Shire of Denmark

Public Health Plan

2026 – 2031



24 November 2026 - Attachment 9.1

From the Shire President

We live in a location of natural beauty and many of us, in part, live here for the healing, health and well-being benefits that this and living in a rural community provides.

While these are benefits not everyone in the State shares, it is important we know what issues we are facing.

This Public Health Plan identifies priorities that we as a community should all know about and focus on. In developing this localised plan, we have identified areas which we, the Shire, can and should directly impact.

We have tested these findings against what we are currently doing to make sure we are correctly focused.

We have identified future actions to consider and this will help guide us in advocacy to State and Federal governments.



Acknowledgement of Country

We acknowledge the Noongar people who are the traditional custodians of this land and pay our respects to Elders, both past and present. We acknowledge and respect their continuing culture and the contributions they make to this region.

Photographs by Nic Duncan and Serena Kirby

Part 1. About this Plan

The Public Health Plan sets out the Shire's priorities and actions for supporting the health and wellbeing of the Denmark community.

The Plan has been prepared under the Public Health Act 2016 (WA) and is consistent with the State Public Health Plan 2025–2030. It applies the State's public health objectives and priorities to the local context, informed by local health evidence, the Shire's responsibilities, and existing plans and services.

Part 2. The Shire's Role

The Shire supports public health through the services, facilities and places it provides, its planning and regulatory responsibilities, and its work with other organisations.

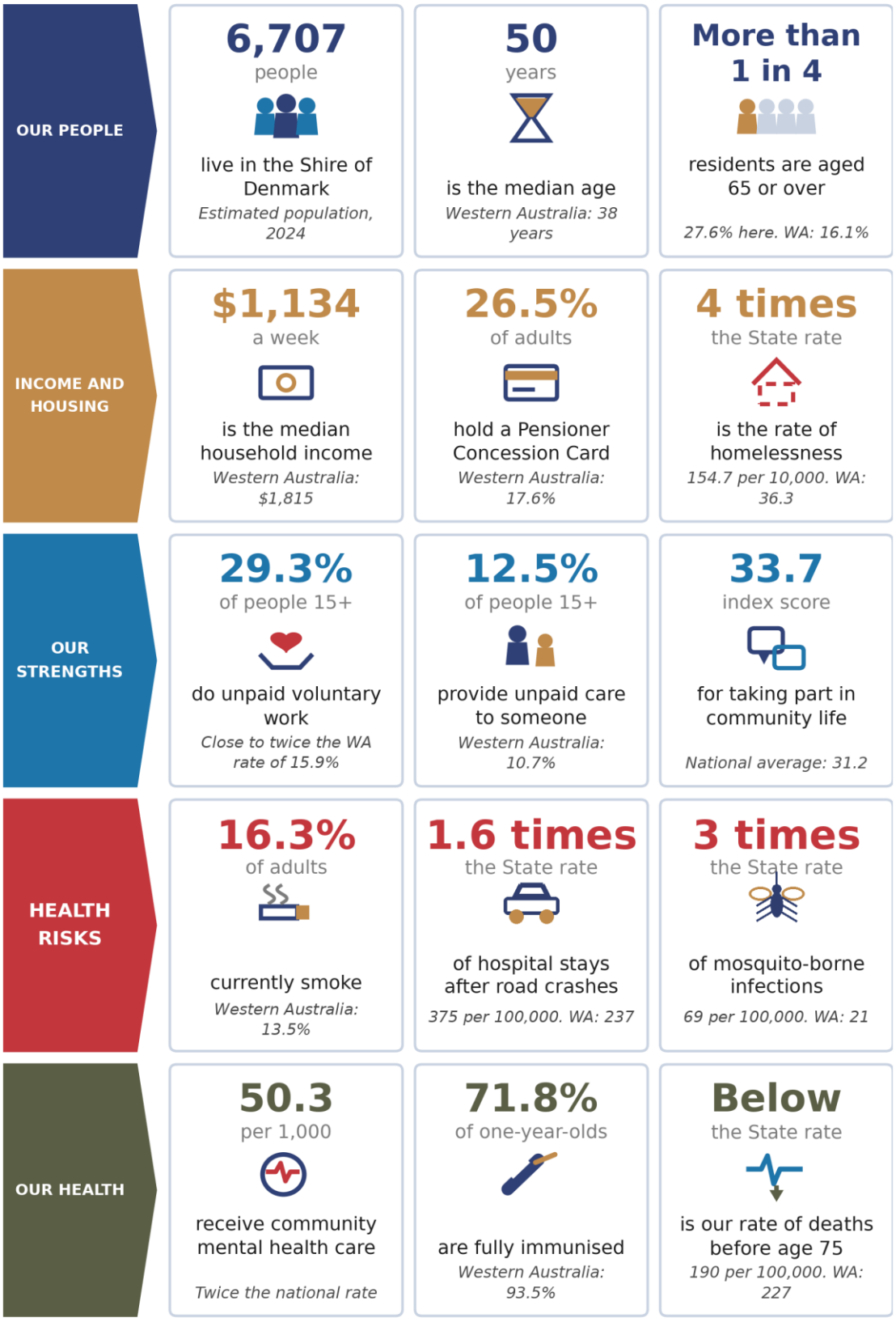
The Australian and State governments and other service providers deliver many health services, including hospitals, medical care, mental health services, aged care and immunisation. Where an issue sits outside the Shire's direct responsibility, the Shire may support local partnerships or advocate on behalf of the community.

Part 3. Denmark at a glance

The following provides a snapshot of the Shire of Denmark's characteristics relevant to public health. This information comes from the 2021 Census and other published data.

- Around 6,700 people live in the Shire. Between 2011 and 2021, the population grew by more than 1,100 people, with people aged 65 and over accounting for almost two-thirds of this growth.
- More than **one in four residents is aged 65 or over**, compared with around one in six across Western Australia. The median age is 50.
- People in their twenties make up around **4% of the population**, compared with around 13% across Western Australia.
- Typical household income is around **62% of the State figure**.
- Among low-income households that rent, **38% spend more than 30% of their income on rent**, compared with 26% statewide.
- Denmark is **55 kilometres from Albany**. Local health services include 12 doctors and three dentists and a range of allied health professionals. Community transport operates within Denmark and periodically to Albany.
- Around **29% of residents aged 15 and over volunteer**, close to twice the State rate.
- Most of the Shire is **bushfire-prone**, while climate change impacts are a consideration for community health and emergency preparedness into the future.
- Around **715,000 overnight visitors** come to the area each year, increasing demand on local services and infrastructure during peak periods.

The Shire of Denmark compared with Western Australia



Sources: ABS Census of Population and Housing 2021 and estimated resident population 2024; PHIDU Social Health Atlas of Australia, June 2026; WA Department of Health Epidemiology Directorate, Health and Wellbeing Profile: Shire of Denmark, January 2026; Scanlon Foundation Research Institute, Social Cohesion Compass 2025.

Part 4. What the evidence tells us

The available data provides a picture of health and wellbeing in the Shire of Denmark and highlights areas where Denmark differs from Western Australia.

The information below draws primarily on the WA Department of Health's Health and Wellbeing Profile and the Social Health Atlas of Australia. Some figures are estimates based on State and national surveys rather than direct counts of Denmark residents and should therefore be interpreted with appropriate caution.

The evidence also identifies several positive health indicators, including lower rates of premature death and preventable hospitalisation, stronger developmental outcomes for children starting school, and comparatively high levels of volunteering and community participation.

While health data is not available at a locality level, geographic and demographic factors can influence health and wellbeing. For residents of smaller, more isolated communities such as Nornalup and Peaceful Bay, distance can affect access to services, activities and opportunities for social connection. These challenges may be greater for older residents, people with limited transport options, and households where travel costs are a barrier. This is also relevant when considering equitable access to Shire services and facilities.

1. Mental health and social connection

Denmark residents use public community mental health services at more than twice the national rate. This may reflect greater need, but it may also reflect access, with fewer residents holding private health insurance and greater reliance on the public system.

Around one in four adults was diagnosed with a mental health condition in the previous year, while around one in five reports high psychological distress. Psychological distress is similar to the State rate (19.8% compared with 21.7%), and diagnosed mental health conditions are also similar to the State. Both measures have increased across Western Australia since 2020. Deaths from self-harm are above the State rate, although the number of deaths is small.

Denmark also records high levels of volunteering and civic participation, together with a strong sense of belonging. These indicators suggest strong levels of community connection and participation.

2. Smoking, drinking and healthy habits

An estimated 16.3% of adults smoke, compared with 13.5% across Western Australia. Denmark's estimated smoking rate has remained above the State rate over the past decade.

Risky alcohol consumption is similar to the State rate, while alcohol-related deaths are higher.

Obesity and physical inactivity rates are lower than the State overall, although the data show some changes over time, including an increase in estimated obesity from around 26% in 2015 to 32% in 2024, and the proportion of adults consuming sufficient fruit and vegetables has declined over the same period.

3. Ageing, disability and carers

More than one in four Denmark residents is aged 65 or over. Among people aged 85 and over, around two in five need help with daily activities, and this group is projected to grow substantially by 2036.

Around one in seven residents provides unpaid care. The Shire's Disability Access and Inclusion Plan estimates that around one in four residents live with some form of disability.

Evidence also shows older residents moving out of the Shire. Between 2016 and 2021, the largest net movement out of the Shire for people aged 65 and over was to Albany (-36). The migration data does not explain why people moved, but access to higher-level health, aged care, and end-of-life services can become increasingly important as people age.

An ageing population affects not only health and aged-care services, but also carers and access to Shire facilities, public spaces and opportunities for people to remain connected and participate in community life.

4. Young people

Denmark's early childhood development indicators compare favourably with Western Australia. However, local youth engagement has identified challenges for older young people around access to services, transport, social opportunities and awareness of available health and wellbeing support.

Young people reported relying strongly on family and friends for support and identified a need for more safe, welcoming places and low-cost activities where they can meet and participate. The Shire already supports targeted youth outreach and early intervention services for young people who may need additional support.

5. Housing

Around 84 people in Denmark were classified as experiencing homelessness in the 2021 Census, a rate more than four times the State rate.

The Census definition includes people living in temporary accommodation, staying temporarily with other households, and some people living in caravans or other temporary dwellings. No people in Denmark were recorded as living in severely crowded dwellings.

Housing affordability is also an issue, particularly for lower-income renters. Housing insecurity and financial pressure can affect health and wellbeing, although many of the underlying causes and responses sit outside local government's direct control.

6. Bushfire and climate

Nearly all of the Shire is bushfire-prone, making bushfire a significant, ongoing risk to community health and safety. Bushfires can affect health directly through injury and smoke exposure and can disrupt homes, communities and access to essential services.

Bushfire risk can also affect mental health and wellbeing. For people living in bushfire-prone areas, periods of heightened fire risk can bring added worry and uncertainty, particularly for those who have previously experienced bushfire or are concerned about their ability to prepare, evacuate or protect their property. Australian research shows that bushfire exposure can affect psychological wellbeing in both the short and long term.

Community preparedness is a strength in Denmark, with around 50 Bushfire Ready groups operating across the Shire. The groups bring neighbours together to understand their local bushfire risk, prepare their properties and plans, and support each other during an emergency. The Bushfire Ready team also includes people trained in Person-Centred Emergency Preparedness (P-CEP), which supports emergency planning with people who may be more vulnerable or need additional assistance during an emergency. This is particularly relevant in a community with an ageing population and a significant number of people living with disability.

Into the future, temperatures across south-west Western Australia are projected to increase as the climate changes. While extreme heat is not currently identified as a significant local public health issue, increasing

temperatures may create additional health risks over time and may require greater consideration in future Public Health Plans.

7. Childhood immunisation

In 2023, 71.8% of children in Denmark were fully immunised at one year of age, compared with 93.5% across Western Australia. At five years of age, the corresponding rates were 76.8% in Denmark and 93.4% across the State.

The Denmark rates are based on a relatively small number of children, so changes involving only a few children can noticeably affect the reported percentage. Therefore, interpret the figures with caution, particularly when considering year-to-year changes. Nevertheless, the available data show that recorded childhood immunisation coverage in Denmark is below the Western Australian rate.

Lower immunisation coverage can leave more people susceptible to vaccine-preventable diseases and increase the potential for illness to spread if disease is introduced into the community. This is particularly relevant for people who cannot be vaccinated or who may be more vulnerable to serious illness.

8. Preventable Injury

Transport-related injury

Transport-related injuries remain an important cause of preventable harm. Denmark's dispersed population, regional road network and reliance on private vehicles mean residents can spend considerable time travelling by road. Road safety is addressed through a combination of road design and maintenance, speed management, community education and enforcement, involving the Shire and other government agencies.

Water-related injury

Denmark's beaches, rivers and waterways are an important part of community life and provide opportunities for recreation and physical activity. They also present a risk of injury and drowning for both residents and particularly visitors. Swimming ability, familiarity with local conditions and the nature of the activity can influence risk. Water safety is supported through existing swimming and water-safety education, safety information and emergency and rescue services.

9. Gastrointestinal and mosquito-borne infections

Reported gastrointestinal infections in Denmark are about 20% higher than the State rate and have remained above it over the past decade. Gastrointestinal infections can arise from a range of pathogens and transmission pathways. The available data does not identify the source of infections or explain why the reported rate is higher in Denmark, and there is insufficient evidence to attribute the difference to local environmental conditions or Denmark's regional location.

Reported vector-borne disease notifications are higher than the State rate; however, the small number of cases and Denmark's relatively small population mean the rate should be interpreted cautiously. Notification data also reflect the place of residence rather than necessarily where infection was acquired. The Shire will continue its existing mosquito monitoring and management activities and monitor notification trends.

Part 5. Five priority areas

The evidence in Part 4 has informed five priority areas for this Public Health Plan. These priorities reflect where the Shire can contribute to the community's health and wellbeing.

Priority	What this covers	What we want to achieve
1. Healthy, active and connected communities	Physical activity, healthy lifestyles, social connection and mental wellbeing	Support opportunities for people to be active, socially connected and engaged in community life.
2. An age-friendly and accessible Shire	Ageing, disability, carers, accessibility, transport and access to services	Improve access and inclusion in Shire facilities, public places, services and information for people of all ages and abilities.
3. Safe and inclusive places	Accessible public places, paths and trails, recreation, community safety and health considerations in land-use planning, lifesaving services at Ocean Beach	Plan, provide and maintain public places and facilities that support healthy, safe and inclusive community life.
4. Environmental health	Food safety, drinking and recreational water, wastewater, public buildings, events, mosquitoes, waste and other environmental health responsibilities	Protect public health through effective environmental health regulation, monitoring and information.
5. Emergency preparedness and community resilience	Bushfire, smoke, emergency preparedness, recovery and emerging climate-related health risks	Strengthen community preparedness for the public health impacts of bushfire and other emergencies, while monitoring emerging climate-related health risks.

Two overarching objectives apply across all five priority areas:

Aboriginal health and wellbeing

The Shire will consider Aboriginal health and wellbeing across each priority area and work with local Noongar people and organisations where appropriate. This includes recognising the priorities identified through the Great Southern Place-based Reconciliation Action Plan and supporting culturally appropriate and inclusive approaches to health and wellbeing.

Equity and inclusion

The Shire will consider whether its services, facilities, programs and information are accessible and inclusive. Particular consideration will be given to people who may experience barriers to participation, including people on lower incomes, people with disability, carers, young people and people living outside the townsite.

Part 6. What the Shire is already committed to doing

The Shire already supports public health through many of its day-to-day services, facilities, regulatory responsibilities and community programs. This existing work provides the foundation for the priorities and actions in this Public Health Plan.

Priority	Some of our current commitments
1. Healthy, active and connected communities	• Provide community facilities including the Recreation Centre, gym, library, parks and sporting facilities • Deliver a range of social connection and fitness programs across all age groups • Support local clubs and community organisations through grants and other assistance • Provide targeted at-risk youth services • Provide a series of community events commemorating important cultural milestones • Provide school holiday programs • Fund playground upgrades including seating and shade • Deliver water bottle refill facilities • Fund outdoor fitness spaces and BBQ facilities in parks • Provide approval for events in the community • Manage liquor licensing • Provide an online community directory – *My Community Directory* • Contribute to the community mountain bike park development • Maintain an annual roads maintenance and upgrade program • Partner with Pardelup Prison Farm on path and trail maintenance • Airport maintenance • Supporting the Palmerston Outreach program across the Shire
2. An age-friendly and accessible Shire	• Implement the Disability Access and Inclusion Plan • Maintain and improves footpaths • Provide kerb ramps, accessible toilets and other public facilities • Provide one accessible car parking space each year • Fund full accessibility to Prawn Rock Channel • Deliver an assisted bin collection service • Relocate the Library with improved accessibility • Work with the Accessibility Working Group to improve access and inclusion on new builds and upgrades

Priority	Some of our current commitments
	• Advocate for the needs of the community on human services including changing places facilities, affordable housing, health and education services
3. Safe and inclusive places	• Plan, provide and maintain roads, parks, playgrounds, paths and community facilities • Consider accessibility and community safety in the planning and management of public places • Provide surf life-saving services at Ocean Beach during peak holiday periods • Lead dual naming of places across the Shire • Undertake swimming pool inspections
4. Environmental health	• Regulate food business approvals and safety • Monitor building-related matters including asbestos, rainwater tanks and public buildings • Monitor noise, wood smoke, dust and sand control • Assess on-site wastewater systems; inspects public buildings and pools • Assess events and food stalls • Respond to environmental health complaints and public health issues • Deliver community education on waste and recycling • Regulate caravan parks, camping and accommodation venues • Provide a “NO SPRAY” register • Provide dust suppression on Peaceful Bay roads • Pest control • Investigating how to eliminate green waste burning
5. Emergency preparedness and community resilience	• Undertake bushfire prevention and preparedness activities • Install automated fire danger rating signs • Operate a SMS alert messaging service • Support volunteer bushfire brigades • Undertake hazard reduction burns • Support the Bushfire Ready Program • Maintain local emergency management arrangements • Undertake a schedule of works at strategic locations to reduce bushfire risk • Assist residents with education on the firebreak and property management notice

Part 7. New Public Health Actions to consider in the Council Plan

The Shire already undertakes a range of activities through the Council Plan and existing service delivery that support public health and wellbeing. These existing commitments will continue and are not repeated in full in this Action Plan. The actions below identify the specific areas of additional focus arising from this Public Health Plan. Where new actions are identified, they will be incorporated into future updates of the Council Plan, ensuring public health priorities are integrated into the Shire's broader planning, resourcing and reporting processes. Progress will be reviewed over the life of the Public Health Plan as evidence, community needs, and priorities change.

How to read the tables. A dot shows the financial years in which the action is carried out.

Resourcing: E existing budget; **B** New budget allocation required; **X** external funding to be sought.

P1. Healthy, active and connected lives, and mental wellbeing

No.	Action	Team	26/27	27/28	28/29	29/30	30/31	Res.
1	DELIVER inclusive programs and events for neurodiverse children and people with disability, using the equipment and resources the Shire already holds	Community Services	●	●	●	●	●	E
2	PARTNER with community groups on low-cost programs that connect older residents with each other and with younger people, beyond sport	Community Services		●	●			E

P2. An age-friendly and accessible Shire

No.	Action	Team	26/27	27/28	28/29	29/30	30/31	Res.
3	DELIVER an internal guide for staff on preparing accessible letters, reports and publications, including larger print and alternate formats, and apply it to all public health and emergency information	Governance		●				E
4	ENGAGE with Peaceful Bay, Nornalup and other rural communities to identify barriers to accessing Shire services, facilities and programs.	Governance	●	●	●	●	●	E
5	DELIVER low-cost access improvements in Shire buildings and public places for people with low vision or sensory needs	Technical Services;		●	●	●	●	B
6	ADVOCATE to the Commonwealth Government and aged care providers for higher-level aged care services to be based in the Shire,	Governance	●	●	●	●	●	E
7	ADVOCATE to the State and Commonwealth Governments for mental health services, general practice, dental and allied health services	Governance	●	●	●	●	●	E

P3. Safe and well-designed places

No.	Action	Team	26/27	27/28	28/29	29/30	30/31	Res.
8	ADVOCATE to Main Roads WA for a safe pedestrian crossing on the South Coast Highway in the town centre, and for timely repair of the highway surface through the town	Governance		●				E
9	DELIVER car park lighting at the new library and plan lighting for the Recreation Centre car park	Technical Services; Major Projects and Sustainability		●	●			B / X

P5. Climate, emergencies and community resilience

No.	Action	Team	26/27	27/28	28/29	29/30	30/31	Res.
10	PARTNER with the Department of Fire and Emergency Services to continue supporting the Bushfire Ready program, including inclusive emergency preparedness	Emergency Management		●	●			E/X

Part 8. Risks

Assessing public health risk

Public health risks were considered using the available local health data, demographic information and other relevant evidence. The assessment considered the nature of the potential harm, evidence that the risk is present in Denmark, people or groups who may be more vulnerable, and the safeguards already in place to prevent or reduce harm.

Not every health indicator or difference from the State average was treated as a public health risk. Some data describe a health outcome, population characteristic or broader determinant of health without identifying the underlying cause or risk. Where the available evidence does not establish a specific local risk, this has been recognised rather than assuming a cause or need for additional Shire action.

The assessment also considers existing safeguards and the respective roles of the Shire, other levels of government, health services and the community. This helps identify where the appropriate response is to maintain existing safeguards, take additional action, work in partnership or advocate, monitor an emerging risk, or gather further evidence.

Risks to public health are identified through available health data, environmental health inspections and complaints, community feedback and emergency management processes. The actions in this Plan respond to the key risks identified, with risks and actions reviewed annually as part of the Plan's implementation and monitoring.

Public health risk	Local evidence	Existing safeguards	Implication for this Plan / Shire Response
Increased illness and reduced quality of life from preventable chronic disease	Smoking is above the WA rate. Other lifestyle indicators are generally more favourable, although obesity has increased.	State and Commonwealth prevention programs.	**Maintain** support for healthy, active lifestyles through Shire services and programs. Managing compliance around smoking areas close to playgrounds and responding to complaints. Recognising that health agencies primarily lead prevention.
Reduced health, wellbeing and participation associated with mental ill-health	Mental health indicators are broadly similar to WA, although use of public community mental health services is comparatively high. Denmark has strong levels of social participation and belonging.	Public health services, community organisations and targeted Shire services for vulnerable youth.	**Support** social connection and participation through services and programs; partner or advocate where service access issues arise.
Reduced access, social connection and participation associated with ageing, disability and geographic isolation	Denmark has an older population and a substantial proportion of residents living with disability, needing assistance or providing unpaid care.	Disability Access and Inclusion Plan, accessible facilities and services.	**Continue improving** accessibility and inclusion through existing Shire functions, infrastructure and services.
Adverse health and wellbeing impacts associated with housing insecurity and affordability pressures	Housing affordability and homelessness indicators show local pressures.	Land-use planning and State, Commonwealth and community housing systems.	Address through the Shire's planning role and **advocate** on behalf of the community.
Injury, illness and disruption to community wellbeing from bushfire and other emergencies	Most of the Shire is bushfire-prone, with potential for injury, smoke exposure and community disruption.	Bushfire risk management; volunteer brigades and emergency management arrangements; Bushfire Ready program	**Maintain** preparedness and resilience and monitor emerging climate-related health risks.

Public health risk	Local evidence	Existing safeguards	Implication for this Plan / Shire Response
Illness and community transmission of vaccine-preventable disease	Childhood immunisation coverage is below the WA rate, but small numbers require cautious interpretation.	Commonwealth and State immunisation programs.	**Monitor** through the Public Health Plan. Health agencies deliver immunisation services.
Illness from communicable and mosquito-borne disease	Gastrointestinal and mosquito-borne infections are above State rates, although available data does not establish the cause of the difference.	Shire environmental health functions and WA Health programs.	**Continue** statutory safeguards and respond where surveillance or local evidence identifies a need.
Injury or loss of life from preventable incidents	Denmark's dispersed population, regional road network and extensive coastline and waterways create exposure to road and water-related injury risks	Road safety measures, swimming and water-safety education, lifesaving and emergency services.	**Maintain** Shire safety measures and infrastructure and work with responsible agencies where appropriate.

Part 9. Working with others

A range of government agencies, health and service providers and community organisations contribute to public health in Denmark. The Shire works with these organisations where relevant to its role and responsibilities.

Who	What for
WA Department of Health	Local health data, advice, and reporting on this plan
WA Country Health Service (Great Southern)	Denmark Hospital, community health, mental health and visiting services
WA Primary Health Alliance	Funding for primary and mental health care
Local doctors, pharmacies and allied health	Everyday health care
Department of Communities	Social housing and homelessness
Department of Fire and Emergency Services	Bushfire and emergencies
Main Roads WA	Road safety
Schools, early childhood services and the Albany Youth Support Association	Children, families and young people
Breast Screen WA	Screening and outreach
Local clubs and community groups	The connection that keeps people well
Surf Life Saving WA and the Department of Education	Lifesaving at Ocean Beach and swimming programs
WA Police	Safety in public spaces such as the skate park
Department of Water and Environmental Regulation	Water quality
Local Noongar people and organisations	Great Southern Place-based Reconciliation Action Plan

Part 10. Keeping the Plan current

The Public Health Plan will be reviewed annually to ensure it remains relevant and reflects current evidence, community needs and emerging public health risks. Progress on actions that have been incorporated into the Council Plan will be monitored through the Shire's established planning and reporting processes – the Shire of Denmark Annual Report.

The annual review of the Public Health Plan will also consider:

- progress on actions specific to the Public Health Plan;
- whether there have been material changes in local public health evidence;
- whether any new or emerging public health risks require consideration;
- progress towards the Plan's objectives; and
- whether any changes to priorities or actions are required.

Where the review identifies new actions, these will be considered through future updates of the Council Plan and the Shire's normal budgeting and resource allocation processes.

The Public Health Plan will be replaced within five years, with updated evidence used to inform the next Plan.