



Public Health Plan 2022





Acknowledgements

The Shire President, Councillors and Shire of Denmark staff acknowledge the Minang and Bibulmun people of the Noongar nation who are the traditional custodians of this land and pay respects to Elders past, present and emerging.

We acknowledge and respect their continuing culture and the contribution they make to this region.

The Shire of Denmark would also like to acknowledge all the input and support provided by community members, stakeholders and organisations in the development of this Plan.

Project consultant: **Dr Carl Heslop**, Southside Strategy and Solutions

Electronic copies of the Public Health Plan are available for download online via the Shire of Denmark website at www.denmark.wa.gov.au.

Copies of all Shire documents are available in alternative formats upon request.

Contents

- 4** The Shire of Denmark's Role in Public Health
- 5** The Social Determinants of Health
- 6** Consultation Process
- 7** Denmark in Profile
- 8** Shire of Denmark Health Profile
- 12** **Public Health Pillars**
 - *Public Health Leadership*
 - *Natural Environment*
 - *Built Environment*
 - *Social Environment*
 - *Health Protection*
- 14** Strategic Community Plan Alignment with Public Health Pillars
- 16** Public Health Leadership
- 19** Natural Environment
- 22** Built Environment
- 25** Social Environment
- 27** Health Protection



The Shire of Denmark's Role in Public Health

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

State governments, non-government agencies and local governments each play a role in helping to support and drive improvements to the health and well-being of the population, be it at a state or local level.

What is the role of the Shire of Denmark in 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 because of the effect of these services on community health and well-being. Collectively, these services impact the determinants of health of residents.

The work of local governments is varied and touches many areas of day-to-day community life. As such, the Shire of Denmark looks after a variety of programs and services that impact the community's health.

What is the purpose of the Shire of Denmark Public Health Plan?

The WA Government's *Public Health Act 2016* requires each local government to produce a Public Health Plan. The local plan must be consistent with the State Public Health Plan and respond to local public health risks. 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
- establish objectives and policy priorities for the promotion and protection of public health in the Local Government district
- describe the development and delivery of public health services in the Local Government district

This Public Health Plan pulls together a range of public health messages into a single direction-setting document for the Shire of Denmark with identified public health needs linked to the existing pillars contained in the Shire of Denmark *Strategic Community Plan Denmark 2027*. While there is a desire for this document to be ambitious and contemporary, there must be a practical balance to reflect what is possible to achieve within the operational, financial and resourcing constraints of a regional tier three local government.

The Public Health Plan will aid decision-making across the core business of the Shire of Denmark and will measure progress against outcomes reviewed annually by Shire of Denmark staff as part of existing planning and review processes.

In accordance with Section 45 (6) of the *Public Health Act 2016*, the Plan "must be replaced at the end of the period of five years after it was prepared" (i.e. 2027) unless replaced sooner.

Minor amendments may be made prior to this, if it is necessary to align the Plan with other strategic documents, incorporate emerging public health risks or advice from the WA Department of Health.

The Shire of Denmark will liaise with the WA Department of Health to obtain up-to-date epidemiological data, which will be used to determine the effectiveness of the Plan and any emerging public health risks.



The Social Determinants of Health

Public health programs and plans across the world are guided by the Social Determinants of Health.

These are the conditions in which a person is born, grows up, lives, works, and ages; which in turn influences their opportunity to be healthy, their risk of illness, and life expectancy.

The Social Determinants of Health are broad and include socioeconomic status, employment, education, housing, social support, access to health care and other services, transport, food security, and community safety.

Influencing these determinants of health is a shared responsibility. Improving health outcomes starts with providing opportunities to lead healthier, more active lives, regardless of a person's income, education, or cultural background.

Through the development of the plan, the Shire of Denmark recognises that working to address these factors using a holistic approach will have the greatest impact on health and well-being.

Consultation Process

The development of this plan required analysing and interpreting data collected from a variety of sources and included consultation with a Shire of Denmark-appointed Public Health Working Group.

Effort was made through the Working Group process to ensure that data and the Public Health Plan was examined against the lived experience of residents from the Shire of Denmark. Input was sought from health industry professionals to provide opinion and consultation on the development of the plan from their specialty areas (public health, youth work and aged care).

The Working Group was:

- established 19 November 2019 (Resolution No. 211119)
- stood down due to resource and financial restrictions due to COVID-19 in May 2020
- re-established 16 March 2021 (Resolution No. 140321)

The objective of the Working Group was to develop a draft Public Health Plan for the Shire of Denmark in accordance with the Department of Health's Public Health Planning Guide for Local Government.

The development of this Public Health Plan brings together data from a range of sources including:

- Shire of Denmark Public Health Planning - Community Consultation Plan (Priority and Strategy)
- Shire of Denmark Community Public Health survey
- Shire of Denmark External Stakeholder consultations
- Shire of Denmark Internal Department consultations
- Department of Health
- Shire of Denmark Health and Wellbeing Profile
- Shire of Denmark Public Health Plan Working Group Collaboration



Denmark in Profile

186,007 land area (ha)

4138 rateable properties

6467 population

Community

- 36% Share of population over 60 (Regional WA 24%)
- 9.5% Tertiary study and young workforce 18-34 (Regional WA 19.2%)
- 2434 Local jobs
- 29.4% of our community volunteer (Regional WA 19.3%)
- 716 Emergency Service volunteers

Environment and Land

- 35% Recycling compliance
- 35% Curbside collection diverted from landfill
- 15.3% Land in agriculture
- 70% Land is remnant vegetation

Economy

- \$290M Gross Regional Product (at as 30/6/21)
- \$20M Value of development applications (21/22 Feb FYTD)
- 747 Local businesses
- 320,000 Annual overnight visitors
- Education and Training: Largest industry
- 39% Value of Shire procurement to local business (21/22 FY)

References: .idcommunity, Synergy, ABS ERP 2021, 22/23 Annual Budget

Shire of Denmark Health Profile

Health Impact Snapshots

- 51.8% of preventable hospitalisations in the Denmark LGA 2015–2019 were caused by chronic conditions (compared to State rate of 43.5%)
- The majority of adults (85.5%) ate less than five serves of vegetables per day
- More than one quarter (27%) of adults drink alcohol at high risk levels for long term harm
- 41.8% of adults do less than 150 minutes of physical activity per week, and 31.1% spend more than 21 hours per week in sedentary leisure time
- Almost two thirds (65.8%) of adults are overweight or obese
- 16.4% currently smoke
- 69.2% of children aged 12–15 months were not fully immunised as at 30 September 2020 (lower than the State average)
- 55.6% of children aged 24–27 months were not fully immunised as at 30 September 2020 (lower than the State average)
- 16.3% of children in their first year of school in 2018 were at risk developmentally in terms of physical health and wellbeing
- Denmark was ranked as Very High Priority for unmet demand for public housing (very low income households), and ranked as Very High Priority for unmet demand affordable housing (low/moderate income households)
- 29.8% of residents undertake unpaid voluntary work for an organisation or group (compared to the State rate of 19.0%).
- 22.7% of residents travel outside of the Denmark Local Government area for work
- 28.1% of households are on a low income (\$650 per week or less) (compared to the State rate of 19.2%)
- 7.5% of residents are pensioners who depend on disability support (compared to the State rate of 3.8%), and 25.6% are pensioner concession card holders (compared to the State rate of 16.8%)
- 35.7% of rented private dwellings are low income households with rental stress (compared to the State rate of 27.8%)

Key public health data


In the Denmark LGA

85.5%
of adults



eat less than 5 serves of vegies daily

Dental conditions



are the top cause of potentially preventable hospitalisations


Over 1 in 3
rented private dwellings



are low income households with rental stress
(higher than Regional WA rate of 1 in 5)


In the Denmark LGA

29.5%
of adults



have arthritis

65.8% of adults



are overweight or obese

1 in 4 people



are aged 65+ years


In the Denmark LGA

44.4%
of children aged 24-27 months




are not fully immunised

41.8%
of adults



are not active enough

16.4%
of adults



currently smoke

In the Great Southern Health Region

89.8%
of children




eat less than 5 serves of vegies daily

62.6%
of children



are not active enough

2 in 7
of children



are overweight or obese

Health and Wellbeing Risk Factors

There is a range of determinants that influence how likely people in our community are to stay healthy or to become ill or injured. These risk factors often co-exist and interact with one another and can generally be categorised into the following groups:

- behavioural
- physiological
- demographic
- environmental

Many of the key drivers of health are everyday living and working conditions: the circumstances in which people grow, live, work and age (environment and demographics). A person's health is also influenced by factors that are part of their individual lifestyle and genetic make-up (behavioural and physiological).

These factors can be positive in their effects (i.e. vaccination against disease), or negative (i.e. risky alcohol consumption). Behavioural risk factors such as tobacco smoking, risky alcohol consumption, not getting enough exercise and poor eating patterns are those that individuals have the most ability to modify.

Vulnerable Groups

People with a Disability

People with a disability accounted for 4.5% of the area's population, which is more than the Regional WA average of 3.8%.

Older People

The Shire of Denmark population is ageing. People aged 65 years and older accounted for 25% of the area's population, which is significantly more than the Regional WA average of 14.6%. Population projections predict that by 2031, the 65 years and older age group will represent almost one third (32.58%) of the Shire's population (an 8.93% increase over 15 years from 2016).

Children

Children aged between 0 and 12 years accounted for 14.9% of the area's population, which is lower than the Regional WA average of 17.7%. However, as the development of health and wellbeing in childhood has a large impact on the health outcomes of adults, children are considered a particularly vulnerable group.

People who are Economically Disadvantaged

The Shire of Denmark has a higher proportion of households with low income (28%) and experiencing rental stress (35.7%) when compared to the Regional WA average (15.5% and 21.2% respectively).

Aboriginal People

Aboriginal people accounted for 1.3% of the area's population, which is lower than the Regional WA average of 8.4%. However, nationally and State-wide, Aboriginal people are more likely to have poorer health than non-Aboriginal people, making them a particularly vulnerable group regardless of their representation within the population.

Public Health Pillars

Five public health pillars have been created in response to consultation, local demographics, health statistics, and policy review.

The pillars detail where the Shire of Denmark can have the greatest influence in community health and wellbeing.

Deliverables have been created under each pillar, which link to long-term health outcomes for the community of Denmark.

There is a recognition that the Shire of Denmark has limited capacity to develop and deliver annual work plans that will identify actions, resources, responsibilities and timeframes – therefore every effort has been made to link to existing plans and programs.

These pillars have been designed to strategically align with the Shire of Denmark Strategic Community Plan Denmark 2027 to support implementation of the Public Health Plan across all levels of the Shire of Denmark.

The five pillars are:

Public Health Leadership Natural Environment Built Environment Social Environment Health Protection

Public Health Leadership

The Shire aims to ensure public health outcomes are embedded in core business, for the benefit of our community. Central to this is a commitment to lead, influence, and advocate for optimal public health. Public health leadership encourages shared responsibility, both within the organisation and through stakeholder partnerships. It recognises that public health is closely linked to strategic goals and existing plans, while striving for change.

Strategic Community Plan key alignment: All elements

Natural Environment

The aspiration and objectives within this area reflect our location, stunning forests and coastline and other irreplaceable natural assets. We aim to provide a sustainable natural environment for the health and wellbeing of our community. Our natural environment is highly valued and access to this precious resource offers residents and visitors opportunities to be physically active, while improving mental health and wellbeing. The impact of climate change is a significant concern for our community and we believe that local action is an important part of the solution to deliver a sustainable, natural environment for the local community. We recognise that human health and the health of our planet are inextricably linked, and that our civilisation depends on human health, flourishing natural systems, and the wise stewardship of natural resources. We will reduce the human impact on our environment where we can, promote environmentally sensitive development, formalise a collaborative approach to climate action, implement controls and guidelines to ensure development is sensitive to the natural environment. It's important that we plan for and respond to emerging risks associated with climate change to protect the public and the environment from the harmful health impacts of climate change.

Strategic Community Plan key alignment N2.0 Our Natural Environment

Built Environment

We aim to build, enhance and maintain well designed places and infrastructure to support the health, wellbeing, and growth of our community. We will find ways to collaborate with other agencies and stakeholders to promote action on homelessness and isolation with localised and place-based approaches, while considering what Shire of Denmark policies and plans can be considered to provide for affordable housing. Access to a built environment for people who live, work, and visit the Shire of Denmark includes all the humanmade physical spaces and built form including infrastructure, buildings, roads, footpaths and cycle ways. The built environment can support health and wellbeing by having good walkability, space for bike riding, allowing ease of access to organised and incidental physical activity and all modes of transport, and opportunities for social and community interactions. It is also important to provide accessible community spaces that are well utilised and activated by residents and local businesses.

Strategic Community Plan key alignment B3.0 Our Built Environment

Social Environment

A social environment supports optimal physical, mental, and social health and wellbeing for people who work, live, and visit the Shire of Denmark. The aspiration and deliverables within this area reflect the capacity of our community to provide for the wellbeing of all residents in a fair and equitable way. Social groups, programs, and events provide valuable local networks and form an important part of people's identities. We aim to strengthen community connections and champion physical, mental, and social health and wellbeing of our community. We will explore ways to foster our community connections, promote vibrant community events, and support all members of our community. The main benefit of social connectedness and inclusion is improvement to quality of life, reduce loneliness and improve mental health and wellbeing. Social connections in the community include volunteering, joining a club or social group, and spending time with friends, family, and neighbours.

Strategic Community Plan key alignment C4.0 Our Community

Health Protection

Health protection for people who live, work, and visit the Shire of Denmark is facilitated by a suite of essential services, awareness programs, and legislative measures. These include the delivery of environmental and public health legislation, leading the local response in emergency situations, promoting screening and immunisation programs, and advocacy for smoke and alcohol-free environments. The many and varied monitoring, promotion, and regulatory functions of the Shire contribute to the protection of health and wellbeing in the local community. These functions enable our local businesses to incorporate public health measures into their operations and encourage our residents to look after the health of their household and their neighbours.

Strategic Community Plan key alignment L5.0 Our Local Government

Strategic Community Plan Alignment

Strategic Community Plan Denmark 2027 **vision:** A happy, healthy, and eclectic community that embraces creativity, values the natural environment, and is invested in a strong local economy

Public Health Plan **action statement:** *The Shire of Denmark aspires to promote a safe and healthy community that is equal, socially connected, aware of our connection and responsibility to the environment. This plan provides a clear path of action that the Shire can follow from 2022 -2027 to address public health issues.*

Priority Population Groups

Aboriginal and Torres Strait Islander peoples; Young people, People living in low socioeconomic circumstances; People who are experiencing homelessness; People who are of an older generation (those aged 65 & over), People with mental illness, People living with a disability and/or chronic disease; and Culturally & Linguistically Diverse populations, LGBTQ+ populations, the intersections of these groups.

Role of the Shire of Denmark

Advocate	We support our community and promote local interests to help them flourish.
Lead	We lead projects to deliver strong outcomes and effectively use our networks with government, business and community to deliver for the community.
Partner	We seek out new partnerships in addition to strengthening our current relationships on behalf of our community to support the interests of Denmark.
Fund	We disperse funding to deliver a range of essential and beneficial services within our community.
Deliver	We deliver and run an extensive range of services and programs to meet community needs, with a strong focus on supporting the local economy.
Regulate	We regulate compliance through legislation, regulations and local laws to ensure that community members live safely and respectfully in our community.

Strategic Community Plan Alignment with Public Health Pillars

Public Health Leadership	Natural Environments	Built Environment	Social Environment	Health Protection
<i>All Elements of Denmark 2027</i>	<i>N2.0 Our Natural Environment</i>	<i>B3.0 Our Built Environment</i>	<i>C4.0 Our Community</i>	<i>L5.0 Our Local Government</i>
<ul style="list-style-type: none"> • Reconciliation / Respectful Relationships • Equity of access • Leadership • Advocacy • Public awareness & engagement 	<ul style="list-style-type: none"> • Climate Change & Climate Action • Preserve & protect the natural environment • Reduce human impact 	<ul style="list-style-type: none"> • Diverse & affordable housing, building & accommodation • Responsible development • Accessible Public spaces & infrastructure • Safer communities • Reliable communication systems 	<ul style="list-style-type: none"> • Fostering Connection • Increasing awareness about Family & Domestic Violence • Promote inclusive communities • Healthy eating • Activities & programs • Inclusive communities • Festivals & events Sporting clubs, community groups & non-government organisations 	<ul style="list-style-type: none"> • Disaster risk reduction, recovery & resilience • Screening & immunisations • Environmental Health • Alcohol, other drugs & smoking

Priority Long-Term Health Outcomes

<ul style="list-style-type: none"> • All priority health outcomes detailed in associated pillars 	<ul style="list-style-type: none"> • Increased physical activity • Reduced exposure to climate health risks • Decreased exposure to mental health and wellbeing risk factors • Decreased exposure to mental health & wellbeing risk factors • Reduced exposure to environmental health risks • Reduced harmful exposure to ultraviolet radiation • Increased supported activities that embrace the natural environment 	<ul style="list-style-type: none"> • Increased physical activity • Reduced injuries & a safer community • Decreased exposure to mental health & wellbeing risk factors • Reduced harmful alcohol use 	<ul style="list-style-type: none"> • Increased healthy eating • Decreased exposure to mental health & wellbeing risk factors • Increased physical activity • Decreased family & domestic violence • Increased social connection & inclusion • Decreased incidence of psychological distress 	<ul style="list-style-type: none"> • Reduced exposure to climate health risks • Reduced exposure to environmental health risks • Increased healthy eating • Reduced prevalence of communicable diseases • Reduced harmful alcohol use • Reduced smoking • Mitigate the impact of public health emergencies • Increased participation in public health screening & immunisation programs
-----------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Public Health Leadership

Aspiration: The Shire of Denmark is a transparent, committed and effective regional public health leader through leadership, advocacy and engagement.

As public health leaders, we are committed to setting targets for 2022 - 2027.

A key target under the Public Health Leadership pillar is an organisational commitment to respectful relationships and reconciliation. Key deliverables include increasing the engagement and activity of reconciliation efforts both internally and externally with relationships, respect and opportunities critical to our success. No specific long term health goals are aligned with this priority as it encompasses a multitude of health impacts (including environmental, community and personal).

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
Leadership	1.1 DELIVER public health, wellbeing and health equity principles and priorities as part of strategic planning and service delivery where appropriate.	E1.1	<ul style="list-style-type: none"> • Increased physical activity • Decreased exposure to mental health and wellbeing risk factors • Reduced harmful alcohol use • Reduced smoking • Increased social connections • Reduced exposure to environmental health risks • Reduced exposure to climate health risks • Increased healthy eating • Reduced injuries and a safer community
	1.2 FUND the ongoing delivery of the Bushfire Ready program through an annual contribution and ADVOCATE for opportunities to expand program.	C4.1	
	1.3 ADVOCATE / PARTNER with community groups on grant funding opportunities to increase the health and wellbeing of our community.	L5.4	
	1.4 DELIVER a healthy and happy workplace for Shire of Denmark staff with a focus on wellbeing and work life balance.	L5.1	
Equity of Access	2.1 ADVOCATE to improve equity of access to health services and programs for residents of the Shire of Denmark (including at risk groups) through improvements in key infrastructure networks such as: <ol style="list-style-type: none"> Transport Telecommunications 	C4.2	

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
Advocacy	3.1 ADVOCATE for equitable access to social determinants of health to improve public health and wellbeing outcomes on behalf of our community to State and Federal government, agencies, private organisations and peak bodies for our priority population group.	L5.2	
	3.2 LEAD strong climate change action, through leadership and coordination at all levels of government.	N2.4	Continued...
Public awareness & engagement	4.1 ADVOCATE on behalf of external agencies, private enterprise and community groups for projects and activities that empower and enable people to live healthy, happy and connected lives.	L5.2	<ul style="list-style-type: none"> • Prevent and control of communicable diseases • Mitigate the impact of public health emergencies • Promote screening and immunisation • Reduced exposure to ultraviolet radiation • Decreased incidence of psychological distress • Social connection and inclusion
	4.2 PARTNER with the community to acknowledge and promote key days across the calendar internally and externally such as Harmony Day, Pride month, IDAHOBIT day, NAIDOC week, Reconciliation Week. These will encourage community connections, reduce social isolation and cultural barriers.	C4.3	

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
Respectful Relationships and Reconciliation	5.1 LEAD engagement with Noongar leaders and population to develop best practice engagement focussed on relationships, respect and opportunities.	C4.4	<i>No specific long term health goals are aligned with this priority as it encompasses a multitude of health impacts (including environmental, community and personal).</i>
	5.2 LEAD communications on the importance of Reconciliation across the Shire.	C4.1	
	5.3 DELIVER a Reconciliation Action Plan in collaboration with the broader community.	C4.4	
	5.4 LEAD reconciliation actions through a roadmap that engages all Shire staff.	C4.4	
	5.5 DELIVER a range of culturally appropriate training and development opportunities for staff and Councillors.	C4.4	



Natural Environment

Aspiration: Our natural environment is highly valued and carefully managed to meet the needs of our community, now and in the future.

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
Climate Change and Climate Action	6.1 ADVOCATE and FUND climate change action through strengthened collaboration and engagement with South Coast Alliance Inc.	L5.5	
	6.2 DELIVER a plan to work towards net zero carbon emissions at a Shire operational level.	N2.4	<ul style="list-style-type: none"> • Reduced exposure to environmental health risks • Reduced exposure to climate health risks
	6.3 DELIVER maximum benefits to local business through an ongoing commitment State Buy Local Policy. Commit to supporting local economy through all Shire operations.	E1.1	
	6.4 PARTNER with the Denmark Chamber of Commerce to promote a circular economy and buy local philosophy.	E1.1	<ul style="list-style-type: none"> • Reduced exposure to environmental health risks • Increased healthy eating
	6.5 DELIVER a reduced carbon footprint for Shire owned vehicles.	N2.4	<ul style="list-style-type: none"> • Reduced exposure to environmental health risks • Reduced exposure to climate health risks
	6.6 PARTNER with community groups to encourage, empower and support the community to make choices that consider the health and environmental impacts of climate change.	N2.4	
Preserve and protect the natural environment	7.1 FUND activities to preserve natural environments for human health and wellbeing.	N2.1	<ul style="list-style-type: none"> • Decreased exposure to mental health and wellbeing risk factors

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
	7.2 PARTNER with the community to participate in preservation activities such as tree planting days, beach clean ups and friends of reserve programs.	N2.1	Continued... <ul style="list-style-type: none"> • Reduced exposure to climate health risks
	7.3 ADVOCATE for the protection of natural bushland habitats and ecosystems, including protection of waterways for nutrient control, salinity control and riparian vegetation.	N2.1	<ul style="list-style-type: none"> • Decreased exposure to mental health and wellbeing risk factors • Reduced exposure to environmental health risks • Reduced exposure to climate health risks
	7.4 DELIVER local coastal hazard assessments to inform climate change preparedness where appropriate.	N2.4	<ul style="list-style-type: none"> • Reduced exposure to environmental health risks • Reduced exposure to climate health risks
Reduce human impact	8.1 DELIVER education and training to Shire of Denmark staff on the health impacts of climate change.	N2.1	<ul style="list-style-type: none"> • Decreased exposure to mental health and wellbeing risk factors • Reduced exposure to environmental health risks • Reduced exposure to climate health risks
	8.2 PARTNER with community groups to promote programs that will reduce the reliance on fossil fuels in line with actions identified in the Sustainability Action Plan.	N2.4	<ul style="list-style-type: none"> • Reduced exposure to environmental health risks
	8.3 DELIVER strategies for the Shire of Denmark to meet its commitments in the Sustainability Strategy including reducing carbon emissions by half by 2030, and carbon neutral/net zero emissions by 2050.	N2.4	<ul style="list-style-type: none"> • Reduced exposure to environmental health risks

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
	8.4 DELIVER strategies that aim to achieve zero waste to landfill by 2030.	N2.3	
	8.5 DELIVER ongoing waterwise reaccreditation for the Shire of Denmark.	N2.3	
	8.6 ADVOCATE for incorporation of waterwise usage into land-use planning and for new developments within legislative capacity.	N2.3	<ul style="list-style-type: none"> • Reduced exposure to environmental health risks • Reduced exposure to climate health risks
	8.7 ADVOCATE for sustainable farming practices.	N2.2	
	8.8 ADVOCATE and FUND initiatives that promote waterwise use.	E1.4	
	8.9 ADVOCATE for local sustainable food innovations.	N2.4	<ul style="list-style-type: none"> • Reduced exposure to environmental health risks • Reduced exposure to climate health risks • Increased health eating
	8.10 ADVOCATE for sustainable best practice within the broader community.	E1.4	<ul style="list-style-type: none"> • Reduced exposure to environmental health risks • Reduced exposure to climate health risks

Built Environment

Aspiration: We have a functional built environment that reflects our rural and village character and supports a connected, creative, active and safe community.

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
Diverse & affordable housing, building & accommodation	9.1 ADVOCATE for the community sector, business and philanthropic organisations to collaborate and co-fund initiatives to address homelessness and service gaps in the local community.	B3.5	<ul style="list-style-type: none"> • Decreased exposure to mental health and wellbeing risk factors • Increased social connections • Reduced injuries and a safer community
	9.2 ADVOCATE for our local community to co-design the development of place-based initiatives that respond to and prevent homelessness in the Shire of Denmark.	L5.2	<ul style="list-style-type: none"> • Decreased exposure to mental health and wellbeing risk factors • Increased social connections
	9.3 FUND training for relevant front-line staff interacting with people experiencing homelessness.	L5.1	<ul style="list-style-type: none"> • Decreased exposure to mental health and wellbeing risk factors • Increased social connections • Reduced injuries and a safer community
	9.1 DELIVER through the Local Planning Scheme (LPS) the utilisation of land and assets to create places that are inclusive and can support vulnerable people.	B3.2	<ul style="list-style-type: none"> • Reduced injuries and a safer community
	9.2 DELIVER through the LPS a review of zoning and planning to address housing availability.	B3.3	

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
Responsible development	10.1 DELIVER human-centred design and healthy-by-design principles in current and future public spaces, streetscapes and neighbourhoods through the LPS.	B3.3	<ul style="list-style-type: none"> • Reduced injuries and a safer community • Increased physical activity • Increased healthy eating • Reduced harmful consumption of alcohol • Increased social connection and inclusion • Decreased exposure to mental health and wellbeing risk factors
	10.2 DELIVER planning developments to include infrastructure and design considerations for alternate modes of transport through the LPS.	B3.1	<ul style="list-style-type: none"> • Reduced injuries and a safer community • Increased physical activity
Accessible Public spaces & infrastructure	11.1 DELIVER, through the LPS, guidance on the development of welcoming and accessible facilities to encourage greater utilisation of public spaces by our community and priority population groups.	B3.2	<ul style="list-style-type: none"> • Reduced injuries and a safer community • Decreased exposure to mental health and wellbeing risk factors
	11.2 DELIVER active and passive parks, playgrounds and additional public open spaces for all ages and abilities to enjoy.	B3.1	<ul style="list-style-type: none"> • Decreased exposure to mental health and wellbeing risk factors • Reduced injuries and a safer community
	11.3 DELIVER inclusivity and ensure availability and access to infrastructure and services for all minority groups including disadvantaged, and people with disabilities through the Disability Access & Inclusion Plan.	B3.1	

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
Safer communities	12.1 PARTNER with organisations that deliver support or safety services within the community and identify any areas not currently being serviced for potential collaboration.	L5.2	<ul style="list-style-type: none"> • Decreased exposure to mental health and wellbeing risk factors • Reduced injuries and a safer community • Reduced family and domestic violence • Reduced harmful consumption of alcohol
	12.2 PARTNER with external stakeholders to deliver programs for seniors including reducing injuries associated with falls.	C4.3	<ul style="list-style-type: none"> • Reduced injuries and a safer community • Increased social connections

Social Environment

Aspiration: We live in a happy healthy, diverse and safe community with services that support a vibrant lifestyle and foster community spirit.

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
Fostering Connection	13.1 DELIVER varied community services programs to address and respond to loneliness across our communities.	C4.1	<ul style="list-style-type: none"> Increased social connections
Family & Domestic Violence	14.1 ADVOCATE for community groups that are raising awareness of the impacts of family & domestic violence on health and wellbeing.	L5.2	<ul style="list-style-type: none"> Decreased exposure to mental health and wellbeing risk factors Reduced injuries and a safer community
	14.2 FUND domestic and family violence awareness and bystander training for staff.	C4.1	<ul style="list-style-type: none"> Reduced injuries and a safer community
Healthy Eating	15.1 ADVOCATE for healthy options at Shire venues, public open spaces, events, festivals and community activities.	C4.1	<ul style="list-style-type: none"> Increased healthy eating
	15.2 PARTNER with community groups to PROMOTE and support healthy and sustainable food, particularly to our priority population groups.	C4.1	
Activities & programs	16.1 DELIVER and promote activities and programs that contribute to increased physical activity and mental health and wellbeing; including local sports, fitness, community groups and cultural activities.	C4.1	<ul style="list-style-type: none"> Increased physical activity Decreased exposure to mental health and wellbeing risk factors Increased social connection

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
Promote Inclusive communities	16.2 PARTNER with community groups on existing programs and initiatives that support mental health and wellbeing.	C4.1	<ul style="list-style-type: none"> • Decreased exposure to mental health and wellbeing risk factors • Increased social connection and inclusion
	17.1 PARTNER with stakeholders who provide health and community support to our priority population groups in order to deliver inclusive health and wellbeing outcomes.	C4.2	
	17.2 LEAD community engagement with our young people to develop a vibrant youth space in our community.	L5.2	<ul style="list-style-type: none"> • Decreased exposure to mental health and wellbeing risk factors • Reduced injuries and a safer community • Increased social connection and inclusion
	17.3 ADVOCATE for organisations working with people experiencing socio-economic hardship including homelessness.	C4.3	<ul style="list-style-type: none"> • Decreased exposure to mental health and wellbeing risk factors • Reduced injuries and a safer community
Sporting clubs, community groups & non-government organisations	18.1 PARTNER with State Government on programs such as Kids Sport, Club Development, Living Longer Living Stronger, to build the capacity of local clubs, groups and organisations to deliver health and wellbeing activities that will encourage participation of priority population groups.	C4.1	<ul style="list-style-type: none"> • Increased physical activity • Reduced injuries and a safer community • Increased social connection and inclusion

Health Protection

Aspiration: Deliver evidence-based health protection and health promotion services and programs for our community to ensure we are an attractive location to live, invest, study, visit and work.

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
Risk reduction, disaster recovery & resilience	19.1 LEAD the preparedness of health and emergency services to respond to the impacts of climate change such as increased extreme weather events through the Local Emergency Management Committee.	N2.4	<ul style="list-style-type: none"> Reduced exposure to climate health risks
	19.2 LEAD the development of innovative approaches to care for the health and wellbeing of the community when responding to and recovering from emergencies through the Local Emergency Management Arrangements.	L5.3	<ul style="list-style-type: none"> Mitigate the impact of public health emergencies Reduced injuries and a safer community
Environmental health	20.1 DELIVER environmental health services to improve public health outcomes as per <i>Public Health Act 2016</i> .	C4.1	<ul style="list-style-type: none"> Reduced exposure to environmental health risks
	20.2 REGULATE, where appropriate, through local laws to provide improved outcomes for human health where not covered by State or Federal Legislation.	L5.3	
Alcohol, other drugs & smoking	21.1 ADVOCATE to reduce the risk of antisocial behaviour and alcohol related harm in the community.	C4.1	<ul style="list-style-type: none"> Reduced harmful alcohol use
	21.2 ADVOCATE that sporting clubs and associations utilising Shire of Denmark facilities demonstrate an ongoing commitment to reducing harmful alcohol consumption and promoting responsible services of alcohol through involvement in recognised programs such as the Good Sports Program.	C4.1	<ul style="list-style-type: none"> Reduced harmful alcohol use Reduced injuries and a safer community

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
	21.3 ADVOCATE, where appropriate, for the implementation of alcohol and or smoke free environments including festivals, events, activities and or clubs.	C4.3	<ul style="list-style-type: none"> • Reduced harmful alcohol use • Reduced smoking • Reduced injuries and a safer community
	21.4 DELIVER reduced exposure to alcohol and tobacco advertising, marketing, promotion and sponsorship through Shire of Denmark policies such as advertising on Shire facilities such as McLean Oval precinct.	L5.3	
Screening and immunisation	22.1 PROMOTE population based national and state public health screening and immunisation programs to local residents (including childhood immunisations, COVID-19 and influenza vaccination, cancer and STI screening).	L5.3	<ul style="list-style-type: none"> • Prevent and control of communicable diseases • Promote screening and immunisation • Mitigate the impact of public health emergencies