



# Public Health Plan

2026 – 2031



## Why does the Shire of Wagin require a Public Health Plan?

Section 45 of the *Public Health Act 2016* requires a local government to prepare a public health plan that is consistent with the State public health plan.

The plan must

- identify the public health needs of the local government district;
- include an examination of data relating to health status and health determinants in the local government district; and
- establish objectives and policy priorities for:
  - the promotion, improvement and protection of public health in the local government district; and
  - the development and delivery of public health services in the local government district; and
  - identify how, based on available evidence, the objectives and policy priorities referred to in paragraph (c) are proposed to be achieved; and
  - 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
  - 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 –
    - that the local government considers appropriate to include in the plan; or
    - that are required to be included in the plan by the Chief Health Officer or the regulations; and
  - include a report, in accordance with the regulations, on the performance by the local government on its functions under this Act.

A local government must review its local public health plan each year and must prepare a plan by 4 June 2026.

## State Public Health Plan 2025-2030

The State Government published the State Public Health Plan in June 2025. The Plan provides the following objectives and actions:

<b>Promote</b>	<b>Prevent</b>	<b>Protect</b>	<b>Enable</b>
Foster strong communities and healthier environments	Reduce the burden of chronic disease, communicable disease and injury	Protect against public and environmental health risks, effectively manage emergencies and lessen the health	Bolster public health systems and workforce and leverage partnerships to support health and wellbeing

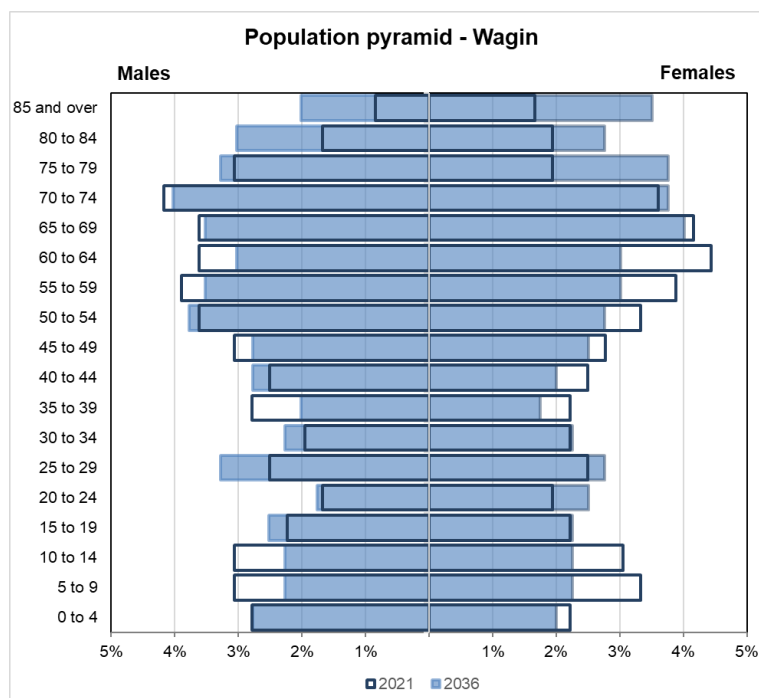
Promote	Prevent	Protect	Enable
		impacts of climate change	
<ul style="list-style-type: none"> <li>• Ensure health contributes to planning and development approval processes. This is to facilitate health living and minimise health impacts from environmental hazards</li> <li>• Optimise mental health and wellbeing</li> <li>• Improve health literacy by ensuring accessible and appropriate health information is effectively communicated to all Western Australians</li> <li>• Improve understanding and use of genomic information to promote population health</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce use of tobacco, vapes and related products</li> <li>• Encourage and support healthy eating and active living to halt the rise in obesity</li> <li>• Reduce harmful alcohol use</li> <li>• Prevent injuries and promote safer communities</li> <li>• Reduce harm due to illicit drug use, misuse of pharmaceuticals and other drugs of concern</li> <li>• Improve the access to population-based screening programs</li> <li>• Expand immunisation program provisions to prevent infectious disease</li> </ul>	<ul style="list-style-type: none"> <li>• Manage the effects of climate change on people’s health and reduce the health system’s environmental footprint</li> <li>• Prevent, monitor and control notifiable diseases</li> <li>• Provide sustainable disaster and emergency management across Prevention, Preparedness, Response and Recovery phases</li> <li>• Reduce harm due to current and future health hazards, including environmental, radiation and biosecurity risks</li> <li>• Enhance pandemic preparedness and response to emerging communicable disease threats</li> <li>• Ensure access to safe food and water</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance population health data, information systems, analytical and reporting capability</li> <li>• Foster research and innovation to improve our understanding of, and ability to address, public health issues</li> <li>• Develop partnerships with key agencies and communities to enable the delivery of public health services</li> <li>• Attract, develop and retain a public health workforce for the future</li> </ul>

## Examination of data relating to health status and health determinants

The Health and Wellbeing Profile of the Shire of Wagin published by the Department of Health in January 2026 reflects the demographic and environmental conditions of the Shire.

The median age in the Shire of Wagin is 49 years of age compared to the Statewide average in Western Australia of 38. Wagin is in the State's top 30 oldest local governments by median age.

The Shire of Wagin is older than the remainder of the State and is getting older. By 2036 the median age in the Shire will be 52.



In some respects, the health profile of the Shire of Wagin reflects the age structure of the population; however, several lifestyle and physiological risk factors are more prevalent than the Western Australian average.

Overweight and obesity remain a significant concern across both adults and children. In 2024, an estimated 38.1% of adults were overweight, which was similar to the State average (37.4%). Obesity prevalence among adults, however, was markedly higher at 49.2%, compared with 37.3% across Western Australia.

This elevated obesity rate was observed in both males (50.2% vs 37.1% State) and females (48.4% vs 37.4% State), indicating a widespread issue rather than one confined to a single demographic group.

Among children aged 5–15 years, 15.7% were overweight, which was similar to the State prevalence (15.0%), while 15.1% were obese, significantly higher than the Western Australian average of 10.2%. Childhood obesity rates were elevated for

both boys (15.5% vs 10.0% State) and girls (14.5% vs 10.3% State), suggesting early onset of weight-related health risks within the community

Tobacco use remains slightly higher than State levels. In 2024, 14.8% of adults in the Shire reported current tobacco smoking, compared with 13.5% across Western Australia. Smoking prevalence was higher among men (17.5%) than women (12.4%), though both were broadly similar to their respective State averages. Vaping prevalence in the Shire (5.0%) was lower than the State rate (7.9%), particularly among females, suggesting that traditional tobacco use remains the primary concern locally.

Alcohol consumption patterns were generally similar—or in some cases more favourable—than State averages. In 2023, 26.3% of adults drank at levels considered high risk for long-term harm, consistent with the State prevalence (29.1%). High-risk short-term drinking was lower at 8.8%, compared to 11.9% for Western Australia.

While males were more likely than females to engage in both short- and long-term high-risk drinking, rates for both sexes remained broadly comparable to State figures. Illicit drug-attributable hospitalisation rates in 2024 were also similar to the State average (208.3 vs 181.8 per 100,000), as were illicit drug-attributable deaths, indicating no significant divergence from State-wide trends in this area.

Dietary indicators showed mixed results across age groups. Among children aged 2–15 years, 70.4% met recommended fruit intake, lower than the State average of 75.4%, while 10.4% met recommended vegetable intake, broadly consistent with the State (10.9%). Adult fruit consumption was similar to Western Australia, with 35.0% meeting daily recommendations, while adult vegetable intake was marginally higher (5.3% vs 4.7% State).

Importantly, the Shire reported lower consumption of discretionary foods and beverages. Only 10.2% of adults and 6.5% of children consumed sugar-sweetened soft drinks or energy drinks more than twice a week, compared with 16.8% and 8.5% respectively across Western Australia.

Physical activity patterns also reflected a mixed but generally comparable profile. In 2024, 63.3% of children aged 5–15 years did not meet recommended physical activity levels, consistent with the State (62.3%), but only 38.0% exceeded recommended screen-based sedentary time, lower than the State average of 43.9%.

Among adults, 40.4% did not achieve sufficient physical activity, similar to Western Australia (39.1%), while 36.9% exceeded recommended screen-based leisure time, again comparable to State levels. These indicators suggest that while structured physical activity remains a challenge—particularly for adults—levels of sedentary behaviour are not disproportionately high.

## Public health needs of the district

The public health needs of the district reflect its demographics. The Shire’s aging population places greater demand on direct health care services such as General Practitioner services, Homecare and Aged Care services.

It also creates greater need for walkability and accessibility of public spaces and buildings.

While the district is ageing, it still includes families, children, and young people whose needs remain essential to overall community wellbeing. To be a healthy, liveable community for all ages, the population requires safe, well-maintained parks, play spaces, and sporting facilities that encourage physical activity, creativity, and social interaction for children and youth.

The population also needs to continue to be mentally healthy. The district’s sporting and community organisations provide ample opportunities to stay active and address social isolation but the volunteers also need support to avoid burnout.

## A strategic framework for the identification, evaluation and management of public health risks in the local government district

The Shire makes direct and indirect contributions to local public health and the achievement of the State Government’s Public Health Plan.

### PROMOTE

#### WA State Objective

Ensure health contributes to planning and development to facilitate healthy living

Optimise mental health and wellbeing

Improve health literacy via accessible and appropriate health information

Improve understanding and use of genomic information

#### Shire of Wagin Contribution

Construction of walkable infrastructure; public open spaces; recreation facilities; planning decisions supporting healthy neighbourhoods

Support for community organisations; community events and spaces promoting social cohesion

Promotion of health programs and screenings; Shire communication channels supporting public health messaging

Facilitating access to GP services who coordinate with state health systems

### PREVENT

#### WA State Objective

#### Shire of Wagin Contribution

Reduce tobacco/vape use, harmful alcohol use, and drug harm	Smoke-free and alcohol-safe venues and events; support for service providers
Encourage healthy eating and active living	Wagin Memorial Pool; sporting facilities; walkable infrastructure
Prevent injuries and promote safer communities	Safe footpaths, lighting, and public spaces; collaboration with police and community groups
Improve access to screening programs	Support for GP availability enabling screenings; community promotion of screening initiatives
Expand immunisation programs	Support through GP services and local health messaging

## **PROTECT**

<b>WA State Objective</b>	<b>Shire of Wagin Contribution</b>
Manage health effects of climate change	Shade, green spaces, and pool access;
Prevent/control notifiable diseases	Facilitating GP services; support for immunisation delivery
Provide sustainable emergency management	Emergency management; RFDS access via Wagin Aerodrome
Reduce harm from environmental and biosecurity risks	Environmental health services including food safety and water monitoring
Enhance pandemic preparedness	Local coordination of messaging, facilities, and community support
Ensure safe food and water access	Environmental health regulatory services

## **ENABLE**

<b>WA State Objective</b>	<b>Shire of Wagin Contribution</b>
Enhance population health data and reporting	Local environmental health and community data contributions
Foster research and innovation	Support for research initiatives that support public health, for example,

	University of Western Australia research into mosquito management
Develop partnerships with agencies and communities	Support for NCATS; housing support for Waratah Lodge; RFDS collaboration
Attract and retain public health workforce	Financial contribution, housing, and medical surgery provision for GP services; Homecare workforce support

## **What we need from the federal government and state government to do more**

The Shire recognises the importance of investing in local public health initiatives. The annual investment in providing General Practitioner services and Homecare is significant and comes from a need caused by under delivery by other tiers of Government and the market.

### **Provision of housing**

It is inarguable that housing demand is outstripping supply in Wagin and surrounds. The availability of housing is a critical impact on economic growth and prevents government and businesses alike from attracting skilled and non-skilled workers.

Lack of housing means that is difficult for health professionals to live and work in the Shire. The Shire provides housing for a General Practitioner as well as a nurse working at an Aged Care facility and has received requests for housing for WA Health nurses, dentists, visiting specialists and additional General Practitioners.

### **Greater funding for support at home programmes**

The Shire has proudly supported programmes that enable the elderly to age in place for more than 40 years.

These programmes require Commonwealth Government support. Increasingly, however, as Commonwealth Government funding has shifted from grant to contractual funding, the Shire own-financial contribution to support programmes has grown.

For several years the Shire, like other providers, has not been afforded the opportunity to negotiate performance targets. This means that the Commonwealth's funding commitment has been contingent on the Shire accepting a contract which performance criteria that the Shire cannot achieve or not receive any funding required to deliver the service.

The inflexibility of the Commonwealth in this regard damages the capacity of the Shire to deliver this much needed service and can result in the Shire seeking to prioritise service delivery in the wrong areas to meet arbitrary targets to assist in financial suitability rather than delivery of important Homecare services.

## **Support for general practitioner services**

The Shire recognises that ready-access to a General Practitioner is critical to public health. The Shire makes a financial contribution to ensure availability of a General Practitioner in the Shire, including the provision of a medical facility and surgery.

The Shire is not alone in this regard.

Regional communities through their local governments across the State are paying directly for General Practitioners to operate in their communities.

This arrangement puts local communities in a competitive, commercial market for medical services which in non-regional communities is considered a basic human right and public health fundamental.

## **Supporting regional environment health officer programs**

Local governments are responsible under the *Public Health Act 2016* to be a regulator for all manner of public health matters.

Environmental Health Officers are central to protecting community health across food safety, drinking water quality, wastewater and septic systems, infectious disease control, public accommodation, waste management, pollution response, and emergency preparedness.

These functions involve statutory enforcement, health risk assessment, and the application of technical public health legislation. In many cases, they cannot be safely or legally carried out by non-qualified staff.

Despite the critical nature of these responsibilities, regional local governments face significant challenges in attracting and retaining qualified EHOs. Environmental health is a regulated profession requiring specialist tertiary qualifications, ongoing professional development, and accountability under public health legislation.

Regional EHOs are often required to operate across a broad scope of practice, manage high-risk decisions independently, and respond to incidents with limited peer support. This is in contrast to metropolitan environments where workloads are more specialised and professional support networks are stronger. Without competitive remuneration, adequate resourcing, professional mentoring, and manageable workloads, regional programs struggle to compete for qualified practitioners in a tight national workforce market.

Increased support for regional Environmental Health Officer programs—through improved staffing levels, competitive employment conditions, access to professional development, and structured support arrangements—is therefore not discretionary. It is a necessary investment to meet statutory obligations, manage public health risk, and ensure regional communities receive an equivalent level of health protection to metropolitan areas.

Without targeted action, regional local governments will continue to face workforce instability, increasing compliance gaps, and escalating public health risk, placing both councils and communities in an increasingly vulnerable position.

## **Continued support for hospitals**

Regional hospitals are a cornerstone of public health and community resilience in rural areas. For communities such as Wagin, the local hospital is often the first and only point of access to urgent care, inpatient services, maternity support, and essential diagnostics.

Continued State and Federal Government investment is critical to ensure these hospitals remain safe, functional, and capable of meeting the needs of their communities. Without ongoing support, regional residents face increasing travel times, delayed treatment, and poorer health outcomes compared to metropolitan populations.

The pressures on regional hospitals are compounded by workforce shortages, ageing infrastructure, and growing demand driven by demographic change. Regional communities tend to have older populations, higher rates of chronic disease, and greater reliance on public health services.

Hospitals also play a vital role in supporting broader health systems in regional areas. They underpin the viability of local General Practitioners, aged care services, ambulance responses, and community health programs. When hospital services are reduced or destabilised, the impacts are felt across the entire health and social care landscape, increasing pressure on primary care and local governments to fill service gaps outside their traditional responsibilities.

Continued and enhanced investment in regional hospitals is therefore fundamental to ensuring equity of access to health care, supporting workforce attraction and retention, and maintaining community confidence in regional living.

Strong regional hospitals are not only a health issue but an economic and social necessity, enabling communities to grow, attract families and workers, and remain viable into the future. Without sustained commitment from other tiers of government, the gap between metropolitan and regional health outcomes will continue to widen, to the detriment of regional Australians.