



PUBLIC HEALTH PLAN

2026 - 2030

TOWARDS
2030

Document No: LHL002



About this document

This document has been prepared by the Shire of Waroona in collaboration with South Metropolitan Health Service. It provides a high-level framework to guide the Shire's priorities, strategies and actions to support and improve health and wellbeing within the Waroona community.

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Chapter 1 - Our Public Health Commitment

To nurture a thriving, connected and healthy Waroona, where people, places, and partnerships work together to support health and wellbeing for all.

The Shire of Waroona has developed this Plan as part of our shared commitment to creating a community where everyone can live well, feel safe, and be supported to reach their full potential. While the plan fulfills our obligations under the WA Public Health Act 2016, it is much more than a statutory requirement, it is a reflection of our community's values and aspirations for a healthy, inclusive and resilient Shire.

What is Public Health?

Public health is about creating the conditions that allow everyone to enjoy good health, not just through medical care, but by improving the environments in which we live, work, learn and play. It focuses on preventing illness, promoting wellbeing, and protecting our community from risks to health and safety. Public health includes things like access to safe food and water, clean air, waste management, healthy housing, active lifestyles, mental wellbeing, and social connection. At a local level, it also means designing neighbourhoods, facilities and programs that make healthy choices the easy choices for everyone.

This five-year plan complements the Shire's Strategic Community Plan 2024-2034, aligning with the vision that our community helped shape. Rather than duplicate existing strategies, it brings them together to focus on the areas where the Shire can make a real difference to everyday wellbeing.

The Plan is underpinned by the social determinants of health, the broad range of non-medical factors that influence how people live, learn, work and play. These determinants include access to safe and affordable housing, education, employment, open spaces, social connection, and a sense of community belonging.

Together, they shape the physical, social and economic conditions that affect health and wellbeing across the Shire.

By recognising and addressing these determinants, the Shire can focus its resources and partnerships on areas where local action can have the greatest impact. This approach supports long-term improvements to community wellbeing and ensures that local initiatives contribute to the broader objectives of the *State Public Health Plan for Western Australia 2025–2030*.



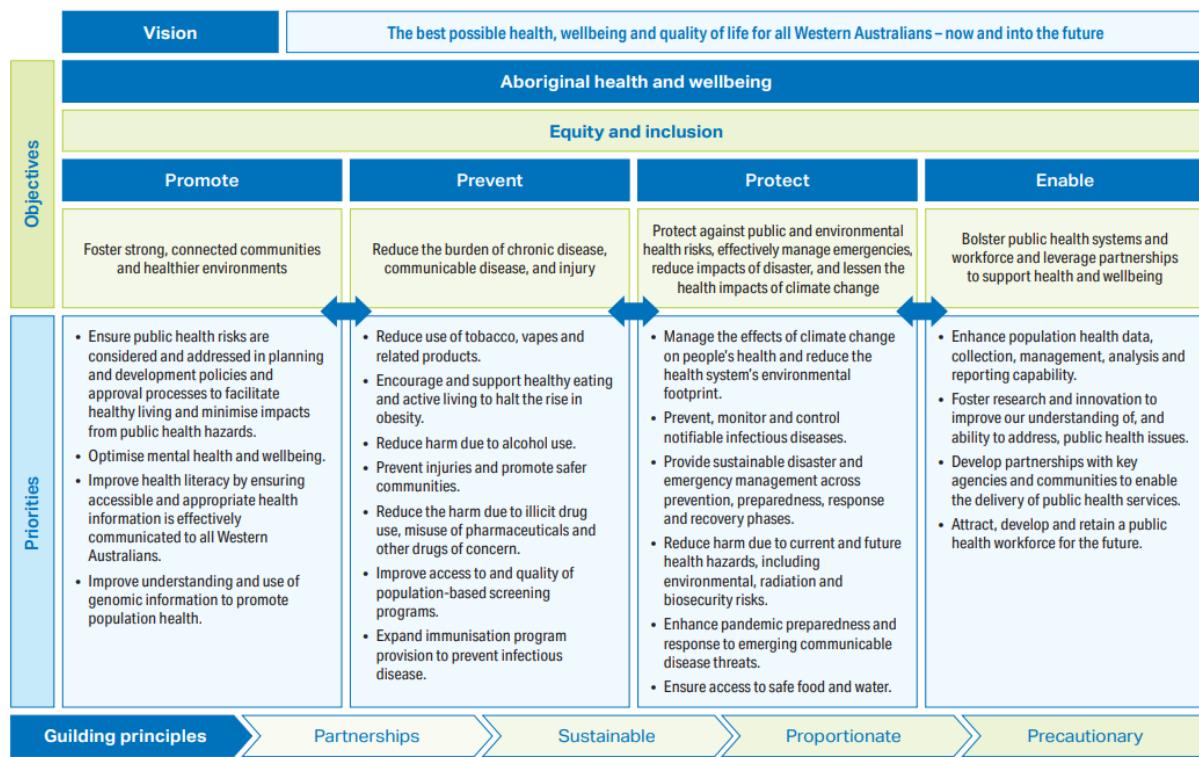
Chapter 2 - Alignment with the State Public Health Plan for Western Australia

The Shire of Waroona's Public Health Plan has been developed in accordance with the *Public Health Act 2016*, which requires local governments to ensure their public health planning aligns with the *State Public Health Plan for Western Australia (2025-2030)* (State Plan) where applicable. This alignment ensures that local strategies contribute to the broader statewide vision of improving health and wellbeing of all Western Australians through coordinated, evidence-based action.

The State Plan provides an overarching framework built around four key objectives, (1) promote, (2) prevent, (3) protect, and (4) enable, supported by guiding principles that emphasise sustainability, equity, partnerships, and proactive action. These objectives recognise that good health is shaped not only by medical factors, but also by the environments in which people live, learn, work and play.

By aligning with this framework, the Shire's Public Health Plan focuses on areas where local action can make the greatest difference, while contributing to shared priorities across the State.

Figure 2 – State Public Health Plan for Western Australia



Source: Government of Western Australia, Department of Health, Public Health Division (2025). State Public Health Plan for Western Australia, 2025-2030.

Chapter 3 - Community Engagement

This plan has been developed in partnership with the South Metropolitan Health Service and shaped by the voices of the Waroona community. It draws on the ideas, experiences, and aspirations shared by residents, service providers, local organisations, businesses, and government partners throughout the development of the Shire's Strategic Community Plan 2024-2034.

Through a range of consultation activities, including community workshops, surveys, and seminars, the Shire sought to hear from as many people as possible across all ages, backgrounds, and localities. These conversations helped identify what matters most to our community in living healthy, connected, and fulfilling lives.

The insights gained through this engagement directly informed the aspirations, priorities, and objectives of the Strategic Community Plan, which in turn provide the foundation for this Public Health Plan 2026-2030. Together, these documents ensure that our approach to health and wellbeing is grounded in what our community values most.

Our Focus Areas – Aspirations & Objectives to 2034

No.	Focus Area	Aspiration	Objectives
1.	Our Community	To have a connected and involved community that improves our quality of life through developing quality places and implementing quality town planning.	<ul style="list-style-type: none"> 1.1 Create a connected, safe and cohesive community with a strong sense of community pride. 1.2 Maximise and connect our natural assets to the community. 1.3 A planning framework that is visionary, supports connectivity and enables participation that ensure quality, diverse and innovative planning outcomes that meet community aspirations. 1.4 Encourage an active and healthy community with an improved quality of life. 1.5 Value, protect and celebrate our rich history and culture.
2.	Our Economy	To create a diverse economy base that supports opportunity and employment.	<ul style="list-style-type: none"> 2.1 Develop an economy that is focused on growth, knowledge and innovation, and infrastructure and protects prime agricultural land. 2.2 Develop a locally supported resilient, stable and innovative business community that embraces creativity, resourcefulness and originality. 2.3 Create a vibrant, inviting and thriving town centre and maximise Waroona's natural assets, culture and heritage as drivers for tourism.

No.	Focus Area	Aspiration	Objectives
3	Our Environment	To continually care for, protect and enhance our environment for the generations to come.	<ul style="list-style-type: none"> 3.1 Protect and enhance our existing natural assets, waterways, bushland and biodiversity. 3.2 Proactively manage resources and practice sustainability through responsible management of water, energy, fire control and waste.
4	Our Built Assets	To build and effectively manage our assets to continually improve our standard of living.	<ul style="list-style-type: none"> 4.1 Public spaces and infrastructure are accessible and appropriate for our community and meet the purpose and needs of multiple users. 4.2 Manage assets in a consistent and sustainable manner. 4.3 Suitable housing and transport infrastructure to meet the needs of our diverse community.
5	Our Leadership	To embed strong leadership through good governance, effective communication and ensuring value for money.	<ul style="list-style-type: none"> 5.1 A sustainable future through embracing change, applying technological advancement and pursuing efficiencies. 5.2 Develop a skilled, safe and compliant organisation. 5.3 Actively increase the level of community engagement and respond efficiently and effectively to the evolving needs of the community.



Chapter 4 - Our Health and Wellbeing Profile

4.1 Snapshot

The following is an overview of the health status and health determinants of people in the Shire of Waroona using the latest available data from the Department of Health, Western Australia (DOH WA) and this covers the following key areas:

- Population
- Lifestyle-related risk factors (including nutrition, physical activity, overweight and obesity, tobacco use, alcohol use and injury)
- Alcohol, tobacco and illicit drug-attributable hospitalisations and deaths
- Injury-related hospitalisations and deaths
- Mental health conditions
- Notifiable infectious diseases
- Heatwave related conditions

4.2 Health status and health determinants for Shire of Waroona

4.2.1 Population

According to the Australian Bureau of Statistics (2021), as at 30 June 2021, an estimated 4,357 people lived in the Shire of Waroona.

Waroona Population

4,357

Population measures:

- Around **49.9%** were male and **50.1%** were female.
- **4.6%** identify as Aboriginal persons.
- **31.9%** families with an income of less than \$64,999/year.
- **28.0 %** were born overseas.
- **16.8%** speak a language other than English at home.
- **5.9%** were unemployed.

4.2.2 Waroona SEIFA Index of Disadvantage

Although the overall level of health and wellbeing of Australians is relatively high compared with other countries, there are significant disparities in the health outcomes of different populations within Australia. In particular, people who live in areas with lower socio-economic condition tend to experience poorer health outcomes than those in more advantaged regions.

The following scores for Waroona are based on the 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). SEIFA scores are based on a national average of 1,000 and areas with the lowest scores are the most disadvantaged.

Based on the 2021 census data, the Shire of Waroona had a SEIFA Index of Disadvantage score of 936, the lowest among local government authorities

(LGA) within the South Metropolitan Health Service (SMHS). The SEIFA index for LGAs in the SMHS region ranged from 936 to 1,082. Table 1 provides the SEIFA scores for suburbs and localities within the Shire of Waroona.

Table 1: *SEIFA Index of relative socio-economic disadvantage scores by suburbs and localities* - Shire of Waroona.

Community	SEIFA Score	Usual resident population
Hamel	953	286
Lake Clifton	984	759
Preston Beach	886	268
Wagerup	1,046	52
Waroona	924	2868

Source: Australian Bureau of Statistics. (2021). *Socio-Economic Indexes for Areas (SEIFA), Australia*.



Chapter 5 - Our Health and Wellbeing Indicators

This section presents key health and wellbeing indicators for the Shire of Waroona across areas such as nutrition, physical activity, overweight and obesity, smoking, alcohol and drug-related harm, mental health, injury and notifiable diseases. These indicators provide insight into community health needs and help identify priorities for action. Local data has been sourced from the *Health and Wellbeing Profile for the Shire of Waroona* (Epidemiology Directorate, SMHS), ensuring the analysis reflects the most relevant evidence. The accompanying infographics offer a visual snapshot of selected measures from the 2011–2020 profile, with age categories shown using superscripts: (1) as at 30 June 2021, (2) ages 2+, (3) ages 1+, (4) ages 5+, (5) all ages, (6) ages 18+, (7) ages 16+, and (8) ages 15+. Hospitalisations and deaths are presented as age-standardised rates (ASR) per 100,000 population for comparability.

5.1 Nutrition

Diet has an important effect on health and can influence the risk of many chronic diseases. The Australian Dietary Guidelines outlines the recommended daily serves of fruit and vegetables for adults and children (NHMRC 2013).

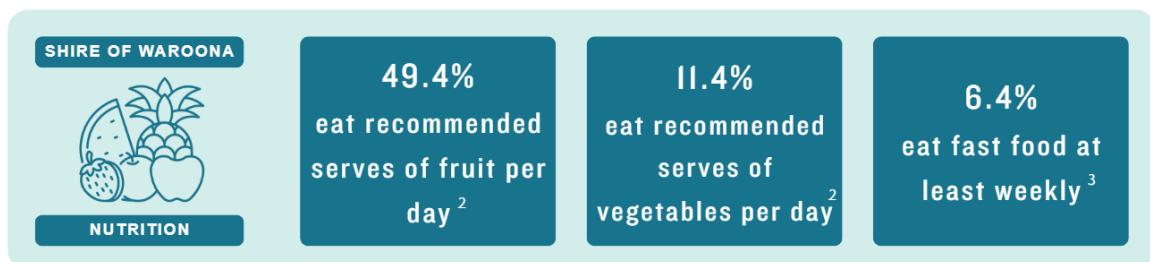
Minimum recommended serves of fruit per day by age for Health and Wellbeing Surveillance Survey (HWSS) reporting are:

- 2-3 years: 1 serve
- 4-8 years: 1 serve
- 9-15 years: 2 serves
- adults aged 16 years and over: 2 serves.

Minimum recommended serves of vegetables per day by age for HWSS reporting are:

- 2-3 years: 2 serves
- 4-8 years: 4 serves
- 9-15 years: 5 serves
- adults aged 16 years and over: 5 serves.

The prevalence estimates for those who meet the guidelines for fruit and vegetable consumption includes persons aged 2 years and over.



Shire of Waroona – A snapshot of the Health and Wellbeing Profile 2011-2020 – South Metropolitan Health Services

5.2 Physical activity and sedentary behaviour



Physical activity reduces the risk of cardiovascular disease, some cancers and type 2 diabetes, and also helps improve musculoskeletal health, maintain body weight and reduce symptoms of depression (WHO 2009).

In 2014, the Australian Department of Health updated Australia's Physical Activity and Sedentary Behaviour Guidelines, stating that adults aged 18 to 64 years should do at least 75 to 150 minutes of vigorous physical activity or 150 to 300 minutes of moderate physical activity per week (DHAC, 2014).

With no new guideline explicitly defined for adults aged 65 years and over, the 2005 recommendation of 30 minutes of moderate physical activity on most and

preferably all days of the week, is the most recent advice available. To avoid reporting against multiple guidelines, all persons aged 18 years and over were defined in the Health and Wellbeing Surveillance Survey (HWSS), as completing sufficient (or recommended) levels of physical activity if they completed at least 150 minutes of moderate physical activity in the last week.

The 2019 Australian 24-Hour Movement Guidelines for Children and Young People recommends children aged between 5 and 17 years complete at least 60 minutes of moderate to vigorous physical activity each day (DHAC, 2019). Children were classified as meeting the physical activity guidelines if they were physically active for seven or more sessions a week where each session lasted 60 minutes or more. The prevalence estimates for those who completed the recommended amount of physical activity includes persons aged 5 year and over.

In 2020, Shire of Waroona residents had a higher prevalence of completing the recommended amount of physical activity each week when compared to the WA State average. It is estimated that 51.8% of males and 58.2% of females aged 5 years and over completed the recommended amount of physical activity each week.



Shire of Waroona – A snapshot of the Health and Wellbeing Profile 2011-2020 – South Metropolitan Health Services

5.3 Overweight and obesity

Overweight and obesity in adults is associated with cardiovascular disease, type 2 diabetes, some cancers, musculoskeletal disorders (in particular, osteoarthritis), dementia and a range of other conditions (AIHW, 2017).



Shire of Waroona – A snapshot of the Health and Wellbeing Profile 2011-2020 – South Metropolitan Health Services

5.4 Tobacco smoking

5.4.1 Tobacco use

Tobacco use, including past and current use and exposure to second-hand smoke, increases the risk of a number of health conditions, including cancer, respiratory diseases and cardiovascular disease (AIHW 2018). The use of e-cigarettes or vaping were not included when determining the prevalence of current tobacco smoking.

5.4.2 Tobacco-attributable hospitalisations

In 2020, the rate of tobacco-attributable hospitalisations was similar among Shire of Waroona residents (458.0 per 100,000) compared to the WA State rate. Among male residents, the rate of tobacco-attributable hospitalisations was 582.6 per 100,000. This is similar compared to the WA State rate. Among female residents, the rate of tobacco-attributable hospitalisations was 328.4 per 100,000. This is lower compared to the WA State rate. Note that the data is only for people aged 15 years and over.

5.4.3 Tobacco-attributable deaths

In 2020, the rate of tobacco-attributable deaths was higher among Shire of Waroona residents (99.3 per 100,000) compared to the WA State rate. Among male residents, the rate of tobacco-attributable deaths was 119.1 per 100,000. This is higher compared to the WA State rate. Among female residents, the rate of tobacco-attributable deaths was 79.9 per 100,000. This is higher compared to the WA State rate. Note that the data is only for people aged 15 years and over.



Shire of Waroona – A snapshot of the Health and Wellbeing Profile 2011-2020 – South Metropolitan Health Services

5.5 Alcohol-related harm

5.5.1 Alcohol use prevalence

Alcohol use increases the risk of some health conditions, including stroke, high blood pressure, and liver and pancreatic disease. It also increases the risk of violence and anti-social behaviour, accidents and mental illness (AIHW 2017).

The alcohol use levels reported below were based on the 2009 Australian guidelines to reduce health risks from drinking alcohol, that recommends that healthy adults aged 18 years and over should drink no more than 2 standard drinks per day to reduce the risk of long-term harm and no more than 4 standard drinks on any one day to reduce the risk of short-term harm from alcohol-related disease or injury (NHMRC 2009).

For children and young people under 18 years, the guidelines recommend not drinking alcohol as the safest option. The prevalence estimates for adults who drink at levels that increase the risk of long-term harm or short-term harm includes persons 16 years and over.

In 2020, the prevalence of alcohol use at levels considered to be high risk for short-term harm (4 standard drinks on any one day) in the Shire of Waroona was higher compared to the WA State average. The prevalence of alcohol use at levels considered to be high risk for long-term harm (2 standard drinks on any one day) was higher compared to the WA State average. It is estimated that 45.7% of males aged 16 years and over used alcohol at levels considered to be high risk for long-term harm and 21.6% used alcohol at levels considered to be high risk for short-term harm. In comparison, 18.1% of females aged 16 years and over used alcohol at levels considered to be high risk for long-term harm and 4.6% used alcohol at levels considered to be high risk for short-term harm.

5.5.2 Alcohol-attributable hospitalisations

In 2020, the rate of alcohol-attributable hospitalisations among Shire of Waroona residents was similar (914.7 per 100,000) compared to the WA State rate. Among male residents, the rate of alcohol-attributable hospitalisations was 1146.1 per 100,000. This is similar compared to the WA State male rate. Among female residents, the rate of alcohol-attributable hospitalisations was 677.6 per 100,000. This is lower compared to the WA State female rate. Note that the data is only for those aged 15 years and over.

5.5.3 Alcohol-attributable deaths

In 2020, the rate of alcohol-attributable deaths was higher among Shire of Waroona residents (61.8 per 100,000) compared to the WA State rate. Among male residents, the rate of alcohol-attributable deaths was 92.1 per 100,000. This is higher compared to the WA State male rate. Among female residents, the rate of alcohol-attributable deaths was 32.3 per 100,000. This is higher compared to the WA State female rate. Note that the data is only for those aged 15 years and over.

5.6 Illicit drug-related harm

5.6.1 Illicit drug-attributable hospitalisations

In 2020, the rate of illicit drug-attributable hospitalisations among Shire of Waroona residents was similar compared to the WA State average. Among male residents, the rate of illicit drug-attributable hospitalisations was 277.4 per 100,000. This is similar compared to the WA State male rate. Among female residents, the rate of illicit drug-attributable hospitalisations was 228.2 per 100,000. This is lower compared to the WA State female rate. Note that the data is only for people aged 15 years and over.

5.6.2 Illicit drug-attributable deaths

In 2020, the rate of illicit drug-attributable deaths among Shire of Waroona residents was lower compared to the WA State average. Among male residents, the rate of illicit drug-attributable deaths was 15.2 per 100,000. This is similar compared to the WA State male rate. Among female residents, the rate of illicit drug-attributable deaths was 0.2 per 100,000. This is lower compared to the WA State female rate. Note that the data is only for those aged 15 years and over.



Shire of Waroona – A snapshot of the Health and Wellbeing Profile 2011-2020 – South Metropolitan Health Services

5.7 Mental Health

5.7.1 Mental Health Conditions

People with a mental health condition are at an increased risk of experiencing other disorders including physical disorders and diabetes (AIHW 2017).

In 2020, Shire of Waroona residents had a similar prevalence of anxiety (8.5%), depression (8.6%), stress (8.4%), and any mental health condition (14.6%) when compared to the WA State prevalence. Note that the data is only for those aged 16 years and over.

5.7.2 Psychological distress

In 2020, Shire of Waroona residents had a lower prevalence of high or very high psychological distress when compared to the WA State prevalence. It is estimated that 6.5% of males and 7.8% of females aged 16 years and over had high or very high psychological distress.



Shire of Waroona – A snapshot of the Health and Wellbeing Profile 2011-2020 – South Metropolitan Health Services

5.8 Injury

There is a total of 15 major injury causes, however, only the seven causes considered to be amenable to prevention by local governments are presented below.

5.8.1 Injury-related hospitalisations

- **Accidental falls** - In 2020, accidental falls was the leading cause of injury-related hospitalisations in Shire of Waroona (999.9 per 100,000). This rate was lower compared to the WA State rate. Among males, accidental falls was the leading cause of injury-related hospitalisations (990.0 per 100,000). This is similar compared to the WA State rate. Among females, accidental falls was the leading cause of injury-related hospitalisations (1004.3 per 100,000). This is lower compared to the WA State rate.
- **Transport accidents** - Transport accidents was the second leading cause of injury-related hospitalisations in Shire of Waroona (442.5 per 100,000). This rate was higher compared to the WA State rate. Among males, transport accidents was higher (589.6 per 100,000) compared to the WA State rate. Among females, transport accidents was higher (295.1 per 100,000) compared to the WA State rate.

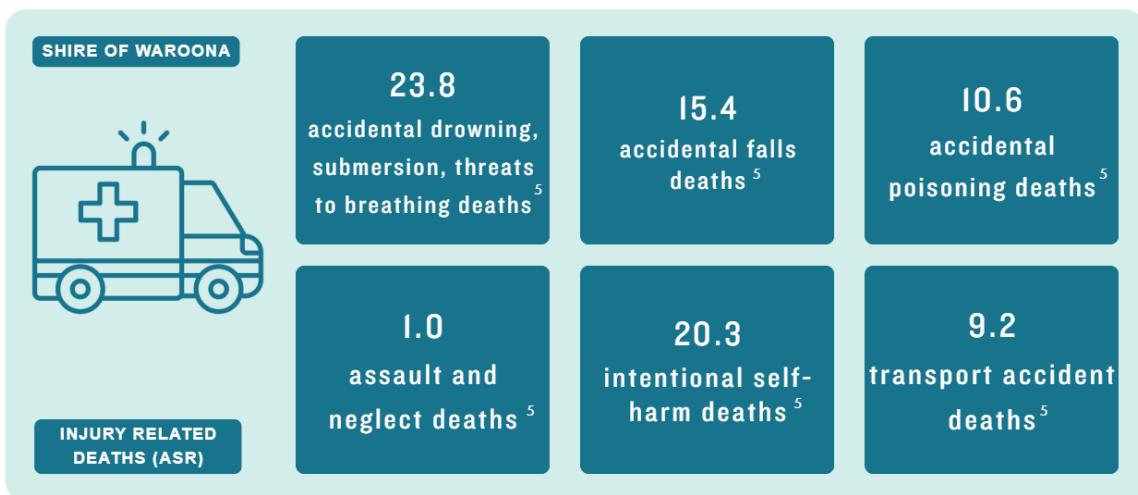
- **Intentional self-harm** - Intentional self-harm was the third leading cause of injury-related hospitalisations in Shire of Waroona (139.5 per 100,000). This rate was lower compared to the WA State rate. Among males, intentional self-harm was higher (130.2 per 100,000) compared to the WA State rate. Among females, intentional self-harm was lower (148.9 per 100,000) compared to the WA State rate.
- **Assault and neglect** - Assault and neglect was the fourth leading cause of injury-related hospitalisations in Shire of Waroona (83.5 per 100,000). This rate was lower compared to the WA State rate. Among males, assault and neglect was lower (97.4 per 100,000) compared to the WA State rate. Among females, assault and neglect was lower (67.7 per 100,000) compared to the WA State rate.
- **Accidental poisoning** - Accidental poisoning was the fifth leading cause of injury-related hospitalisations in Shire of Waroona (63.4 per 100,000). This rate was similar compared to the WA State rate. Among males, accidental poisoning was similar (67.8 per 100,000) compared to the WA State rate. Among females, accidental poisoning was similar (58.5 per 100,000) compared to the WA State rate.
- **Accidental drowning, submersion, threats to breathing** - Accidental drowning, submersion, threats to breathing was the sixth leading cause of injury-related hospitalisations in Shire of Waroona (23.8 per 100,000). This rate was similar compared to the WA State rate. Among males, accidental drowning, submersion, threats to breathing was higher (32.5 per 100,000) compared to the WA State rate. Among females, accidental drowning, submersion, threats to breathing was lower (15.2 per 100,000) compared to the WA State rate.



Shire of Waroona – A snapshot of the Health and Wellbeing Profile 2011-2020 – South Metropolitan Health Services

5.8.2 Injury-related deaths

In 2020, intentional self-harm was the leading cause of injury-related deaths for persons in the Shire of Waroona. This was higher compared to the WA State rate. Other reported injury-related deaths included: accidental falls (similar to the WA State rate), accidental poisoning (similar to the WA State rate), transport accidents (higher than the WA State rate), accidental drowning, submersion, threats to breathing (similar to the WA State rate) and assault and neglect (similar to the WA State rate).



Shire of Waroona – A snapshot of the Health and Wellbeing Profile 2011-2020 – South Metropolitan Health Services

Chapter 6 - Public Health Plan 2026-2030

The Public Health Plan 2026-2030 fulfills the Shire's responsibilities under the *Western Australia Public Health Act 2016*, which promotes a coordinated approach to improving the health and wellbeing of all Western Australians. More than meeting a legislative requirement, this Plan represents the Shire's ongoing commitment to creating a community where people can live well, feel connected, and thrive.

Developed in alignment with the Strategic Community Plan 2024-2034, this plan builds on community aspirations and local priorities identified through workshops, surveys, and seminars. It focuses on three key areas that together shape a healthy and resilient Waroona.

- **Healthy People and Community** – Supporting individual and collective wellbeing.
- **Healthy Places and Spaces** – Creating environments that promote active, safe and sustainable living.
- **Healthy Partnerships** – Strengthening collaboration between the Shire, local organisations, and the wider community.

These themes guide the actions and initiatives outlined in the following sections, helping ensure that the Shire's efforts contribute meaningfully to a healthier, more connected future for all. Together, these three key areas form the foundation of the Shire's approach to promoting health and wellbeing across the community. The following action plan outlines the steps that will bring these priorities to life over the next five years.

To make it easier to understand the status of each initiative, a simple coding system is used throughout the plan:

- **Ongoing** – actions that are already being implemented and will continue as ongoing initiatives.
- ◆ **Funding Dependent** – actions that are funding dependent and will progress when external or internal funding becomes available.
- **Planned** – actions that are planned for implementation in the specified year of the plan.



6.1 Healthy People & Community

Support and encourage the community to lead healthier lifestyles by the provision of education and lifestyle opportunities.

Strategy 1.1 - Reduce alcohol related harm in the community

Projects and Actions	2026	2027	2028	2029	2030
1.1.1 Continue to support low alcohol and no alcohol events and activities, both internally and in conjunction with event organisers.	■	■	■	■	■
1.1.2 Develop and implement an Alcohol Risk Minimisation Policy that applies to Shire-managed facilities, events and community partnerships, incorporating evidence-based strategies to support safer and healthier environments.		●	■	■	■
1.1.3 Support the Local Drug Action Team and their initiatives.	■	■	■	■	■

Strategy 1.2 - Reduce exposure to tobacco smoke, vape aerosols and related products

Projects and Actions	2026	2027	2028	2029	2030
1.2.1 Continue to promote all Shire events as smoke and vape free.	■	■	■	■	■
1.2.2 Maintain smoke and vape free signage at Shire facilities and playgrounds.	■	■	■	■	■
1.2.3 Support state and federal public health campaigns to reduce tobacco use, vaping and use of related products, particularly among young people at greater risk of harm.	■	■	■	■	■

Strategy 1.3 - Optimise mental health and wellbeing

Projects and Actions	2026	2027	2028	2029	2030
1.3.1 Strengthen the partnership with Act Belong Commit.	■	■	■	■	■
1.3.2 Support and promote community involvement in activities that encourage a connected and mentally healthy community.	■	■	■	■	■
1.3.3 Support and collaborate with government and non-government agencies to address social determinants of health, including housing, education, employment, financial security and safe, healthy environments.	■	■	■	■	■

Strategy 1.4 - Reduce preventable communicable diseases

Projects and Actions	2026	2027	2028	2029	2030
1.4.1 Implement and maintain evidence-based policies, procedures and community education strategies to prevent, identify and manage the spread of preventable notifiable diseases, in partnership with health authorities.		●	■	■	■
1.4.2 Deliver community education initiatives that increase awareness of how to minimise pollutants, including the impacts of illegal dumping, poor waste disposal and water contamination.			●	■	■
1.4.3 Maintain and grow existing partnerships with relevant organisations to further develop healthy environments.	■	■	■	■	■
1.4.4 Support and promote the WA immunisation schedule to increase vaccination rates for children.	■	■	■	■	■

Strategy 1.5 - Increase access to services for a healthy and active community for everyone's needs

Projects and Actions	2026	2027	2028	2029	2030
1.5.1 Activate parks, ovals and walking trails.	■	■	■	■	■
1.5.2 Continue to deliver activities and programs that support healthy lifestyle behaviour changes at Shire facilities.	■	■	■	■	■
1.5.3 Identify and implement opportunities to increase healthier food and drink options at Shire facilities and events, through review, vendor engagement and evidence-based guidelines.	●	■	■	■	■
1.5.4 Maintain and continue to strengthen partnerships with local community groups and sporting clubs to promote healthy environments i.e. healthy canteens, safe alcohol provision, smoke and vape free environments.	■	■	■	■	■
1.5.5 Facilitate and support programs, activities and partnerships that promote inclusiveness, participation and recognition for young people within the Waroona community.	■	■	■	■	■
1.5.6 Work closely with the local Aboriginal and Torres Strait Islander community to develop culturally appropriate, community-based initiatives that celebrate Aboriginal heritage.	■	■	■	■	■
1.5.7 Support the implementation of multicultural action plans to encourage the participation of Culturally and Linguistically Diverse (CaLD) communities in social, economic and cultural life.	■	■	■	■	■
1.5.8 Deliver programs that support disability access and inclusiveness.	■	■	■	■	■
1.5.9 Support community events that promote community inclusion and involvement.	■	■	■	■	■

Strategy 1.6 - Prevent injuries and promote safer communities.

Projects and Actions	2026	2027	2028	2029	2030
1.6.1 Raise awareness of family and domestic violence and continue to partner with referral services and WA Police.	■	■	■	■	■
1.6.2 Support state and federal injury prevention campaigns e.g. Injury Matters campaigns and implement relevant initiatives locally.	■	■	■	■	■
1.6.3 Regularly undertake traffic surveys and use the findings to prioritise targeted road-safety improvements that reduce the risk of injuries.	■	■	■	■	■
1.6.4 Maintain regular swimming pool inspections and provide community education on pool safety and compliance requirements.	■	■	■	■	■

Strategy 1.7 - Consider public health risks in planning and development policies to facilitate healthy living and minimise impacts from public health hazards.

Projects and Actions	2026	2027	2028	2029	2030
1.7.1 Promote access to healthy food options by applying food-retail zoning provisions and local policies that support healthier retail environments and encourage local food production.	■	■	■	■	■
1.7.2 Develop and implement urban design and building code requirements that support climate-resilience, including protecting and increasing the tree canopy, creating green public spaces, improving stormwater management and using sustainable building materials.	■	■	■	■	■
1.7.3 Foster collaboration between public health representatives, urban planners, state government agencies and community stakeholders to ensure that health is a focus in urban development strategies.	■	■	■	■	■

Strategy 1.8 - Improve health literacy by ensuring that accessible and appropriate health information is effectively communicated.

Projects and Actions	2026	2027	2028	2029	2030
1.8.1 Leverage digital health tools such as mobile apps, online platforms and social media to disseminate personalised, interactive health information and counter misinformation.	■	■	■	■	■
1.8.2 Strengthen response to health misinformation on and via social media.	■	■	■	■	■

6.2 Healthy Places and Spaces

Provide healthy places to support and encourage healthy lifestyle opportunities in the Shire.

Strategy 2.1 - Improve community safety and reduce crime levels

Projects and Actions	2026	2027	2028	2029	2030
2.1.1 Support community safety and crime prevention initiatives in the place plans.	■	■	■	■	■
2.1.2 Support emergency services and continue to review the local emergency management plan and arrangements.	■	■	■	■	■
2.1.3 Develop and implement an Active Transport Policy that outlines best-practice requirements for walking, cycling and other active travel modes, and integrates these standards into planning, infrastructure and community development processes.		●		■	■
2.1.4 Promote innovative and community-responsive open space design in new development areas by applying best-practice design guidelines and incorporating community input into planning processes.	■	■	■	■	■
2.1.5 Support community groups to establish places that encourage community participation and involvement.	■	■	■	■	■
2.1.6 Monitor and regulate short stay accommodation and camping facilities on private land.	■	■	■	■	■

Strategy 2.2 - Protect and enhance environmental health.

Projects and Actions	2026	2027	2028	2029	2030
2.2.1 Implement environmental health strategies, programs and compliance activities in accordance with relevant legislation to protect and enhance the health of the community.	■	■	■	■	■

Strategy 2.3 - Conserve, maintain and enhance public areas and streetscapes throughout the Shire

Projects and Actions	2026	2027	2028	2029	2030
2.3.1 Support the establishment of sustainable community fresh food initiatives i.e. farmers markets, community gardens and edible verge gardens.	■	■	■	■	■
2.3.2 Implement the Conservation of Remnant Vegetation Policy through planning assessments, land management practices and community engagement to protect and enhance native vegetation across the Shire.		●	■	■	■
2.3.3 Continue to maintain public areas and streetscapes.	■	■	■	■	■
2.3.4 Develop a Landscape Policy that establishes best-practice standards for sustainable, healthy and attractive landscaping in public spaces and new developments across the Shire.		●	■	■	■

Strategy 2.4 - Future development

Projects and Actions	2026	2027	2028	2029	2030
2.4.1 Local Planning Strategy to create a comprehensive and strategic direction for the growing community.	●	■	■	■	■
2.4.2 Integrate Health Impact Assessment (HIA) considerations into the assessment of development applications to ensure health and wellbeing impacts are reviewed as part of the planning process.	●	■	■	■	■

Strategy 2.5 - Adapt to climate change

Projects and Actions	2026	2027	2028	2029	2030
2.5.1 Identify and implement climate change mitigation and adaptation initiatives that support community health, environmental sustainability and local resilience.				●	■
2.5.2 Promote the use of renewable energy.	■	■	■	■	■
2.5.3 Promote and apply best-practice water management principles across Shire operations, facilities and land-use planning.	■	■	■	■	■
2.5.4 Maintain and enhance waste education activities and ongoing promotion of recycling practices across the Shire.	■	■	■	■	■

Strategy 2.6 - Encourage and support healthy eating and active living to halt the rise in obesity.

Projects and Actions	2026	2027	2028	2029	2030
2.6.1 Facilitate opportunities, through planning, partnerships and community programs, that improve access to quality, affordable and nutritious foods.	■	■	■	■	■
2.6.2 Participate, when opportunities arise, in the Food Secure Communities initiative with Edith Cowan University to support innovative, evidence-based solutions that strengthen community food security.	■	■	■	■	■



6.3 Healthy Partnerships

Work in partnerships with government, non-government, local businesses, community-based organisations and members of the community to undertake, deliver and implement public health initiatives.

Strategy 3.1 - Collaborative partnerships with businesses, government and service providers.

Projects and Actions	2026	2027	2028	2029	2030
3.1.1 Support a local network of service providers to encourage greater collaboration and partnerships for continued growth, economic prosperity and health.	■	■	■	■	■

Strategy 3.2 - Develop a sustainable local economy.

Projects and Actions	2026	2027	2028	2029	2030
3.2.1 Develop a policy that identifies and addresses Shire-related barriers to businesses offering health-promoting services, and outlines how the Shire can support and encourage these services within the community.		●	■	■	■
3.2.2 Provide a broad range of support and incentive mechanisms to support new and existing local businesses.	■	■	■	■	■

Strategy 3.3 - Improve access to job opportunities locally.

Projects and Actions	2026	2027	2028	2029	2030
3.3.1 Help identify gaps in service provision and support or partner programs and initiatives to fill those identified gaps.	■	■	■	■	■
3.3.2 Support a local network of service providers to encourage collaboration, partnerships and sharing of information regarding job opportunities.	■	■	■	■	■

Strategy 3.4 - Develop a healthy workplace.

Projects and Actions	2026	2027	2028	2029	2030
3.4.1 Continue to provide a full package of support, training and engagement mechanisms to foster staff development and equality in the workplace.	■	■	■	■	■
3.4.2 Continue to offer staff a variety of health and wellbeing opportunities.	■	■	■	■	■

Strategy 3.5 - Demonstrate strong leadership and good governance

Projects and Actions	2026	2027	2028	2029	2030
3.5.1 Provide strong leadership through good governance.	■	■	■	■	■

Strategy 3.6 - Provide sustainable disaster and emergency management across Prevention, Preparedness, Response and Recover (PPRR) phases.

Projects and Actions	2026	2027	2028	2029	2030
3.6.1 Ensure clear communication and public information to manage health risks effectively during emergencies.	■	■	■	■	■
3.6.2 Provision of environmental health services after bushfires or during disasters, as required.	■	■	■	■	■
3.6.3 Assisting community led recovery, supporting long-term health needs and resilience building.	■	■	■	■	■

Strategy 3.7 - Reduce harms due to current and future health hazards, including environmental, radiation and biosecurity risks.

Projects and Actions	2026	2027	2028	2029	2030
3.7.1 Provide guidelines, resources and regulatory support to reduce or eliminate risks within public buildings, community events and residential buildings.	■	■	■	■	■

Strategy 3.8 - Ensure access to safe food and water.

Projects and Actions	2026	2027	2028	2029	2030
3.8.1 Work with stakeholders to support introduction of new food safety standards for horticulture and food safety standard 3.3.2A	■	■	■	■	■
3.8.2 Maintain water sampling program for food businesses that are non-potable water supply.	■	■	■	■	■

Chapter 7 - Reviewing & Reporting

The Shire of Waroona will regularly track the progress on the completion of the Plan's key focus areas including the period between each review, and report to the community through its annual report, assessment of financial performance, and monitoring of key performance indicators.

Annual Report

The annual report is produced at the end of each financial year and highlights the operations and achievements of the Shire during the prior 12-month period. It contains an indication of key priorities from the Strategic Community Plan and informing strategies such as this plan.

Financial Performance

The proportion of programs and projects funded by the Shire's annual budget will indicate how well the Shire is progressing with the completion of the Plan for a finance and resource perspective.

Key Performance Indicators

The Shire's Corporate Business Plan contains key performance indicators and is reviewed annually by Council. These indicators include how the Shire is progressing on key initiatives, as well as reviewing its operational efficiencies and achievements.

Following five years of implementation, this Plan will undergo a comprehensive review and evaluation. A subsequent Plan will then be developed in alignment with the needs of the local community, the State Public Health Plan, and the legislative requirements of the *Public Health Act 2016*.



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