

# Public Health Plan **2019-23**









# Contents Page

Message from the Mayor	4
Introduction	5
Policy Alignment	6
Community Profile	7
Public Health in Kwinana	10
How the Plan was Developed	16
Public Health Priorities	18
City of Kwinana Public Health Plan Structure	20
Monitoring and Evaluation	21
Governance	22

# 1.0 Message from the Mayor

**It is with great pleasure that I present the City of Kwinana Public Health Plan 2019 – 2023, which will serve as the guiding document for health and wellbeing improvements in the City of Kwinana over the next four years.**

The City of Kwinana is a unique community, currently undergoing rapid growth in population, investment and industrial expansion.

Historically, the City has been recognised as one of the most disadvantaged communities in the Perth metropolitan area. Over the past 15 years, the City has worked hard to improve the community profile and despite a renewed focus on economic development, increased residential growth, improved community facilities and programs, the quality of life for some of our residents has remained unchanged.

While we acknowledge there are significant differences in population dynamics, socio-economics and the public health needs in different suburbs and place based areas of Kwinana, research<sup>1</sup> suggests that people who live in areas with better socio-economic conditions tend to have better health than people from other areas resulting in 'place-based health inequity'. This is further supported by Kwinana's high levels of incidence of health risk factors and chronic disease.

Of particular concern for the City, are results<sup>2</sup> which outlined that an estimated 42 percent of high school students left school at year 10 or below compared to the WA average 33 percent in 2011.

The education drop-out levels combined with unemployment rates, which have increased across the City of Kwinana considerably from 5.8 percent in 2006 to 10.8 percent in 2016, particularly since 2011. These rates are well above the Western Australian (total) of 7.8%. The City has therefore chosen to include the determinants of health, education and employment as priorities in the Public Health Plan.

In setting the other priorities for the City's Public Health Plan, the City took into consideration the State Public Health Plan priorities, the health and well-being statistics collated by the South Metro Health Service and the feedback provided by the community during the extensive community consultation process.

It is with this knowledge and anticipation of some significant improvements over the long term to the public health and wellbeing of the community, that I present the City of Kwinana Public Health Plan 2019-2023.

<sup>1</sup> Link removed on 14 May 2020.

<sup>2</sup> [https://www.wapha.org.au/wp-content/uploads/2016/08/WAPHA\\_Population-Health-Needs-Assessment\\_PHN-South-1.1.pdf](https://www.wapha.org.au/wp-content/uploads/2016/08/WAPHA_Population-Health-Needs-Assessment_PHN-South-1.1.pdf)



## 2.0 Introduction

The City of Kwinana believes that the health and wellbeing of its community is paramount. The City takes a holistic view of health, which is influenced by the interconnections between our social, cultural, economic, built and natural environments. Within these environments the City, often in partnership with the community and other agencies, can create and maintain positive health and wellbeing outcomes.

The vision for the Public Health Plan (the Plan) aligns with the City of Kwinana Strategic Community Plan (SCP), being:

- Rich in spirit (community);
- Alive with opportunities (economic);
- Surrounded by nature (environment); and
- Ensuring that It's all here (infrastructure).

The Plan also ensures that community health and wellbeing becomes an integral part of the City's work. As the City has been providing infrastructure, services and information that promotes and ensures the health and wellbeing of its community for many years, this Plan recognises these efforts and builds upon this strong foundation, forging internal and external partnerships as a priority.



## 3.0 Policy Alignment

The Plan also aligns with a number of the SCP key objectives, being to create and ensure:

A sense of belonging;

- Vibrant and engaging community activities and events;
- Community safety;
- A healthy and active community;
- Building community capacity; and
- An accessible community.


The City has reassessed many of the existing outputs and outcomes under each of these objectives using a health lens, and modified language to ensure an interconnected approach towards creating a healthy and happy community.

The Plan has been guided by the guidance of the *Public Health Act 2016* and the State Public Health Plan for Western Australia (the State PHP). The State PHP has identified the public health needs of WA by examining available data on the health status and health determinants of the population.

The *WA Public Health Act 2016* suggests that local governments should align, where possible, with the public health objectives and priorities of the State PHP. The Plan aligns with the State PHP by ensuring the following:

- A focus on prevention and the promotion of healthy lifestyle choices and the creation of health-promoting environments to reduce the future impact of chronic disease; and
- The delivery of a suite of essential services and regulatory programs including regulation of food safety, waste-water management, infectious disease surveillance and outbreak response, control of disease vectors such as mosquitoes and disaster management.
- The promotion of Aboriginal health and wellbeing, culturally secure initiatives and accessible and equitable partnerships with the Aboriginal community.

The alignment with the State PHP has occurred where the local data, including community, stakeholder and staff views, have identified similar priorities to the State's public health aims.



## 4.0 Community Profile

The profile of the Kwinana community (from the 2016 Census Data) has been summarised below. A detailed version, Appendix A – City of Kwinana Population Profile was prepared to support the Plan.

### 4.1 Population Overview

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The City of Kwinana is the second fastest growing local government in Western Australia (WA). In 2018, there were 43,511 people living in Kwinana and in 2036 it is estimated that the population will increase to 85,158. The population has been increasing in both established and newer suburbs. However, the greatest proportion of the population growth has taken place in the newer areas of Wellard and Bertram.

### 4.2 Age Structure

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The age structure of the City of Kwinana reflects the changing nature of the City with a comparatively younger average age of 32 years (36 years for WA). Parents (35-49 years) account for the largest group, with 22% of the City's population in this life stage. Combined with the young workforce (25-34 years), people aged between 25-49 years make up 42% of the City's population.

### 4.3 Cultural Diversity

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In the past decade, there has been a decrease in the proportion of people of English and Australian ancestry and a notable increase in the proportion of people of Filipino (4.9%), Indian (4%) and Chinese (2.4%) ancestry, particularly in the newer suburbs. At 3.6% of the population, the City of Kwinana has a higher than Perth average (1%) of the population who identify as Aboriginal and Torres Strait Islanders.

### 4.4 Employment

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The unemployment rate across the City of Kwinana has increased considerably from 5.8% in 2006 to 10.8% in 2016. This is well above the unemployment rate of 7.8% for WA. The Kwinana suburbs with a lower unemployment rate than that of WA are Wandi, Mandogalup, Anketell and Casuarina.

## 4.5 Education

The level of educational attainment has increased considerably with the proportion of residents with a Bachelor or Higher Degree increasing from 5.0% in 2006 to 14.3% in 2016. In general, it is the newer suburbs that reach higher levels of education. However, almost all suburbs have lower levels of educational attainment compared to WA.

The Population Health Needs Assessment – Perth South Primary Health Network (November 2016) estimated 42.4% of high school students left school at Year 10 or below (WA average 32.8%) in 2011, and full time participation in secondary school education at age 16 years in Kwinana (60.9%) was the lowest in the Perth South Primary Health Network (PHN). There are exceptions where higher participation rates occur in the newer areas of Wandi and Wellard.

## 4.6 Socio-economic Status

The Socio-Economic Indexes for Areas (SEIFA) scores are made up of four indices, which summarise a variety of social and economic variables such as income, educational attainment, employment and the number of unskilled workers. SEIFA scores are based on a national average of 1002 and areas with the lowest scores are the most disadvantaged. The City of Kwinana's SEIFA Index of Disadvantage score is 972, making it the most disadvantaged local government in the metropolitan area, with a higher level of disadvantage than WA and Australia.

**Table 1: Relative Socio-Economic Disadvantage Scores and population base**

Relative Socio-Economic Disadvantage 2016	Score	Population 2016
Medina	851	2,372
Calista	879	1,993
Orelia	901	4,700
Parmelia - Kwinana Town Centre	917	6,262
Leda	933	3,292
City of Kwinana	972	38,918
Australia	1,002	23,401,892
Bertram	1,005	6,215
Western Australia	1,015	2,474,410
Greater Perth	1,026	1,958,912
Anketell - Casuarina	1,029	1,980
Wellard (West)	1,044	7,806
Wellard (East)	1,058	1,290
Wandi - Mandogalup	1,087	2,996





## 4.7 Household types

In Kwinana, there is a higher proportion of couple families with children (33.5%) as well as a higher proportion of one-parent families (12.8%) when compared to Greater Perth (32.2% and 9.8% respective).

## 4.8 Housing Status

The newer areas in Kwinana have the highest proportion of mortgaged property. However, households in housing stress that tend to be paying more than 30% of their income in housing costs<sup>3</sup>, are concentrated in the established suburbs around the Kwinana City Centre. This is similar for households with rental stress.

<sup>3</sup> AHURI (2019). Understanding the 30:40 indicator of housing affordability stress. Available from <https://www.ahuri.edu.au/policy/ahuri-briefs/3040-indicator>

## 5.0 Public Health in Kwinana

This Public Health Plan aims to improve the health of the local community. All Australians, including Kwinana residents, are increasingly living with chronic diseases and their risk factors, which are related to our ageing population as well as to lifestyles and health habits. In general, Australians are living 25 years longer on average than a century ago, so that a male born today can expect to live to 79.9 years, and a female can expect to live to 84.3 years.

### 5.1 Lifestyle Risk Factors

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Chronic diseases are the leading cause of illness, disability and death in Australia. The prevention of chronic disease is a major health priority for the City and this Public Health Plan outlines the investment in time and resources the City is prepared to make to improve healthy lifestyle behaviours, such as increasing physical activity and improving diet, as well as reducing risky behaviours, such as smoking and excess body weight. The following section outlines the risk factors for chronic disease and provides insights into their prevalence. It examines the most common combinations of risk factors in the community, and provides the evidence of the need to focus on lifestyle behaviour changes as a trigger to health gains for individuals and the population.

#### 5.1.1 Eating habits

Adults in Kwinana eat less fruit and vegetables when compared with the WA averages. 51.2% and 94.4% of adults in Kwinana eat less than two serves of fruit and less than five serves or more of vegetables daily. These are higher than the WA averages of 49.2% and 89.3% respectively.

Significantly higher is the proportion of Kwinana residents who eat fast food weekly (35%) compared to WA (27.9%).

#### 5.1.2 Physical activity

A significantly higher proportion (42.8%) of Kwinana residents report insufficient levels of physical activity as compared to 36.5% for WA.

#### 5.1.3 Smoking

The smoking prevalence rate for the City of Kwinana (21.2%) is almost double the WA prevalence levels of 12.4%.

#### 5.1.4 Alcohol consumption

The rate of harmful levels of alcohol consumption in Kwinana adults is lower than the WA average (28.4%). The consumption levels reduced significantly from the 2013 (40.6%) to 2017 (27.2%).



### 5.1.5 Injury levels

The injury levels in Kwinana are lower at 19.3% compared to WA (23.1%).

An illustration of the key risk factors for chronic disease in Kwinana as discussed in section 5.1 appear in Table 2. Comparisons between the City, the Health District and the state appear in this Table. The red text indicates a higher than WA prevalence, with the green text indicating a lower than WA prevalence.

**Table 2: Prevalence of lifestyle risk factors for adults (aged 16 years and over), Kwinana LGA, South Metropolitan District & WA, 2013-2017**

Lifestyle Risk Factor	2013 SMHS Kwinana Community Health Profile	2017 SMHS Kwinana Community Health Profile	% Change	2017 South Metropolitan Average	WA Average
% obese	38.5	35.3	▼ 3.2%	26.7	32.1
% overweight or obese	68.3	66.8	▼ 1.5%	66.7	69
% who smoke	23.8	23.0	▼ 0.8%	12.0	12.3
% who eat less than 2 serves of fruit daily	56.9	51.2	▼ 5.7%	49.5	49.2
% who eat less than 5 serves of vegetables daily	89.7	94.4	▲ 4.7%	89.5	89.3
% not active enough for health benefits	60.7	45.4	▼ 15.3%	35.6	36.5
% adults who drink alcohol at levels that put them at high risk of long-term harm	40.6	27.2	▼ 13.4%	30.0	28.4
% adults that eat fast food weekly	NA	35	NA	NA	27.9
Risky/high risk drinking for long term harm (a)	NA	23.4	NA	NA	28.4
Injury	NA	19.3	NA	NA	23.1

Source: WA Health and Wellbeing Surveillance System, Epidemiology Branch, DoH WA.

**Notes:**

\* Prevalence estimate has a relative standard error between 25 per cent and 50 per cent and should be used with caution.

(a) As a proportion of all adult respondents 16 years and over. Drinks more than 2 standard drinks on any day. Any alcohol consumption by persons 16 or 17 years classified as high risk.

(b) As a proportion of all adult respondents 16 years and over. Drinks more than 4 standard drinks on any day. Any alcohol consumption by persons 16 or 17 years classified as high risk.

(c) Completes less than 150 minutes of physical activity per week (adults 18+ years)

(d) Injury in the last 12 months requiring treatment from a health professional.

## 5.2 Physiological Risk Factors

Physiological risk factors are those relating to an individual's body or biology. They may be influenced by a combination of genetic, lifestyle and other broad factors. An overview of these in Kwinana are discussed below and summarised in Table 3.

The proportion of Kwinana residents self-reported to have fair or poor self assessed health status (17.4%) was significantly higher than the WA and Australian averages in 2011-2013 (PHIDU, 2016).

### 5.2.1 Blood pressure

At 15.7%, the proportion of City of Kwinana residents with high blood pressure levels is lower than the WA average.

### 5.2.2 Cholesterol level

The cholesterol levels of City of Kwinana residents are lower than the WA average of 17.9%.

### 5.2.3 Body weight and obesity

The proportion of Kwinana residents who are overweight (31.6%) is significantly lower than the WA proportion (38.7%). However, over a third of the City's adult population is obese; 35.2% for Kwinana compared to 27.9% for WA.

**Table 3: Prevalence of physiological risk factors for adults (aged 16 years and over), Kwinana LGA, SMHS & WA, 2012-2016**

Risk factors	Kwinana LGA		WA
	Persons (%)	Estimated population	Persons (%)
Current high blood pressure	15.7	4423	16.3
Current high cholesterol	16.5	4664	17.9
Overweight (a)	31.6	8906	38.7
Obese (a)	35.2	9939	27.9

Source: WA Health and Wellbeing Surveillance System, Epidemiology Branch, DoH WA.

Notes:

(a) BMI of 25 to < 30 = overweight; BMI of 30+ = obese. Self-reported height and weight have been adjusted for under-reporting (i.e. over-estimating of height and under-estimating of weight).



When you consider both the lifestyle and the physiological risk factors, it is not surprising that the City is one of the Local Governments within the Perth South Region that has a high number of reported chronic conditions during 2011-2013. Within the Perth South Primary Health Network<sup>4</sup>, which includes Kwinana, the most prevalent chronic conditions are:

- circulatory system disease (17.9%)
- diabetes (6.3%)
- respiratory system (29%)
- musculoskeletal system (29%)

## 5.3 Mental Health and Psychosocial Risk Factors

According to the World Health Organisation, mental health is “a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”<sup>5</sup>

### 5.3.1 Mental health

Mental health is often used as a substitute for mental health conditions – such as depression, anxiety conditions, schizophrenia, and others. When looking at data, much of what is reported are the conditions rather than looking at what is going well. Although the following provides an overview of the mental health conditions in Kwinana, the Public Health Plan will aim to achieve ‘good mental health’, ‘positive mental health’, ‘mental wellbeing’ and even ‘happiness’ to emphasise that mental health is about wellness rather than illness and to ensure that what is in our plan is achievable within the City’s remit.

### 5.3.2 Mental health conditions

The mental health problem diagnosis levels (combination of stress, depression, anxiety and other) in the City of Kwinana (21.5% of population) is much higher than the WA average of 14.5%.

### 5.3.3 Psychological distress and lack of control

Just under 1 in 10 adults in Kwinana (9.7%) self-report high/very high levels of psychological distress compared to 8.0% for WA.

4 Primary health networks (PHNs) were set up to improve patient care and to make health care in Australia more efficient and effective. PHNs conduct assessments of the health needs of their region. The assessments help identify groups of people who need more resources, programs and services. The information helps PHNs to tailor health services to meet the community's needs.

5 [www.who.int/mental\\_health/en/](http://www.who.int/mental_health/en/)

The levels of stress (13.8%), anxiety (12.7%) and depression (14.0%) are all significantly higher in the City of Kwinana when compared to the WA percentages of 9.2%, 8.3% and 8.3% respectively.

This data is illustrated in Table 4 and demonstrates that in all measures, Kwinana is above the WA average.

**Table 4: Prevalence of psychosocial risk factors for adults (aged 16 years and over), Kwinana LGA & WA, 2012-16**

Risk factors	Kwinana LGA		WA
	Persons (%)	Estimated population	Persons (%)
High/very high psychological distress	9.7	2,730	8.0
Mental health problem (b)	21.5	6,065	14.5
Stress related problem (c)	13.8	3,882	9.2
Anxiety (c)	12.7	3,571	8.3
Depression (c)	14.0	3,952	8.3

Source: WA Health and Wellbeing Surveillance System, Epidemiology Branch, DoH WA.

Notes:

\* Prevalence estimate has a relative standard error between 25 per cent and 50 per cent and should be used with caution.

(a) Often or always feels a lack of control over life in general.

(b) Diagnosed by a doctor with a stress related problem, depression, anxiety or any other mental health problem in the last 12 months.

(c) Diagnosed by a doctor in the last 12 months.

## 5.4 Notifiable Diseases

A notifiable disease is any disease that is required by law to be reported to government authorities. The collation of information allows the authorities to monitor the disease, and provides early warning of possible outbreaks.

### 5.4.1 Enteric diseases

Enteric diseases are caused by an intestinal infection. All enteric pathogens enter the body through the mouth, usually via contaminated food, water, or hands. The prevalence of Enteric Disease (including food borne illness) notifications per 100 000 persons is higher in Kwinana (182.2) compared to both the Perth metropolitan area (167.9) and WA (179.6).

### 5.4.2 Vector borne disease

Vector-borne diseases are human illnesses caused by parasites, viruses and bacteria that are transmitted by mosquitoes, sandflies, ticks, tsetse flies, mites, snails and lice. Vector borne disease (including Ross River Virus) notification proportions per 100 000 persons were higher in Kwinana (80.5) compared to the Perth metropolitan area (76.6).

### 5.4.3 Sexually transmittable infection (STI) Notifications

STI notifications (such as HIV) per 100 000 persons were significantly higher in Kwinana (592.7) compared to both the Perth metropolitan area (482.5) and WA (541.6) incidence rates.



5.4.4 Vaccine preventable diseases

The most common and serious vaccine-preventable diseases those we vaccinate our children against. Some of the more common ones include diphtheria, haemophilus influenzae serotype b infection, hepatitis B, measles, meningitis, mumps, pertussis, poliomyelitis and rubella. The incidence of vaccine preventable disease notifications (including meningococcal disease) per 100,000 persons in Kwinana (375.3) were lower than both the Perth metropolitan area (386.3) and WA (397.2) averages.

This data is illustrated in Table 5 and provides a comparison with the South Metropolitan Health District and WA.

Table 5: Notifiable diseases (per 100,000 persons, 2011-2015)

Disease Type	Kwinana	South Metropolitan Average	WA Average
Enteric disease	182.2	167.9	179.6
Vector borne diseases	80.5	76.6	87.8
STI's	592.7	482.5	541.6
Vaccine preventable diseases	375.3	386.3	397.2

WA Notifiable Infectious Diseases Database, Public Health Division, Western Australian Department of Health.





## 6.0 How the Plan was Developed

The City understands that it is best able to influence the health and wellbeing of the community through leadership, advocacy, provision of public infrastructure, service delivery, partnerships and collaboration and health promotion.

This Plan will enable the City to respond to emerging trends and issues or changes to policy and legislation in the public health arena.

The development of this Plan has included:

- Analysis of health, community and safety data and the local policy environment;
- Development of a community profile;
- Research and consultation with the community; through discussion groups and surveys;
- Consultation with City staff and Elected Members;
- Consultation with key stakeholders; and
- A priority setting workshop with staff, Elected Members and stakeholders.



## 6.1 What the Community Said

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Community members, partners of the City of Kwinana, City staff and Elected Members were consulted during the development of this Plan. The following provides a summary of key messages:

### 6.1.1 Staff and Elected Members

Over 100 City of Kwinana staff and Elected Members identified the following top three priority public health risks:

- Drug and alcohol misuse
- Poor mental health
- High rates of obesity and overweight


### 6.1.2 Partners of the City

A total of 26 people from 24 different organisations provided data on the type of public health priorities that could be addressed in the Plan. The aggregate responses identified the following needs:

- Developing positive mental health
- Reducing drug and alcohol harm
- Reducing obesity
- Promoting healthy messages to the community

### 6.1.3 Community members

Community members had their say at community meetings, Council events and via an online platform. When asked what one thing the City could do to improve health and wellbeing, the aggregate responses were:

- Improve communication and improve the narrative around what the Council is doing
  - Provide greater accessibility to home support services
  - Improve access to social housing
  - Support for community leaders and place based initiatives
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## 7.0 Public Health Priorities

Through this process, six key priority action areas have been developed that will guide the City, local service providers, community organisations and businesses and will provide a framework for health planning. The public health priorities for the City of Kwinana are:

- Employment (facilitation);
- Social connectedness and improved mental health;
- Education (supporting pathways to education and promoting healthy lifestyle messages);
- Obesity (improving access to fresh food, increasing access to environments that promote physical activity);
- Smoking and alcohol (reduction of harm from); and
- Environmental health protection.

Weaving through these six priority areas will be a focus on planning strategies for vulnerable groups throughout the community. The term community within the Plan refers to all community members including those who are most vulnerable.

### How the City will address the Priorities

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The City recognises that it is not possible to address every actual or potential public health issue affecting a local government area. However, efforts will be more effective through successful partnerships and by addressing areas of greatest need through setting priorities, goals and strategies. Strong leadership in the health and wellbeing of the City's population will be demonstrated by:

- Adopting a leadership and advocacy role in population health planning;
- Having a whole-of-City approach to delivering health and wellbeing initiatives;
- Developing active partnerships with external organisations/groups;
- Re-assessing existing outcomes and outputs through a health lens; and
- Ensuring an alignment with State and local based health messages and campaigns.

### Vision

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To plan for a community that is rich in spirit, alive with opportunities, surrounded by a supportive environment and accessible facilities that promote health and happiness.

## Aspirations

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Based on the vision the following three Aspirations have been selected for the Plan:

1. A Healthy and Active Community
2. Enhanced Community Capacity and Resilience
3. A Sense of Belonging

## Structure

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The structure of the City of Kwinana Public Health Plan as presented on the next page provides an overview of the Strategic Vision, the Plan's aspirations and strategies and the measures applicable to each aspiration.





# 8.0 City of Kwinana Public Health Plan Structure

**Vision** – To plan for a community that is rich in spirit, alive with opportunities, surrounded by a supportive environment and accessible facilities that promote health and happiness.

**Priorities** – Employment, Mental Health and Connectedness, Education, Environmental Health Protection, Reduced Obesity, Smoking and Alcohol

## Aspirations

**1. A healthy and active community**

**2. Enhanced community capacity and resilience**

**3. A sense of belonging**

## Objectives and Strategies

### 1.1 Implement Environmental health protection

- 1.1.1 Maintaining and Improving Implementation of Regulatory Functions
- 1.1.2 Supporting Improvements to Environmental Health Policy and Legislation
- 1.1.3 Enabling Safe and Healthy Environments

### 1.2 Reduce alcohol and tobacco harm

- 1.2.1 Reducing Alcohol Harm
- 1.2.2 Reducing Tobacco Harm
- 1.2.3 Promoting Alcohol and Smoke Free Environments

### 1.3 Promote healthy eating

- 1.3.1 Creating Supportive Environments
- 1.3.2 Increasing Awareness and Skills

### 1.4 Promote an active community

- 1.4.1 Increasing Awareness
- 1.4.2 Increasing Active Lifestyles

### 1.5 A well planned and maintained City

- 1.5.1 Planning for healthy and active communities
- 1.5.2 Maintaining City infrastructure and assets to support an active community.

### 2.1 Support inclusive employment

- 2.1.1 Creating Options
- 2.2 Promote educational attainment
  - 2.2.1 Encouraging Improved Education and Literacy Levels
- 2.3 Promote positive wellbeing
  - 2.3.1 Connecting Communities
  - 2.3.2 Improving Mental Health

### 3.1 Support inclusive communities

- 3.2.1 Supporting our People
- 3.2 Building community harmony
  - 3.2.1 Encouraging and supporting inclusive community activities and events
  - 3.2.2 Hosting a range of Community Activities and Events
- 3.3 Community Connection
  - 3.3.1 Building Capacity and Awareness



## 9.0 Monitoring and Evaluation

**The Plan outlines a range of goals and strategies that will be undertaken over the next four years. A detailed action plan accompanies this Plan.**

The actions include work to be undertaken by City staff in partnership with health and community partners.

This strategic Public Health Plan will aim to contribute to improvements in health across the population through completion of the actions identified. The following list of measures will be used to assess the success of the Plan over time. Several actions can have an impact on a particular measure and similarly an action can have an impact on several measures. The Action Plan indicates the relationship between actions and measures.

- Environmental health key performance indicators (KPIs)
- Mandatory annual reports
- Smoking levels
- Alcohol consumption levels
- Overweight and obesity levels
- Proportion of adults who meet the recommended physical activity guidelines
- Number of smoke and alcohol free public places
- Built community infrastructure
- Health and wellbeing indicators
- Employment rate
- Australian Early-years Development Census (AEDC) rates for Kwinana
- Proportion of the adult population who have completed year 12, a Bachelor degree or higher, or a vocational qualification
- Socio-economic Indices for Areas (SEIFA) Scores
- Number of small businesses
- Proportion of population with improved financial situation
- Proportion of people who feel valued in the City
- Participation rates
- Quality of life rating
- Proportion of people who feel safe in the community
- Proportion of people who feel a strong community connection
- Number of inclusive community events facilitated by the City
- Number of partnering organisations
- Level of community pride
- Level of satisfaction with activities and events
- Actions completed

It is acknowledged that the improvement of the Community's health and wellbeing extends beyond the scope of a local public health plan.

## 10.0 Governance

Improving health and wellbeing is a shared responsibility and is beyond the scope of one agency or level of government. Managing or solving complex public health challenges requires broad, collaborative and innovative approaches that may require societal level change. The City is committed to ensuring programs are planned, implemented and evaluated using a health lens.

A number of networks and governance groups exist that align with the goals within the Plan and the City will work alongside these partners and the community to achieve a happier and healthier Kwinana.









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