



Government of **Western Australia**
Department of **Health**

Public Health Planning Guide for Local Government

Guidance to support meeting the requirements of Part 5
of the *Public Health Act 2016*

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Disclaimer

This document provides general guidance on aspects of the *Public Health Act 2016*. This Guide is not a substitute for reading the Public Health Act and should not be regarded as legal advice.

Legal advice relevant to the user's circumstances should be obtained when necessary. It is the responsibility of users to inform themselves of any updates to the Guide and the relevant legislation applying, and to ensure that they rely on information that is current.

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Feedback

Any feedback related to this Guide should be emailed to publichealthact@health.wa.gov.au.

Your feedback is invaluable in helping to keep this resource up to date.

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Purpose of this Guide

This Guide is one of a series of resources to support the implementation of the *Public Health Act 2016* (Public Health Act). The document summarises key provisions of the Public Health Act related to Part 5 (public health planning), and aims to provide practical advice to support people who are responsible for commencing the development of a local public health plan (Local PH Plan).

This Guide will be updated following stage 5 of implementation of the Public Health Act. Therefore, it is important that local governments regularly refer to the Department of Health's website www.health.wa.gov.au to ensure they are using the most up-to-date version.

How to read this Guide

This Guide is divided into four parts:

Part 1 – Overview of public health planning

Part 1 provides an overview of what public health planning is, and explains the importance of public health planning for local government enforcement agencies.

Part 2 – Getting started

Part 2 provides information to support local government on how to get started on developing their Local PH Plans.

Part 3 – Public Health Act 2016 requirements

Part 3 summarises each provision of the Public Health Act related to the development of Local PH Plans and provides practical examples and resources where possible, to help local governments to comply with the legislation.

Part 4 - Resources

Part 4 provides a range of resources to assist local governments to develop Local PH Plans.

Staged implementation of the Public Health Act 2016

Part 5 of the Public Health Act, which requires the development of both a State public health plan (State PH Plan) and Local PH Plans, will not come into effect until stage 5 of implementation of the Public Health Act. This means that the first State PH Plan is not required to be produced until one year after Part 5 of the Public Health Act is enacted, which is still approximately 4 years away (~ year 2021). Local governments are not required to produce their first Local PH Plan until two years after Part 5 is enacted. This means that the development of the State or Local PH Plans is not currently a legal requirement.

Even though Part 5 of the Public Health Act will not come into effect for some years, many local governments advocated for public health planning and are producing public health plans in anticipation for the commencement of Part 5. The Department of Health is supportive of this initiative and encourages local governments to commence the process of developing their Local PH Plan.

Key concepts of the Public Health Act

The Public Health Act defines a number of areas that should be taken considered as part of the public health planning process:

Defining public health

The Public Health Act defines public health as:

- a) the wider health and wellbeing of the community; and
- b) the combination of safeguards, policies and programmes 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.

The objects of the Public Health Act

The objects of the Public Health Act outline the underlying purpose of the Act and can be used to guide the public health planning process. Having regard to the objects means that local government are being consistent with the intended purpose of the Act.

There are ten objects, which are to:

1. promote and improve public health and wellbeing and to prevent disease, injury, disability and premature death
2. protect individuals and communities from diseases and other public health risks and to provide, to the extent reasonably practicable, a healthy environment for all Western Australians
3. promote the provision of information to individuals and communities about public health risks
4. encourage individuals and communities to plan for, create and maintain a healthy environment
5. provide for the prevention or early detection of diseases and other public health risks, and certain other conditions of health
6. support programmes and campaigns intended to improve public health
7. facilitate the provision of information to decision-making authorities about public health risks and benefits to public health that may result from certain proposals
8. provide for the collection, disclosure and use of information about the incidence and prevalence of diseases, other public health risks in the State and certain other conditions of health, for research or public health purposes
9. reduce the inequalities in public health of disadvantaged communities
10. provide for functions in relation to public health to be performed by the State and local governments.

Functions of local government

The Public Health Act defines the functions of local government [section 16], which are:

- to initiate, support and manage public health planning for its local government district (i.e. in accordance with the Act and the *Local Government Act 1995*)
- to develop and implement policies and programmes to achieve the objects of this Act within its local government district
- to perform the functions that are conferred on local governments by or under this Act
- to administer and enforce this Act within its local government district in accordance with the objects and principles of this Act.

Part 1

Overview of public health planning



Part 1. Overview of public health planning

1.1 Who is responsible for health?

The factors that determine a person's health are considered to be the conditions in which a person is born, grows up, lives, works and ages and in turn influences their opportunity to be healthy, their risk of illness and life expectancy [1]. Influencing these determinants of health is considered to be a shared responsibility and is beyond the scope of any one agency or level of government.

State Governments, non-government agencies and local government each play a role in helping to support and drive improvements to the health and wellbeing of the WA population, be it at a state-wide or local community level.

The public health challenges of today requires the support, collaboration and innovative across all levels of government and health sectors to work together to create lasting improvements to the health of Western Australians.

The *Public Health Act 2016* recognises this shared responsibility, and has embedded the requirement for public health planning (under Part 5 of the Public Health Act) at both a State Government and local government level. Establishing the legal requirement for public health planning is an important step in elevating the importance and commitment to public health across both tiers of government, and creates the opportunity to establish stronger partnerships that aim to influence the determinants of health in some way.

1.2 The role of State Government and public health

State government agencies are primarily responsible for state-wide development, coordination and delivery of a wide range of policies, programmes and services.

Although the Department of Health is considered to be one of the leading agencies who delivers hospitals and health services, as well as public health policies and programmes for Western Australians, there are a number of government agencies with a responsibility for providing policy support and services that lead to positive public health outcomes. This includes the Department of Local Government, Sport and Cultural Industries, Department of Transport, Department of Education, and Mental Health Commission, to name a few.

Some of the key roles of State Government agencies are to:

- **establish laws** governing specific public health risk activities which are enforced either at a State or local government level including legislation related to food handling and hygiene, asbestos management, pesticide safety, contaminated lands, tobacco control, public buildings and water management
- **implement specific services** for the community such as hospitals and aged care facilities
- **provide policy advice** to ministers and the community on a range of health related issues
- **manage large infrastructure projects** such as main roads or entertainment centres and
- **develop state-wide programmes** that target specific health behaviours such as the [livelighter campaign](#), [active transport](#), [could I have it campaign](#) and [think mental health](#).

Many state-wide policies, programmes and services influence or can be implemented or incorporated at a local district level in some way.

1.3 The role of local government and public health

Local governments are often considered to be ‘closest to the people’ not only because of the range of services they provide to various local community groups, but also because of the effect of these service on community health and wellbeing. Collectively, these services impact on the determinants of health of residents.

Local governments are intimately involved in addressing many, if not all, determinants of health, directly or indirectly. The work of local government is varied, but it touches almost all areas of our day to day life – whether we live in cities, towns or country areas. Local government looks after a variety of programmes and services that all have a big impact on the communities health. These services generally include:

- **infrastructure and property services**, including local roads, bridges, footpaths, drainage, waste collection and management
- provision of **recreation facilities**, such as parks, sports fields and stadiums, golf courses, swimming pools, sport centres, halls, camping grounds and caravan parks
- **health services** such as water and food inspection, immunisation services, toilet facilities, noise control and meat inspection and animal control
- **community services**, such as child-care, aged care and accommodation, community care and welfare services
- **building services**, including inspections, licensing, certification and enforcement
- planning and development approval
- **administration of facilities**, such as airports and aerodromes, ports and marinas, cemeteries, parking facilities and street parking
- **cultural facilities and services**, such as libraries, art galleries and museums
- **water and sewerage** services in some states, and
- other services, such as abattoirs, sale-yards and group purchasing schemes.

WA local governments also have statutory responsibility for public health protection under the *Public Health Act 2016*, *Health (Miscellaneous Provisions) Act 1911* (previously known as the *Health Act 1911*), *Environmental Protection (Noise) Regulations 1997*, *Food Act 2008*, the *Tobacco Products Control Act 2006*, and a range of subsidiary legislation, by regulating environmental health matters. These laws place specific obligations on local governments to administer and enforce them.

Local government’s lead in enforcing health laws has resulted in numerous successes over the previous decades in helping to prevent, reduce or even eliminate the prevalence of many diseases and health risks in WA.

In addition to the more traditional environmental health roles, local government are now required to initiate a range of other activities, programmes, assets and services, intended to protect and promote the health of communities on behalf of their ratepayers. However, these assets and services are usually managed by a variety of sectors across a local government, and are rarely looked at from a holistic point of view under the ‘public health and wellbeing’ banner.

Improving public health requires recognition within local government of exactly what health services and assets are delivered and what public health outcomes are being

Improving public health requires recognition within local government of exactly what health services and assets are delivered and what public health outcomes are being achieved.

achieved.

Ensuring local government have a better understanding of the public health risks that face the local community means that local government can focus efforts and resources on targeting priority areas of health.

This new direction in planning for health calls for a more integrated approach to the provision of facilities, programmes and services to address not only environmental health, but chronic disease, mental health issues, communicable diseases and other issues common in our communities.

There are a number of initiatives that local government can or are already implementing at a local level to influence the determinants of health through the provision of a variety of local programs and services. Some examples may include:

- making community events alcohol and tobacco free
- ensuring council owned facilities serve healthy food options
- establishing local farmers markets or food co-ops serving affordable healthy foods
- supporting gardening initiatives for growing fresh fruit and vegetables
- planning for sun protection in outdoor areas
- planting fruit trees as street trees
- organising walking school buses
- enforcing a built environment strategy that incorporates healthy active by design principles
- enforcing a no smoking policy in all council buildings
- participating in food sampling programmes
- implementing mosquito management programmes

This new direction in planning for health calls for a more integrated approach to the provision of facilities, programmes and services to address not only environmental health, but chronic disease, mental health issues, communicable diseases and other issues common in our communities.

1.4 What is a public health plan?

Part 5 of the Public Health Act requires the preparation of two types of public health plans:

1. a State public health plan (the State PH Plan) prepared by the Chief Health Officer and
2. a local public health plan (the Local PH Plan) prepared by each local government.

A public health plan is essentially a:

1. **Health profile:** The background evidence which provides an analysis of the health status and health determinants of the population (either at a State-wide or a local district level) and provides an overview of the public health needs and risks of the community.
2. **Strategic plan:** Outlines the objectives and policy priorities that focus on achieving positive public health outcomes through the promotion, improvement and protection of public health and the development and delivery of public health services.

The relationship between the State PH Plan and Local PH Plans and some key elements of public health planning required under the Public Health Act are summarised below:

Public Health Planning			
State public health plan	Identifies public health needs		Local public health plans
	Examines health status and health determinants		
	Establishes objectives and policy priorities for:		
	Promotion, improvement and protection of public health	Development and delivery of public health services	
	Establishes a framework for identifying and responding to public health risks		
	Ensures continuous review, replacement and reporting of the plan		

1.5 What is the purpose of public health planning?

Both the State Department of Health and local governments have a long-standing statutory responsibility for public health protection. The requirement for public health planning strengthens the need to better plan for public health and wellbeing by both tiers of government. It will also help to align the public health objectives and policy priorities of government more effectively, with the ultimate aim of making sure State and local governments are working in unison and directing resources targeting areas of greater public health need.

Public health planning is about taking a proactive approach to public health, with the focus being on achieving long-term public health outcomes through the planning process.

Public health planning enables governments to:

- regularly assess the public health needs of the community
- articulate the public health vision, objectives and policy priorities for the community
- allocate resources to achieve public health priorities and
- monitor and report progress.

The intention is to support local governments to assess and ensure that their resources are used in the most appropriate and efficient way to address the public health needs of their local population rather than increase the number of services provided.

The intention of public health planning is to require local government to assess and ensure their resources are used in the most appropriate and efficient way to address the public health needs of the local population, rather than increase the number of services provided.

1.6 Resourcing requirements

Public health planning does not require any mandatory spending by local government unless related to the administration and enforcement of public health legislation including the *Public*

Health Act 2016, Health (Miscellaneous Provisions) Act 1911, Food Act 2008 and Tobacco Products Control Act 2006. However, this legislation already imposes obligatory responsibilities on local government to administer and enforce these laws, and enables local government to recoup costs associated with their administration.

Therefore the delivery of any public health initiative, project or programme will be at the discretion of the local government, based on the public health needs and expectations of their local community. There are also a range of grants and funding available for local government to plan and implement projects, events and initiatives that help to improve the lives of West Australians. These are detailed on the [WA government](http://www.wa.gov.au) website www.wa.gov.au.



Part 2

Getting started



Part 2. Getting started

There is no specific planning process that must be followed when developing a public health plan, or a 'one size fits-all' template. This ensures that local governments are provided with the flexibility and autonomy to develop individualised plans according to their preferred planning processes.

The information below provides a general overview of how to get started on the planning process. Each step is further explained in Part 3, and additional planning resources are detailed in Part 4 of this Guide.

2.1 The planning process

Every local government is responsible for developing the process that will be followed to develop a Local PH Plan. The below model, which incorporates elements of section 45(4) of the Public Health Act, provides a suggested approach to public health planning in order to achieve compliance with the Public Health Act. Each stage of the below planning process is summarised in Table 1.



Figure 1 The key stages of the public health planning process

Table 1 Summary of each stage of public health planning

Topic	Stage of planning
Pre-planning	
Project coordinator	<p>Appoint a lead coordinator who will lead the planning process on behalf of the local government. This role may involve:</p> <ul style="list-style-type: none"> ▪ liaison with key internal and external stakeholders ▪ liaison with the community ▪ coordinating annual reviews ▪ coordinating annual reporting ▪ general communication ▪ coordinating the development of a planning framework ▪ ensuring compliance with the requirements of the Act
Governance mechanisms	<p>Consider what internal governance mechanisms may be required to ensure the development of a Local PH Plan. This may include:</p> <ul style="list-style-type: none"> ▪ assigning responsibility to a senior manager(s) ▪ establishing a subcommittee of local government to oversee the process ▪ establishing reporting mechanisms <p>It is recommended that at a very early stage, the public health planning process is supported and approved in principle by the Chief Executive Officer (CEO) and council, and the final Local PH Plan is endorsed by the CEO.</p>
Skills development	<p>Consider seeking external support to assist with completing any stage of the project e.g. community consultation, or whether to invest in building capacity and skills of staff internally. Consider what additional skills may be required.</p>
Integration with the Local Government Act	<p>Consider the most effective and efficient ways to undertake public health planning, including the integration into existing local strategic planning processes and documents under planning obligations contained in the <i>Local Government Act 1995</i>.</p>
Develop and communicate the planning framework	<p>Develop the planning framework outlining the steps to be taken to develop the plan and the appropriate timeframes to be adhered to.</p>
Develop a local government district health status report	
Data gathering	<p>Work with relevant public health authorities and data custodians to gather health data prioritising the health status of the local district. This data can be compared to national or State averages.</p>
Assessment	<p>Analyse the available data to determine and report on any trends applicable to the local district e.g. higher rates of smoking compared to the State or national average.</p>
Develop a community health profile report	<p>Draft a report prioritising the findings of the assessment. The report will provide the supporting evidence to assist with determining the priorities and objectives for the Local PH Plan.</p>

Establish objectives and policy priorities

Review State Public Health Plan	Consider the State PH Plan and the applicability of its objectives and policy priorities to the local community. Use it as a basis for commencing the development of your own Local PH Plan.
Review current plans, policies, and strategies etc	<p>Review your existing local plans, policies, projects, programmes and public health activities to identify what initiatives have already been happening in your local district that are already contributing towards improved public health outcomes.</p> <p>This review will assist local government to identify and report on current practices that are fulfilling their public health planning requirements, and that may be consistent with the priorities identified in the State PH Plan.</p> <p>It is expected that this review will also identify gaps or opportunities for further development or initiatives that local government may decide to undertake.</p>
Focus groups	Host a range of focus groups with key partners to commence the process of identifying and prioritising objectives and policy priorities for addressing the areas of public health need.

Risk identification – Community engagement

Further needs analysis and community consultation	Consider what additional needs analysis and community consultation exercises you will need to initiate in order to properly assess community public health risks, expectations, perceived risks and any other relevant issues.
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Establish partnerships

Internal partnerships	<p>Identify various services within local government that need to be involved in the development of the plan. These include:</p> <ul style="list-style-type: none"> ▪ Environmental health ▪ Community and recreational services ▪ Engineering ▪ Town planners ▪ Building officers
Other agencies	<p>Identify various agencies that may be able to provide additional skills, knowledge and expertise in the development of the plan. These may include:</p> <ul style="list-style-type: none"> ▪ Federal government ▪ State government ▪ Local police ▪ Private agencies ▪ Non-government organisations ▪ Community groups and individuals
Chief Health Officer	Determine what partnerships may be needed with the Chief Health Officer of the Department of Health.

Develop an action plan

Outline actions for each objective	<p>Identify actions for each objective that work to achieve the objectives. Apply the SMART criteria to each:</p> <ul style="list-style-type: none"> ▪ Specific ▪ Measurable ▪ Achievable ▪ Realistic ▪ Time-specific
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Publish the plan

Publish the report	Make the report publically available in accordance with the Public Health Act and communicate widely.
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Review and report

Adhere to reporting requirements under the Public Health Act	<p>Develop an annual review and reporting schedule.</p> <ul style="list-style-type: none"> ▪ Check implementation is on track ▪ Check that results to date are what is expected ▪ Check that the context has not changed ▪ Decide what needs to be done differently ▪ Publish plan in accordance with the Public Health Act ▪ Report on performance of functions under the Public Health Act
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2.2 Key elements of a public health plan

The structure of any plan should be easy to follow and the strategy should be written in clear, concise and plain English. The main elements of a public health plan may include:

Vision statement (the dream)	<p>The vision statement should communicate what the ideal conditions for public health and wellbeing are for the community – how things would look if the priorities were perfectly addressed. The vision statement should inspire everyone in the community to aspire to an ideal.</p> <p>The vision should be:</p> <ul style="list-style-type: none"> ▪ Understood by everyone ▪ Broad enough to capture all aspects of health and wellbeing ▪ Easy to communicate
Mission statement (the what and the why)	<p>The mission statement should inspire people to act. It should generally describe what a local government will do and why to contribute to the realisation of the vision. A mission statement should be more action-oriented than the vision statement. A mission statement can be a compass to guide decision making.</p>
Health status and health determinants profile	<p>A local government district community health profile is essentially a report that documents everything that is known about the health status and health determinants of a local district. This exercise will should also help to identify public health risks of the district. The report can look at the data relevant to a local district and compare</p>

	to State and national averages wherever possible.
Set the public health objectives	Establish overarching objectives based on the priority public health risks identified for the community. A local government may have various objectives as a result of the examination of its community health profile.
Establish policy priorities	A number of policy priorities are required for each of the objectives that outline how the objectives will be achieved.
Construct the action plan (the how, by whom, by when)	The action plan describes in detail exactly how the objectives will be achieved. Strategies and actions must be specific, achievable and realistic. Each action should be allocated to an individual or team, and have specific timeframes that the action is to be completed.

Part 3 of this Guide discusses the specific sections of the Public Health Act that must be addressed when developing a Local PH Plan.

2.3 Reviewing existing initiatives

One of the most important steps of the planning process is to review what your local government is already doing to address health. Review your existing local plans, policies, projects, programmes and public health activities to identify what initiatives have already been happening in your local district that are already contributing towards improved public health outcomes.

This review will assist local government to identify and report on current practices that are fulfilling their public health planning requirements, and that may be consistent with the priorities identified in the State PH Plan

It is expected that this review will also identify gaps or opportunities for further development or initiatives that local government may decide to undertake. The intention of public health planning is to require local government to assess and ensure their resources are used in the most appropriate and efficient way to address the public health needs of the local population, rather than increase the number of services provided.



Part 3

Public Health Act 2016 requirements



Legislation

Legislation

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Part 3. Public Health Act 2016 requirements

Part 5 of the Public Health Act outlines the various legal requirements that must be adhered to during the development of a Local PH Plan. Local governments must familiarise themselves with these requirements.

Every local government is required to prepare a Local PH Plan [section 45].

Section 45 (4) states that a local public health plan must —

- (a) identify the public health needs of the local government district; and
- (b) include an examination of data relating to health status and health determinants in the local government district; and
- (c) establish objectives and policy priorities for —
 - (i) the promotion, improvement and protection of public health in the local government district; and
 - (ii) the development and delivery of public health services in the local government district; and
- (d) identify how, based on available evidence, the objectives and policy priorities referred to in paragraph (c) are proposed to be achieved; and
- (e) describe how the local government proposes to work with the Chief Health Officer and other bodies undertaking public health initiatives, projects and programmes to achieve the objectives and policy priorities referred to in paragraph (c); and
- (f) include a strategic framework for the identification, evaluation and management of public health risks in the local government district and any other matters relating to public health risks in the local government district —
 - (i) that the local government considers appropriate to include in the plan; or
 - (ii) that are required to be included in the plan by the Chief Health Officer or the regulations; and
- (g) include a report, in accordance with the regulations, on the performance by the local government of its functions under this Act.

Key sections of Part 5 related to local government public health planning are summarised below, with additional information and resources to help clarify and apply each.

3.1 Local government to prepare a public health plan [section 45(1)]

Section 45 Local public health plans

(1) A local government must prepare a public health plan (a local public health plan) that applies to its local government district.

Every WA local government must develop a Local PH Plan that considers the public health needs of its local district.

A local government may delegate its role under section 45(1) to the Chief Executive Officer or an authorised officer in accordance with section 21 of the Public Health Act.

Local governments can use any process necessary to comply with the requirements of the Public Health Act.

The task of whom is responsible for developing the plan is at the discretion of each local government. The Public Health Act does not specify any specific skills or qualifications that are needed to develop the plan.

There is no standard template or specific step by step process that must be adhered to, except meeting those requirements outlined in the Public Health Act. This ensures flexibility in design as well as flexibility in the processes used to identify and implement objectives and policy priorities.

Notably, Local PH Plans can be integrated into the plans for the future process required under the *Local Government Act 1995* in accordance with section 45(3) of the Public Health Act.

However, local governments can use any planning method in order to achieve the requirements of the Public Health Act. There are numerous strategic planning models available, including the Department of Local Government, Sport and Cultural Industries '[Integrated Planning and Reporting Framework and Guidelines 2016](#)' which set out suggested ways of proceeding to develop and adopt a Strategic Community Plan as required under the *Local Government (Administration) Regulations 1996*. The strategies for developing a strategic plan outlined in those Guidelines may assist with the preparation of a Local PH Plan.

3.2 Being consistent with the State PH Plan [section 45(2)]

Section 45 - Local public health plans

(2) A local public health plan must be consistent with the State public health plan.

The State PH Plan will identify the objectives and policy priorities for the State, and thereby provide a framework for local government to consider and adapt as necessary to reflect the particular risks prevailing in its district.

The Local PH Plan must be consistent with the State PH Plan. Being "*consistent*" means that local governments should:

- consider the objectives and policy priorities outlined in the State PH Plan to determine their relevance to the local district

- determine what services, programmes and projects are or could be implemented at the local level to promote, improve and protect people, related to the objectives and policy priorities identified in the State PH Plan, that are applicable to the local district.

In some cases, the objectives and policy priorities in the State PH Plan may not be relevant. Local governments are entitled to come to a decision that does not necessarily reflect one or more of the objectives and policy priorities in the State PH Plan, provided that local governments have considered them and are able to demonstrate how their conclusion was reached.

Given the specific requirement to consider the State PH Plan, it is recommended that the reasons for making decisions (which could be subject to review or public scrutiny) are clear and able to be demonstrated. In particular, decision makers should be able to show that the local government considered the various objectives and policy priorities where relevant, and outline reasons for the decision not to include in the Local PH Plan e.g. why they may not be applicable to the local district.

When deciding on what objectives and policy priorities are applicable to the local district, information collected as part of section 45(4), which involves reviewing the health status and health determinants of the local district, will be relevant when deciding what priorities are applicable.

3.3 Plans for the future - Integrated planning and reporting [section 45(3)]

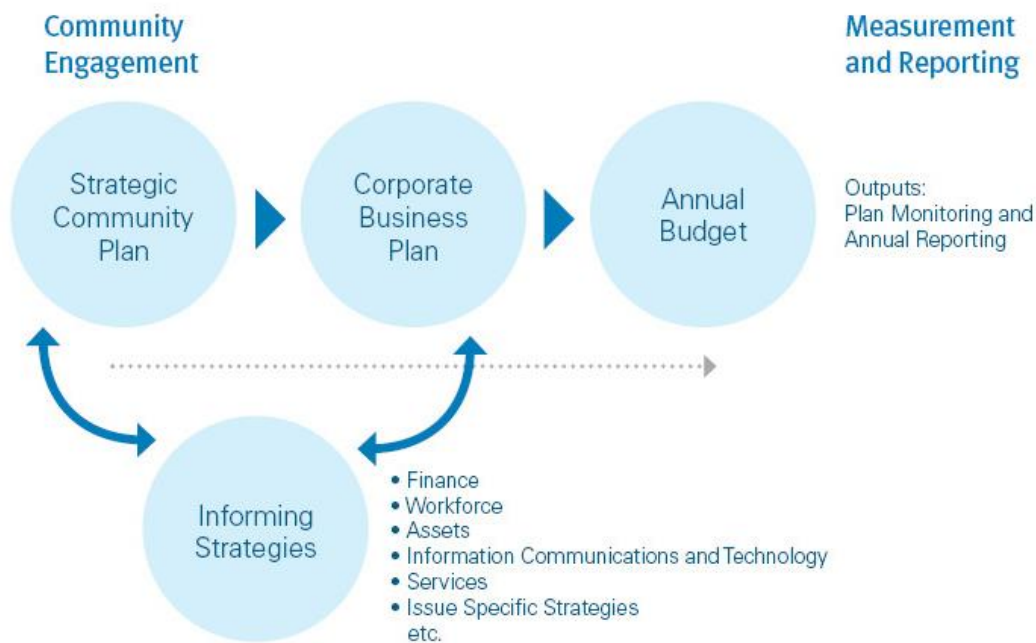
Section 45 Local public health plans

(3) A local public health plan may be prepared in conjunction with a plan for the future of the local government district prepared under the *Local Government Act 1995* section 5.56.

All local governments are required to produce a plan for the future under section 5.56(1) of the *Local Government Act 1995*. The minimum requirement to meet the intent of the plan for the future is the development of a:

1. Strategic Community Plan and a
2. Corporate Business Plan.

To minimise the number of separate strategic planning processes required by local government, section 45(3) of the Public Health Act allows for a Local PH Plan to be integrated within the existing planning process required under the *Local Government Act 1995* and *Local Government (Administration) Regulations 1996*.



Elements of Integrated Planning and Reporting Framework

Figure 2 Summary of the Strategic Community Plan and Corporate Business Plan model under the *Local Government Act 1995*

To support the development of the future plans, the [Department of Local Government, Sport and Cultural Industries](#) has developed the [Integrated Planning and Reporting Framework and Guidelines 2016](#) (the Framework) and a range of other tools and resources.

The Framework provides the basis for improving the practice of strategic planning in local government, by supporting the development of local priorities and linking them to operational functions.

The Department of Health encourages local governments to incorporate public health planning into this established framework as an informing strategy. Informing strategies (including financial, asset management and workforce) inform the local government of how capable it is to deliver the services and assets required by the community.

Informing strategies allow a local government to set its priorities within its resourcing capability and deliver short term, medium term and long term community priorities and aspirations.

Differing reporting timeframes

If a local government chooses to prepare its Local PH Plan in conjunction with the plan for the future process, then it is necessary that a local government is aware of the different timeframes for replacement of plans provided by the *Local Government Act 1995* and the *Public Health Act 2016*. The Public Health Act requires that a Local PH Plan is reviewed annually and replaced at least every 5 years.

The *Local Government Act 1995* requires that the community strategic plan is reviewed every 4 years and replaced every 10 years.

This may present challenges in aligning the stages of planning that will satisfy the requirements of section 45 of the Public Health Act where a local government elects to include the Local PH Plan in the strategic community plan. Therefore the public health component of a strategic community plan would need to be replaced at least every 5 years, unless replaced sooner.

Regional Local PH Plans

The Public Health Act does not enable two or more local governments to prepare a regional Local PH Plan. Section 45(1) of the Public Health Act requires each local government to prepare a Local PH Plan that applies to its local government district. Therefore, each element required to be included in a Local PH Plan specified under section 45(4) must be local government district specific.

Whilst additional regional information may be included in a Local PH Plan, a Local PH Plan must include local health data and be based on the public health needs of the specific local government district. This does not prevent regional local governments from working in collaboration with other bodies (such as another local government) in achieving its own district's objectives and policy priorities or choosing to undertake joint planning activities. However, a separate Local PH Plan must be produced for every local government.



3.4 Health status and health determinants [section 45(4)(a)(b)]

Section 45 Local public health plans

(4)(a) identify the public health needs of the local government district; and

(b) include an examination of data relating to health status and health determinants in the local government district

Why assess the public health needs of a local government district?

In order to determine what objectives and policy priorities apply to a local district it is necessary to understand the public health needs of the local district.

Assessing the community public health needs is a process that:

- describes the state of health of local people
- enables the identification of the major risk factors and causes of ill health and
- enables the identification of the actions needed to address these.

Understanding the public health needs of a local district will help to:

- plan and deliver the most effective programmes and services to those in greatest need
- ensure that scarce resources are allocated where they can give maximum health benefit
- work collaboratively with the community, other professionals and agencies to determine which public health issues cause greatest concern and plan programmes and services to address those issues [2] [3].

How to determine the public health needs of a local district?

You need to determine what information will help you define and describe the community and its health needs.

You may find it helpful to ask yourself the following questions.

1. What are the key characteristics of the population?
2. What is the health status of the people?
3. What local factors are affecting their health and what impact do they have (good and bad)?
4. What services are currently being provided?
5. What programmes are currently being provided to promote, improve and protect public health?
6. What do local people see as their health needs?

This information may be gathered by:

- undertaking a desktop review or
- involving the community (although not a requirement of the Public Health Act).

It is recommended that you contact your local Population Health Unit to support this information gathering process.

What is meant by health status?

Health status refers to an individual's or population's overall level of health, taking into account various factors such as life expectancy, level of disability, and levels of disease risk factors [4].

The level of health, or health status, of a population can be measured with the use of data and statistics gathered by various organisations. They can be used to assess the success of interventions to improve disease outcomes, signal changes in community health status and disease processes, and highlight inequalities in health status between population groups.

Data that is readily available and reported on (Table 2) includes:

Table 2 Summary of health status data that is reported as part of the National Health Performance Framework

Health conditions	Prevalence of disease, disorder, injury or trauma. Includes measures of coronary heart disease, cancer, sexually transmissible infections, mental health disorders and hospitalisations for injury or poisoning.
Human function or disability	Levels of human function which are associated with the consequences of disease and other health conditions. Includes any or all of the aspects of functioning impairment, activity limitation and restriction in major life areas that individuals experience.
Wellbeing	These are broad measures of the physical, mental and social wellbeing of individuals. Examples include psychological distress, self-rated health, and self-esteem.
Deaths	Includes mortality rates and measures of life expectancy. Age and cause of death are important measures of the health status of a population.

The above information was taken from the Australian Institute of Health and Welfare [National Health Performance Framework](#) [5].

An assessment of the level of health of a particular population is often made by comparing one population to another, or by studying the trends in a health indicator within a population over time.

What are health indicators?

Health indicators are summary measures that are designed to describe particular aspects of health or how the health system is performing [6].

By starting the process of reporting on particular indicators, you can monitor patterns of disease or trends in environmental conditions, and the outcomes of interventions and health programmes over time. Indicators are useful in helping to prioritise future health services, programmes and policies.

In most circumstances indicators are available for many of the factors that make up the determinants of health.

What is meant by health determinants?

There have been various models world-wide that attempt to define the **determinants of health**. Each model widely acknowledges that a person's health is influenced by a range of factors, and goes beyond just the mere absence of disease.

The World Health Organisation defines the determinants of health as the conditions in which people are born, grow up, live, work and age. These conditions influence a person's opportunity to be healthy, his/her risk of illness and life expectancy [1].

The [Australian Institute of Health and Welfare National Health Performance Framework](#) states that the determinants of health are assessed by considering:

- aspects of the environment in which people live
- features of community and socioeconomic life
- modifiable health behaviours and
- biomedical risk factors that are often influenced by risk factors (Table 3) [7].

Table 3 Determinants of health from the National Health Performance Framework

Biomedical factors	Health behaviours	Community and socioeconomic	Environmental factors
Genetic-related susceptibility to disease, and other factors such as blood pressure, cholesterol levels and body weight.	Attitudes, beliefs, knowledge and behaviours such as patterns of eating, physical activity, smoking, and alcohol consumption.	Community factors such as social capital, support services, and socioeconomic factors such as housing, education, employment and income.	Physical, chemical and biological factors such as air, water and soil quality.

Lack of income, inappropriate housing, unsafe workplaces and poor access to healthcare are some of the factors that affect the health of individuals and communities. Similarly, good education, places to recreate and support for healthy living can all contribute to healthier communities.

Most of the determinants of health are amenable to change. Governments at all levels can address the conditions that may influence a person's health, with the intention to influence change for the better.

Table 4 identifies some of the main factors that may influence individual and community's health, and the potential health issues that may result. This is not a comprehensive list and should be used as a general guide.

Data or health indicators may be available at a State or local level to report on the various health determinants.

Table 4 Examples of the types of health determinants and health factors that influence a person's health [7] [8] [9] [10]

Health determinant	Factor	Description / health risk(s)
Biomedical factors	Age	A person's age can influence the types of diseases or risks they are susceptible to. For example older people are at greater risk of coronary heart disease, stroke, type 2 diabetes, osteoporosis, bone fractures, falls, and mental illness.
	Sex	Men and women suffer from different types of diseases and health concerns.
	Hereditary factors	Inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses. Some examples include muscular dystrophy, cystic fibrosis, haemophilia.
Health behaviours	Physical activity	Participating in physical activity is important for good physical health.
	Diet and nutrition	The amount and quality of food a person consumes influences their health. Poor diet and nutrition may lead to malnourishment, or excess body weight.
	Risk-taking behaviours	Personal behaviours including smoking, alcohol consumption and drugs can impact negatively on a person's health.
	Stress and mental health	A person's emotional wellbeing and how they deal with life's stresses can influence their health.
	Communicable diseases	An insufficient level of immunisation within the community may expose a person to measles, diphtheria, tetanus, pertussis, poliomyelitis.
	Sexual activity	Sexual activity and unsafe sex may expose people to HIV/AIDS, hepatitis, cervical cancer, infertility, pelvic infection, and sexually-transmitted diseases such as gonorrhoea, chlamydia and syphilis.
Community and socioeconomic factors	Family structure and relationships	Being accepted by others and interacting well within different groups of people, including family and peers, is very important for good health.
	Housing conditions	Key housing-related health risks include respiratory and cardiovascular diseases from indoor air pollution; illness and deaths from temperature extremes; the spread of communicable diseases from poor living conditions; and injuries. Overcrowding also results in poorer health outcomes.
	Working conditions	The health of workers and their families will ultimately be improved by strengthening fair access to employment and the other dimensions of decent work, including safe workplaces.
	Education	Poor education levels are linked with poorer health and poorer health choices due to lack of knowledge. Lower education levels may also lead to high risk or low paid employment, more stress and lower self-confidence.

Health determinant	Factor	Description / health risk(s)
Community and socioeconomic factors	Ethnicity / Aboriginality	People from culturally and linguistically diverse backgrounds may experience social exclusion or lack of social support, leading to increases in mental disorders. Health-related practices and beliefs may lead to positive or negative health outcomes
	Crime and safety	People feel safer living in areas with lower rates of crime and fear of crime.
	Health and social services	Availability and ready access to appropriate services in the community that prevent and treat disease influence health outcomes.
	Income	Higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health. Being of lower socioeconomic status may lead to lack of access to health resources such as dental care, and may increase mental disorders such as depression.
	Affordable housing	Families that pay a high proportion of their income for housing are more likely to have insufficient resources remaining for other essential needs, including food, medical insurance, and health care, leading to stress and poorer mental health.
	Employment opportunities	Unemployment may increase mental disorders such as depression.
Environmental factors	Air quality	Air pollution can be harmful to health, particularly for those people already at risk because of their age or existing health problems. High concentrations of major air pollutants are linked with respiratory problems such as coughs, bronchitis and asthma. Examples dust, wood smoke or air toxics.
	Contaminated land: soil and groundwater	Contaminated sites include soil, sediment and surface and ground water that have become polluted with materials or agents which may present a risk to human health. Contamination may arise from a range of human activities including industrial use, and needs to be properly managed, often through remediation.
	Food safety and quality	Food is said to be unsafe when it is likely to cause physical harm to a person who consumes it. This primarily relates to foodborne illness such as gastroenteritis ('food poisoning'), although other forms of illness and injury can be triggered by short or long-term exposure to particular contaminants.
	Health hazards in the built environment	There are numerous hazards in the environment that can be harmful to human health if not controlled. These include exposures to pesticides, asbestos, chemicals and heavy metals.
	Radiation safety	There are two types of radiation, ionising and non-ionising. Examples of ionising radiation include x-rays and gamma rays (used in medicine). Examples of non-ionising radiation include ultraviolet radiation and radiation associated with power lines.
	Vector-borne diseases and pests	Poor vector management may lead to Ross River virus, Murray Valley encephalitis or Barmah Forest virus due to mosquitoes. Other pests including rodents, flies and bed bugs can cause

Health determinant	Factor	Description / health risk(s)
Environmental factors		health issues within a community.
	Drinking water	Access to clean potable water is a necessity of life. Drinking contaminated water can lead to severe illness or death.
	Wastewater disposal	Wastewater or sewage needs to be properly treated and disposed of to prevent disease.
	Recycled water	Recycled water is derived from sewage, sewer mining, greywater and industry and needs to be properly managed to prevent disease.
	Recreational water	Microbiological contamination of recreational waters (e.g. ocean, rivers, estuaries and swimming pools) can result in illness such as gastroenteritis, skin irritations, or respiratory, ear and eye infections.
	Noise, odour, light	Regular exposure to high levels of noise, bad odours and light pollution can cause poor health outcomes as well as annoyance and sleep disturbance.
	Public open spaces	Access to green spaces (parks and gardens) to recreate has a positive influence on health and wellbeing.
	Waste disposal/management	Collection and proper disposal of waste reduces health risks within a community.
	Transport	Proximity to major transport hubs (e.g. main roads, freeways, trains, buses) as well as lack of transport options can lead to negative effects such as air pollution, physical inactivity and isolation.
	Effects of climate and geography	'Extreme weather' refers to weather events or phenomena that are at the extremes of a historical distribution. These events include unusually violent storms, exceptionally high levels of precipitation, heat waves or droughts that are longer or hotter than normal and a range of other weather-related events such as bushfires, floods and landslides. Extreme weather events often have substantial social and economic consequences and may be hazardous to human life, property and the environment.

Undertaking a desktop study - Reporting on the health status and determinants of health

As part of the public health planning process it is important to report on the health status and health determinants of the local population. This will enable you to document and gain a good understanding of the various public health risks and concerns of the local district.

The data can help to highlight and prioritise areas where health services, programmes, projects and other activities may be needed, and can be used to monitor trends over time.

A local district health status and health determinants report should attempt to identify, understand and report on the health status on all sub-groups within a community, including, wherever possible:

- Children
- Youth (aged 13 – 18)

- Older people
- People with disabilities
- People with mental health problems
- People with long-term illnesses
- Aboriginal people
- Other ethnic and cultural communities
- Unemployed
- Women's groups
- Men's groups
- Migrants
- Fly in/fly out workers[10].

The report can look at the data relevant to a local district and compare to state and national averages wherever possible.

Table 5 lists the types of data that a local government may report on as part of the health status and health determinants of their local population. Please note that Table 5 is:

- (a) not exhaustive and you may consider other information that is locally relevant and
- (b) not mandatory - you do not need to collect all of it to establish a robust and meaningful health profile.

When compiling the health status report ensure that you look for areas where your local government area differs from the wider community. This can help to guide your planning and will provide evidence to support funding particular areas of need.

Table 5 Types of data that may be reported as part of developing a community health profile [11]

Population characteristics
Total population
Aboriginal people and Torres Strait Islanders population
Age and sex structure by 5 year age bands <ul style="list-style-type: none"> • of older people (over 65, over 75, over 85 years) • of children (0-1, 1-4, 5-14 years)
Persons born in Australia
Persons born overseas
Ethnic origin of major population groups
Language spoken at home – English only
1 st most common language other than English spoken at home
2 nd most common language other than English spoken at home
3 rd most common language other than English spoken at home
Birth and fertility rates
Death rates
Standardised mortality ratios (compared with national figures)
Perinatal mortality rate
Maternal mortality rate
Years of life lost
Avoidable deaths
Education
Completed year 12 or equivalent

Completed year 10 or equivalent
Access to government primary schools – average distance
Access to government primary schools – number of government primary schools per 1000 population
Access to government secondary schools – average distance
Employment
Total labour force
Employed full time
Unemployed
Fly in/fly out workforce
Income
Income: Medium individual (\$ weekly)
Income: Medium household (\$ weekly)
Family characteristics
Couple families with children
Couple families without children
One parent families
Household composition: private dwelling
Total households
Lone person household
Medium house price
Dwelling characteristics
Total private dwellings
Median rent (\$/weekly) (occupied private)
Median housing loan repayment (\$/monthly) (occupied private)
Occupied private dwellings – fully owned
Occupied private dwellings – rented including rent-free
Number of social housing dwellings
Proportion of social housing dwellings rented
Internet connection at home
Proportion of private dwellings with no internet connection
Socio-economic Indexes for Areas
Index of Relative Socio-economic Disadvantage (IRSD)
Rank in WA
Health behaviours
Currently smokes
Does not eat two or more serves of fruit daily
Does not eat five or more serves of vegetables daily
Drinks at risk/high levels for long-term harm
Drinks at risk/high levels for short-term harm
Insufficient physical activity
Risk factors
Current high blood pressure
Current high cholesterol
Overweight
Obese
High or very high psychological distress
Lack of control over life in general
Prevalence of national health priority area health conditions and injury
Health service utilisation
Safety
Rate of crime against a person

Rate of crime against property
Rate of family violence
Access to services
General practitioners per population
Average distance to nearest medical clinic with GP
Access to services for older people
Access to emergency centres
Proximity to childcare
Proximity to leisure facilities
Transport
Road traffic injuries
Road traffic fatalities
Access to public transport (e.g. within 400m to bus or 800m to train station)
Travel mode to work
Percent of population walking to work
Environment
Walking distance (km) to green spaces (parks and gardens)
Ambient air quality
Drinking water quality
Recreational water quality
Food safety
Land and soil quality

Sources of health data

Finding data sources (Table 6) and effectively using statistics are of vital importance when producing a local district community health profile.

Collecting and reviewing data involves partnerships with numerous government and non-government agencies.

Requesting health data from the Department of Health

Local governments can request health and wellbeing data that is available through the Department of Health in two ways:

- Contact your local Population Health Unit representative who will coordinate the request with the Epidemiology Branch of the Department of Health on your behalf:
 - [North Metropolitan Health Service](#)
 - [South Metropolitan Health Service](#)
 - [East Metropolitan Health Service](#)
 - [WA Country Health Service](#)
- Contact the Epidemiology Branch directly and submit a data request form, available online at ww2.health.wa.gov.au/Articles/A_E/About-the-Epidemiology-branch

Data typically available from the Department of Health may include:

- Hospital separations
- Population survey data
- Population estimates and projections
- Cancer incidence and mortality
- Infectious disease notifications
- Burden of disease

- Deaths
- Boundaries / roads / facility location
- Birth notifications
- Mental health occasions of service
- Childhood immunisations
- Emergency department presentations

Statistical information on the internet

The internet is a good place to look for already compiled statistics. Relevant data from Federal, State and local governments as well as non-government health statistical sources are increasingly available. However, although the internet is a useful tool it is not the complete answer. Any data obtained from the internet should come from a reliable source and be properly referenced.

Agency data custodians

A range of agencies collect and report on different health-related data. It is important to refer to agency websites for the most complete and up-to-date list of information available.

The following table provides some sources of the types of data that may be available.

Table 6 Sources of Australian health data

Federal		Types of data
Australian Institute of Health and Welfare	www.aihw.gov.au	<ul style="list-style-type: none"> ▪ Ageing, disability and carers ▪ Families and children ▪ Hospitals ▪ Housing and homelessness ▪ Population groups ▪ Risk factors, disease and death
Australian Bureau of Statistics	www.abs.gov.au	<ul style="list-style-type: none"> ▪ Economy ▪ Environment and energy ▪ Industry ▪ Population / people ▪ Labour ▪ Health ▪ Community Profiles ▪ SEIFA index
Department of Human Services	www.humanservices.gov.au/corporate/statistical-information-and-data	<ul style="list-style-type: none"> ▪ Medicare statistics ▪ Centrelink statistics ▪ Child support statistics
State		
Department of Health WA	www.health.wa.gov.au	<ul style="list-style-type: none"> ▪ Community Survey of Perceived Environmental Health Risks ▪ Food Access and Cost Surveys ▪ Recreational water quality monitoring ▪ Notifiable infectious diseases ▪ Aboriginal environmental health (remote communities) ▪ Chief Health Officer reports ▪ Drug and alcohol harm reports ▪ Health and Wellbeing Surveillance System ▪ Injury ▪ Health determinants ▪ Specific health studies ▪ Hospitalisations; births; deaths; outpatient; mental

		health; immunisation data <ul style="list-style-type: none"> Environmental health data – water quality, food quality, mosquito management
Mental Health Commission WA	www.mhc.wa.gov.au	<ul style="list-style-type: none"> Mental health data; alcohol and other drugs
Landgate	www0.landgate.wa.gov.au	<ul style="list-style-type: none"> Suburb in the spotlight profiles <ul style="list-style-type: none"> Suburb population Number of males Number of females Residents born in Australia Residents born outside Australia Median house price Property sales
WA Police	www.police.wa.gov.au	<ul style="list-style-type: none"> Crash statistics Crime statistics
Department of Water and Environmental Regulation	www.dwer.wa.gov.au	<ul style="list-style-type: none"> Environmentally sensitive areas Air quality data
Bureau of Meteorology	www.bom.gov.au	<ul style="list-style-type: none"> Severe weather events
International		
World Health Organisation	www.who.int	

Local government data sources

Local government should have access to in-house data that can be easily reported in a community health profile, including:

- Environmental education
- Environmental management
- Parks and public open space
- River foreshore management
- TravelSmart
- Water and energy efficiency
- Aged accommodation
- Community and recreation
- Community development
- Community events
- Community safety
- Cultural activities
- Disability services
- Graffiti control
- History
- Home care services
- Library services
- Public health
- Ranger services
- Sanitation
- Volunteers
- Youth and family services
- Building services
- Community facilities
- Drainage
- Footpaths
- Land use planning
- Roads and streetscapes
- Street and open space lighting
- Traffic management

Statistical information not on the internet

Not all health data sets and statistics are freely or publicly available on the web. In some cases only summaries or partial data sets are available and access to the full sets may require a formal approvals process or payment. It is important to make contact with data custodians to clarify the process for accessing health data not available online.

It is also important to note that data might not be readily available or accessible for all the determinants of health. The examination of data may identify areas where a local government may need to consider establishing new reporting mechanisms to commence the collection of data for future reporting.

Data analysis and interpretation

Wherever possible, some expertise in statistics, epidemiology and analysis of data should be sought when analysing, interpreting and reporting data used to create a community profile.

Without this expertise, statements may be made which are misleading, or inappropriate conclusions may be drawn.

Useful tips:

- Statistical information is best presented as rates or ratios
- Comparisons with national figures or with data from other cities help provide context
- Graphical presentations, maps, infographics and imagery add interest to data interpretation.

Involving the community

Although not a requirement of the Public Health Act, local governments have the advantage of being able to consult and engage directly with community members to gain a better understanding of community needs and expectations. This includes being able to identify those risks that the community *perceives* as being a risk.

Undertaking a needs assessment of a community will identify public health needs that are important, and help to determine what State objectives and policy priorities are applicable and relevant. Consulting with the local community can help to capture community ideas and expectations.

The key pieces of information you should gather when consulting is:

- The perceived problem or issue
- Perceived barriers or resistance to addressing the issue
- Resources for change
- Recommend solutions and alternatives
- Current and past initiatives to address the problem or issue.

Because health risks and opinions may vary across age groups, gender and so forth, it is important to consult with as many sub-groups within a community, including, wherever possible:

- | | |
|---|---|
| ▪ Children | ▪ Other ethnic and cultural communities |
| ▪ Youth (aged 13 – 18) | ▪ Unemployed people |
| ▪ Older people | ▪ Women's groups |
| ▪ People with disabilities and their carers | ▪ Men's groups |
| ▪ People with mental health problems | ▪ Migrants |
| ▪ People with long-term illnesses | ▪ Fly in/fly out workers. |
| ▪ Aboriginal people | |

There are a variety of ways to engage the local community. These include:

Surveys: A survey is a way of collecting information intended to accurately represent the views of the whole community or group in which you are interested.

Surveys are a good way to collect information on people's attitudes and opinions, and for monitoring a project's or programme's progress. A high level of knowledge and skill is needed to design and implement a good quality survey.

Surveys are designed to collect specific data and are often conducted by trained personnel who administer them by telephone, in-person or online.

There are a number of useful tools available to assist with survey questions and design.

- [Australian Bureau of Statistics Form Design Standard Manual Overview](#)
 - [ABS Question structure](#)
- [National Statistical Service have a Guide on Basic Survey Design](#)
- [Conducting Surveys – Community Tool Box www.ctb.ku.edu](#)
- [Needs assessment survey](#)
- [Queensland Health - Surveys / questionnaires](#)

Focus groups / public forums Focus groups, contact with interest groups or one-on-one discussions with key community representatives can assist in identifying issues early and help to guide and direct the strategy preparation process.

3.5 Establishing objectives and policy priorities [section 45(4)(c)(i)(ii)]

Section 45 Local public health plans

(4)(c) establish objectives and policy priorities for —

- i) the promotion, improvement and protection of public health in the local government district; and**
- ii) the development and delivery of public health services in the local government district**

What is meant by objectives?

Objectives are the specific measurable results of an initiative. An organisation's objectives offer specifics of *how much of what* will be accomplished by *when*. The more measurable the objectives are, the more likely they are to be contributing directly to long term goals.

For example, one of several objectives for a community initiative to promote care and caring for older adults might be: "By 2020 (*by when*), to increase by 20% (*how much*) of the proportion of elders reporting that they are in daily contact with someone who cares about them (*of what*)."

There are three basic types of objectives. They are:

- **Behavioural objectives.** These objectives look at changing the behaviours of people (what they are doing and saying) and the products (or results) of their behaviours. For example, a neighbourhood improvement group might develop an objective for having an increased amount of home repair taking place (the behaviour) and of improved housing (the result).
- **Community-level outcome objectives.** These are often the product or result of behaviour change in many people. They are more focused on a community level instead of an individual level. For example, the same neighbourhood group might have an objective of increasing the percentage of people living in the community with adequate

housing as a community-level outcome objective. (This result would be a community-level outcome of behaviour change in lots of people.)

- **Process objectives.** These are the objectives that provide the groundwork or implementation necessary to achieve your other objectives. For example, the group might adopt a comprehensive plan for improving neighbourhood housing. In this case, adoption of the plan itself is the objective [12].

It may not be possible to address all identified public health issues in the State PH Plan. Local governments will need to prioritise areas of highest risk for their community. The plan will need to state evidence based reasons for supporting particular priority areas.

What is meant by policy priorities?

Policy priorities are essentially a set of ideas that are proposed by a local government that need to be implemented in order to help to achieve the objectives.

Policies are clear, simple statements of how a local government intends to conduct its programmes or services. Policies don't need to be long or complicated – a couple of sentences may be all you need for each policy area.

Local government can initiate a range of policy priorities that address:

- initiatives, projects and programmes that aim to promote, improve and protect public health or
- services that have public health benefits for the community.

Examples are outlined in Table 7 below.

Table 7 Example public health policy priorities

Public health issue	Examples of policy priorities for the promotion, improvement and protection of public health [section 45(c)(i)]	Examples of policy priorities for the development and delivery of public health services [section 45(c)(i)(ii)]
Environmental health	<ul style="list-style-type: none"> ▪ mosquito safe campaigns – fight the bite ▪ food safety training and compliance ▪ water fluoridation ▪ water safety 	<ul style="list-style-type: none"> ▪ sanitation ▪ enforcement and surveillance ▪ monitoring services – mosquitoes, water quality, food
Physical activity	<ul style="list-style-type: none"> ▪ supporting urban planning that promotes physical activity ▪ healthy living campaigns ▪ promoting physical activity including keep fit classes, access to swimming pools ▪ active design principles ▪ walk to school programmes ▪ healthy sports environments 	<ul style="list-style-type: none"> ▪ bicycle and foot paths ▪ recreational facilities ▪ providing public open spaces including playgrounds, parks and green spaces ▪ public transport ▪ walkable neighbourhoods
Healthy eating	<ul style="list-style-type: none"> ▪ healthy food policy for council 	<ul style="list-style-type: none"> ▪ community gardens

	<ul style="list-style-type: none"> ▪ buildings ▪ food security 	<ul style="list-style-type: none"> ▪ local markets
Safe communities	<ul style="list-style-type: none"> ▪ sun safe campaigns ▪ promoting safety and preventing injury ▪ alcohol culture change ▪ youth and family services ▪ safe and appealing roads and streetscapes ▪ home care services ▪ disability services ▪ reducing violence against women 	<ul style="list-style-type: none"> ▪ graffiti control ▪ amenities for comfort and conveniences – BBQs, picnic areas, secure bike parking ▪ provide lighting for safe spaces ▪ signage for clear directions and points of interest
Tobacco control	<ul style="list-style-type: none"> ▪ smoke free environments and events 	<ul style="list-style-type: none"> ▪ enforcement and surveillance
Mental health	<ul style="list-style-type: none"> ▪ promoting mental health and wellbeing ▪ community events ▪ arts for health ▪ embracing and accepting diversity fostering community spirit 	<ul style="list-style-type: none"> ▪ men’s sheds ▪ cultural activities
Communicable disease control	<ul style="list-style-type: none"> ▪ planning activities to support immunisation 	<ul style="list-style-type: none"> ▪ immunisation services



Local government can support a range of locally based initiatives that aim to improve public health.

3.6 Action plan [section 45(4)(d)]

Section 45 Local public health plans

(4)(d) identify how, based on available evidence, the objectives and policy priorities referred to in paragraph (c) are proposed to be achieved

Once the objectives and policy priorities have been identified it is important to consider how they will be achieved. Things to consider include:

- **What** steps or actions must be taken to achieve each objective?
- **Who** will carry out these changes?
- **By when** they will take place, and for how long?
- **What resources** (i.e. money, staff) are needed to carry out these changes?
- **Communication** who should know what?

Each objective and policy priority may have multiple actions that work together to achieve the overall objective. Ideally, an action plan (example provided in Table 8) should be developed to outline how the objectives and priorities will be achieved. All actions should be monitored and evaluated over time and adjusted or terminated as necessary.

Applying a model such as the SMART acronym is a useful way to ensure actions are thoroughly thought out and can be realistically implemented.

- **Specific:** They should be simple and clear. Make sure they clearly identify what you want to achieve through the programme and with whom.
- **Measureable:** They should be tangible. They need to be written in a way that allows them to be easily assessed as having been met or not.
- **Achievable:** They should be achievable within the resources and time available for the programme. If impacts and outcomes aren't possible, it will simply make the programme look like it's not working.
- **Realistic:** Make sure that the impacts are practicable and that they align with one or more of the programme outcomes.
- **Time-phased:** They should have a time limit on them. Without a time limit, impacts and outcomes can never be assessed as not having been met [13].

Table 8 Example action plan summary table

Policy priorities	Actions	Responsibility	Timeframe	Costs / resources

What is meant by ‘based on available evidence’?

Evidence is critical to the process of sound policy development. Priorities or actions that are implemented should ideally be based on evidence that similar projects, programmes or activities have already been successful in promoting, improving or protecting public health.

When establishing priorities it is important to be able to identify what works, highlight gaps where evidence of programme effectiveness may be lacking, and establish systems to monitor implementation and measure key outcomes. This information can be used to continually improve programme performance [14].

Research and evaluation are critical components of successful health promotion and a vital step in ensuring that communities benefit from programmes being implemented. High quality research and evaluation provide an excellent resource for identifying what is being achieved through a programme and its development. Alternatively, when health promotion programmes don't achieve desired effects, research and evaluation help us to understand what went wrong and how it can be improved in future [13].

By taking this approach, local governments can:

- Reduce wasteful spending. By using evidence on programme outcomes to inform budget choices, policymakers can identify and eliminate ineffective programmes, freeing up dollars for other uses.
- Expand innovative programmes. Requiring that new and untested programmes undergo rigorous evaluation helps determine whether they work and identifies opportunities to target funding to innovative initiatives that deliver better outcomes to residents or reduce costs.
- Strengthen accountability. Collecting and reporting data on programme operations and outcomes makes it easier to hold agencies, managers, and providers accountable for results [14].

Useful resources

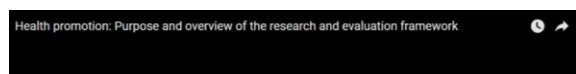
To assist with programme evaluation, Edith Cowan University and the Chronic Disease Prevention Directorate of the WA Department of Health have developed a practical *Research and Evaluation Framework and Implementation Guide*.

There are two editions of the framework; a first edition (2013) that includes online tutorial videos and a second edition (2017) that was updated from the feedback of stakeholders using the framework.

- [Research and Evaluation Framework Implementation Guide, 2nd edition](#) (PDF 1MB)
- [Research and Evaluation Framework Implementation Guide, 1st edition](#) (PDF 854KB)

Video tutorials:

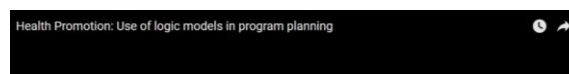
[Purpose and Overview of the Research and Evaluation Framework \(external site\)](#)



Tutorial One
Purpose and overview of
the Research and Evaluation Framework



[Use of logic models in programme planning \(external site\)](#)



Tutorial Two
Use of Program Logic Models in Program
Planning and Evaluation



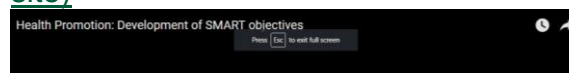
[Types of evaluation \(external site\)](#)



Tutorial Three
Types of Evaluation



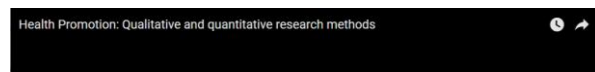
[Development of SMART Objectives \(external site\)](#)



Tutorial Four
Development of SMART Objectives



[Qualitative and quantitative research methods \(external site\)](#)



Tutorial Five
Qualitative and Quantitative Research Methods



3.7 Partnerships [section 45(4)(e)]

Section 45 Local public health plans

(4)(e) describe how the local government proposes to work with the Chief Health Officer and other bodies undertaking public health initiatives, projects and programmes to achieve the objectives and policy priorities as referred in (c);

The delivery of public health initiatives, programmes or projects and the delivery of public health services is not the sole responsibility of local government and may require local government to establish or strengthen partnerships with a range of agencies to support and guide the implementation of locally based objectives and policy priorities. Building partnerships may also help to identify resources, grants and funding available to support the implementation of the objectives and policy priorities identified.


Local government may need to identify and liaise with key partners such as:

- Internal staff
- Federal government
- State government
- Private agencies
- Non-government organisations and
- Community members.

A list of key public health stakeholders is provided in [Part 4 – Resources](#).

The establishment of these working relationships is not intended to influence what local government's objectives and policy priorities are at the outset. A local government may propose to work with other bodies that may be governmental or otherwise. The extent of and whether this collaboration is necessary will depend on individual circumstance.

Internal partnerships within a local government will also be necessary, with planners, engineers, recreational and community officers, environmental health officers and so forth, who play a role in delivering services or providing assets related to the plan. It is important to identify and partner with the right people to ensure the effective delivery of programmes and services, and make persons accountable for the plan's implementation.



The delivery of public health is not the sole responsibility of local government and may require local government to establish and strengthen partnerships with a range of bodies.

3.8 Strategic public health risk framework [section 45(4)(f)(i)(ii)]

Section 45 Local public health plans

(4)(f) include a strategic framework for the identification, evaluation and management of public health risks in the local government district and any other matters relating to public health risks in the local government district -

- i) that the local government considers appropriate to include in the plan; or**
- ii) that are required to be included in the plan by the Chief Health Officer or the regulations**

A strategic framework is required for the:

- (a)** identification, evaluation and management of public health risks in the local government district, and the
- (b)** identification, evaluation and management of any other matters relating to public health risks in the local government district that the local government considers appropriate.

The Local PH Plan may include public health risks:

i) that the local government considers appropriate to include in the plan

Each local government will need to assess public health risks in their local district which may or may not have been reflected in the State PH Plan. This may be via input from the local community, however it may also include other mechanisms established by the local government.

As previously discussed, local governments have the advantage of being able to consult and engage directly with community members to gain a better understanding of community needs and expectations.

The key pieces of information that can be gathered when consulting are:

- The perceived problems or issues
- Perceived barriers or resistance to addressing the problems or issues
- Resources for change
- Recommended solutions and alternatives
- Current and past initiatives to address the problem or issues

Because health risks and opinions may vary across age groups, gender and so forth, it is important to consult with as many sub-groups within a community as possible.

ii) that are required to be included in the plan by the Chief Health Officer or the regulations

The CHO may require any other matters related to public health risks to be included in a local government's Local PH Plan. Regulations may also prescribe that other matters related to public health risks e.g. asbestos management, are to be included in a local government's Local PH Plan.

Currently the CHO does not require any matters to be included in the plan except those outlined in the State PH Plan, and there are no public health regulations that prescribe matters that must be included in a Local PH Plan.

3.9 Reporting [section 45(4)(g)]

Section 45 Local public health plans

(4)(g) include a report, in accordance with the regulations, on the performance by the local government of its functions under this Act.

As previously mentioned, the CHO may prescribe particular matters to be included in a public health plan in a regulation, and can also require that local government report on this matter directly to the CHO. Currently the CHO does not require any matters related to Local PH Plans to be reported.

However, it is important to note that local governments are required to report to the CHO on the performance of their functions under the Public Health Act in accordance with section 22. As part of this reporting process, the CHO may require local governments to report on whether they have produced their public health plan.

3.10 Review and amendment [section 45(5)]

Section 45 Local public health plans

(5) A local government must review its local public health plan each year and may amend or replace it at any time.

Conducting an annual review of a Local PH Plan is a statutory requirement under section 45(5) of the Public Health Act. Under the same section a local government may amend or replace a Local PH Plan at any time.

The Local PH Plan may need to respond to changes in State policy as well as any changes to local circumstances and priorities. The ability to amend a plan ensures that plans can evolve to accommodate changing circumstances.

An annual review is an opportunity to:

- check implementation is on track
- check results to date are what are expected
- report and celebrate achievements
- inform other related plans and policies
- strengthen networks and partnerships
- reduce or conclude activities that might no longer be necessary
- commence new activities in response to newly-identified needs
- decide what needs to be done differently
- reconsider strategic directions and priorities
- influence resource allocation
- launch into the next period of activity.

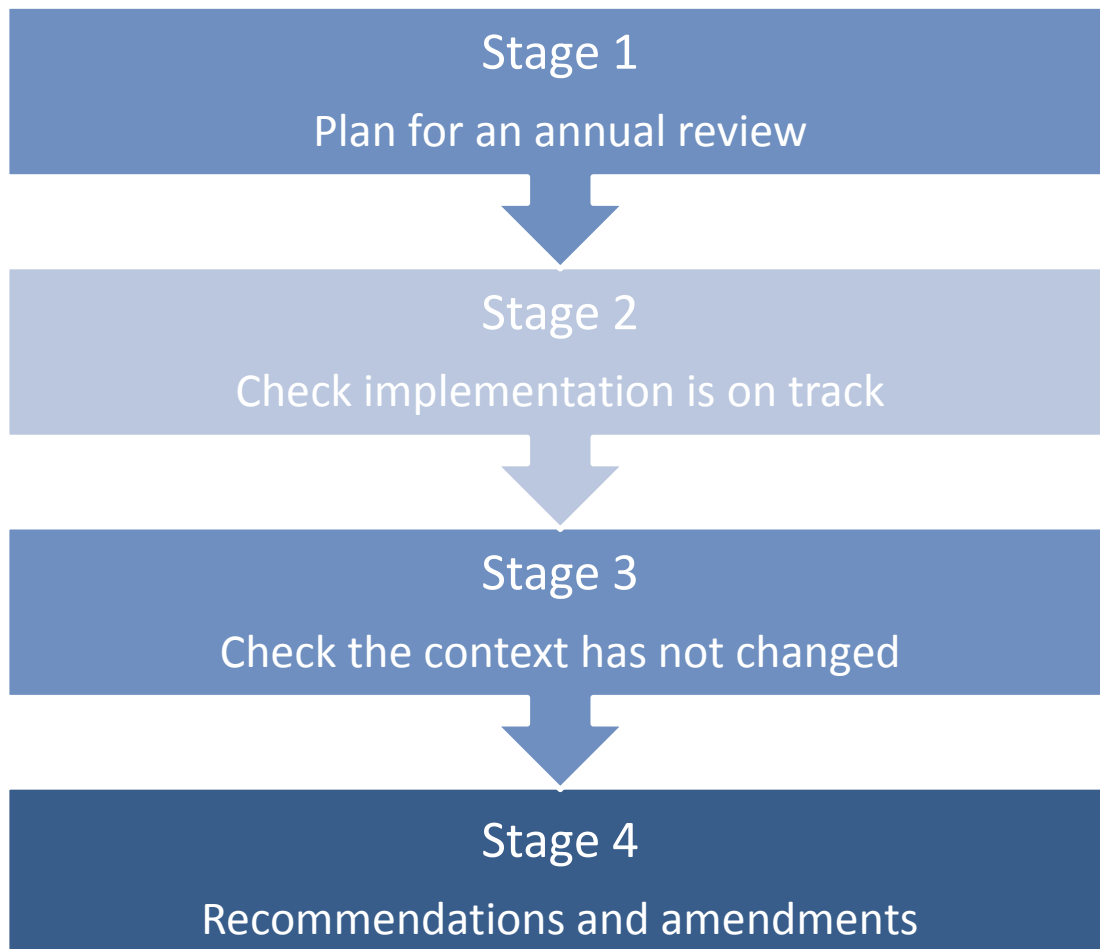
Conducting an annual review ensures that actions identified in the plan are being implemented satisfactorily, and that local governments' priorities and activities are appropriately aligned over the life of the plan.

This ensures local government is accountable for implementation and maintaining the relevance of the plan over its life.

Although the Public Health Act does not prescribe how an annual review might be conducted, this guide provides some practical approaches on how it might be undertaken.

Suggested stages of an annual review

Local governments may adopt any process to undertake their annual review. As a suggestion there are 4 key stages to an annual review process:



The information in Table 9 outlines the types of information that may be considered at each stage.

Table 9 Summary of the suggest stages of an annual review

Stages	Action	Information requirements
1. Plan for an annual review	Identify timing and information requirements	<ul style="list-style-type: none"> Identify and gather the information you will need for stages 2, 3 and 4 of conducting the annual review. When is your target deadline for the annual review? Are there budget timeframes that this review might influence?
	Identify stakeholders and engagement	<ul style="list-style-type: none"> Identify who needs to be involved in the review process.
	Create an annual review schedule	<ul style="list-style-type: none"> Schedule when you will collect and analyse the information
2. Check implementation is on track	Check the progress of health actions and partner projects	<ul style="list-style-type: none"> Are the actions being implemented within the published timeframes?
	Identify what might need to change	<ul style="list-style-type: none"> What amendments may be needed to the plan? Do timeframes need to be modified? Does the project need to be reassigned to someone else? Do the actions need to be amended to reflect changes in funding, services, policies etc?
3. Check the context has not changed	Review any change in health status	<ul style="list-style-type: none"> Consider if the public health needs, health status or health detriments of the local government district have changed?
	Identify emerging health risks	<ul style="list-style-type: none"> Check whether any national or State and local health priorities have changed.
	Identify relevant funding opportunities	<ul style="list-style-type: none"> Are there any new, relevant funding opportunities that can help you to achieve your priorities?
	Identify systems or personnel changes	<ul style="list-style-type: none"> How will changes impact performance and function?
	Identify budget changes	<ul style="list-style-type: none"> Have there been budgetary changes that may impact programs?
4. Recommendations and amendments	Propose changes to the next phase of the Local PH Plan	<ul style="list-style-type: none"> The review process may identify priorities and actions that may need to be amended, updated or even removed from the plan if the actions are no longer considered achievable (e.g. no available funding to complete the next stages) or appropriate. All amendments must be published.

3.11 Replacement [section 45(6)]

Section 45 Local public health plans

(6) Unless it is sooner replaced, a local public health plan must be replaced at the end of the period of 5 years after it was prepared.

The Public Health Act requires for a Local PH Plan to be replaced at the end of the period of 5 years after it was prepared, unless replaced sooner.

This means that a new plan is required to set the direction for the coming 5 years. It does not necessarily mean that the objectives and policy priorities of the earlier plan are no longer applicable. However, it requires:

- a review of the health status and health determinants
- a review of the State PH Plan
- an assessment of new or emerging public health risks relevant to the local district.

3.12 Development of the first plan [section 45(7)]

Section 45 Local public health plans

(7) A local government must prepare its first local public health plan not later than 2 years after this section comes into operation.

The Public Health Act requires a local government to prepare its first Local PH Plan not later than 2 years after section 45 of the Public Health Act comes into operation.

Existing plans developed prior to the Public Health Act being proclaimed

Many Local Governments may already have a plan related to public health in place, prior to the proclamation of Part 5 of the Public Health Act. Plans that have been developed prior to Part 5 being enacted will still be relevant, however local governments must ensure existing plans comply with the requirements of the Public Health Act within 2 years of Part 5 coming into effect and ensure they are consistent with the State PH Plan. If the plan is over 5 years old it should be replaced.

Part 4

Resources



Part 4. Resources

4.1 Existing resources

There are numerous resources that can be used to support the development of a local public health plan.

Public Health Planning Tools

- [Integrated Planning and Reporting Framework and Guidelines - Department of Local Government and Communities \(external site\)](#)
- [Integrated Planning and Reporting - Department of Local Government and Communities \(external site\)](#)
- [Pathway to a Healthy Community – A Guide for Councillors and Local Government, South Metropolitan Public Health Planning Guide \(PDF 1.86MB\)](#)
- [Public Health Planning: A Guide to Developing a Local Government Public Health Plan – Public Health Advocacy Institute WA \(PDF 720kb\) \(external site\)](#)
- [Sport and Recreation and Public Health Act 2016 \(external site\)](#)
- [Victoria – Municipal Public Health and Wellbeing Planning \(external site\)](#)
- [South Australia – Local Government Association of South Australia \(external site\)](#)
- [Healthy active by design – Heart foundation](#)
- [Healthy spaces and places: A national guide to designing places for healthy living \(external site\)](#)

Health status and social determinants

- [Australian Institute of Health and Welfare: Indicators of Australia's health \(external site\)](#)
- [World Health Organisation: Social determinants of health \(external site\)](#)
- [City Health Profiles: how to report on health in your city \(external site\)](#)
- [UK Local Government Association: The social determinants of health \(external site\)](#)
- [Community Health Indicators \(external site\)](#)
- [The social determinants of health and the role of local government \(external site\)](#)

Examples of WA local public health plans

- [Public Health and Wellbeing Plan 2014 – 2016 - City of Perth \(external site\)](#)
- [Public Health Plan 2013-2018- City of Cockburn \(external site\)](#)
- [Health and Wellbeing Strategy 2014-2017 – City of Melville \(PDF 1.58MB\) \(external site\)](#)
- [Public Health and Wellbeing Plan 2014 – 2017 – City of Armadale \(external site\)](#)
- [Community Health and Wellbeing Plan 2013-2016 - Shire of Kalamunda \(external site\)](#)
- [Public Health Plan 2014/15 – 2016/17 – City of Wanneroo \(external site\)](#)

Useful data sources

- [Western Australian Health and Wellbeing Surveillance System - Population surveys \(external site\)](#)
- [MyHealthy Communities – National Health Performance Authority \(external site\)](#)
- [Indicators of Australia's health – Australian Institute of Health and Welfare \(external site\)](#)
- [Australian Institute of Health and Welfare – risk factors, disease, death \(external site\)](#)
- [Australian Bureau of Statistic – including the SEIFA index \(external site\)](#)

- [Australian Bureau of Statistics – community profiles \(external site\)](#)
- [Department of Health WA – population health statistics \(external site\)](#)
- [Landgate – Suburb in the spotlight profiles \(external site\)](#)
- [Public Health Information Development Unit – Social Health Atlas \(external site\)](#)
- [WA Police – crash and crime statistics \(external site\)](#)
- [Department of Water and Environmental Regulation – environmental sensitive areas and air quality data \(external site\)](#)
- [Bureau of Meteorology – severe weather events \(external site\)](#)

4.2 Key stakeholders

4.2.1.1 Government departments

Key government departments that local government may seek to partner with are outlined below. This is not an exhaustive list. A comprehensive list of WA government agencies are listed on the WA government website www.wa.gov.au/departments-agencies.

WA Public and Aboriginal Health Division, Department of Health www.health.wa.gov.au

The Chief Health Officer of WA, Professor Tarun Weeramanthri, is also the Assistant Director General of the Public and Aboriginal Health Division. The Division oversees the State-wide development and implementation of the *Public Health Act 2016* and subsidiary legislation. This includes the development of resources to support local governments to develop Local PH Plans.

The Division also sets the policy agenda for the management of public health matters across WA based on the health status of the WA population. The Division features the following areas:

- Office of the Chief Health Officer
- Aboriginal health
- Environmental health
- Epidemiology
- Infectious disease
- Population health genomics
- Chronic disease prevention.

Population Health Units, Department of Health www.health.wa.gov.au

Services including:

- [South Metropolitan Health Service](#)
- [East Metropolitan Health Service](#)
- [North Metropolitan Health Service](#)
- [WA Country Health Services](#)
- [Child and Adolescent Health Services](#)

Population Health Units work closely with local government in the primary prevention of chronic disease through education, community improvement and development with a focus on healthy eating, healthy weight, a more active WA, making smoking history and reducing harmful alcohol use. Population Health Units help build the capacity of local government with a focus on organisational development, workforce development, resource allocation, leadership and partnerships to enable local government to effectively improve health and address the determinants of health through an integrated health promotion approach.

Examples of local government capacity building by Population Health Units include:

- health and wellbeing policy development
- public health planning including support in obtaining health status data to inform population scanning and community needs analysis
- local government health and wellbeing profile development
- creating and advocating for environments that support healthy lifestyle choices
- health grant and funding application support
- community engagement, with a focus on vulnerable populations
- health and wellbeing programs - planning and evaluation support.

Contact details can be found at: http://www.healthywa.wa.gov.au/Articles/A_E/Contact-details-for-population-public-health-units

Mental Health Commission www.mhc.wa.gov.au

The Mental Health Commission strives to establish mental health, alcohol and other drug systems that meet the needs of Western Australia's population and deliver quality outcomes for individuals and their families, commissioning, providing and partnering in the delivery of:

- prevention, promotion and early intervention programmes
- treatment, services and supports
- research, policy and system improvements.

Department of Local Government, Sport and Cultural Industries www.dlqsc.wa.gov.au

The Department develops and implements government policy and initiatives in sport and recreation, while contributing to the healthy lifestyle of Western Australians by increasing physical activity through sport and recreation and providing assistance and advice to:

- Local communities
- The sports industry, organisations and clubs
- Businesses
- Other government departments.

Department of Transport www.transport.wa.gov.au/activetransport/active-transport.asp

The Active Transport website has been created to bring together the Department's cycling and walking activities and behaviour change programmes (TravelSmart and Living Smart).

Department of Biodiversity, Conservation and Attractions www.dbca.wa.gov.au

The Department protects and conserves the State's natural environment on behalf of the people of Western Australia. The Department runs the 'parks for people and caravan and camping initiative which provides for visitor facilities and services including the establishment of affordable camping and caravan accommodation; walk, bike and drive trails; and the creation of interpretation information including mobile and desktop applications for protected areas across the State.

Department of Education www.education.wa.edu.au

The Department of Education provides high quality education for children and young people throughout Western Australia, helping them reach their full potential. The Department work with parents, carers, families, agencies and organisations to prepare students with the skills, understandings and values to reach their academic potential and make a positive contribution to society.

Grants and funding www.wa.gov.au/information-about/your-community/grants-funding

This website lists a range of community grants and funding opportunities in WA.

Healthway www.healthway.wa.gov.au

Healthway funds activities related to the promotion of good health in general, with particular emphasis on young people. Healthway operates under the *Western Australian Health Promotion Foundation Act 2016*. Healthway's role is:

- to fund activities related to the promotion of good health in general with particular emphasis on young people
- to support sporting and arts activities which encourage healthy lifestyles and advance health promotion programmes
- to provide grants to organisations engaged in health promotion programmes; and
- to fund research relevant to health promotion
- to evaluate and report on the effectiveness of the performance of the Foundation in achieving health promotion activities.

4.2.1.2 Non-government agencies

There are a number of WA based and national non-government agencies and volunteer groups that local government may seek to partner with. The below list of agencies is not an exhaustive list and only provides a snapshot of some of the many agencies that local government can partner with.

WA Local Government Association www.walga.asn.au

The WA Local Government Association (WALGA) advocates on behalf of all the State's local governments and negotiates service agreements for the sector.

Heart Foundation www.heartfoundation.org.au

The Heart Foundation is committed to making it easier for Australians to lead heart-healthy lives and support the creation of healthy built environments and help planners, developers and communities work towards creating healthier streets, towns and cities. Such programmes include the healthy active by design programme.

Cancer Council www.cancerwa.asn.au

The WA Cancer Council is the leading, independent, evidence-based cancer organisation and has numerous resources and community prevention and education programmes for community, schools and workplaces. Find out more about healthy living and cancer prevention:

- Quitting smoking
- Being SunSmart
- Healthy eating
- Being physically active
- Staying in shape
- Avoiding alcohol
- Early detection of cancer
- Programmes for childcare centres, schools and workplaces
- Infections and cancer
- HPV vaccination
- How to kNOw asbestos in your home

Injury Matters www.injurymatters.org.au

Injury Matters is a for-purpose, not-for-profit agency leading the way in preventing injury and supporting recovery.

Know Injury www.knowinjury.org.au

Know Injury enhance the capacity of practitioners and organisations to deliver evidence informed activities. Our ultimate goal is to prevent injuries in Western Australia.

Immunisation Alliance WA www.immunisationalliance.org.au

The Immunisation Alliance is made up of members of the public, health students and professionals, and parents, who are dedicated to seeing children and adults protected from dangerous, but preventable diseases.

Public Health Advocacy Institute of WA www.phaiwa.org.au

The Public Health Advocacy Institute of WA (PHAIWA) promotes develops and supports public health advocacy in Western Australia. PHAIWA focuses on a number of areas of public health advocacy activity. These range from providing general advocacy processes for public health, conducting advocacy related research and project, building capacity within the public health workforce for more effective advocacy lobbying and communicating through our partners and the media.

Nature Play WA www.natureplaywa.org.au

Nature Play WA Inc is an incorporated not-for-profit association established to increase the time Western Australian children spend in unstructured play outdoors and in nature.

Volunteering WA www.volunteeringwa.org.au

Volunteering WA aims to build strong communities through volunteering and provides a range of resources, services and support so that people in Western Australia are aware of and understand the nature and scope of volunteer activity.

Parks and Leisure Australia www.parksleisure.com.au/regions/wa/western-australia

Parks and Leisure Australia is the peak industry association for professionals working in the parks and leisure sector in Australia. Through a broad range of services this agency supports members to provide opportunities that strengthen communities through good use of leisure time for the social, environmental, economic and physical wellbeing of all Australians.

Beyondblue www.beyondblue.org.au

The beyondblue national depression initiative was established by Jeff Kennett with funds from the Commonwealth and State governments of Australia. Beyondblue aims to decrease the prevalence of depression and reduce its impact. Provides a 24 hour information helpline service and maintains a directory of mental health practitioners in Australia.

Carers Association of Australia www.careraustralia.com.au

Peak body with State and Territory networks representing carers.

Mental Health Council of Australia www.mhca.org.au

Website of the peak non-government body representing the interests of the mental health sector.

Reach Out! www.au.reachout.com

A website offering help and information for young people.

Homelessness Australia www.homelessnessaustralia.org.au

Homelessness Australia (HA) is the national peak body for homelessness in Australia that provide systemic advocacy for the homelessness sector.

Homelessness Australia works in collaboration with homelessness assistance services, state and national homelessness peak organisations, other peak organisations, government agencies and the broader community.

Diabetes WA www.diabeteswa.com.au

Diabetes WA inform, educate and support thousands of Western Australians, helping them to better manage their diabetes. This in turn enables them to lead happier, healthier lives.

WA AIDS Council www.waaid.com

The WA AIDS Council is a non-government organisation committed to the HIV response in Western Australia. Established in 1985, the Council leads the Western Australian community in the provision of a wide range of services in the prevention of HIV, sexually transmitted infections and blood borne viruses, and the treatment and care of people living with HIV and AIDS.

Shelter WA www.shelterwa.org.au

Shelter WA is an independent organisation working to promote accessible, affordable, appropriate and secure housing. We work with stakeholders across the housing continuum, including individuals and organisations providing social and affordable housing and services aimed at preventing homelessness and responding to those in greatest need.

Youth Focus www.youthfocus.com.au

Youth Focus is an independent Western Australian not-for-profit working to stop youth suicide. Youth Focus works with young people aged 12-25 to help them overcome issues associated with depression, anxiety, self-harm and suicidal thoughts through the provision of free, unlimited and professional face-to-face individual counselling and other mental health services.

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