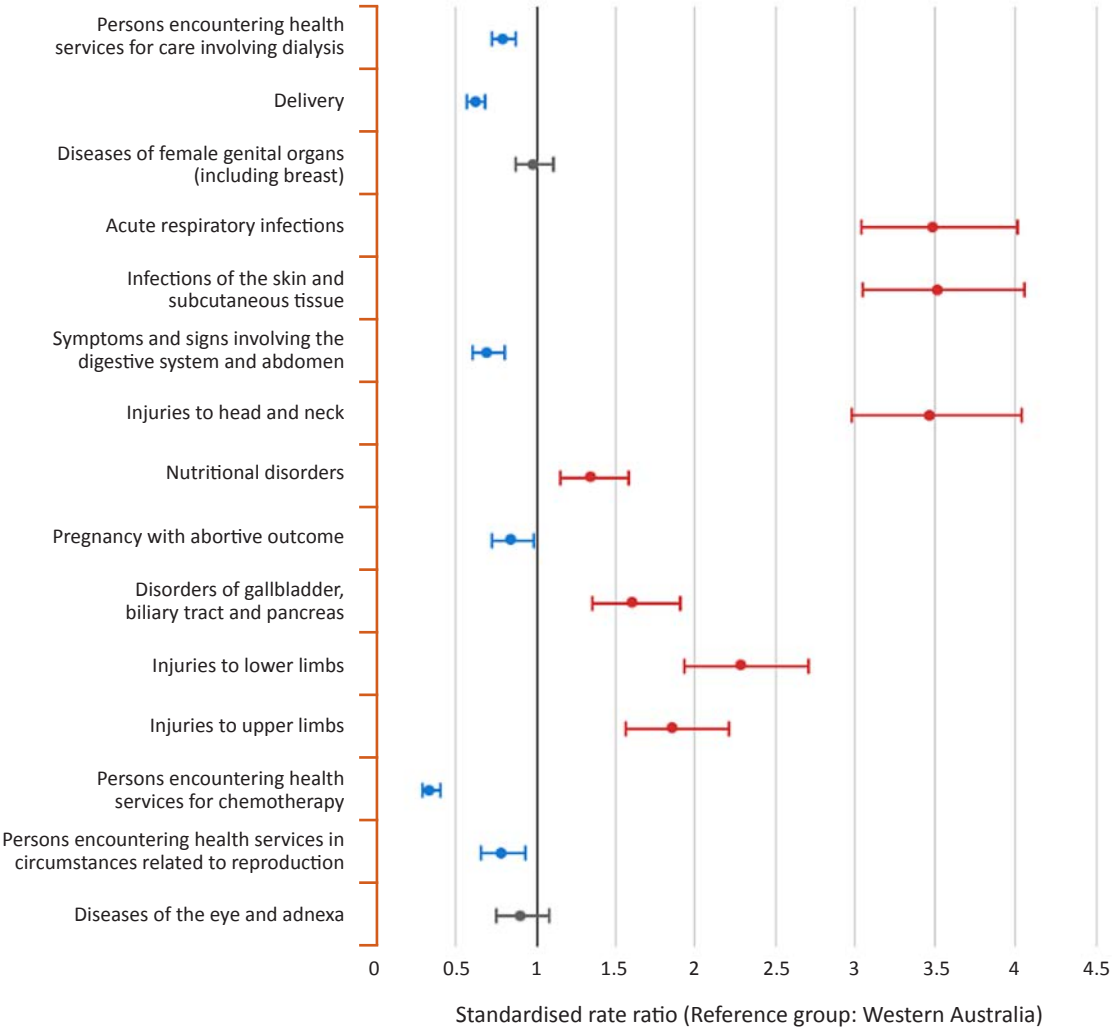
Top 15 male standardised hospitalisation rate ratios by principal diagnosis
East Pilbara (S) LGA residents: 2015 - 2019



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.

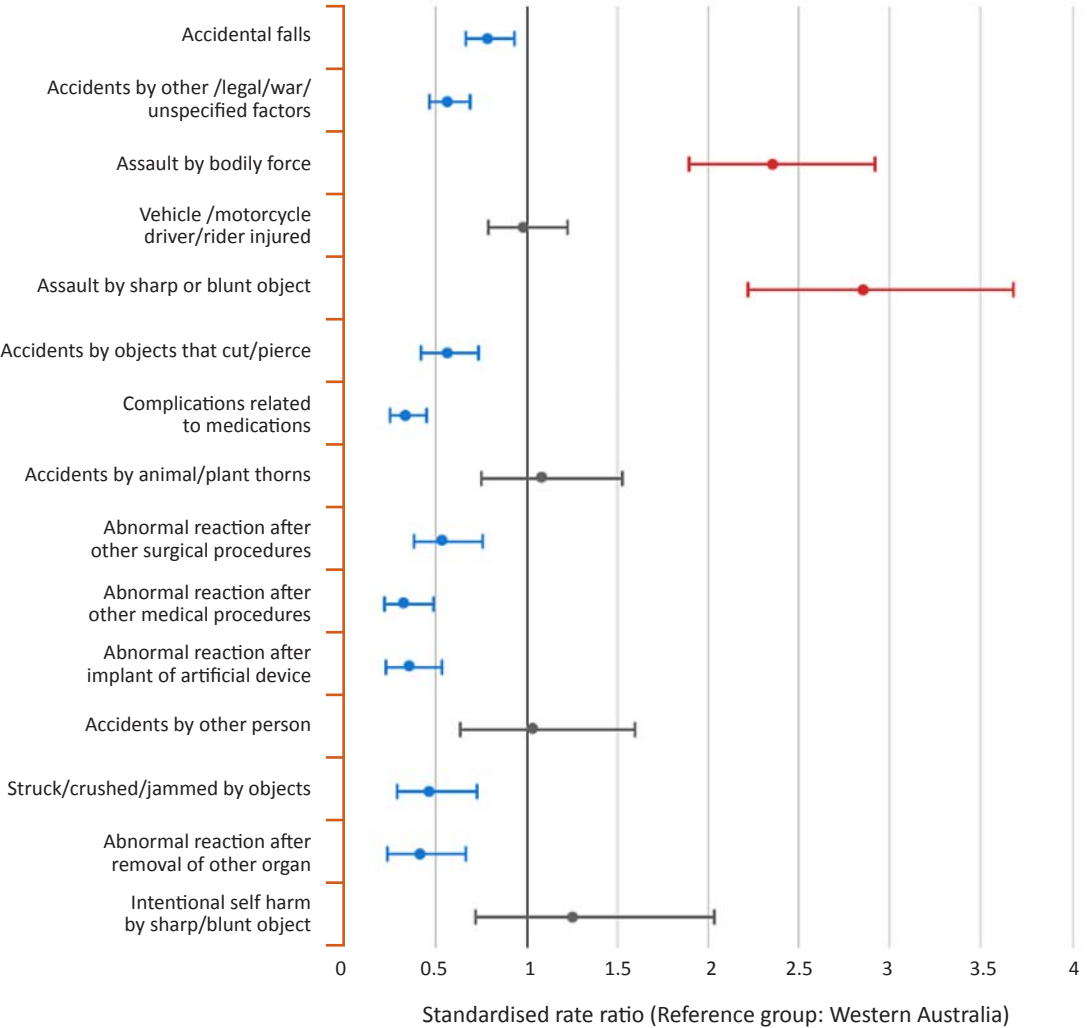
Top 15 female standardised hospitalisation rate ratios by principal diagnosis
East Pilbara (S) LGA residents: 2015 - 2019



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.

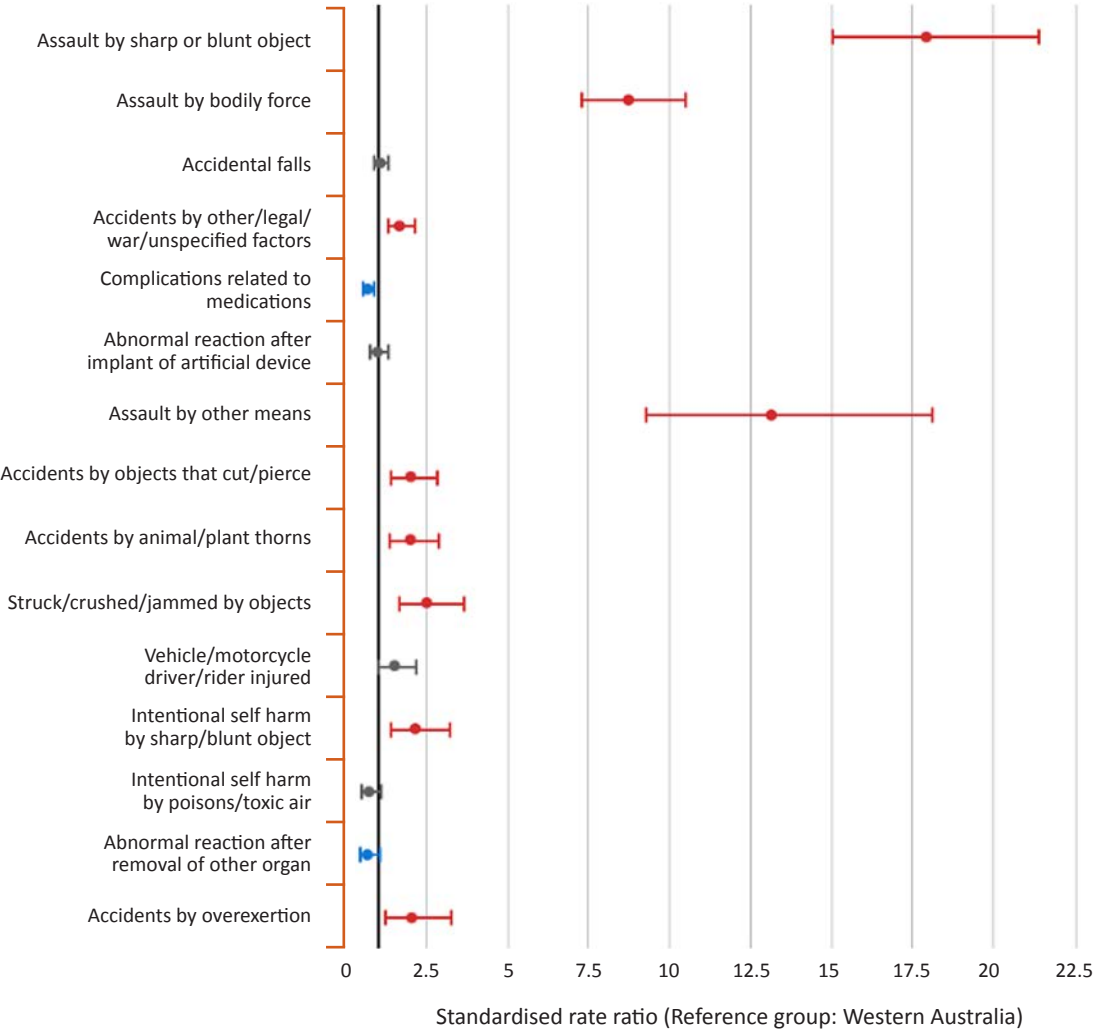
Top 15 male standardised hospitalisation rate ratios for external causes
East Pilbara (S) LGA residents: 2015 - 2019



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.

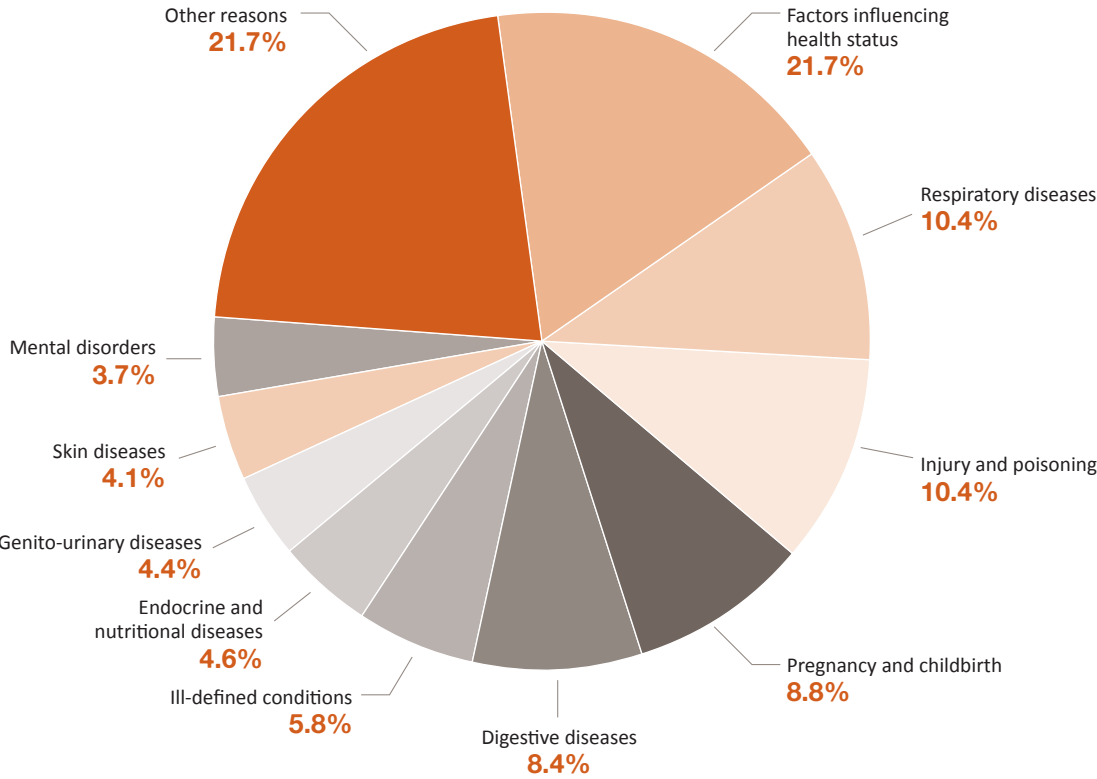
Top 15 female standardised hospitalisation rate ratios for external causes
East Pilbara (S) LGA residents: 2015 - 2019



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



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 were 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	15	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	13.0	Higher

*All rates are per 100,000 population

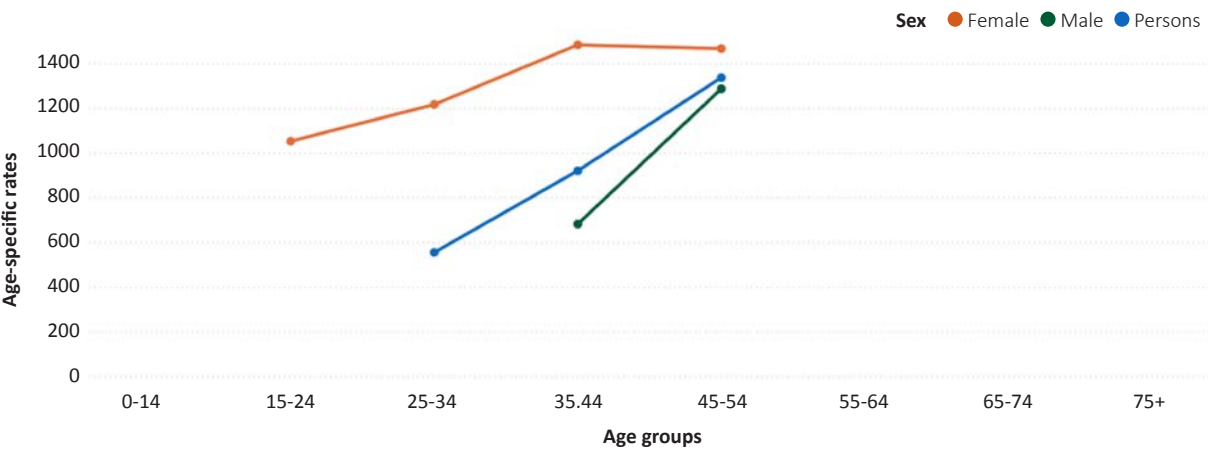
ASR = Age-standardised rate; SRR = Standardised rate ratio; LCI = 95% lower confidence interval; UCI = 95% upper confidence interval.

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 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 measles⁷.

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%.



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.

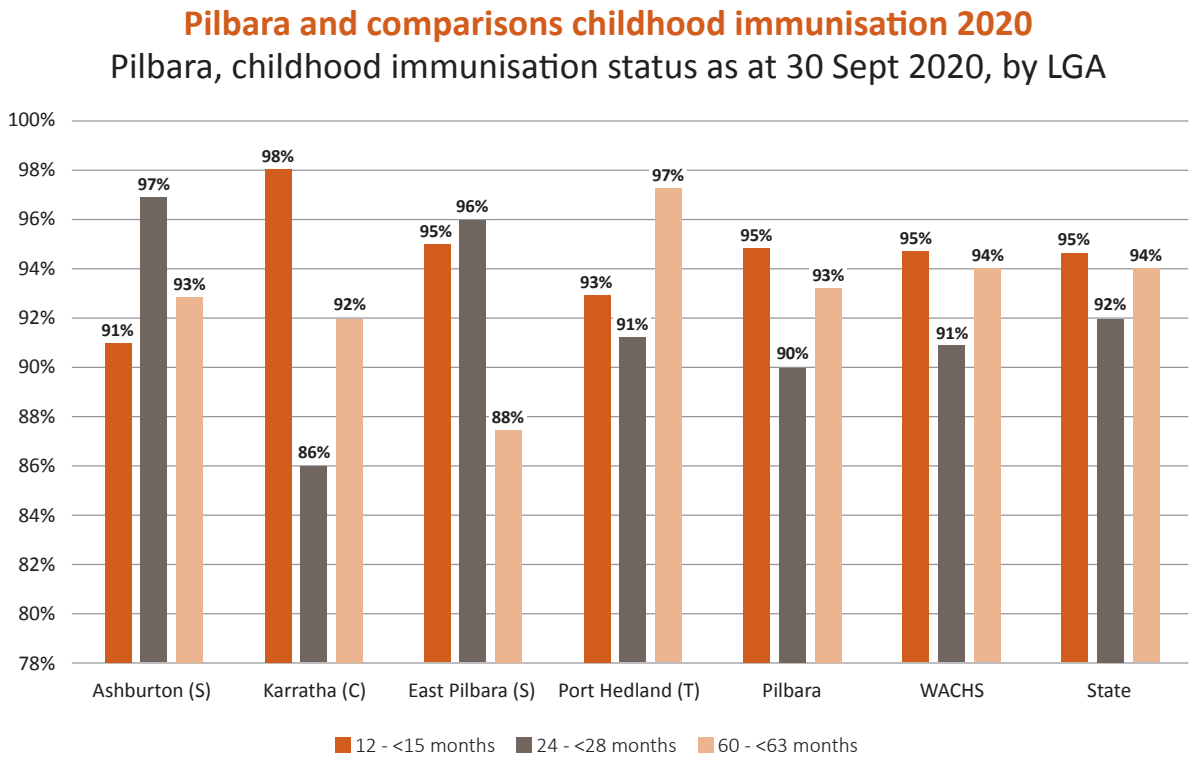
The Shire currently has a number of safety and crime prevention strategies in place which include making public spaces more accessible, better utilised and protected through increased usage and visitation, the provision of emergency management and rangers/community safety officers, the continued delivery 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.



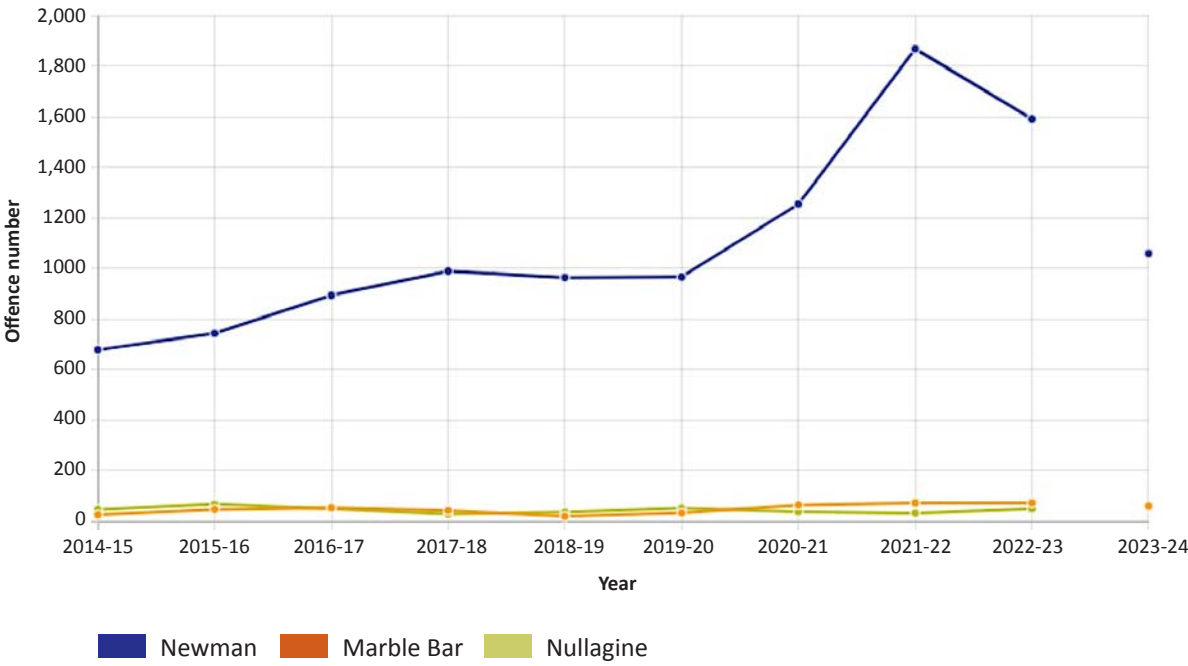
Source: Department of Health, Health Tracks

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



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THE HEART OF THE PILBARA

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