Shire of Katanning

Heart of the Great Southern

Shire of Katanning Liveability and Wellbeing Plan

2026 - 2031

Contents

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Acknowledgement of Country

Ngala kaaditj noongar moort keyen kaadak nitja boodja

The Shire of Katanning acknowledges the Noongar Goreng people as the traditional custodians of the land that we live and work on. We recognise their cultural heritage, beliefs, and continuing relationship with the land, and pay our respects to Elders past present and emerging.

Shire President's Message

Executive Summary

The Shire of Katanning Liveability and Wellbeing Plan 2026–2031 provides a strategic framework to protect, promote, and improve the health of the community over the next five years. Developed in accordance with the *Public Health Act 2016* (Act) the Liveability and Wellbeing Plan (LWP) adopts a preventative, evidence-based approach that addresses the key factors influencing health, including social, environmental, and behavioural determinants

These priority areas reflect the Shire of Katanning's (the Shire) dual role in public health matters. That is:

- delivering statutory environmental health functions and
- supporting community wide prevention and health promotion initiatives.

While many determinants of health sit beyond local government control, the Shire plays a critical role in shaping environments, services, and partnerships that influence health outcomes at a local level.

The LWP outlines a coordinated program of actions to support healthier behaviours, strengthen community connection, improve access to supportive environments, and reduce exposure to public and environmental health risks.

Implementation will be supported through cross-organisational collaboration, partnerships with external stakeholders, and alignment with State public health priorities. Progress will be monitored through a combination of short, medium, and long-term indicators, with annual reporting to ensure accountability and continuous improvement. Through this LWP, the Shire aims to create a safe, inclusive, and resilient place where all people have the opportunity to achieve and maintain good health.

The LWP is informed by local demographic and health data and community feedback. This analysis has identified several ongoing and emerging public health challenges, including chronic disease risk factors, mental health concerns, substance use, injury-related harm, and environmental health risks. In response, the LWP establishes three priority areas for action.

These priority areas are:

- Healthy people and community
- Safe places and spaces
- Connected and engaged people and places

1 Introduction

1.1 Purpose of the Plan

The Shire has developed this LWP to meet statutory responsibilities under the *Public Health Act 2016* (the Act).

The LWP intends to allow for the Shire to assess and ensure our resources are used most appropriately and efficiently to address the public health needs of the local community

The Shires LWP is a five-year strategic document that aims to identify public health priorities and future planning to work toward a more liveable and healthier community.

1.2 What is Liveability and Wellbeing

“Liveability is a key concept underpinning this Plan and reflects the conditions that support health and wellbeing in Katanning.”

Liveable communities in Katanning are places that are safe, welcoming and resilient, where people feel connected and supported, and where the natural and built environment promotes health and wellbeing.

Liveability is influenced by the conditions in which people are born, live and age, including access to essential services, local infrastructure, housing, transport and social opportunities. In Katanning, a liveable community supports people to participate fully in community life, maintain healthy lifestyles and access the services they need.

Achieving this requires coordinated action across local government, service providers and the community, with a shared focus on prevention, inclusion and improving health outcomes for all residents.

1.2 Legislative Context

Public Health Act 2016

The Shire of Katanning has a legislative obligation to develop and implement the LWP under the Act.

The Act defines public health as:

> *the wider health and wellbeing of the community and the combination of safeguards, policies and programs designed to protect, maintain, promote and improve the health of individuals and their communities and to prevent and reduce the incidence of illness and disability.*

Under the Act all local governments are required to develop a public health plan that addresses the requirement of the definition.

The purpose of the plan is to identify the wider liveability, health and well-being of our community and to have an integrated approach to providing programs and services to address liveability, and other community health and well-being issues identified.

Integrated Planning and Reporting Framework

The Council's Community Strategic Plan sets out the clear strategic direction for the Shire~~'s~~ reflecting the community's vision, outcomes and strategic priorities for the next 10 years (rolling) and forms the basis for the Shire's ongoing operations and service delivery over the next five years.

The LWP is an Issue-Specific Plan within the Integrated Planning and Reporting Framework, expanding on the direction set by the Community Strategic Plan in relation to addressing public health local matters. The LWP works towards the Council's vision of

> *"Katanning is a safe, sustainable, and prosperous community. We respect and celebrate our diverse culture."*

To achieve this vision, a range of objectives have been developed across the six aspirational areas: Social, Natural Environment, Economic, Cultural, Leadership, and Built Environment. The LWP is particularly relevant to the aspirational areas of Social, Cultural, Built Environment and Leadership.

Key themes have been developed aligning the priorities of the Shire of Katanning's Community Strategic plan and informing desktop studies (local and state) and community surveys. These key themes are:

- Healthy people and community
- Safe places and spaces
- Connected and engaged people and places

1.3 Shire of Katanning's Role in Public Health

Local government plays an important role in shaping the environments that support people to live healthy, connected and fulfilling lives. The Shire's Strategic Community Plan recognises that a liveable and healthy Katanning is a key priority for the community and commits to supporting this through the work it undertakes.

The Shire understands its role in public health and is committed to applying a health and wellbeing lens across its services, programs and planning.

The Shire contributes to public health through a wide range of functions including:

- Protecting environmental health by preventing and controlling public health risks such as food contamination, noise, asbestos, waste, and vector-borne disease
- Monitoring environmental conditions (sampling of recycled waters, asbestos investigations) to reduce exposure to health hazards
- Supporting healthy built environments through planning and development processes that promote liveability, walkability, access to green space, and climate-responsive design
- Administering building services to ensure structures are safe, compliant, and support occupant health and wellbeing
- Delivering Ranger Services that contribute to injury prevention, fire risk reduction, and community safety
- Providing and maintaining infrastructure (roads, footpaths, drainage, waste services) that enables safe movement, physical activity, and access to essential services
- Facilitating social connection and mental wellbeing through community events, volunteering, and recreational opportunities
- Leading emergency management, including disaster preparedness, response, recovery, and pandemic planning to protect community health and resilience

The Shire's Role in Delivering This LWP

In delivering this LWP, the Shire will take on a range of roles, recognising that improving health and wellbeing is a shared responsibility. The Shire will:

- **Advocate**
  Represent the needs of the Katanning community to State and Federal Governments, and seek improved access to services, infrastructure and funding.
- **Deliver**
  Provide services, infrastructure and programs that directly support health, safety and wellbeing outcomes.
- **Support**
  Enable community groups, organisations and local initiatives that contribute to a healthy and connected community.
- **Facilitate**
  Bring together partners, stakeholders and the community to collaborate, share information and deliver coordinated responses to local challenges.

Central to the Shire's role is listening to the community, understanding local priorities, needs and expectations, and balancing these with the resources and capacity available. Through strong partnerships and informed decision-making, the Shire aims to support a healthy, connected and resilient Katanning community.

The LWP will primarily be administered by the Shire's Environmental Health Officer.

2 How the Plan Was Developed

The LWP has been developed using an evidence-based and community-informed approach to ensure it reflects local needs, priorities and opportunities.

2.1 Evidence-Based Foundations

A comprehensive review of relevant strategies, policies, data and services was undertaken to establish a strong evidence base for the Plan.

This included alignment with:

- WA State Public Health Plan
- Shire of Katanning Strategic Community Plan (2022–2032)
- Other relevant Local, State and Regional plans and strategies

This review ensured the LWP is grounded in current policy direction and informed by local and regional data.

2.2 Community and Stakeholder Engagement

Community and stakeholder engagement played a central role in shaping the LWP.

The Shire engaged directly with 70 community members and stakeholders through:

- Surveys
- Community events

This engagement focused on identifying local priorities, challenges and aspirations for a healthy and liveable Katanning.

2.3 Turning Feedback into Priorities

Information gathered through engagement and data analysis was systematically reviewed to identify common themes and key opportunities.

This process enabled the Shire to:

- Identify priority areas for action
- Understand local needs and gaps
- Ensure alignment with community expectations

A draft plan was then developed and assessed against the Shire's role, capacity and available resources to ensure actions are realistic and achievable.

2.4 Endorsement and Implementation Planning

The final priorities and actions are both community-informed and evidence-based.

The Plan has been developed to:

- Reflect local needs and priorities
- Align with strategic directions and obligations
- Provide a clear framework for implementation

This framework supports the coordinated delivery of actions, guiding the Shire and its partners in improving health and wellbeing outcomes for the Katanning community.

3 Community Profile and Health Evidence

3.1 Population and Demographics

Social determinants of health in Katanning are strongly shaped by community connectedness and the district's aboriginal, agricultural, multicultural, and built heritage. Schools, sporting clubs, volunteer organisations, cultural centres and community groups play a central role in fostering social cohesion, mental wellbeing and resilience. In addition, farming activities, including seasonal agricultural work, field days and local industry events, are important social and economic touchpoints that bring people together and reinforce community identity. These sporting, agricultural and community activities are particularly important protective factors in a geographically dispersed community, helping to reduce social isolation and support positive health outcomes.

Environmental determinants of health in Katanning are shaped by its rural landscape, distance from regional centres, and reliance on private transport. While the community benefits from strong local medical services and a well-regarded clinic, access to a broader range of specialist and allied health services is more limited than in metropolitan areas, often requiring residents to travel significant distances. These factors—along with transport barriers and workforce availability—can disproportionately affect older residents, young people, and those living on remote properties.

The built environment within the township and outlying communities influence opportunities for physical activity, community safety, and social interaction. Public spaces, recreational facilities, and community infrastructure are important enablers of healthy behaviours and wellbeing,

Our community			
Population	4294 (estimated 2025)	**Education Standard**	
Male	51.2 %	Bachelor's degree	8.7 %
Female	48.8 %	Diploma	4.9 %
Median Age	40.4 years	Certificate IV	2.6 %
Family Composition		Certificate III	13.5 %
Couples without children	45.6 %	**Industry & Employment**	
Couples with children	37.0 %	Meat Processing	13.6 %
One parent family	15.6 %	Hospitals	4.5 %
Cultural Diversity		Primary Education	4.3 %
Aboriginal and/or Torres Strait Islander	11.7 %	Grain–Sheep or Grain–Beef Cattle Farming	4.3 %
Non-Indigenous	82.33 %	Supermarket and Grocery Stores	3.4 %
Indigenous status not stated	9.4 %	Did voluntary work through an organisation or group (last 12 months)	20.7 %
		Low income families	32.6 %
Persons born overseas	35.0 %	**Disability & Care**	
Common ancestries: Australian 29.2%, English 23.4%, Scottish 4.6%, Irish 3.8% and Karen 3.5%		Estimated disability prevalence	21.4 %
Language other than English: Malay 5.5%, Karen 4.1%, Hazaraghi 1.6%, Burmese 1.6% and Mandarin 1.0%		Provided unpaid care (past 2 weeks)	11.3 %
SEIFA Locality Index*			
Katanning	916		

*The socio-economic indexes for Areas (SEIFA) summarise a range of socio-economic indicators including employment, income, housing and education. Higher SEIFA scores indicate lower levels of relative disadvantage, lower SEIGA scores indicate higher levels of relative disadvantage

4 Health and Wellbeing Snapshot – Key Insights

The Shire of Katanning Health Profile 2015-2024 prepared by the Epidemiology Directorate of the Department of Health WA has provided key local health data to inform the Plan. This included analysis of health behaviours, health status, risk factors, injuries, vaccination rates, environmental health measures, and safety data. The Local Government Injury Report provided by Injury Matters, has also been referenced providing data and facts in relation to hospitalisations, by injury category.

In addition, the Great Southern Health Profile 2022 prepared by the West Australian Country Health Service has also been referenced providing data in relation to regional trends. The Social Health Atlas developed by the Torrens University was also anyalsed.

Injury Related Harm

Hospitalisation and death rates are shown as age-standardised rates (ASR) per 100,000 people. Age standardisation adjusts for differences in the ages of populations, so we can fairly compare Katanning with Western Australia. This is important for injury-related harm, as the risk of events like falls, self-harm, and transport, mechanical forces changes with age. Using ASR shows the true differences in injury rates, not just differences in population age

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Examination of this data identified the priority public health areas for the Shire.

Health Outcome	Our local government prevalence	Western Australia (comparison for context)
Protective Factors		
Children who ate fast food more than twice a week	5.2 %	6.2 %
Children aged 0-15 years who spent more than the recommended time in screen based sedentary leisure activities	31.8 %	43.9 %
Adults who spent more than the recommended time in screen based sedentary leisure activities	33.9 %	37.4 %
Emerging Risks / Key Concerns		
Nutrition Risks		
Children who ate the recommended serves of fruit daily (children 2–15)	68.0 %	75.4 %
Boys 1-15 who drank sugar sweetened soft drinks or energy drinks more than once a week	12.2 %	8.5 %
Physical Activity		
Children aged 5-15 years did not complete the recommended amount of weekly physical activity	66.5 %	62.3 %

Health Outcome	Our local government prevalence	Western Australia (comparison for context)
Adults aged 18 years and above did not complete the recommended amount of weekly physical activity	50.1 %	39.1 %
Overweight and Obesity		
Children Overweight (5-15)	16.1 %	15.0 %
Children Obesity	13.1 %	10.2 %
Overweight in persons (16 years and above)	34.9 %	37.4 %
Obesity in persons (16 years and above)	50.3 %	37.3 %
Smoking & Tobacco Harm		
Smoking (18+)	19.1 %	13.5 %
Smoking during pregnancy	16.3 %	7.6 %
Tobacco Hospitalisations	515.5	366.8
Tobacco Deaths	60.0	48.7
% low weight babies	11.6 %	7.1 %
Alcohol Harm		
Alcohol Hospitalisations	1044.6	665.4
Alcohol Deaths	41.4	26.0
Illicit Drug Harm		
Hospitalisations	258.4	181.8
Injury and Safety		
Residents aged 16 and above who reported that they had been injured in the last 12 months*	32.4	26.0
Transport injury hospitalisations	427.3	236.9
Injury due to Mechanical forces	634.23	524.72
Injury due to assault and neglect	164.9	106.4
Hospitalisations due to accidental drowning, submersions or threats to breathing	29.2	21.8
Transport deaths	35.6	7.2
Nearly 1 in 6 children aged 0-4 years was impacted by family violence over the last 12 months		
Mental Health and Wellbeing		
Residents aged 16 and above who experienced high or very high psychological distress	25.2	21.7
Blood-borne disease among Shire of Katanning residents of all ages	80.3	44.1
Lower participation in screening for Bowel, Breast and Cervical Cancers		

4.1 Katanning Speaks

The consultation conducted with stakeholders indicates that Katanning residents value healthy, safe and connected communities.

Key concerns raised as part of the consultative process include access to health services, mental health and social connection, affordability of healthy living, support for children and young people, and the impact of drugs, alcohol and vaping.

Residents strongly support local government action to improve recreation opportunities, walkability, community connection and advocacy for better health services, while maintaining a strong focus on community safety, healthy ageing and environmental health.
Survey results obtained through the consultative process are summarised below.

1. Key Survey Themes

In summary key themes identified as part of the broader consultation with the Katanning community were:

- Access to Health Services
- Mental Health and Social Connection
- Health and Active Living
- Children Youth and Families
- Alcohol, Drugs Smoking and Vaping
- Cost of Living

It is noted that access to health services was the strongest themeAcross both surveys, residents and staff consistently identified:

- Lack of GPs and specialists
- Access to mental health services
- Long wait times
- Difficulties accessing services locally
- Transport barriers to health care

2. Mental Health and Social Connection are Significant Concerns
Poor mental health, stress, anxiety, depression and social isolation were frequently rated as important community issues.
Respondents highlighted:

- Social isolation
- Lack of connection
- Mental health support gaps
- Need for community wellbeing initiatives
- Youth mental health concerns

3. Cost of Living is Affecting Healthy Choices
One of the most commonly reported barriers was:

- Cost of healthy food
- Cost of sport and recreation
- Cost of gym memberships
- General cost of living

4. The community Want More Physical Activity Opportunities

Respondents consistently supported:

- Walking paths
- Cycling facilities
- Recreational facilities
- Parks and open spaces
- Exercise programs
- Community sport opportunities

5. Youth and Early Intervention

Many respondents requested:

- More youth activities
- After-school programs
- Youth-focused prevention initiatives
- Safe places for teenagers
- Early years support
- Children's wellbeing programs

6. Alcohol, Drugs and Smoking Are Major Community Concerns

The strongest perceived health risks were:

- Illicit drugs (particularly methamphetamine)
- Harmful alcohol use
- Smoking and vaping

7. Community Safety Remains Important

Respondents identified:

- Safer communities
- Community policing
- Drug-related crime
- Street lighting
- Safe walking environments
- Family safety and family violence prevention

8. Recreation Infrastructure Needs Improvement

Community ratings suggest weaknesses in:

- Recreation facilities
- Pathways
- Programs
- Health service partnerships

9. Older Adults Identified Accessibility Issues

Older residents highlighted:

- Need for better footpaths

- Accessibility improvements
- Transport assistance
- Hydrotherapy facilities
- Age-friendly infrastructure
- Support after hospital discharge

5 Liveability and Wellbeing Priorities – Overview

The following three priority areas have been developed to best relate to the breadth of work the Shire is already doing and reflects the focus that the Shire has for the liveability and wellbeing of its community

Healthy, Safe Places and Spaces - The places we live, work and play shape our health

The places we live, work and play influence our overall health. Healthy, safe places and spaces focus on protecting the community from environmental and public health risks, promoting built and natural environments that are sustainable, inclusive and resilient to change.

Objectives

- Improve environmental health and community safety.
- Support healthy housing and liveable neighbourhoods.
- Improve equitable access to services and essential infrastructure.
- Enhance age-friendly and accessible community environments.

Healthy People and Community - Making healthy choices easy

Creating places and opportunities that support physical activity, healthy eating and positive lifestyle choices. Supporting people of all ages and abilities to be active, connected and engaged helps prevent chronic disease and improves overall wellbeing.

Objectives

- Prevent chronic disease through healthy lifestyle opportunities.
- Improve health outcomes for children and young people.
- Support Aboriginal health and wellbeing through culturally appropriate partnerships.
- Reduce the impact of smoking, alcohol and other drugs.

Connected and Engaged Community - Strong connections build stronger communities
Social connection, inclusion and participation help people feel valued, supported and connected. Strengthening relationships and community involvement improves wellbeing and builds a strong sense of belonging

Objectives

- Improve mental health and wellbeing.
- Reduce social isolation and loneliness.
- Strengthen community participation and volunteering.
- Reduce health inequities experienced by vulnerable populations.

Liveability and Wellbeing Priority Areas and Actions

Resourcing of the LWP is largely determined by the linkages it has with the Council Plan and legislative requirements. Many of the actions contained within the LWP are funded through existing service planning and budget processes.

New projects (specific Operational Plans falling directly from the Public Health Plan) are dependent on funding being secured through a combination of Council and external funding.

Council funding, including the allocation of cash and reserves, is approved by Council when setting the annual budget each year.

External funding is dependent on securing grants, loans, or other funds.

Key – Action Type			
BAU	Business as Usual	OP	Operating Project
CP	Council Plan	DAIP	Disability and Inclusion Plan

5.1 Priority Area One: Healthy Places and Spaces

Objective	Action	Role	Priority	Action Type
To provide healthy places and spaces to encourage and support healthy lifestyle opportunities.	1.1 Partner with key agencies to support the delivery of environmental health and public health programs.			
	1.1.1 Implement targeted programs (e.g. Home Safety Review, Stay on Your Feet) for vulnerable and at-risk groups to strengthen household health and wellbeing	**Support**	**High**	**OP**
	1.1.2 Develop and promote communication resources to reach vulnerable population groups on climate change, emergency preparedness and response.	**Deliver**	**Medium**	**BAU**
	Develop and maintain partnerships with local Aboriginal organisations, Elders, Aboriginal Community Controlled Health Services and community representatives to inform implementation of the LWP.	**Deliver**	**Medium**	**CP**
	1.2 Continue to fulfil the Shire's statutory responsibilities to ensure community environmental health and safety.			
	1.2.1 Apply a Public Health lens checklist or assessment process to relevant new and reviewed Council policies, plans and procedures to ensure public health principles are considered	**Deliver**	**Medium**	**BAU**
	1.2.2 Undertake regulatory food and public health inspections	**Deliver**	**High**	**BAU**
	1.2.3 Investigate all public and environmental health service requests	**Deliver**	**High**	**BAU**
	1.2.4 Deliver private pool barricade program, pool safety and vacation swimming program	**Deliver**	**High**	**BAU**
	1.2.5 Support community-led initiatives that reduce high-risk behaviours (e.g. alcohol, road safety, injury prevention)	**Support**	**Medium**	**BAU**
	1.2.6 Promote local mental and physical health services available to residents impacted by road trauma or injury	**Deliver**	**High**	**BAU**
	1.2.7 Collaborate with local organisations, government agencies and community groups to identify local road safety issues and implement targeted initiative	**Facilitate / Deliver / Support**	**Medium**	**BAU**
	1.2.8 Partner with organisations (e.g. RoadWise) to promote driver safety awareness through Shire programs, events and communications	**Support**	**Medium**	**BAU**
	Advocate for and support initiatives that increase the availability and diversity of affordable housing options within Katanning.	**Advocate**	**High**	**CP**

5.2 Priority Area Two: Connected People and Places

Objective	Action	Role	Priority	Resources
To ensure our communities are encouraged, supported and given opportunities to connect and engage	2.1 Strengthen community mental wellbeing by embedding evidence-based mental health promotion initiatives across Shire strategies, programs and services			
	2.1.1 Participate in Community Service Provider networks to strengthen partnerships and coordinated service delivery aligned with Shire priorities	**Support**	**High**	**CP**
	2.1.2 Partner with organisations (e.g. Act Belong Commit, Men's Health) to promote positive mental health messaging through Shire programs, events and communications	**Deliver**	**Medium**	**OP**
	2.2 To promote and increase visibility of local services and programs that support positive mental health and wellbeing.			
	2.2.1 Develop and maintain an annual communications schedule aligned with local, state and national health promotion campaigns (e.g. R U OK? Day)	**Deliver**	**High**	**OP**
	2.2.2 Maintain and regularly update the Community Services Directory to ensure it is accessible, current and promotes local services	**Deliver**	**Medium**	**OP**
	2.2.3 Promote local mental health services, support services and crisis contacts through Shire communication channels and facilities	**Deliver**	**High**	**OP**
	2.2.4 Engage priority population groups (e.g. seniors, youth, Aboriginal community) and stakeholders in planning and development of programs and services	**Deliver**	**High**	**CP**
	2.3 Support place-based initiatives that strengthen neighbourhood connection and reduce social isolation among vulnerable populations			
	2.3.1 Deliver events, programs and grants that connect children, young people and families with their community	**Deliver**	**Low**	**BAU**
	2.3.2 Support opportunities that enhance participation and quality of life for people with disability and their carers	**Deliver**	**Low**	**DAIP**
	2.3.3 Support inclusive programs and events that foster belonging, particularly for individuals experiencing isolation or loneliness	**Support**	**Low**	**OP**
	2.3.4 Build capacity of community groups to deliver local initiatives that enhance connection and wellbeing	**Deliver & Support**	**Low**	**BAU**
	2.3.5 Support community-led projects through funding programs that improve inclusion, connection and neighbourhood safety (e.g. Neighbourhood Watch)	**Support**	**Medium**	**OP**
	2.3.6 Support delivery of trauma-informed approaches within community services and programs	**Support**	**Medium**	**OP**
	2.3.7 Facilitate access to professional development for Shire staff and community stakeholders in inclusion, communication and referral pathways	**Support**	**Low**	**OP**

	2.3.8 Develop an internal toolkit identifying local referral contacts and pathways, to support front line staff when engaging with vulnerable community members.	**Deliver**	**Medium**	**OP**
	2.3.9. Develop welcoming kit	**Deliver**	**Medium**	**OP**
	2.3.10 Providing opportunities for resources and initiatives for building community capacity, further education, and community upskilling	**Support**	**Low**	**BAU**
	Support Aboriginal-led events, activities and initiatives that promote cultural identity, connection to community, intergenerational knowledge sharing and wellbeing.	**Support**	**Medium**	**CP**
	2.3.11 Encouraging, supporting, and celebrating volunteering in the community	**Deliver & Support**	**Low**	**OP**

5.3 Priority Area Three: Healthy People and Community

Objective	Action	Role	Priority	Resources
To support active lifestyles and healthy behaviours that prevent chronic disease and improve overall health and wellbeing.	3.1 Deliver programs, activities and events that support and encourage, healthy, active lifestyles.			
	3.1.1 Promote local, state and federal health promotion/ campaigns to increase community awareness of health risks and opportunities to adopt healthy eating strategies.	**Support**	**Medium**	**BAU**
	3.1.2 Provide guidance on healthy food and drink options into event funding guidelines	**Deliver**	**Medium**	**BAU**
	3.1.3 Promote and maintain the Shire's shared path and trail network through promotional activities encouraging regular community use, updating signage and maps.	**Deliver**	**Medium**	**BAU**
	3.1.4 Support opportunities for low cost and/or free physical activity and other recreational options in public spaces and indoor facilities.	**Support**	**Medium**	**OP**
	3.1.5 Promote existing Shire facilities, parks, public open spaces to increase awareness of free and low-cost opportunities for physical activity.	**Support**	**Medium**	**BAU**
	3.1.6 Identify opportunities for infrastructure improvements that enhance walkability, cycling safety and accessibility e.g. Shade, lighting, footpath improvements.	**Deliver**	**Medium**	**BAU**
	3.1.7 Promote education initiative/awareness-raising projects, including social media outreach regarding identified high risk health issues. Such as campaigns regarding Fite the Bite, Slip, Slop, Seek and Slap and Asbestos Awareness Week.	**Support**	**Medium**	**BAU**
	3.1.8 Provide statutory services which assist with the delivery of the development of local produce markets, community gardens, edible verges	**Deliver**	**Medium**	**BAU**
	Partner with local businesses, schools, agricultural organisations and safety agencies to promote injury prevention and safe work practices relating to machinery, tools, equipment and farm activities.	**Support**	**Medium**	**OP**
	3.2. Deliver smoke and alcohol-free community events, programs and Shire managed places			
	3.2.1. Promote (as appropriate) alcohol-free, smoke-free, and vape-free environments through messaging across Shire policies, programs, events, signage and public environments.	**Deliver**	**Medium**	**BAU**
	3.2.2 Undertake educational initiatives/awareness-raising projects, including social media outreach to reduce prevalence of smoking, vaping and high-level consumption of alcohol.	**Support**	**Medium**	**BAU**
	3.2.3 Increase the provision of and access to healthy food and drink options at Shire	**Support**	**Medium**	**Opportunity**

	managed facilities, programs, activities and events.			
	3.2.4 Support State campaigns encouraging minimisation of the harm associated with smoking, e-cigarettes and alcohol use.	**Support**	**Medium**	**BAU**

6 Implementation, Evaluation, Reporting and Review Process

6.1 Implementation

The LWP will be implemented through a coordinated and collaborative approach across multiple service areas within the Shire.

Delivery of the actions will be supported by partnerships with external stakeholders, community organisations and the local community though the life of the LWP. To support effective implementation, the Shire will:

- Engage with priority populations to ensure programs and initiatives are relevant, accessible and responsive to community needs
- Align activities and objectives across internal service areas to reduce duplication, maximise resources and ensure all efforts support the identified health priorities
- Connect with broader health promotion campaigns and explore funding opportunities to expand program reach and align with state health initiatives
- Collaborate with external stakeholders and community organisations to strengthen partnerships and enhance the Shire capacity to deliver effective public health programs
- Leverage existing community events and initiatives as platforms to promote health and wellbeing messages, encourage participation and strengthen community engagement.

6.1.1 Evaluation

The Shire will monitor and evaluate progress against the health priorities and expected outcomes outlined in the LWP. In accordance with the Act, the LWP will be reviewed annually and reported to the Chief Health Officer as required by the Department of Health.

Quarterly reporting will be undertaken by relevant service areas and provided to the Health Services team to monitor implementation progress, identify opportunities for collaboration and support continuous improvement. As improvements in population health typically occur over extended periods, a combination of short, medium, and long-term indicators will be used to assess the effectiveness of the LWP.

6.1.2 Short-Term Progress Indicators

Short-term indicators will focus on implementation and early outputs association with the delivery of the LWP. Indicators may include:

- Progress against the implementation of actions identified in the LWP Action Plan.
- Number and type of health promotion programs, campaigns or initiatives delivered.
- Number of partnerships established or strengthened with community organisations and stakeholders.

Level of community engagement with health and wellbeing initiatives (e.g. program attendance or participation).

6.1.3 Medium-Term Progress Indicators

Medium-term indicators will measure early outcomes and changes in community engagement and awareness. Indicators may include:

- Improved community perceptions of health and wellbeing.
- Increased participation rates in health and wellbeing programs and activities.
- Number and range of health promotion programs delivered.
- Number of regulatory inspections completed.
- Compliance rates with relevant public and environmental health legislation.

6.1.4 Long-Term Progress Indicator

Long-term indicators will focus on broader population health outcomes. Indicators may include:

- Reduction or stabilisation in the prevalence of key health risk factors.
- Reduction or stabilisation in rates of preventable deaths and hospitalisations

6.2 Reporting and Review

The overarching vision of the LWP is to foster a healthy, liveable, and socially connected community for all residents. The five-year action plan will be reviewed annually to monitor progress, ensure ongoing relevance and support effective delivery.

The annual review process will include:

- Assessing progress on LWP actions, initiatives, and partnerships.
- Evaluating the effectiveness of actions and their alignment with desired outcomes.
- Reviewing demographic and health data to confirm priorities remain current.
- Monitoring implementation timelines and schedules.
- Ensuring alignment with the State LWP and emerging priorities.
- Identifying new or emerging public health issues.
- Reviewing budget and resource allocations and the capacity of staff to deliver programs. Assessing the ability of external providers and partners to support health promotion initiatives.
- Identifying barriers to service delivery, infrastructure, or equipment, and developing appropriate responses.

Updating and amending the action plan as required. At the conclusion of the five-year period, a comprehensive evaluation will be undertaken to inform the development of future public health plans and ensure continuous improvement.

7 References

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