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

State Public Health Plan for Western Australia

Objectives and Policy Priorities for 2019–2024

This document was prepared by:

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Disclaimer

Acknowledgements

The Department of Health would like to thank the people and organisations who contributed time and expertise to the development of the State Public Health Plan.

Feedback

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


We want the people of WA
to experience the best
possible health, wellbeing
and quality of life.

Acknowledgment of Country and People

WA Health acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to Aboriginal communities of today.

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Message from the Minister for Health and Mental Health

I am proud to present the first State Public Health Plan (the Plan) for Western Australia. The Plan represents an important step towards a coordinated approach to improving the health and wellbeing of Western Australians, be it at the State-wide or local community level.

Our vision is for Western Australians to live well and experience the best possible health, wellbeing and quality of life. Strengthening partnerships, particularly with local governments across WA, is the key to fulfilling this vision, and to the success of the Plan.

The Plan identifies three public health objectives that will help prevent disease, injury and premature deaths in WA. These objectives are to:

1. Empower and enable people to live healthy lives
2. Provide health protection for the community and
3. Improve Aboriginal health and wellbeing.

These objectives are supported by policy priorities that focus attention on the areas of public health where there is potential to make improvements across government.

While we enjoy a high standard of living in WA, it's a sobering thought that, between 2011 and 2015, over half of all deaths of Western Australians aged under 75 years could potentially have been avoided.

Moreover, life expectancy is significantly lower for Aboriginal men and women compared with non-Aboriginal Western Australians. To address this health gap, the Plan recognises that Aboriginal health and wellbeing must be considered the core business of everyone.

Western Australian local governments are vital in protecting and promoting the health and wellbeing of their residents, and can play a huge role in reducing disease, illness and injuries. Local governments will soon be required to have local public health plans. The development of these local plans will ensure local governments can continue to contribute and plan for the health and wellbeing of their communities.

Local governments are not in this alone. Support is available and there are many avenues to partner to complement local government programs and activities.

I encourage all Western Australians to consider what role they can play to facilitate a culture of wellness for the people of our wonderful State.

Roger Cook MLA
Deputy Premier; Minister for Health;
Mental Health

Message from the Chief Health Officer of Western Australia

I am pleased to release this State Public Health Plan (the Plan) to guide the direction of public health planning across WA. The Plan establishes high level strategic directions that focus on prevention, health promotion and health protection that aim to prevent disease, injury, disability and premature death in WA.

The Plan has been updated to reflect the extensive feedback received from local government, state government, public health experts and community members during a six month consultation process across WA. From the many ideas raised we have addressed a number of the key public health concerns within this final version.

An important achievement has been the collaboration and partnership with the Mental Health Commission to incorporate mental health and other drug related priorities for the State. There was overwhelming support from stakeholders, particularly local governments, about the importance of recognising and strengthening the role local governments can play in helping to influence the mental health and wellbeing of communities.

I strongly encourage local governments to use this plan to guide the continuation, or commencement, of their local public health plans. I am pleased to see that many local governments have already taken the initiative and produced high quality public health plans that contribute towards supporting the health and wellbeing of their local communities.

I am excited about strengthening our collective effort to create liveable, vibrant places where all Western Australians experience the best possible health, wellbeing and quality of life.

Dr Andrew Robertson
Chief Health Officer
Public and Aboriginal Health Division
Department of Health Western Australia

Executive summary

Western Australia has a high standard of health compared with other countries. Life expectancy is increasing, infant mortality is low and trending downwards, and there have been sustained declines in the prevalence of smoking over the past decade.

This State Public Health Plan may be used by all agencies with an interest in protecting, promoting and improving the health and wellbeing of Western Australians and helping to reduce the incidence of preventable disease, illness, injury, disability and premature death, in some way.

While most Western Australians are doing well, there is evidence that health status varies considerably across different population groups.

For example, WA's Aboriginal population have demonstrably poorer health outcomes than the non-Aboriginal population. These include significantly lower rates of life expectancy at birth, higher rates of infant and child mortality, higher rates of avoidable and preventable mortality rates, higher prevalence of chronic conditions (such as diabetes, cardiovascular disease, and respiratory disease), and higher potentially preventable hospitalisations.

Health outcomes are also significantly poorer for those living in the remote regions of WA, with a higher prevalence of risky behaviours including smoking and harmful levels of alcohol consumption as well as increased rates of sexually transmissible infections (STIs), youth suicide, potentially preventable hospitalisations and mortality.

Social and economic disadvantage is associated with poorer health outcomes, and can start at conception. For example, smoking during pregnancy among mothers from the most disadvantaged socioeconomic quintile in WA is over four times the prevalence found among mothers from the least disadvantaged quintile. Social inequity continues throughout the life course with similar disparities evident for infant mortality, developmental delays and the prevalence of chronic disease in adulthood.

Obesity and other risk factors for chronic disease and injury have also emerged as significant public health challenges for the population overall. The burden of chronic disease is likely to increase over the next decade, due to an ageing population and the lag time associated with chronic conditions which often reflect the cumulative influence of risk factors across the life course.

Part 1: A health status report for Western Australians presents a range of information about the health status of the WA population, examining trends over time and identifying inequalities in health for Aboriginal people and other high risk and vulnerable communities and population groups.

Part 2: Objectives and policy priorities, presents the areas of public health focus for the State, which support the need for public health programs across the three priority areas:

1. **Empowering and enabling people to live healthy lives**
2. **Providing health protection for the community**
3. **Improving Aboriginal health and wellbeing**

Public health objectives and policy priorities summary

Objective 1: Empowering and enabling people to live healthy lives
Healthy eating
A more active WA
Curbing the rise in overweight and obesity
Making smoking history
Reducing harmful alcohol use
Reduce use of illicit drugs, misuse of pharmaceuticals and other drugs of concern
Optimise mental health and wellbeing
Preventing injuries and promoting safer communities
Objective 2: Providing health protection for the community
Reduce exposure to environmental health risks
Administer public health legislation
Mitigate the impact of public health emergencies
Support immunisation
Prevention and control of communicable diseases
Promote oral health improvement
Objective 3: Improving Aboriginal health and wellbeing
Promote culturally secure initiatives and services
Enhance partnerships with the Aboriginal community
Continue to develop and promote Aboriginal controlled services
Ensure programs and services are accessible and equitable
Promote Aboriginal health and wellbeing as core business for all stakeholders

Introduction

This State Public Health Plan (the Plan) provides high level strategic directions focusing on prevention, health promotion and health protection that aim to prevent disease, illness, injury, disability and premature death in WA.

This plan has been developed by the Chief Health Officer of the WA Department of Health (DOH) in collaboration with the Mental Health Commission (MHC) and numerous WA public health experts.

Following a six month consultation process on the First Interim State Public Health Plan, extensive feedback received from local governments, public health agencies, and community members has helped to shape this final version. A major change is the inclusion of State priorities in mental health and wellbeing, as well as reducing the use of illicit drugs, misuse of pharmaceuticals and other drugs of concern, which reflect the strengthened partnership with the MHC.

Key additions to the Plan include:

- the inclusion of the scope of the Plan
- information on the social determinants of health
- updated statistics and information on the health status of the WA population
- data specific to priority populations
- an overview of the roles of State and local governments when it comes to public health interventions
- supporting resources outlining programs and initiatives that local governments may consider implementing at a local level to contribute towards the policy priorities
- the inclusion of eight additional or revised priority areas:
    1. optimise mental health and wellbeing
    2. reduce the use of illicit drugs, misuse of pharmaceuticals and other drugs of concern
    3. reduce exposure to environmental health risks
    4. promote culturally secure initiatives and services
    5. enhance partnerships with the Aboriginal community
    6. continue to develop and promote Aboriginal controlled services
    7. ensure programs and services are accessible and equitable
    8. promote Aboriginal health and wellbeing as core business for all stakeholders
- the inclusion of the promotion of sun protection as a focus for cancer prevention, and
- key actions that support the implementation of the Plan.

The Plan is intended to support local governments commencing or continuing the public health planning process. The priorities in the Plan will continue to be relevant once Part 5 of *Public Health Act 2016* (the Public Health Act) is formally enacted.

Scope of this plan

The Plan focuses attention on areas of public health policy that contribute significantly to the burden of disease, illness, disability, injury and premature death in WA, and for which there is potential to make improvements to these areas across government. The Plan includes:

Part 1: A health status report for Western Australians which examines the public health trends in WA and identifies areas of inequalities in particular population sub-groups.

Part 2: Objectives and policy priorities 2019–2024 which outlines the public health objectives and policy priorities for WA for the next five years.

The Chief Health Officer selected the objectives and policy priorities by considering:

1. the objects and principles that underpin the Public Health Act
2. the need to reduce exposure to the risk factors that lead to the most prevalent causes of burden of disease, illness, disability, injury and premature death in WA
3. the potential for prevention and early intervention measures to be implemented, with the capability to create achievable and realistic improvements to these areas
4. priority population groups who may have a higher risk of exposure to health risk factors
5. the ability to create widespread impact on health and wellbeing
6. cost effective interventions, and
7. the ability to influence the determinants of health in some way.

The Plan is not intended to address every public health issue present in WA.

What is public health?

The Public Health Act defines public health as:

a) the wider health and wellbeing of the community and

b) the combination of safeguards, policies and programs designed to protect, maintain, promote and improve the health of individuals and their communities and to prevent and reduce the incidence of illness and disability.

Diagram 1 Examples of public health

Public health planning requirements

Public health planning is soon to be a mandatory requirement under Part 5 of the Public Health Act. This process strengthens the need to better plan for public health and wellbeing by both the State and local governments.

Part 5 of the Public Health Act introduces the requirement for the preparation of a:

1. State public health plan prepared by the Chief Health Officer, and a
2. Local public health plan prepared by each local government.

The state public health plan provides a framework for local governments to consider and adapt as necessary to reflect the particular risks prevailing in their local district. The relationship between the state and local public health plans and some key elements of public health planning required under Part 5 are summarised in Diagram 2.

<table>
<tr><th colspan="4">Public Health Plan requirements</th></tr>
<tr><td rowspan="8">State public health plan</td><td colspan="2">Identifies public health needs</td><td rowspan="8">Local public health plans</td></tr>
<tr><td colspan="2">Examines health status and health determinants</td></tr>
<tr><td colspan="2">Establishes objectives and policy priorities for:</td></tr>
<tr><td>Promotion, improvement and protection of public health</td><td>Development and delivery of public health services</td></tr>
<tr><td colspan="2">Identifies how the objectives and policy priorities are proposed to be achieved</td></tr>
<tr><td colspan="2">Establishes a framework for identifying and responding to public health risks</td></tr>
<tr><td colspan="2">Describes the formation of partnerships for undertaking public health initiatives, projects and programs to achieve the objectives and policy priorities</td></tr>
<tr><td colspan="2">Ensures continuous review, replacement and reporting of the plan</td></tr>
</table>

Diagram 2 Requirements of State and local government public health plans required under Part 5 of the *Public Health Act 2016*

Public health planning supports the growing focus across Australia for policy makers and local governments to consider the determinants of health and health inequity in communities. It also ensures that local governments are aware of public health issues in their communities and can implement a strategic direction to adequately respond to these issues as required.

During the development of the Public Health Act it was recognised that the health and wellbeing of the local community is a core responsibility of local governments and needed to be included as an ongoing planning requirement. Public health planning was designed to complement the integrated planning process required under section 5.56 of the *Local Government Act 1995* to continue to support and drive ongoing improvements to the health and wellbeing of local communities. The *Local Government Act 1995* necessitates the development of a Strategic Community Plan and informing strategies [Diagram 3].

The inclusion of public health and wellbeing strategies in the Strategic Community Plan will minimise the number of strategic planning processes required by local governments, and offers the potential for many planning tasks to be coordinated and streamlined, such as data collection, community engagement and priority setting.

Integrating public health planning in this way provides the opportunity to bring together what are often regarded as unrelated activities across local government to focus on health and wellbeing outcomes for the community and enable a more optimal use of resources.

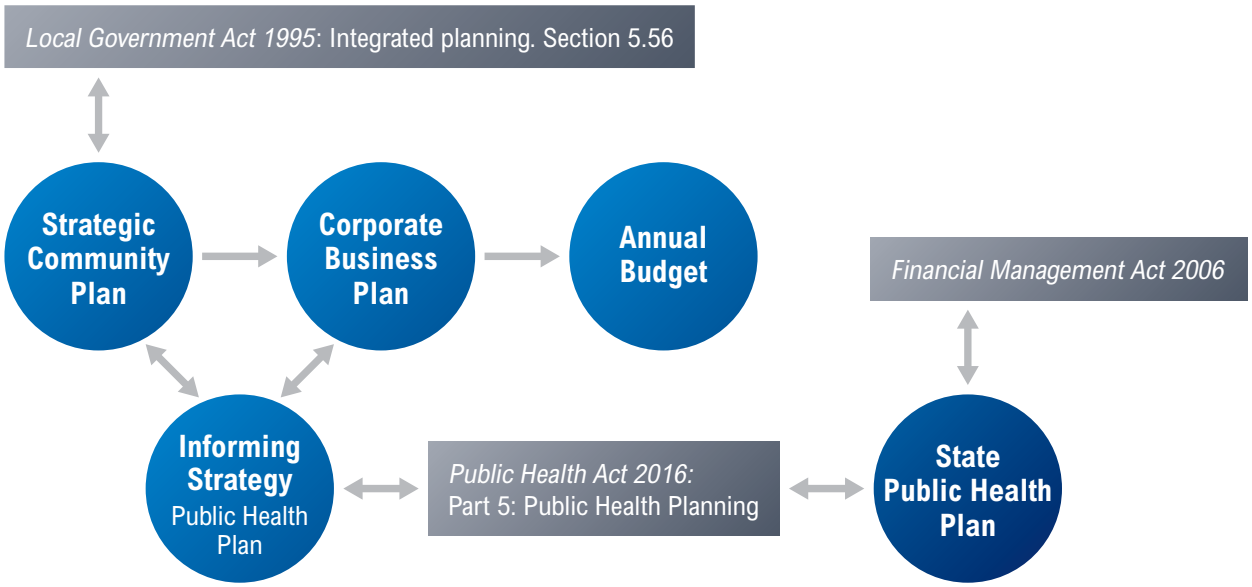


Diagram 3 Linkages between Part 5; public health planning of the *Public Health Act 2016*, and local government planning for the future requirements under section 5.56 of the *Local Government Act 1995*

Further information on the local government public health planning process can be accessed on the Department of Health website www.health.wa.gov.au.

Priority populations

This plan applies to the health and wellbeing of all people in WA. However, it is recognised that targeted interventions to reduce health inequities and to assist those in the community who have a higher risk of exposure to health risk factors is essential. The main priority populations for this plan include population groups with a higher prevalence of risk factors than the general population. These groups include:

- Aboriginal people
- those living in low socioeconomic circumstances
- people with mental illness
- people with disabilities
- carers and families of people with sickness and disability
- populations living in rural and remote areas and
- some Culturally and Linguistically Diverse (CALD) populations, particularly those people who have recently arrived in Australia.

Supporting strategies and legislation

This plan is not designed to replace existing plans, strategies, policies, programs or legislation designed to protect or improve public health and wellbeing. Rather, this plan highlights areas of most public health

significance for WA. A range of strategies and legislative frameworks that complement this plan are outlined in Appendix 1.

The Plan supports the Enduring Strategies and recommendations of the DOH's recent Sustainable Health Review[1], with strategy 1 focusing on commitment and collaboration to address major public health issues and to ensure a greater focus and investment in prevention at both a local and State level.

Who should use this document?

The key focus of the Plan is to support local governments in the development of their local public health plans required under the Public Health Act. The Chief Health Officer encourages local governments to commence the process of developing their public health plans, if they have not already done so, and to use this plan to help identify strategies to improve the health and wellbeing for their local community.

This plan may also be used by other agencies with an interest in protecting, promoting and improving the health and wellbeing of Western Australians and helping to reduce the incidence of preventable illness, disability, injury and premature death, including:

- State government departments and agencies
- non-government organisations
- Aboriginal community controlled health organisations
- not-for profit agencies
- health professionals
- industry groups
- educational bodies, and
- community groups.

Determinants of health

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

According to the World Health Organization (WHO), the factors that determine a person's health are the conditions in which a person is born, grows up, lives, works and ages and in turn influences their opportunity to be healthy, their risk of illness and life expectancy.[2] The social determinants of health describe all the factors that contribute to a healthier life.

The Australian Institute of Health and Welfare, National Health Performance Framework[3] states that the health status and determinants of health of a community may be assessed by considering:

- aspects of the environment in which people live
- features of community and socioeconomic life
- modifiable health behaviours and
- biomedical risk factors that are often influenced by risk factors

How these factors interact is shown in Diagram 4.

1 Sustainable Health Review, 2019. Sustainable Health Review: Final Report to the Western Australian Government. Department of Health, Western Australia

2 World Health Organization, Social Determinants of Health. 2017 Available from www.who.int/social_determinants/en

3 Australian Institute of Health and Welfare, National Health Performance Framework (2nd edition), 2009 www.aihw.gov.au/reports/australias-health/australias-health-2016/contents/chapter-7-indicators-of-australias-health

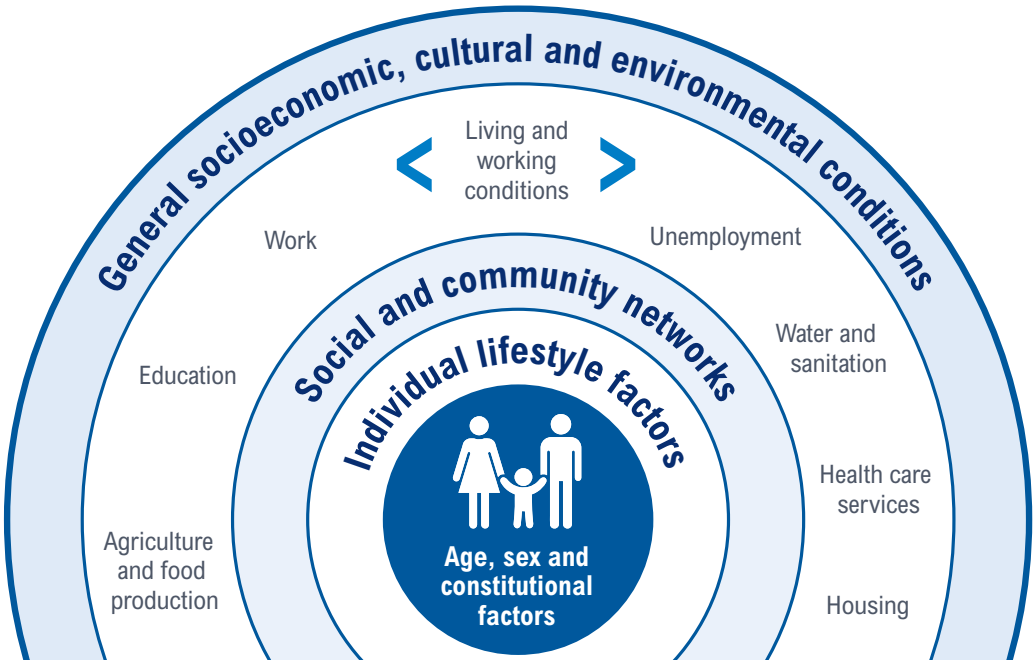


Diagram 4 A framework for the determinants of health. Source: the Australian Institute of Health and Welfare

Influencing these determinants of health is considered to be a shared responsibility and is beyond the scope of any one agency or level of government. Improving health outcomes starts with giving people more opportunities to make choices that support them to lead healthier, more active lives, regardless of their income, education or cultural background.

Governments at all levels can address the conditions that influence a person's health and wellbeing from early childhood experiences, social supports, housing, the environment, education and employment.

Partnerships

The health and wellbeing of a community is a shared responsibility, and not the sole responsibility of a single agency.

Improving the social determinants of health requires collaborative action by a variety of sectors to drive improvements to the health and wellbeing of the WA population, be it at a State-wide or local community level.

Key partnerships that will support the successful implementation of this Plan include, but are not limited to, the MHC, the Population Health Units of each Health Service Provider (HSP) – North, South and East Metropolitan Health Services, the WA Country Health Service and the Child and Adolescent Health Services, PathWest, the Western Australian Local Government Association (WALGA), local governments across WA, as well as the many not-for-profit organisations with a responsibility for preventative health.

Partnerships build the capacity to collaborate across sectors, and help to:

- share skills and knowledge
- reduce duplication of programs and initiatives
- increase efficiency by collaborating and joining resources to develop common goals and actions
- improve communication and increase understanding of the roles and expectations of others, and
- achieve greater success by working together.

Appendix 2 explains the role of State and local governments in public health in more detail, and highlights key public health partnerships that local governments are encouraged to establish to support the public health planning process.

Part 1:
A health status report for Western Australians

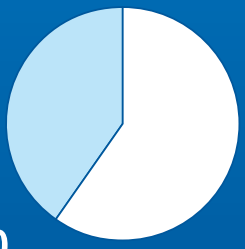
Snapshot of the health of Western Australians

Population overview

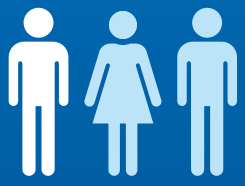
As of 2018 the population of WA was 2.6 million[a]

By 2066 it is estimated that 1 in 5 Western Australians will be over 65 years of age[c]

In 2016 Aboriginal people comprised of 3.9% of the State's population, with approximately half of the Aboriginal population aged under the age of 25[e]



In 2016, 59.8% of Aboriginal people lived outside metropolitan Perth[b]

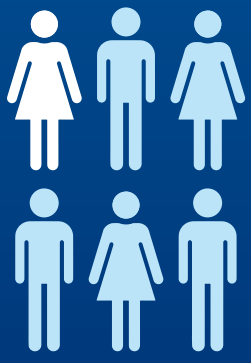


In 2016, almost 1 in 3 people in WA were born overseas[d]

In 2015, approximately 362,000 Western Australians reported having a disability[f]

Mental health and wellbeing

In 2017-18, more than 1 in 6 (17.8%) Western Australian adults had a mental or behavioural condition[g]



WA's suicide rate was more than 20% higher than the national average in 2017 and has been consistently higher than the national average since 2008[h]

Health protection for the community

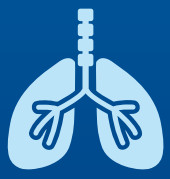
Heatwaves are responsible for more deaths in Australia than any other natural disaster and will likely worsen with climate change[i]

96% of children aged 24 to <27 months in WA were fully vaccinated for hepatitis B in 2018[j]

499 The number and rate of Ross River virus recorded in 2018-19[k]

Numbers of sexual transmittable infections remains high in WA with notifications of Chlamydia in 2018[l] 11,524

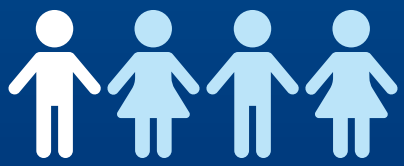
Lifestyle risk factors



In 2015, chronic disease and injury were responsible for approximately 65% of the total disease burden in Australia[m]

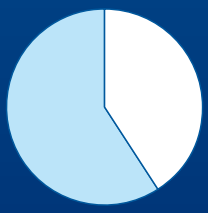
69% of WA adults aged 16 years and over were classified as overweight or obese in 2017[o]

In 2011-12 WA adults obtained 36% of their daily total energy intake from unhealthy foods[q]



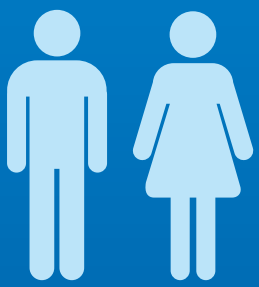
One in four children in WA were classified as overweight or obese in 2017[p]

In WA in 2017 approx 1/3 of people aged 16-44 years (35.7%) drink at levels considered to be high risk for long-term harm[n]



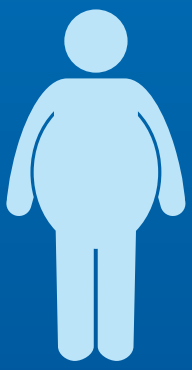
41% of Aboriginal people aged 15 years and over in WA were daily smokers in 2014-15[r]

Aboriginal health

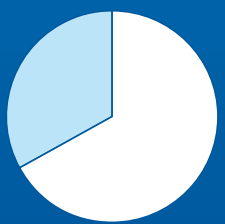


Aboriginal Western Australians experience a significant gap in life expectancy; a gap of 13.4 years for males and 12 years for females compared with non-Aboriginal people[s]

Between 2013 and 2015, potentially preventable hospitalisation rates for Aboriginal people in WA were 4.1 times greater than for non-Aboriginal people[t]



In 2012–13, 67% of Aboriginal people in WA aged 15 and over were overweight (28%) or obese (39%)[u]

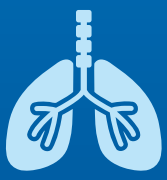


Costs of inaction

There is good evidence that prevention offers cost-effective ways to improve health outcomes in Australia. Prevention makes good sense.

In high-income countries with universal healthcare, it has been estimated that for every £1 invested in public health, there will be a £14 return on this investment[v]

$176 million invested in tobacco prevention in Australia between 1971 and 2010 averted approximately $8.6 billion in health costs over that period[x]



$715m

$715 million of hospital costs in WA were attributed to chronic conditions in 2013[w]

$350m

In 2013, hospital costs in WA for injury were just short of $350 million[y]

a Australian Bureau of Statistics, 2018. Australian Demographic Statistics, Sep 2018. Cat. No. 3101.0 Canberra: ABS

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f Australian Bureau of Statistics, 2016. Disability, Ageing and Carers, Australia: Summary of Findings, 2015. Cat. No. 4430.0 Canberra: ABS

g Australian Bureau of Statistics, 2019. National Health Survey: First results, 2017-18. Cat. No. 4364.0.55.001. Canberra: ABS

h Australian Bureau of Statistics. Causes of Death, Australia, 2017. cat. no. 3303.0. Canberra; 2018

i Scalley B, Spicer T, Jian L et al. 2015. Responding to heatwave intensity: Excess Heat Factor is a superior predictor of health service utilisation and trigger for heatwave plans. Australian and New Zealand Journal of Public Health. Vol 39(6): 582-587.

j Australian Immunisation Register (AIR), 2019. Childhood immunisation coverage. Canberra: Commonwealth Department of Health

k WA Department of Health, 2019. Notifiable Infectious Disease Reports: Ross River virus notifications in Western Australia. Perth: WA Department of Health

l Department of Health, 2018. National Notifiable Diseases Surveillance System: Canberra, Department of Health

m Australian Institute of Health and Welfare 2019. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015. Australian Burden of Disease series no. 19. Cat. no. BOD 22. Canberra: AIHW

n Merema M, Radomiljac A, 2018. Health and Wellbeing of Adults in Western Australia 2017, Overview and Trends. Perth: WA Department of Health

o Merema M, Radomiljac A, 2018. Health and Wellbeing of Adults in Western Australia 2017, Overview and Trends. Perth: WA Department of Health

p Merema M and Radomiljac A, 2018. Health and Wellbeing of Children in Western Australia in 2017, Overview and Trends. Perth: WA Department of Health

q Australian Bureau of Statistics. 4364.0.55.009 – Australian Health Survey: Nutrition – State and Territory results, 2011-12. Canberra: Australian Bureau of Statistics, 2015.

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s Australian Bureau of Statistics, 2018. Life Tables for Aboriginal and Torres Strait Islander Australians, 2015-2017. Cat. No. 3302.0.55.003. Canberra: ABS

t Australian Institute of Health and Welfare 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: Western Australia. Cat. no. IHW 185. Canberra: AIHW.

u Australian Institute of Health and Welfare 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: Western Australia. Cat. no. IHW 185. Canberra: AIHW.

v Masters R, Anwar E, Collins B, et al (2017) Return on investment of public health interventions: a systematic review. J Epidemiol Community Health; 71:827-834

w Epidemiology Branch. Costs and cost projections for injury and chronic disease hospitalisations, HMDS. Department of Health WA. Perth; 2016.

x Chronic Disease Prevention Directorate. Western Australian Health Promotion Strategic Framework 2017–2021.Perth: Department of Health, Western Australia; 2017.

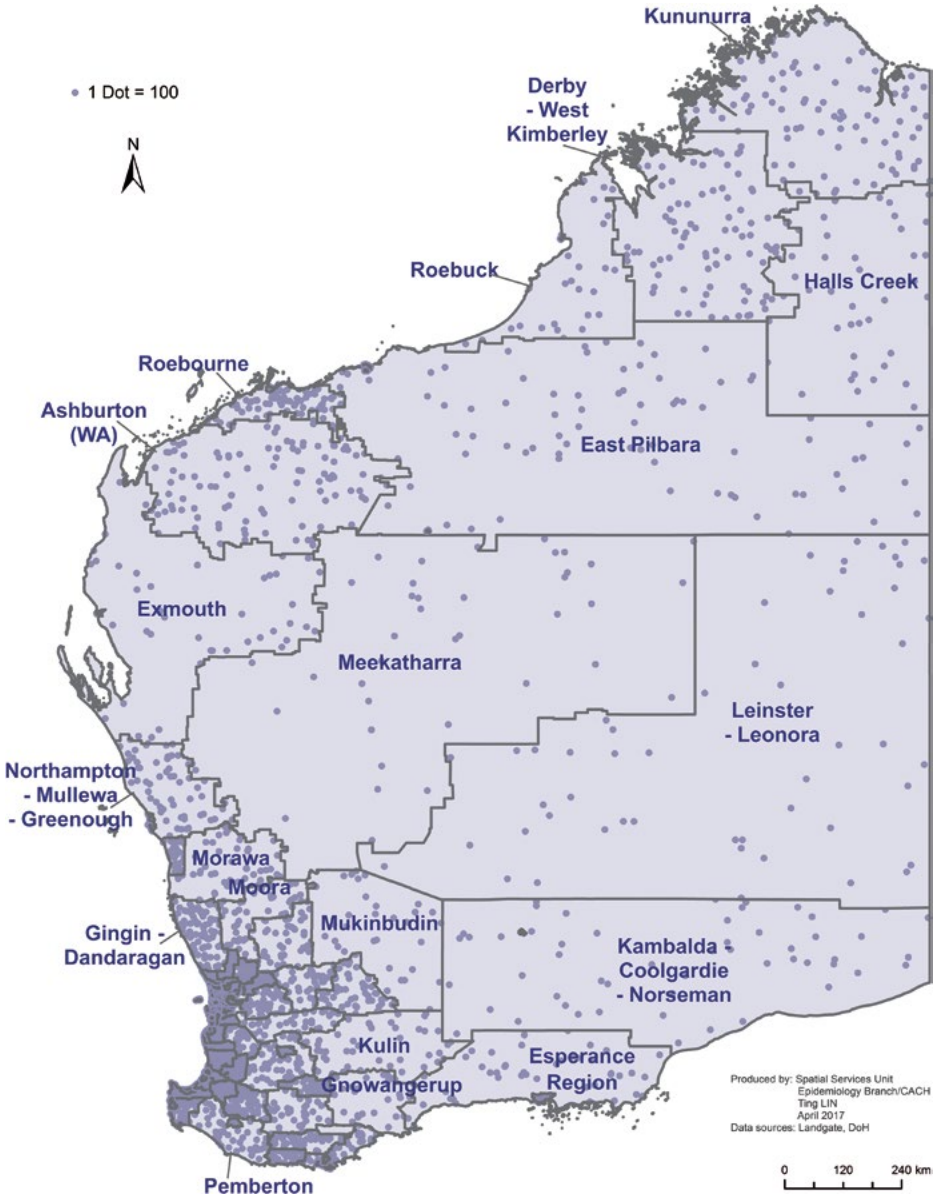
y Epidemiology Branch. Costs and cost projections for injury and chronic disease hospitalisations, HMDS. Department of Health WA. Perth; 2016.

Population of Western Australia

It is important to have an understanding of the population context of WA to help determine both current and future needs of the population, understand disparities in health between population groups, and ensure that health services are designed appropriately to meet these needs.

As of 30 September 2018 WA had an estimated resident population of approximately 2.6 million people.[4] The majority of the population (79%) reside in the Perth metropolitan region which is also experiencing the State's largest population growth (+1.1% from 2017 to 2018). The rest of WA has seen minimal population growth (-0.1%) during the same period, with some regional areas experiencing significant decline, such as Cue (-16.4%), Mount Magnet (-6.1%) and Ravensthorpe (-4.8%).[5] Rural and remote WA has a population density of only 0.2 people per square kilometre which has implications for the number and range of health services that are available in these areas. Access to health services can be further limited by the long distances of travel required for the non-metropolitan population. Diagram 5 demonstrates the total population distribution across WA.

Diagram 5: Total population density by Statistical Area 2 (SA2) boundaries, WA 2016



4 Australian Bureau of Statistics, 2018. Australian Demographic Statistics, Sep 2018. Cat. No. 3101.0 Canberra: ABS

5 Australian Bureau of Statistics, 2018. Regional Population Growth, Australia, 2017-18. Table 5. Cat. No. 3218.0 Canberra: ABS

In 2017, life expectancy at birth in WA was 80.3 years for males and 84.9 years for females. This compares well nationally, with males and females in WA having the third highest life expectancy.[6]

While life expectancy has been increasing in WA, the fertility rate has been in decline. Since 1975, the total fertility rate in WA has decreased from 2.1 babies per woman to 1.8 babies per woman in 2017.[7]

Sustained lower fertility leading to proportionately fewer children and increasing life expectancy resulting in proportionately older people has changed the age structure of the population. In the past year, the proportion of the WA population aged 65 years and over increased by 3.2 per cent.[8] By 2066, it is estimated that one in five Western Australians will be over 65 years of age.[9] The anticipated increase in the population aged 65 years and over will have a significant impact on the demand for health services into the future.

Overseas migration also contributes to shifts in population structures, and in 2016-17 a little over 13,000 people from overseas arrived in WA.[10] Overall, almost four in ten people in WA were born overseas, the highest proportion in Australia. Residents born overseas may likely have different health profiles and may also be less likely to access health services, factors which should be considered when determining the health needs of the population.

Aboriginal Western Australians

Aboriginal Western Australians comprise 3.9 per cent of the State's population, and have a younger age structure than the non-Aboriginal population, with approximately half the population under the age of twenty five.

By 2026, it is expected that the WA Aboriginal population will increase at an average annual growth rate of between 1.9% and 2.1%

At the same time, the age structure of the Aboriginal population is also expected to change due to the fall in infant and child mortality rates; subsequently there will be a shift to an older Aboriginal population and this has potential implications for the burden of chronic disease among this population.

Reference: Australian Bureau of Statistics, 2014. Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026. Cat. No. 3238.0 Canberra: ABS

In general, Western Australians enjoy some of the highest incomes and levels of affluence in Australia. However, there are also areas of social and economic disadvantage. It is important to look at a broad range of characteristics when identifying areas of socioeconomic disadvantage as income viewed in isolation can be misleading.

For example, East Pilbara has the fifth highest median income in WA, driven largely by the high incomes of the local mining community, but it also contains a significant population with low education levels, unskilled occupations, and low incomes.

6 Australian Bureau of Statistics, 2018. Life Tables, States, Territories and Australia, 2015-2017. Cat. No. 3302.0.55.001 Canberra: ABS

7 Australian Bureau of Statistics, 2018. Births, Australia, 2017. Cat. No. 3301.0 Canberra: ABS

8 Australian Bureau of Statistics, 2018. Australian Demographic Statistics, March Quarter 2018. Cat. No. 3101.0 Canberra: ABS

9 Australian Bureau of Statistics, 2018. Population Projections, Australia, 2017 (base) to 2066. Cat. No. 3222.0 Canberra: ABS

10 Australian Bureau of Statistics, 2018. Migration, Australia, 2016-17. Cat. No. 3412.0 Canberra: ABS

Ten most disadvantaged areas in WA

1. Halls Creek
2. East Pilbara
3. Roebuck
4. Leinster-Leonora
5. Derby-West Kimberley
6. Meekatharra
7. Withers-Usher
8. Girrawheen
9. Balga-Mirrabooka
10. Mandurah

Socio-economic indexes for areas (SEIFA) are measures that summarise the characteristics of a population using a range of information collected during the Census and then used to rank areas across Australia. The 2016 Census identified that six of the ten most disadvantaged areas in WA are located in the northern and remote regions, with the most disadvantaged places often containing a sizeable Aboriginal population.[11] The most disadvantaged area in WA is Halls Creek, which is also ranked in the bottom one per cent of Australia's population for disadvantage.

This backdrop of social and economic disadvantage provides a unique challenge for public health service delivery in these regions.

11 Australian Bureau of Statistics, 2018. Socio-economic Indexes for Areas (SEIFA), Table 2, 2016. Cat. No. 2033.0.55.001 Canberra: ABS

Empowering and enabling people to live healthy lives

In 2015, Western Australians lost approximately 469,000 years of healthy life due to premature death and living with disease and injury. Cancers, cardiovascular diseases, and mental health conditions together accounted for almost half (45%) of the total health loss in WA.[12]

It is estimated that over one-third (38%) of the total burden of disease in Australia is potentially avoidable, either through preventing problems before they occur or finding problems early and treating them.[13]

Over half of all deaths in Western Australians aged under 75 years could potentially have been avoided across 2011 to 2015, with chronic conditions and cancer the leading conditions contributing to avoidable deaths. Ischaemic heart disease was responsible for the highest proportion of deaths (19.7%), with chronic obstructive pulmonary disorder (5.8%) and type 2 diabetes (5.1%) also featuring in the top ten leading causes.[14]

While the degree to which a condition can be prevented varies, chronic conditions have a number of modifiable risk factors in common, including dietary factors, obesity, physical inactivity, tobacco use and consumption of alcohol. A focus on prevention and the promotion of a healthy lifestyle and the creation of health-promoting environments is therefore very important to reduce the future impact of chronic disease.

Mental health and wellbeing can be negatively influenced by a number of risk factors such as drug use, alcohol consumption, stress and trauma, low physical activity, poor nutrition, domestic violence and isolation, or can be influenced positively through engagement in physical activity and community involvement.[15] It is therefore important to continue to build upon and implement a range of prevention and promotion programs that will increase optimal mental health and wellbeing, reduce the incidence of mental illness, suicide attempts and suicide, and prevent and reduce drug use and harmful alcohol use.

12 Australian Institute of Health and Welfare 2019. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015. Australian Burden of Disease series no. 19. Cat. no. BOD 22. Canberra: AIHW

13 Australian Institute of Health and Welfare 2019. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015. Australian Burden of Disease series no. 19. Cat. no. BOD 22. Canberra: AIHW

14 WA Department of Health. Top fifteen causes of avoidable death for Western Australia State residents (aged 0-74 years). Epidemiology Branch in collaboration with the Cooperative Research Centre for Spatial Information. Perth: WA Department of Health, accessed 4 December 2018

15 World Health Organization and Calouste Gulbenkian Foundation. Social determinants of mental health. Geneva, World Health Organization, 2014

Healthy eating

A balanced and nutritious diet is essential for the growth and development of children and contributes significantly to healthy weight, quality of life, optimal oral health, resistance to infection and protection against chronic disease and premature death throughout the life course.

Similar to other states and territories, most Western Australians are not meeting the minimum recommended serves for the five major food groups – vegetables, fruit, grain (cereal) foods, milk and meat or their alternatives.[16] Intake of fruit and vegetables in WA has not changed over time and remains consistently lower than recommended by national dietary guidelines. Adult consumption of food from fast food outlets appears to be declining, with four in ten WA adults reporting that they never ate meals from fast food outlets in 2017 compared with three in ten in 2007.[17] However, foods high in saturated fat, salt, sugar or alcohol still contribute more than a third of total energy intake among the WA adult population.[18]

At a population level, it is essential to promote healthy food environments to help support people make better lifestyle and dietary choices.

A survey of adults aged 18 to 64 years in WA illustrated that three in ten adults will purchase at least one meal from a restaurant, lunch bar, canteen or other food outlet on any given day. However, around one-quarter of WA adults felt that there were not enough healthy choices when they last purchased a meal through one of these options.[19]

When adults were asked about the variety of fresh fruit and vegetables available in their neighbourhood, adults in metropolitan Perth were significantly more likely to strongly agree that there was a large selection of fruit and vegetables available compared with adults in rural and remote regions (56.4% compared with 42.2%).

This correlates with the results from the 2013 Food Access Cost Survey which found that access to fresh, good quality, affordable food in WA was highly dependent on where people lived. The cost of food was substantially higher in remote areas, and this gap had increased from 20.8 per cent in 2010 to 26.1 per cent in 2013. In particular, fruit cost 37.9 per cent more in remote areas compared with Perth.[20]

Families on low income or welfare were also identified as needing to spend a greater proportion of their disposable income to buy healthy food than families earning an average income.

Food insecurity in Aboriginal populations

Food insecurity, which relates to restricted food availability, access and use, can have a detrimental impact on a population's health and contributes to the disadvantage experienced by Aboriginal Western Australians.

In 2012-13, over one-quarter (27%) of Aboriginal people aged 15 years or over in WA lived in a household that experienced food insecurity in the past 12 months. This compares with 3.5 per cent of the non-Aboriginal population.

Reference: Australian Institute of Health and Welfare, 2015. Aboriginal and Torres Strait Islander Health Performance Framework 2014. Online data tables. Canberra: AIHW

16 Australian Bureau of Statistics, 2015. Australian Health Survey: Nutrition – State and Territory results, 2011-12. Cat. No. 4364.0.55.009 Canberra: ABS

17 Merema M, Radomiljac A, 2018. Health and Wellbeing of Adults in Western Australia 2017, Overview and Trends. Perth: WA Department of Health; Australian Bureau of Statistics, 2015. Australian Health Survey: Nutrition – State and Territory results, 2011-12

18 Australian Bureau of Statistics, 2015. Australian Health Survey: Nutrition – State and Territory results, 2011-12. Cat. No. 4364.0.55.009 Canberra: ABS

19 Miller MR, Miller SA, 2017. Nutrition Monitoring Survey Series 2015 Key Findings, Perth: WA Department of Health

20 Pollard CM, Savage V, Landrigan T, Hanbury A, & Kerr D 2015, Food Access and Cost Survey. Perth: WA Department of Health

A more active WA

Physical inactivity is the fifth leading risk factor contributing to WA's disease burden.[21] Regular physical activity helps prevent heart disease, stroke, diabetes, breast and colon cancer, hypertension, overweight and obesity. It can also improve mental health, quality of life and well-being. More active societies have other benefits like reduced use of fossil fuels, cleaner air and less congested, safer roads.[22]

Around six in ten Western Australian adults (60.0%) were sufficiently active for good health in 2017.[23] Adults living in the most disadvantaged areas of WA were less likely to be sufficiently active than those in the least disadvantaged areas (48.6% compared with 67.8%).[24] Prevalence among adults has remained fairly stable over the past decade, however during the same time period, a decrease in the proportion of children meeting the physical activity recommendations has been observed, with only 39.0 per cent considered sufficiently active in 2017.[25]

Physical activity among males and females

Boys were 1.5 times more likely than girls to meet the recommended physical activity guidelines and this disparity was sustained into adulthood where men were still 1.1 times more likely than women to meet the guidelines.

References: Merema M and Radomiljac A, 2018. Health and Wellbeing of Children in Western Australia in 2017, Overview and Trends. Perth: WA Department of Health

Merema M and Radomiljac A, 2018. Health and Wellbeing of Adults in Western Australia 2017, Overview and Trends. Perth: WA Department of Health

As well as increasing participation in leisure time physical activity, it is important to decrease sedentary time during occupational and domestic activities. Research has suggested that there is an association between sitting and the risk of developing diabetes, heart disease and other conditions.[26]

In 2017 just over four in ten Western Australian adults reported that they spent most of their day sitting. Prevalence was significantly higher for adults in metro areas (46.9%) compared with those living in country areas (34.0%).[27]

21 Epidemiology Branch, Public and Aboriginal Health Division, Western Australia Department of Health, 2017. Contribution of risk factors to disease burden in Western Australia, 2011. Perth: WA Department of Health

22 WHO, 2018, Global action plan on physical activity 2018–2030: more active people for a healthier world.

23 Merema M and Radomiljac A, 2018. Health and Wellbeing of Adults in Western Australia 2017, Overview and Trends. Perth: WA Department of Health

24 Merema M and Radomiljac A, 2018. Health and Wellbeing of Adults in Western Australia 2017, Overview and Trends. Perth: WA Department of Health

25 Merema M and Radomiljac A, 2018. Health and Wellbeing of Children in Western Australia in 2017, Overview and Trends. Perth: WA Department of Health

26 Sjogren P, Fisher R, Kallings L, Svenson U, Roos G, Hellenius M, 2014. Stand up for health – avoiding sedentary behaviour might lengthen your telomeres: secondary outcomes from a physical activity RCT in older people. British Journal of Sports Medicine, 48:1407-1409; Matthews C, George S, Moore S et al, 2012. Amount of time spent in sedentary behaviours and cause-specific mortality in US adults. American Journal of Clinical Nutrition, 95(2):437-445; Ford E & Caspersen C, 2012. Sedentary behaviour and cardiovascular disease: a review of prospective studies. International Journal of Epidemiology, 41(5):1338-1353.

27 Merema M and Radomiljac A, 2018. Health and Wellbeing of Adults in Western Australia 2017, Overview and Trends. Perth: WA Department of Health

Curbing the rise in overweight and obesity

High body mass index, an indicator of excess weight, ranks closely behind alcohol use as the third leading risk factor contributing to WA's disease burden. Healthy weight is associated with reduced risk of chronic disease, including cardiovascular disease, type 2 diabetes and many types of cancer. High body mass was responsible for 5.3 per cent of the burden of disease and injury in WA in 2011, and was responsible for 53 per cent of the diabetes burden, 39 per cent of the chronic kidney disease burden and 49 per cent of the hypertensive heart disease burden.[28]

Approximately seven in ten Western Australian adults (69.3%) reported height and weight measurements in 2017 that classified them as overweight or obese.[29]

There has been a significant increase in the prevalence of obesity in Western Australian adults from 21.3 per cent in 2002 to 32.2 per cent in 2017[30], although there are signs that this trend has begun to slow for some specific subpopulations.[31] Approximately one in four children in WA were classified as overweight or obese in 2017.[32]

In 2011 over 62,000 inpatient separations and 8,655 emergency department presentations in WA were attributed to excess body mass. This was estimated to cost the acute hospital system $241.0 million and, assuming obesity levels remain the same, projected hospital costs for acute hospitalisations in 2021 are estimated to be $488.4 million.[33]

Perceptions of weight

The majority of people under-estimate their weight class which may contribute to a lack of participation in health promotion initiatives established to help people achieve a healthy weight. In 2017, over half (51.5%) of Western Australian adults with a BMI that classified them as overweight perceived their weight to be normal and three-quarters (79.4%) of people with a BMI that classified them as obese perceived their weight to be overweight instead.

Among children with a BMI that classified them as overweight or obese, the majority of parents (71.8%) perceived their child's weight to be normal.

References: Merema M and Radomiljac A, 2018. Health and Wellbeing of Adults in Western Australia 2017, Overview and Trends. Perth: WA Department of Health

Merema M and Radomiljac A, 2018. Health and Wellbeing of Children in Western Australia 2017, Overview and Trends. Perth: WA Department of Health

Obesity by Aboriginal status

Aboriginal adults are 1.6 times more likely than non-Aboriginal Australians to be obese. Aboriginal children aged 10 to 14 are twice as likely as non-Aboriginal children of the same age to be obese.

Reference: Australian Bureau of Statistics, 2014. Australian Aboriginal and Torres Strait Islander Health Survey: Biomedical Results, 2012-13. Cat. No. 4727.0.55.003. Canberra: ABS

28 Epidemiology Branch, Public and Aboriginal Health Division, Western Australia Department of Health, 2017. Contribution of risk factors to disease burden in Western Australia, 2011. Perth: WA Department of Health

29 Merema M and Radomiljac A, 2018. Health and Wellbeing of Adults in Western Australia 2017, Overview and Trends. Perth: WA Department of Health

30 Ibid

31 Merema M, O'Connell E, Joyce S et al., 2019. Trends in body mass index and obesity prevalence in Western Australian adults, 2002 to 2015. Health Promotion Journal of Australia

32 Merema M and Radomiljac A, 2018. Health and Wellbeing of Children in Western Australia in 2017, Overview and Trends. Perth: WA Department of Health

33 Scalley B, Xiao J and Somerford P, 2013. The cost of excess body mass to the acute hospital system in Western Australia: 2011. Perth: WA Department of Health

Making smoking history

There have been significant advances to support the reduction in smoking prevalence in Australia; however tobacco smoking remains one of the largest preventable causes of death and disease in Australia and continues to impact on the health of many Western Australians.

Tobacco use, including past and current use and exposure to second-hand smoke, was responsible for 7.9 per cent of the total burden of disease and injury in WA in 2011 making it the most burdensome risk factor.[34] In particular, tobacco use was responsible for 79 per cent of the lung cancer burden and 73 per cent of the chronic obstructive pulmonary disorder (COPD, or emphysema) burden.

Smoking rates in WA have been steadily declining with current daily smokers reducing from 17.7 per cent in 2011-12 to 11.8 per cent in 2017-18.[35] While Aboriginal people have a higher prevalence of smoking than the general population, there has been a progressive reduction in the proportion of Aboriginal people in WA who are current daily or occasional smokers, from 51 per cent in 1994 to 46 per cent in 2014-2015.[36]

Among Western Australian youth aged 12-17 years, smoking prevalence also continues to decline with less than 5 per cent of secondary school children smoking weekly in 2014, compared with 16.9 per cent in 1993.[37]

Eliminating exposure to second hand smoke

Scientific evidence indicates that there is no risk free level of exposure to second hand smoke[1].

Smoking restrictions in public places have been an effective means of reducing exposure to second hand smoke in places where the health of others can be affected. They also contribute to the denormalisation of smoking and help prevent uptake by children.

Research shows Western Australians, including those who smoke, are largely supportive of smoke free outdoor public places[2]. Areas such as the Perth City malls and Forrest Place have already gone smoke free.

In children, exposure to second hand smoke can increase risks of sudden infant death syndrome, acute respiratory infections and asthma[3]. The prevalence of children living in a smoke-free home in WA has increased significantly from 90.5 per cent in 2002 to 99.3 per cent in 2017[4].

References:

1. World Health Organization, 2000. Air quality guidelines for Europe.
2. Rosenberg M, Pettigrew S, Wood L, et al. Public support for tobacco control policy extensions in Western Australia: a cross-sectional study. BMJ Open 2012;2:e000784. doi: 10.1136/bmjopen-2011-000784
3. Centre for Disease Control and Prevention, 2006. The Health Consequences of Involuntary Exposure to Tobacco Smoke. US: Office of Smoking and Health (US).
4. Merema M and Radomiljac A, 2018. Health and Wellbeing of Adults in Western Australia 2017, Overview and Trends. Perth: WA Department of Health

34 Epidemiology Branch, Public and Aboriginal Health Division, Western Australia Department of Health, 2017. Contribution of risk factors to disease burden in Western Australia, 2011. Perth: WA Department of Health

35 Australian Bureau of Statistics, 2019. National Health Survey: First Results, 2017-18, Cat. No. 4364.0.55.001. Canberra: ABS

36 Australian Institute of Health and Welfare, 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report. Canberra: Australian Institute of Health and Welfare

37 WA Department of Health, 2016. Australian Secondary Students' Alcohol and Drug Survey 2014: Western Australian Results: Tobacco. Perth: Chronic Disease Prevention Directorate, Public Health Division, WA Department of Health

Reducing harmful alcohol use

Harmful alcohol consumption over the long term contributes to increased risk of a range of diseases including cancers and cardiovascular disease, while harmful alcohol consumption on single occasions is a leading cause of alcohol-related injury. As a consequence, there can be significant adverse economic and social effects of harmful alcohol use.

Alcohol use was the second leading risk factor causing disease burden in WA in 2011 (5.6%).

Alcohol use was associated with 27 different kinds of disease or injury including 31.4 per cent of the burden from motorcycle road traffic injuries and 27.2 per cent of the burden from motor vehicle road traffic injuries in WA. It was also responsible for approximately a quarter of the total burden for individual liver conditions, including chronic liver disease (24.0%) and liver cancer (23.2%).[38]

Alcohol consumption by remoteness

Consumption of alcohol at risky levels for long-term harm was 1.8 times higher in very remote areas of WA compared with major cities.

Reference: Tomlin S, Joyce S and Radomiljac A, 2016. Health and Wellbeing of Adults in Western Australia 2015, Overview and Trends. Perth: WA Department of Health

Approximately one-third of people aged 16 to 44 years drink at levels considered to be risky for long-term harm, and males are significantly more likely than females to report drinking at risky levels across all age groups.[39]

Alcohol consumption among youth in WA has declined over the past three decades. In 2014, 13.9 per cent of WA students reported drinking in the past week, down from 33.5 per cent in 1984. The proportion of students reporting that they have never drunk alcohol has more than tripled across the same time period, increasing from 9.0 per cent to 31.5 per cent. However, of those students who reported drinking in the past week, there was an increase in the proportion who consumed more than four standard drinks on any one day (16.1% in 1984 compared with 29.8% in 2014).[40]

Aboriginal and Torres Strait Islander people are more likely to abstain from drinking alcohol than the rest of the Australian population (28% and 22%, respectively in 2013); however among those who consumed alcohol, a higher proportion of Aboriginal and Torres Strait Islander people drank at risky levels.[41]

Compared with Australia, WA had a higher rate of adults who consumed more than two standard drinks per day on average.

Reference: Australian Bureau of Statistics, 2019. National Health Survey First Results: Australia 2017-18. Catalogue No. 4364.0.55.001. Canberra: ABS

38 Epidemiology Branch, Public and Aboriginal Health Division, Western Australia Department of Health, 2017. Contribution of risk factors to disease burden in Western Australia, 2011. Perth: WA Department of Health

39 Merema M and Radomiljac A, 2018. Health and Wellbeing of Adults in Western Australia 2017, Overview and Trends. Perth: WA Department of Health

40 Mental Health Commission, 2016. Alcohol trends in Western Australia: Australian school students alcohol and drug survey. Perth: Mental Health Commission

41 Australian Institute of Health and Welfare 2014. National Drug Strategy Household Survey detailed report 2013. Drug statistics series no. 28. Cat. no. PHE 183. Canberra: AIHW.

Reduce use of illicit drugs, misuse of pharmaceuticals and other drugs of concern

Drug use-related harms include physical health issues, mental health issues, injury, crime, violence, anti-social behaviour, family and relationship breakdown, and impose other health, social and economic costs on the WA community.

Cannabis was identified as the most widely used illicit drug in WA in 2016 (11.6% of the adult population reported use in previous 12 months). Other leading types of drugs used in WA are pain-killers, ecstasy, meth/amphetamines, tranquillisers/sleeping pills used for non-medical purposes, cocaine, hallucinogens, inhalants and new psychoactive substances.[42]

Although use of meth/amphetamines is higher in WA than other states and territories, there has been a decline in use over time. In 2016 only one in 40 (2.7%) Western Australians reported recent use compared with one in 17 (6%) in 1998. However, a more potent form of amphetamine (methamphetamine) is used by the majority of current users.[43] Subsequently, in WA the number of new treatment episodes in which amphetamine-type stimulants were the primary drug-of-concern almost doubled between 2013/14 and 2017/18, from 3,954 to 7,213 respectively.[44]

While use of heroin is low, accidental overdose from opioids (both legal and illicit) has increased.[45] In 2017/18, one in nine (11.0%) new treatment episodes provided by State Government-funded services were for opioid use, including pharmaceutical opioids such as codeine, fentanyl or oxycodone.[46]

Misuse of pharmaceuticals

Pharmaceuticals provide therapeutic benefits to those in need. However, when not used as prescribed, or when diverted to and used by people without a prescription, use can become problematic. In WA, one in 20 (4.9%) people reported recent non-medical or 'recreational' use of pharmaceuticals. Common drugs used for non-medical reasons include opioids and tranquilisers.

Reference: Australian Institute of Health and Welfare 2017. National Drug Strategy Household Survey 2016: detailed findings. Drug Statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW. Supplementary tables, Chapter 7

42 Australian Institute of Health and Welfare 2017. National Drug Strategy Household Survey 2016: detailed findings. Drug Statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW. Supplementary tables, Chapter 7

43 Australian Institute of Health and Welfare 2017. National Drug Strategy Household Survey 2016: detailed findings. Drug Statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW. Supplementary tables, Chapter 7

44 Mental Health Commission (2018). Western Australian Alcohol and Drug Interagency Strategy 2018-2022. Mental Health Commission, Government of Western Australia

45 Penington Institute 2018. Australia's Annual Overdose Report 2018. Carlton: Penington Institute

46 Mental Health Commission (2018) Western Australian Alcohol and Drug Interagency Strategy 2018-2022. Mental Health Commission, Government of Western Australia

Optimise mental health and wellbeing

Optimal health is not only concerned with physical health, but also with mental health and wellbeing. In WA, mental health and substance use disorders accounted for 14 per cent of the total burden of disease in 2011, the second largest contributor following cancers (18%).[47]

In 2017-18, more than one in six Western Australian adults (17.8%) had a mental or behavioural condition, up from 14.6 per cent in 2014-15 but lower than the national rate of one in five people (20.1%).[48] One in nine Western Australians (11.0%) had an anxiety-related condition and one in twelve (8.3%) had depression or feelings of depression. Groups that experience higher rates of mental health issues include but are not limited to: Aboriginal people, regional, rural and remote populations, young people, people with disabilities and the LGBTQI+ community.[49]

Suicide is a significant public health and social policy issue, the causes of which can be complex and multifaceted.

Social and emotional wellbeing

Aboriginal and Torres Strait Islander people prefer the holistic term of social and emotional wellbeing over 'mental health'.

This definition recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and how these affect the individual.

Reference: Dudgeon, P., Milroy, H., and Walker (2014), Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, p. 548.

In 2017 more than one person a day died as a result of suicide in WA and men accounted for approximately 75 per cent of these deaths.[50] Young people are particularly vulnerable to mental health issues[51] and suicide remains the leading cause of death for Western Australians aged between 15 and 44 years.[52] In WA, between 2011 and 2015 those aged 25-44 years were the most affected by alcohol-related suicide (5.2 per 100,000).[53]

Suicide rates in regional and remote communities of Australia are significantly higher than the national average.[54] In particular, the Kimberley region is recognised as having one of the highest rates of suicide in the world.[55]

In WA, Aboriginal people die as a result of suicide at a rate three times higher than for non-Aboriginal people.

Reference: Australian Bureau of Statistics, 2018. Causes of Death, Australia, 2017. Cat no. 3303.0, Table 12.5. Canberra: ABS

Regional and remote Western Australians face challenges in accessing support for mental health and wellbeing issues, and the stigma and discrimination associated with mental health issues.

47 Epidemiology Branch, Public Health Division, 2016. Overview of the burden of disease in Western Australia, 2011. Perth: Department of Health

48 Australian Bureau of Statistics, 2019. National Health Survey: First results, 2017-18. Cat. No. 4364.0.55.001. Canberra: ABS

49 Mental Health Commission, and. Suicide Prevention 2020. Together we can save lives. Perth: Government of Western Australia

50 Australian Bureau of Statistics, 2018. Causes of Death, Australia, 2017. Cat. No. 3303.0. Table 11.6. Canberra: ABS

51 Slade T, Johnson A, Teeson M et al., 2009. The Mental Health of Australians 2: Report on the 2007 National Survey of Mental Health and Wellbeing. Canberra: Department of Health and Ageing.

52 Australian Bureau of Statistics, 2018. Causes of Death, Australia, 2017. Cat. No. 3303.0. Table 6.3. Canberra: ABS

53 Mental Health Commission (2018) Western Australian Alcohol and Drug Interagency Strategy 2018-2022. Mental Health Commission, Government of Western Australia.

54 Australian Institute of Health and Welfare, 2017. Rural and remote health. Canberra: AIHW

55 McHugh C, Campbell A, Chapman M & Balaratnasingam S, 2016. Increasing Indigenous self-harm and suicide in the Kimberley: an audit of the 2005-2014 data. Medical Journal of Australia. 205(1): 26

Suicide in youth populations

A meta-analysis of 35 studies from across the world estimated that among young people aged 12-20 years, suicide attempts are 3.5 times more likely for LGBTQI+ and nearly six times more likely for transgender youths compared with their heterosexual peers.

Reference: di Giacomo E, Krausz M, Colmegna F, Aspesi F and Clerici M, 2018. Estimating the risk of attempted suicide among sexual minority youths. A systematic review and meta-analysis. JAMA Pediatrics 172(12): 1145-1152

Preventing injuries and promoting safer communities

Injury is one of the leading causes of total burden of disease in WA. It is responsible for 14 per cent of the burden among males and 6 per cent of the burden among females. Notably, 82 per cent of the burden from injuries is due to early death.[56]

Leading causes of injury deaths and hospitalisations in WA include injury from falls, interpersonal violence, suicide, transport, poisoning, burns and drowning.

Males had a higher rate of injury events than females and were more likely to die or be hospitalised for all injury types except falls. People living in the most disadvantaged areas of WA are 2.3 times more likely to die due to an injury and 1.6 times more likely to be hospitalised for an injury than those in the least disadvantaged areas. Aboriginal people are three times more likely than non-Aboriginal people to be hospitalised for an injury and two times more likely to die due to an injury.[57]

Injuries represent a significant cost to the health system, both to the acute sector as well as in relation to longer-term care needs. Additionally, there are substantial costs to the economy due to loss of paid productivity as well as the costs attributed to loss of quality of life borne mainly by the individual and their family. In 2012, the cost of injury in WA was estimated at $9.6 billion.[58]

56 Epidemiology Branch, Public Health Division, 2016. Overview of the burden of disease in Western Australia, 2011. Perth: Department of Health

57 Hendrie D, Miller TR, Randall S, Brameld K, Moorin RE, 2015. Incidence and costs of injury in Western Australia 2012. Report prepared for the Chronic Disease Prevention Directorate, WA Department of Health

58 Ibid


WAWFL
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Providing health protection for the community

Public health protection aims to improve community health through the delivery of a suite of essential services and regulatory measures including organised immunisation programs, regulation of industries, wastewater management, infectious disease surveillance and outbreak response, control of disease vectors such as mosquitoes and disaster management. Such interventions have resulted in the decline in the WA mortality over the last century.[59] [60]

Reduce exposure to environmental health risks

The environmental health burden of disease in Australia is considerably lower when compared with the global context.[61] Although there are numerous biological, chemical and physical environmental exposure risks prevalent across WA, well-targeted surveillance efforts ensure public health warnings and preventive health interventions can take place. Consideration of the potential for public health impacts in all levels of land-use planning and development proposals is also a key means of minimising risks to health from hazards associated with some industries, agriculture and natural environments.

Air quality in WA is generally considered good with very few exceedances of Australian air quality standards. Despite this, data related to air pollution in Perth has been associated with increased cardiovascular and respiratory hospital admissions[62], daily mortality[63], wheeze and cough in young children[64], emergency department (ED) presentations for asthma in children[65], and foetal growth restriction[66]. The Department of Water and Environmental Regulation regulate air quality in WA and oversee the measurement of air pollution concentrations. However, decisions at a State and local government level, such as encouraging active transport, increasing green space and reducing traffic flows, can have positive impacts on air quality.

Ross River virus (RRV) and Barmah Forest virus (BFV) cause the two most common mosquito-borne diseases in WA. Annual human case numbers vary significantly, and large outbreaks are experienced every few years, driven by a range of environmental conditions and other factors that influence virus activity. During 2018-19, 499 cases of RRV disease were notified in Western Australia, at a rate of 18.1 per 100,000 population.[67] While this rate was below the 5-year average, it is largely attributed to recent favourable environmental conditions.

The Department of Health coordinates the surveillance and management of mosquitoes of public health significance across WA, and plays a key role in supporting local government programs through the Contiguous Local Authorities Group (CLAG) funding scheme. The scheme is a mechanism local governments to access funding for health-driven mosquito manage activities. In the last 5 years, the number of CLAGs has increased from nine to 18, resulting in coordinated programs being rolled out across all high risk regions of the state.

59 Australian Bureau of Statistics, 2018. Life Tables, States, Territories and Australia, 2015-2017. Cat. No. 3302.0.55.001 Canberra: ABS

60 WA Department of Health, 2010. The Western Australian Chief Health Officers Report 2010. WA Department of Health.

61 World Health Organization, 2005 Environmental burden of disease globally priority risk maps, Geneva.

62 Hinwood A, De Klerk N, Rodriguez C, Jacoby P, Runnion T, Rye P, Landau L, Murray F, Feldwick M & Spickett J. The relationship between changes in daily air pollution and hospitalizations in Perth, Australia 1992 – 1998: A case-crossover study. International Journal of Environmental Health Research 2006; 16(1): 27 – 46

63 Simpson R, Williams G, Petroeschevsky A, Best T, Morgan G, Denison L, Hinwood A and Neville G. The short-term effects of air pollution on hospital admissions in four Australian cities. Australian and New Zealand Journal of Public Health 2005; 29: 213 - 221

64 Rodriguez C, Tonkin R, Heyworth J, Kusel M, de Klerk N, Sly PD, Franklin P, Runnion T, Blockley A, Landau L and Hinwood A. The relationship between outdoor air quality and respiratory symptoms in young children. International Journal of Environmental Health Research. 2007; 17: 351 – 360.

65 Pereira G, Cook A, De Vos A and Holman CDJ. A case-crossover analysis of traffic-related air pollution and emergency department presentations for asthma in Perth, Western Australia. Medical Journal of Australia 2010; 193: 511 - 514

66 Pereira G, Cook A, Haggar F, Bower C, Nassar N. Locally derived traffic-related air pollution and fetal growth restriction: A retrospective cohort study. Occupational and Environmental Medicine 2012; 69: 815 - 822

67 WA Department of Health, 2019. Notifiable Infectious Disease Reports: Ross River virus notifications in Western Australia. Perth: WA Department of Health

Interventions to reduce exposure to environmental health risks

In the 2017-18 financial year, activities that aimed to reduce WA environmental health exposures have included:

- 34 aerial larvicide applications applied over 5,259 hectares across the Southwest of WA to reduce mosquito activity and mosquito borne disease risks
- 25,792 water monitoring samples collected from a variety of water sources (including environmental waters, aquatic facilities and drinking water) across WA to monitor compliance with water quality standards by DOH and local governments
- 40 public health events related to water quality concerns, including algal blooms or fish death alerts, requiring a health response by the DOH and local governments
- investing $8.27 million by the DOH to manage Aboriginal environmental health programs and services in remote communities

Reference: Department of Health, 2018. Environmental Health Directorate Yearbook 2017-18, WA Department of Health

Historically, asbestos was only considered an occupational health problem. However, since the banning of asbestos in building material in the late 1980s it has increasingly become a public health concern. The proportion of cases with mesothelioma due to non-occupational exposures, predominantly from home renovation, has increased considerably in the last 30 years.[68] Efforts to increase awareness of the safe maintenance and removal of asbestos by home owners continue.

A total of 240 recorded WA hospital admissions associated with pesticide exposure were recorded in WA during 2007-2016, with 60 per cent associated with accidental exposure. Eleven people died as a result of pesticide poisoning during this time.[69] Increased access to and use of pesticides requires a concerted effort to educate people on their safe use and storage.

68 Olsen N, Franklin P, Reid A, de Klerk, NH, Threlfall T, Shilkin KB and Musk AW. Increasing trend in Malignant Mesothelioma Resulting from Home-Maintenance Exposure to Asbestos. Medical Journal of Australia 2011; 195 (5): 271-274

69 Epidemiology Branch. Pesticide related hospitalisations and deaths, 2007-2016, unpublished data. Perth: Department of Health, Western Australia, 2019

Administer public health legislation

Public health legislative programs are designed to regulate living conditions including the provision of clean drinking water, wastewater management, safe food, and the elimination or appropriate management of environmental hazards. The *Food Act 2008* is a key piece of legislation intended to govern the production and sale of food in WA and provides important powers to government bodies to investigate suspected or known food-borne disease outbreaks. Food-borne illness is a common yet largely preventable public health problem. There are significant economic costs associated with food-borne illnesses including loss of productivity and medical expenses.

In 2017, there were 7234 notifications of enteric disease in WA, which was a rate of 267 per 100 000 population. The age group with the highest enteric disease rate was 0-4 years with 732 cases per 100 000 population. The rate of enteric disease in Aboriginal people was 2.2 fold higher than non-Aboriginal people. Of the notified enteric infections with a known place of acquisition, 80 per cent reported acquiring their infection in WA.[70]

Campylobacteriosis and salmonellosis are two of the most common causes of bacterial gastroenteritis, with 3389 and 2581 notifications respectively in WA in 2017. This represented an increase of 22 per cent and 66 per cent from the previous five year average although this may be partially due to the introduction of more sensitive testing.[71]

Key food safety prevention measures in 2017 included the investigation of 42 local foodborne or probable foodborne outbreaks, seven Salmonella clusters and two Shigella clusters. Other preventive health measures associated with other WA public health legislation in the 2017-2018 financial year included:

- auditing of 2,135 stores with a tobacco license for compliance with the *Tobacco Products Control Act 2006*, resulting in 50 infringements notices, 41 warnings issued and 3 prosecutions
- renewing 2,533 pesticide management technician licenses in accordance with the *Health (Pesticide Safety) Regulations 2011*
- assessing 107 contaminated sites applications for public health implications in accordance with the *Contaminated Sites Act 2003*.[72]

Mitigate the impact of public health emergencies on the community

It is important that governments and communities are prepared to prevent, respond to, and rapidly recover from public health emergencies which could involve multiple casualties or cause significant disruption to patient care. These can include severe weather events, natural disasters such as floods and bushfires, infectious disease epidemics or pandemics, man-made emergencies such as a major transport accidents, and chemical or radiation emergencies.

Heatwaves have caused more deaths in Australia in the past 200 years than any other natural hazard. In WA between 2006 and 2013, a total of 246 inpatient admissions due to excess heat were recorded and inpatient admissions and ED presentations significantly increased during heatwave events[73].

Children aged 14 years or less and adults aged 60 years and over are the most vulnerable populations to heatwaves based on ED attendance data. The more disadvantaged and remotely located the population, the higher the health service usage during heatwaves.[74]

70 OzFoodNet Communicable Disease Control Directorate, 2018. Foodborne disease surveillance and outbreak investigations in Western Australia 2017 annual report. Perth: WA Department of Health

71 OzFoodNet Communicable Disease Control Directorate, 2018. Foodborne disease surveillance and outbreak investigations in Western Australia 2017 annual report. Perth: WA Department of Health

72 Department of Health, 2018. Environmental Health Directorate Yearbook 2017-18. Perth: WA Department of Health

73 Scalley B, Spicer T, Jian L et al. 2015. Responding to heatwave intensity: Excess Heat Factor is a superior predictor of health service utilisation and trigger for heatwave plans. Australian and New Zealand Journal of Public Health. Vol 39(6): 582-587.

74 Xiao, J., et al., Variation in Population Vulnerability to Heat Wave in Western Australia. Frontiers in Public Health, 2017. 5: p. 64.

Support immunisation

Immunisation is widely recognised as one of the most successful and cost effective public health interventions available. A comprehensive immunisation program, with high levels of uptake, can protect both individuals and the community from a range of infectious diseases which can cause hospitalisation, serious ongoing health conditions and sometimes death.[75]

WA has the second lowest rates of immunisation in Australia, with 90.2% of children aged 24-<27 months fully vaccinated for age. Therefore, more needs to be done to improve rates particularly in Aboriginal children.[76]

The national human papillomavirus (HPV) vaccination program was introduced on 1 April 2007 to reduce the mortality and morbidity related to infection with this virus. The vaccine protects against the two high-risk HPV types (types 16 and 18), which cause 70 per cent of cervical cancers in women and 90 per cent of all HPV-related cancers in men. It also protects against two low-risk HPV types (types 6 and 11), which cause 90 per cent of genital warts.[77] Research studies have demonstrated early signs of the vaccine's success including a 77 per cent reduction in the two HPV types and a 90 per cent reduction in genital warts in heterosexual males and females less than 21 years of age.[78]

Vaccination during pregnancy

Pertussis vaccination during pregnancy helps protect the mother and newborn from catching whooping cough, a highly contagious bacterial disease which can cause breathing problems, pneumonia and sometimes death. In 2015 just over 70 per cent of pregnant women in WA reported being immunised with pertussis vaccine.

Pregnant women are also encouraged to get vaccinated against the flu (influenza). In 2017 it was estimated that approximately one third of pregnant women in WA were immunised against seasonal influenza.

Reference: Midwives Notification System, Data and Information Unit, Perth: WA Department of Health (data extracted 3 December 2018).

In WA, approximately three-quarters (76.9%) of females turning 15 years of age in 2017 were fully vaccinated against HPV, which is slightly lower than the national average (80.2%). Among males, 75.3 per cent were fully vaccinated, similar to the national average (75.9%).[79]

Prevention and control of communicable diseases

Communicable diseases are a significant public health priority for WA with a particular focus on preventing and rresponding to increases in endemic, new or emerging infectious diseases.

State-wide surveillance is therefore essential to facilitate effective and appropriate identification of and responses to sporadic cases and outbreaks of communicable diseases and minimise further transmission in the community. In WA, medical practitioners, nurse practitioners and pathologists are required to report around 70 communicable diseases to the WA Department of Health. Some examples of these notifiable diseases include chlamydia, cryptosporidiosis, measles, meningococcal disease, Ross River virus infection, Salmonella gastroenteritis and viral hepatitis.

75 Commonwealth of Australia, 2019. National Immunisation Strategy for Australia 2019-2024. Canberra: Commonwealth Department of Health

76 Prevention and Control Program, 2016. Western Australian Immunisation Strategy 2016-2020. Perth: WA Department of Health

77 National HPV Vaccination Program Register 2016, National (Australia) HPV 3 dose vaccination coverage for females turning 15 years of age in 2015

78 Tabrizi SN, Brotherton JML, Kaldor JM et al, 2012. Fall in human papillomavirus prevalence following a national vaccination program. Journal of Infectious Disease, 206:1645-1651; Ali H, Donovan B, Wand H et al, 2013. Genital warts in young Australians five years into national human papillomavirus vaccination program: national surveillance data. British Medical Journal, 346:f2032

79 National HPV Vaccination Program Register 2018, National (Australia) HPV 3 dose vaccination coverage for females turning 15 years of age in 2017; National HPV Vaccination Program Register 2018, National (Australia) HPV 3 dose vaccination coverage for males turning 15 years of age in 2017

Sexually transmitted infections (STIs) and blood-borne viruses (BBVs) represent a significant burden of disease in WA, particularly among specific population cohorts such as young people and Aboriginal people.

The Kimberley health region had the highest rate of notifications for chlamydia and gonorrhoea in 2017.

Infectious disease transmission due to unsafe sex accounted for 0.4 per cent of the total burden of disease and injury in WA in 2011.[80] However it was responsible for the entire disease burden due to cervical cancer and STIs, and 90 per cent of the burden due to HIV/AIDS.

High levels of STIs continue to occur in WA. Chlamydia was the most commonly notified disease in WA in 2017 with 11,557 notifications. The crude notification rate was 8 per cent higher than the national rate and was the third highest in Australia. The notification rate among Aboriginal people was almost four times higher that of non-Aboriginal people.[81]

Gonorrhoea was the second most commonly notified STI in WA with 3,360 notifications in 2017, slightly lower than the ten-year high (3,387) observed in 2016. From 2016 to 2017, the gonorrhoea testing rate increased while the notification rate remained stable and test positivity rates decreased. This indicates that the plateau in notifications from 2016 may have resulted from a combination of increased testing and decreased disease transmission. The notification rate among Aboriginal people was 12 times higher than non-Aboriginal people.[82]

AIDS notifications and deaths among HIV-infected persons have remained low since the late 1990s, and there was a 27 per cent decrease in the annual number of HIV notifications in 2017 compared with two years ago. However, there has been a 54 per cent increase in the number of HIV cases reporting men who have sex with men (MSM) contact in 2013 to 2017 compared with 2008 to 2012.[83]

Hepatitis is a blood-borne virus which can lead to serious liver disease. In 2017, there were 516 notifications of hepatitis B and 1,032 notifications of hepatitis C in WA.

Hepatitis B is vaccine preventable and WA has had high rates of childhood vaccination against the disease through the national childhood vaccination program. In December 2018, 96 per cent of children aged 24 to <27 months in WA were fully vaccinated for hepatitis B.[84]

There is no vaccine against hepatitis C, but it can be effectively treated. At-risk populations include people who inject drugs and people in, or who have recently exited, custodial settings. Notification rates for newly acquired (within 24 months prior to diagnosis) and unspecified (infections of unknown duration) hepatitis C were highest in the 20 to 24 and 35 to 39 year age groups.[85]

Promote oral health improvement

Good oral health is important for general health and wellbeing. Tooth decay, gum disease and oral cancers are the major oral diseases, but are mostly preventable. Poor oral health is also associated with a number of chronic diseases, including stroke and cardiovascular disease.[86]

80 Epidemiology Branch, Public and Aboriginal Health Division, Western Australia Department of Health, 2017. Contribution of risk factors to disease burden in Western Australia, 2011. Perth: WA Department of Health

81 Communicable Disease Control Directorate, 2019. The Epidemiology of Notifiable Sexually Transmitted Infections and Blood-Borne Viruses in Western Australia 2017. Perth: WA Department of Health

82 Ibid

83 Ibid

84 Australian Immunisation Register (AIR), 2019. Childhood immunisation coverage. Canberra: Commonwealth Department of Health. Accessed 15 April 2019

85 Communicable Disease Control Directorate, 2019. The Epidemiology of Notifiable Sexually Transmitted Infections and Blood-Borne Viruses in Western Australia 2017. Perth: WA Department of Health

86 Dental Health Services Victoria, 2011. Links between oral health and general health – the case for action. Victoria: DHSV

Higher rates of untreated tooth decay are experienced by Aboriginal people, regional and remote residents, people with additional and/or specialised health care needs and people on lower incomes.

These population groups have been identified as priorities in the National Oral Health Plan.

While there have been substantial improvements in oral health over the past 20-30 years, around four in ten children in WA experience tooth decay[87] and one in five adults have untreated tooth decay.[88]

The burden of poor oral health is not spread evenly among the population. For example, Aboriginal 15-year-olds have approximately 50 per cent more tooth decay than their non-Aboriginal counterparts at the same age. Children in the lowest socio-economic areas experience 50 to 70 per cent more decay-affected teeth than children in the most advantaged areas.[89]

The National Health and Medical Research Council recognises fluoridation of community water supplies as one of the most cost-effective and equitable public health strategies to prevent dental caries.[90] In WA, approximately 92 per cent of the population has access to fluoridated drinking water.

Oral disease shares a number of risk factors with other chronic diseases including poor nutrition, consumption of alcohol and tobacco use. Public health interventions targeting these lifestyle behaviours will also contribute to improved oral health.

87 National Child Oral Health Study 2012-14 as published in Australian Institute of Health and Welfare 2018. Oral health and dental care in Australia. Cat. No. DEN 231. Canberra: AIHW

88 National Survey of Adult Oral Health as published in Australian Institute of Health and Welfare 2018. Oral health and dental care in Australia. Cat. No. DEN 231. Canberra: AIHW.

89 WA Department of Health. State Oral Health Plan 2016–2020. Perth: Office of the Chief Dental Officer, Clinical Services and Research, Department of Health, 2016.

90 National Health and Medical Research Council, 2017. NHMRC Public Statement 2017. Water Fluoridation and Human Health in Australia. Canberra: NHMRC, Australian Government

Improving Aboriginal health and wellbeing

The greatest relative difference in health status in WA is between Aboriginal and non-Aboriginal Western Australians[91], culminating in a life expectancy that was 13.4 years lower for Aboriginal men and 12.0 years lower for Aboriginal women compared with non-Aboriginal Western Australians in 2017.[92]

Overall, the Aboriginal population of Australia was 2.3 times as likely to die early or live with poor health as the non-Aboriginal population of Australia in 2011, with WA having the greatest absolute gap in total health burden of all the states and territories (at 2.8 times).[93]

The very existence of a health gap between the WA Aboriginal and non-Aboriginal populations highlights critical differences in the factors that contribute to health burden; as well as how health needs to be considered for the Aboriginal population.

It is increasingly acknowledged that to successfully address the health gap, public health programs need (a) to be culturally secure; (b) to be undertaken in partnerships with the Aboriginal community, with strong involvement and ownership by Aboriginal-controlled services; and (c) be considered to be core business by all sections of the WA health system.

A strong sense of identity, culture, connection to family, community and country defines health and wellbeing for Aboriginal people. Strong, resilient families and communities can prevent illness, respond in a timely manner when illness occurs, care for and manage chronic illnesses that impact on family, and reduce the chances of hospitalisation.

Chronic disease, injuries and mental health for Aboriginal people

A major contributor to this gap is chronic disease and injury. In 2011 the leading causes of premature deaths in WA Aboriginal people included injuries (28%), cardiovascular disease (21%) and cancer (16%).[94]

When compared with the non-Aboriginal population, Aboriginal Australians are more than three times as likely to have diabetes, twice as likely to have signs of chronic kidney disease and more likely to have more than one chronic condition.[95] In addition, Aboriginal adults are more likely to experience chronic conditions at an earlier age, with a recent study suggesting that they experience diabetes 20 years earlier than non-Aboriginal Australians.[96]

The gap is even worse in remote areas of Australia.

Aboriginal people in remote areas are more than five times as likely as non-Aboriginal Australians in remote areas to have diabetes and four times as likely to have kidney disease.

Injury, including suicide and self-inflicted injuries, is the leading cause of the total disease burden among Aboriginal Western Australians, accounting for 19 per cent. In addition, it is the second leading contributor to the gap in total burden between Aboriginal and non-Aboriginal people in WA, contributing 17 per cent.[97]

91 Holman CDJ, Joyce SJ, 2014. A Promising Future: WA Aboriginal Health Programs. Review of performance with recommendations for consolidation and advance. December 2014. Perth: WA Department of Health

92 Australian Bureau of Statistics, 2018. Life Tables for Aboriginal and Torres Strait Islander Australians, 2015-2017. Cat. No. 3302.0.55.003. Canberra: ABS)

93 Australian Institute of Health and Welfare 2016. Australian Burden of Disease Study: Impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011. Australian Burden of Disease Study series no. 6. Cat. no. BOD 7. Canberra: AIHW.

94 Ibid

95 Australian Bureau of Statistics 2014. Australian Aboriginal and Torres Strait Islander Health Survey: Biomedical Results, 2012-13. Cat no. 4727.0.55.003. Canberra: ABS

96 Ibid

97 Australian Institute of Health and Welfare 2016. Australian Burden of Disease Study: Impact and causes of illness and death in Aboriginal and Torres Strait Island people 2011. Australian Burden of Disease Study series no. 6. Cat. No. BOD 7. Canberra: AIHW

Just over one third (37%) of the total health burden of the Australian Aboriginal population was attributable to 29 modifiable risk factors – which is largely equivalent to the overall Australian population (31%). Furthermore, of the health gap that exists, 51 per cent was due to these 29 risk factors. The largest cause of this health gap was tobacco use (23%), followed by overweight/obesity (14%) and high blood sugar (9%).[98]

These results indicate that – as it is within the non-Aboriginal population – a reduction in the exposure to these modifiable risks is essential to improve the health of the WA Aboriginal population; and highlight the need to focus public health initiatives in a similar direction for both populations.

Communicable diseases for Aboriginal people

Rates of notifiable STIs and BBVs are noticeably higher among Aboriginal people in WA compared with non-Aboriginal people.

Rates of chlamydia are almost four times higher, those for gonorrhoea 12 times and infectious syphilis are more than seven times higher. A syphilis outbreak among Aboriginal people across Northern Australia led to a marked increase in syphilis notifications in the Kimberley region from June 2014.[99]

New diagnoses of hepatitis C have also increased among Aboriginal people in WA over the past ten years. In comparison, there has been a decrease in diagnoses among non-Aboriginal people over the same time period resulting in rates among Aboriginal people that were 28 times higher than those seen in non-Aboriginal people in 2017.[100]

Data from the Australian Immunisation Register indicates that there is a disparity in immunisation coverage for Aboriginal children in WA in the early years of life with coverage approximately seven per cent lower than that for non-Aboriginal children at one year of age, and four per cent lower at two years of age.

Aboriginal children in WA under the age of five years also continue to have higher rates of vaccine preventable disease including influenza (3.4 times higher), invasive pneumococcal disease (9.5 times higher) and pertussis (2 times higher).[101]

By five years of age immunisation coverage among Aboriginal children exceeds that of their non-Aboriginal counterparts, however the challenge for public health agencies is to boost coverage in younger age groups.

98 Australian Institute of Health and Welfare 2016. Australian Burden of Disease Study: Impact and causes of illness and death in Aboriginal and Torres Strait Island people 2011. Australian Burden of Disease Study series no. 6. Cat. No. BOD 7. Canberra: AIHW

99 Communicable Disease Control Directorate, 2017. The Epidemiology of Notifiable Sexually Transmitted Infections and Blood-Borne Viruses in Western Australia 2016. Perth: WA Department of Health

100 Ibid

101 Prevention and Control Program, 2016. Western Australian Immunisation Strategy 2016-2020. Perth: WA Department of Health

Living conditions in remote communities

Addressing the environmental health needs of Aboriginal people requires strengths-focused solutions that consider the structures of Aboriginal families and cultural life. Poor environmental health conditions, including overcrowding, poor sanitation and exposure to secondhand smoke, are linked to a number of adverse health outcomes, including respiratory infections, gastroenteritis, trachoma, hearing loss, and skin diseases. Substandard environmental health conditions in many remote Aboriginal communities contribute significantly to ill-health among this population.

Infectious disease prevalence is disproportionately high among Aboriginal children, particularly in remote regions. In WA, respiratory and gastrointestinal infections accounted for the highest proportion of all hospital admissions among children under the age of fifteen and were significantly higher than in non-Aboriginal children, with the rate of hospitalisation for influenza and pneumonia over 5 times the rate in non-Aboriginal children.[102]

Overcrowding

The effects of overcrowding occur in combination with other environmental health factors such as poor water quality and sanitation, which are associated with increased risk of transferring infectious diseases, and the recurrence or exacerbation of chronic infections such as otitis media. Aboriginal Western Australians were over six times more likely to live in overcrowded households compared with non-Aboriginals.

Reference: Australian Institute of Health and Welfare, 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: Western Australia. Canberra: AIHW

In 2014-15, the National Aboriginal and Torres Strait Islander Social Survey found that 13 per cent of Aboriginal children aged 4-14 years had eye or sight problems, up from 9 per cent in 2008.[103] Trachoma is an infectious eye disease caused by poor environmental conditions that can lead to blindness if it is not detected and treated. Australia is the only developed country in the world where trachoma is endemic, with several known at-risk regions located in northern WA. The WA Trachoma Program has successfully reduced rates of trachoma infection in rural and remote Aboriginal communities from 15 per cent in 2007 to 4.1 per cent in 2017.[104] This indicates that targeted public health programs have the potential to improve health conditions in specific communities of need.

Otitis media is the predominant ear disease among Aboriginal children and repeated occurrences can lead to hearing loss, and consequently poorer educational outcomes and employment opportunities.[105] Prevalence of the disease varies widely between communities in WA, with some studies observing estimates between 20 and 55 per cent[106], rates that far exceed the 4 per cent prevalence defined by the WHO as a major public health problem.[107]

102 WA Department of Health. Aboriginal and non-Aboriginal comparisons. Influenza and pneumonia hospitalisations by principal diagnosis. Epidemiology Branch in collaboration with the Cooperative Research Centre for Spatial Information. Perth: WA Department of Health, accessed 6 December 2018

103 Australian Bureau of Statistics, 2016. National Aboriginal and Torres Strait Islander Social Survey, 2014-15. Cat. No. 4714.0. Canberra: ABS

104 Kirby Institute, 2018. Australian Trachoma Surveillance Report 2017. Sydney: Kirby Institute

105 Closing the Gap Clearinghouse (AIHW & AIFS), 2014. Ear disease in Aboriginal and Torres Strait Islander children. Resource sheet no. 35. Produced by the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.

106 Zubrick SR, Lawrence DM, Silburn SR et al, 2004. The Western Australian Aboriginal Child Health Survey: the health of Aboriginal children and young people. Perth: Telethon Kids Institute; Williams CJ, Coates HL, Pascoe EM et al, 2009. Middle ear disease in Aboriginal children in Perth: analysis of hearing screening data, 1998-2004, Medical Journal of Australia 190(10):598-600; Lehmann D, Weeks S, Jacoby P et al, 2008. Absent otoacoustic emissions predict otitis media in young Aboriginal children: a birth cohort study in Aboriginal and non-Aboriginal children in an arid zone of Western Australia. BMC Paediatrics 8:32.

107 World Health Organisation, 1998. WHO/CIBA Foundation Workshop report: Prevention of hearing impairment from chronic otitis media. Geneva: WHO

Part 2:

Objectives and policy priorities

Public health strategic framework 2019 – 2024 summary

Vision
We want the people of WA to experience the best possible health, wellbeing and quality of life.

Mission
To protect, promote and improve the health and wellbeing of all Western Australian's and to reduce the incidence of preventable illness.

Priority public health risk factors for WA		
Poor diet	Harmful use of alcohol	Environmental health risks
Insufficient physical activity	Illicit drug use and misuse of pharmaceuticals	Communicable disease risks
Overweight and obesity	Mental health issues	Unprotected sex with infected persons
Smoking		Low immunisation rates

Public health objectives		
Objective 1: Empowering and enabling people to live healthy lives	**Objective 2:** Providing health protection for the community	**Objective 3:** Improving Aboriginal health and wellbeing
Policy priorities	**Policy priorities**	**Policy priorities**
Healthy eating	Reduce exposure to environmental health risks	Promote culturally secure initiatives and services
A more active WA	Administer public health legislation	Enhance partnerships with the Aboriginal community
Curbing the rise in overweight and obesity	Mitigate the impact of public health emergencies	Continue to develop and promote Aboriginal controlled services
Making smoking history	Support immunisation	Ensure programs and services are accessible and equitable
Reducing harmful alcohol use	Prevention and control communicable diseases	Promote Aboriginal health and wellbeing as core business for all stakeholders
Reduce use of illicit drugs, misuse of pharmaceuticals and other drugs of concern	Promote oral health improvement	
Optimise mental health and wellbeing		
Prevent injuries and promote safer communities		

Our vision for a healthier WA

We want the people of WA to experience the best possible health, wellbeing and quality of life. It is important that Western Australians are supported to actively participate in community life and that the places and spaces where they live, learn, work and play are safe, clean, green and accessible.

Public health objectives for Western Australians 2019–2024

The following objectives represent the areas of public health priority for the State. By focusing action on these priority areas, we can aim to achieve the biggest gains in minimising deaths, burden of disease, reducing injury and improving the quality of life for people living in WA.

The objectives and policy priorities identify high level strategic directions that focus on the promotion, improvement and protection of public health, and support the delivery of preventive public health services.

It is important that these priorities are not viewed as separate and discrete, but rather that they each interrelate. By addressing improvements in one area; such as encouraging physical activity, improvements may occur in other areas; such as improving the mental health and wellbeing of individuals.

Furthermore, it is important that Aboriginal health and wellbeing is viewed as core business across all public health policy priorities. While Objective 3 details how initiatives are likely to maximise their effectiveness in improving Aboriginal health and wellbeing, the unique needs of this population must be considered within all policy priorities within Objectives 1 and 2.

The only way to achieve better health outcomes for the Aboriginal population is to ensure public health programs, initiatives and services address the social, emotional, and cultural wellbeing of Aboriginal people, are culturally-appropriate, and are undertaken in partnership with the Aboriginal community.

The three objectives of the Plan include:

Objective 1 – Empowering and enabling people to live healthy lives

Objective 2 – Providing health protection for the community

Objective 3 – Improving Aboriginal health and wellbeing

Objective 1: Empowering and enabling people to live healthy lives

Western Australians need to feel empowered and enabled to live healthy lives, such as eating more nutritious foods, taking action to keep active and making the time to focus on their overall health and wellbeing.

There are significant opportunities to improve the health and wellbeing of the WA population by improving the surrounding environment to create vibrant, liveable neighbourhoods that offer a sense of belonging, culture and spirit, and by facilitating behaviour change to support people to lead healthier lifestyles. Consideration can be given to:

- designing neighbourhoods that make it easier for people to walk or cycle
- making it easier to access affordable fruit and vegetables
- decreasing unhealthy food and drink sold in publicly-owned facilities such as schools, hospitals, and sport and recreation centres
- creating green streetscapes by planting street trees along footpaths to encourage people to walk around the local neighbourhood
- making sure the community is safe and injuries are prevented by providing lighting for streets and public spaces, designing safe footpaths, roads and intersections and making sure playgrounds have seating and lots of shade
- supporting community services and events that encourage social connectedness and inclusion
- creating activated community spaces for people to meet and interact
- acknowledging heritage and cultural features in design and highlighting neighbourhood stories and history and
- developing local policies to address key public health issues including a:
    - whole organisation approach to alcohol and drug management
    - smoke free outdoor policy
    - shade policy for public open spaces and a
    - built environment policy to incorporate healthy urban design principles to the local environment

The priorities that underpin and interrelate to this objective are support by the:

- Western Australian Health Promotion Strategic Framework 2017–2021
- Western Australian Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018–2025
- Western Australian Aboriginal Health and Wellbeing Framework 2015–2030.

Empowering and enabling people to live healthy lives

Policy priorities	Priority activities
1.1 Healthy eating*	1. Foster environments that promote and support healthy eating patterns 2. Increase availability and accessibility of quality, affordable, nutritious food 3. Increase the knowledge and skills necessary to choose a healthy diet
1.2 A more active WA*	1. Promote environments that support physical activity and reduced sedentary behaviour 2. Reduce barriers and increase opportunities for physical activity across all populations 3. Increase understanding of the benefits of physical activity and encourage increased activity at all stages of life 4. Motivate lifestyle changes to reduce sedentary behaviour
1.3 Curbing the rise in overweight and obesity*	1. Promote environments that support people to achieve and maintain a healthy weight 2. Prevent and reverse childhood overweight and obesity 3. Motivate behaviour to achieve and maintain a healthy weight among adults
1.4 Making smoking history*	1. Continue efforts to lower smoking rates 2. Eliminate exposure to second-hand smoke in places where the health of others can be affected 3. Reduce smoking in groups with higher smoking rates 4. Improve regulation of contents, product disclosure and supply 5. Monitor emerging products and trends
1.5 Reducing harmful alcohol use**	1. Change community attitudes towards alcohol use 2. Influence the supply of alcohol in accordance with the *Liquor Control Act 1998* 3. Reduce demand for alcohol 4. Promote environments that support people not to drink or to drink at low-risk levels
1.6 Reduce use of illicit drugs, misuse of pharmaceuticals and other drugs of concern**	1. Increase helpseeking behaviour and reduce stigma around illicit drugs and emerging drugs of concern 2. Support state-wide evidence-based strategies to prevent and reduce illicit drug use and related harms 3. Increase awareness of the harms associated with illicit drug use, while not being stigmatising 4. Continue to mobilise communities and other stakeholders to work in partnership on evidence-based prevention activities addressing drug use and related harm 5. Develop personal skills, targeted public awareness and engagement regarding misuse of pharmaceuticals and other drugs of concern

Policy priorities	Priority activities
1.7 Optimise mental health and wellbeing**	1. Increase public awareness about mental health and wellbeing, and suicide prevention 2. Build community capacity to reduce stigma, increase awareness of where to go for help, and promote strategies to optimise mental health and wellbeing 3. Create and maintain supportive environments that increase social connectedness and inclusion, community participation and network
1.8 Preventing injuries and promoting safer communities*	1. Protect children from injury 2. Prevent falls in older people 3. Reduce road crashes and road trauma 4. Improve safety in, on and around water 5. Reduce interpersonal violence 6. Develop the injury prevention and safe communities sector 7. Monitor emerging issues in injury prevention 8. Promote sun protection in the community*** 9. Prevent and reduce alcohol intoxication**

* Refer to the Western Australian Health Promotion Strategic Framework 2017-2021 for a detailed examination of this priroity

**Refer to the Western Australian Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018-2025 for a detailed examination of this priority

*** Refer to Cancer Council WA for details on promoting sun protection in the community

Objective 2: Providing health protection for the community

The health and safety of the WA community has been maintained to a high standard due to the long standing public and environmental health services managed by State and local governments across WA. The successful implementation of these services has helped to prevent, reduce or even eliminate the prevalence of many diseases, illness and injury.

It is essential that governments continue to invest in and manage these traditional public and environmental health services which play a critical role in preventative health. This includes the enforcement of regulations and guidelines, the management of surveillance and assessment programs and public education which are designed to provide clean air, safe food and water, and a hazard free environment.

Governments must also be capable of planning for and responding to emerging risks, such as the health impacts associated with climate change, diseases that may emerge or increase, or changes to industries that may present health concerns.

Providing health protection for the community requires consideration of:

- Administering and enforcing compliance with public health legislation, such as inspecting food businesses to reduce food-borne disease risks, assessing body piercing and tattoo parlours to reduce blood-borne virus risks, and monitoring swimming pools to reduce water-borne disease risks and injuries
- Supporting safe community events, homes and public buildings
- Responding to community concerns about inappropriate needle and syringe disposal and supporting needle and syringe programs
- Promoting and supporting immunisation of children and high risk groups in the community
- Supporting the investigation and reporting of disease outbreaks and other health risks
- Increase awareness about common risks such as asbestos, water hazards and food safety practices
- Implementing strategies to minimise mosquito breeding sites and reduce mosquito-borne disease risks
- Assessing development applications for potential health impacts and implementing strategies to address these risks in the early planning phases of projects
- Planning for extreme weather events such as floods, droughts, bushfires and storms to ensure effective responses can take place.

The priorities that underpin and interrelate to this objective are support by the:

- Environmental Health Strategic Framework 2019–2023
- WA Immunisation Strategy 2016–2020
- WA Sexual Health and Blood-borne Viruses Strategies 2019–2023
- State Oral Health Plan 2016–2020
- Western Australian Aboriginal Health and Wellbeing Framework 2015–2030
- WA Syphilis Outbreak Response Action Plan.

Providing health protection for the community

Policy priorities	Priority activities
2.1 Reduce exposure to environmental health risks*	1. Maintain safe food and water 2. Maintain healthy built environments 3. Manage environmental hazards to protect community health 4. Improve the environmental health conditions in remote Aboriginal communities
2.2 Administer public health legislation*	1. Continue to administer, enhance and provide policy support for public health legislative instruments, including: a) *Public Health Act 2016* b) *Health (Miscellaneous Provisions) Act 1911* and subsidiary legislation c) *Food Act 2008* d) *Medicines and Poisons Act 2014* e) *Tobacco Products Control Act 2006* f) *Liquor Control Act 1988*
2.3 Mitigate the impacts of public health emergencies	1. Ensure public health emergencies are included in emergency and disaster planning 2. Maintain continuous improvement in the response to public health emergencies 3. Strengthen the preparedness and resilience of communities against extreme weather events, with a focus on the most vulnerable in the community 4. Establish a climate change adaptation plan to protect public health from the harmful health impacts of climate change
2.4 Support immunisation**	1. Continue efforts to increase vaccination coverage for young children, adolescents and adults 2. Improve immunisation education and consent processes 3. Sustain mechanisms for the surveillance and follow-up of suspected adverse events following immunisation
2.5 Prevention and control of communicable diseases***	1. Coordinate state-wide surveillance of notifiable communicable diseases 2. Conduct and coordinate outbreak investigations of communicable diseases 3. Continue to support and enhance disease control prevention and education programs delivered by stakeholders, including access to hardware and equipment to prevent communicable diseases 4. Eliminate stigma and discrimination around sexually transmitted infections and blood-borne viruses 5. Maintain and improve partnerships with stakeholders engaged in communicable disease control activities
2.6 Promote oral health improvement ******	1. Support activities that promote oral health

* Refer to the WA Environmental Health Strategic Framework 2019–2023 for a detailed examination this priority
** Refer to the WA Immunisation Strategy 2016–2020 for a detailed examination of immunisation priorities
*** Refer to the WA Sexual Health and Blood-borne Virus Strategies 2019–2023 for a detailed examination this priority
**** Refer to the State Oral Health Plan 2016–2020 for a detailed examination this priority

Objective 3: Improving Aboriginal health and wellbeing

Recognition that culture is a central determinant of the health and wellbeing of Aboriginal people is critical. The health of the Aboriginal population must be viewed holistically, incorporating physical wellbeing with the social, emotional, and cultural wellbeing of the whole community. Strengthening family systems and preserving and promoting culture results in stronger, healthier, and re-empowered communities.

The very existence of the health gap between the Aboriginal and the non-Aboriginal population highlights the need for the development and implementation of targeted and innovative approaches. These approaches are required both within the modifiable behavioural health risk initiatives (as outlined in Objective 1) and within broader health protection initiatives (as outlined in Objective 2).

Services at the local level should recognise the protective factors of culture and its effect on positive wellbeing. Recognition of, and engagement with cultural strengths will improve Aboriginal people's access to timely and culturally appropriate health care and services.

Similarly, the environments in which Aboriginal people live have a significant impact on their health and wellbeing, and need to be conducive to good health. This includes access to healthy food options, clean water and adequate sanitation. Initiatives in Aboriginal communities, whether remote, regional or suburban, must give attention to healthy environments, healthy policies and support for a skilled and competent Aboriginal health workforce.

Therefore, in addition to Objectives 1 and 2, the priorities for improving the health and wellbeing of the Aboriginal population must be:

- culturally secure
- developed in partnership with the wider Aboriginal community
- led by Aboriginal-controlled agencies where possible
- accessible and equitable; and
- viewed as core business for all stakeholders.

We have a responsibility to work closely with the many organisations across the State to manage a range of projects, programs and other initiatives to address public health issues for Aboriginal people.

The priorities that underpin and interrelate to this objective are support by the:

- Western Australian Aboriginal Health and Wellbeing Framework 2015–2030
- WA Sexual Health and Blood-borne Viruses Strategy 2019–2023
- WA Syphilis Outbreak Response Plan
- WA Environmental Health Strategic Framework 2019–2023
- WA Immunisation Strategy 2016–2020
- WA Health Promotion Strategic Framework 2017–2021
- WA Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018–2025.

Improving Aboriginal health and wellbeing

Policy priorities	Priority activities
3.1 Promote culturally-secure initiatives and services	1. Complement population-wide approaches with targeted programs that are culturally-secure and meet the needs of Aboriginal people 2. Ensure services, programs, and initiatives work within a holistic framework that recognises the importance of connection to country, culture, spirituality, family and community
3.2 Enhance partnership with the Aboriginal community	1. Ensure ongoing collaboration with the Aboriginal community to create a two-way transfer of skills and ensure that Aboriginal people's cultural rights, beliefs and values are respected in the development of health and wellbeing responses 2. Ensure a coordinated and collaborative approach to service delivery through knowledge exchange, information sharing and the pooling of resources, where possible
3.3 Continue to develop and promote Aboriginal controlled services	1. Work closely and collaboratively with Aboriginal controlled organisations in the development and delivery of culturally secure responses 2. Ensure ongoing participation by Aboriginal controlled organisations in decision-making to take back care, control and responsibility of their health and wellbeing
3.4 Ensure programs and services are accessible and equitable	1. Ensure programs and services are physically and culturally accessible to Aboriginal people 2. Develop programs and services that are inclusive of the needs of Aboriginal people 3. Incorporate Aboriginal ways of working that facilitate the engagement of Aboriginal people
3.5 Promote Aboriginal health and wellbeing as core business for all stakeholders	1. Ensure all relevant stakeholders consider and respond to the needs of Aboriginal people as part of their core business and not only through specific funded programs 2. Ensure services work together to acknowledge and address the impact of the cultural and social determinants of health 3. Enhance the capacity of the Aboriginal workforce

Action plan

The following actions identify some of the initiatives that will be led by the WA Health system, which includes the DOH and the five Health Service Providers (HSP) detailed in Appendix 2, and the MHC, that are central to achieving the objectives of the Plan. It is important to acknowledge that many of these actions require a collaborative approach across multiple sectors, local government, non-government organisations, businesses and the general community, in order for their successful implementation. Local governments will contribute towards meeting the objectives of this Plan by identifying local actions in their local public health plans that are relevant to the health and wellbeing needs of their local community.

Examples of public health initiatives that are successfully being implemented to support improvements to the health and wellbeing of the WA population by State Government and not for profit organisations, and that align with the objectives of the Plan, are detailed in Appendix 3.

Objective 1: Empowering and enabling people to live healthy lives

	Public health initiatives, projects and programs that support the implementation of Objective 1	Leading agency
1.	Implement recommendations of the Sustainable Health Review as they apply to prevention of chronic disease, injury and mental health.	WA Health / MHC
2.	Promote and support the WA health system and where appropriate, broader public sector implementation of the Health Promotion Strategic Framework 2017-2021.	WA Health
3.	Develop and grow partnerships across government and the not for profit sector to advocate for chronic disease and injury prevention across the State.	WA Health
4.	Continue to invest in high-quality, evidence based State-wide comprehensive health promotion programs to support healthy lifestyle behaviours including the LiveLighter and Make Smoking History campaigns.	WA Health
5.	Engage with the Health Service Providers to support local government public health planning and further strengthen preventive health synergies with the WA Local Government Association.	WA Health
6.	Contribute to discussions and providing advice on State and Commonwealth legislation and regulation to prevent chronic disease and injury and promote healthy living.	WA Health
7.	Implement the initiatives outlined in Suicide Prevention 2020: Together we can save lives.	MHC
8.	Deliver elements of the Western Australian Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018-2025.	MHC
9.	Support the placement of Suicide Prevention Coordinators in each region.	MHC
10.	Deliver 24 hour counselling and support through the Alcohol Drug Support Service.	MHC

	Public health initiatives, projects and programs that support the implementation of Objective 1	Leading agency
11.	Continue to implement State-wide public education campaigns to optimise mental health and wellbeing, and to reduce harmful alcohol and drug use, including the Think Mental Health, Alcohol.Think Again, Drug Aware and Strong Spirit Strong Mind campaigns.	MHC
12.	Provide evidence based information to local governments interested in alcohol management via the Local Government Alcohol Management Project.	MHC
13.	Continue to develop knowledge and skills within the alcohol and other drugs, mental health and broader human services sector to work in culturally secure ways through workforce development initiatives.	MHC
14.	Support development of the Thrive at Work strategy to assist workplaces to mitigate stigma associated with mental health issues and to promote thriving workplaces that support optimal mental health and wellbeing.	MHC
15.	Continue to advocate for and implement strategies to support safer music festivals, night time venues and related events.	MHC
16.	Support implementation of the Alcohol and other Drug Interagency Framework.	MHC

Objective 2: Providing health protection for the community

	Public health initiatives, projects and programs that support the implementation of Objective 2	Leading agency
1.	Support the implementation of the recommendations of the Sustainable Health Review that relate to prevention, community health protection and climate change adaptation.	WA Health
2.	Maintain programs, policies and guidelines to support stakeholders to effectively identify and manage environmental health hazards	WA Health
3.	Continue to coordinate and fund the delivery of the state-wide Aboriginal Environmental Health program.	DOH
4.	Ensure remote communities managed by service providers have a current Community Environmental Health Action Plan.	WA Health
5.	Implement environmental improvements in trachoma at-risk Aboriginal communities including emergency plumbing repairs and safe bathroom checks.	WA Health
6.	Develop online resources to support local government enforcement agencies to enforce the *Public Health Act 2016*.	DOH
7.	Work with government, industry and the public on legislation or guidance materials to manage priority environmental health risk activities in accordance with the *Public Health Act 2016*.	DOH
8.	Support the implementation of the outcomes of the WA Foodborne Illness Reduction Strategy 2018 – 2021+.	DOH
9.	Support the promotion of the Health Star Rating Toolkit across WA to help the community make healthier food choices for packaged products.	WA Health

	Public health initiatives, projects and programs that support the implementation of Objective 2	Leading agency
10.	Continue to fund and coordinate the Contiguous Local Authority Group (CLAG) funding scheme to support local governments to manage insect-borne disease risks of public health significance across WA.	DOH
11.	Support the promotion of the Fight the Bite campaign across WA and by local governments to reduce mosquito borne disease risks.	WA Health
12.	Implement the WA Immunisation Strategy 2016–2020.	WA Health
13.	Publish guidelines and reports for surveillance and investigations of notifiable communicable diseases and hospital acquired infections in WA.	WA Health
14.	Develop online resources that detail opportunities for local government to engage in communicable disease prevention activities.	WA Health
15.	Provide support to local governments in providing needle and syringe program and outreach services that are accessible to Aboriginal people.	WA Health
16.	Resolve legal barriers to vaccination by Aboriginal health workers and train and empower Aboriginal health workers to vaccinate through expansion of the current Immunisation Competency Training Program.	WA Health
17.	Support the Health Service Providers in improving human papillomavirus (HPV) immunisation rates in Aboriginal adolescents.	WA Health
18.	Support the Health Service Providers and other stakeholders in the response to higher rates of sporadic cases and outbreaks of communicable diseases and develop and implement policies to help reduce disease rates.	WA Health
19.	Support local government in providing a needle and syringe program and outreach services.	WA Health
20.	Build the capacity of local government youth workers in promoting sexual health and in improving accessibility and dispensing safe sex hardware.	WA Health
21.	Support the implementation of the Western Australian Sexually Transmissible Infections (STI) Strategy (currently under review) and the Western Australian Aboriginal Sexual Health and Blood-borne Virus Strategy .	WA Health
22.	Continue to coordinate and improve priority programs such as Regional Immunisation, WA Trachoma Program, and State Rheumatic Heart Disease and Acute Rheumatic Fever.	WA Health
23.	Undertake and interpret state-wide surveillance of notifiable communicable diseases and review behavioural studies to inform communicable disease prevention and control policy and activities.	DOH
24.	Provide communicable disease surveillance data and interpretation to support local government public health planning.	WA Health
25.	Support the implementation of the State Oral Health Plan 2016–2020.	WA Health

Objective 3: Improving Aboriginal health and wellbeing

	Public health initiatives, projects and programs that support the implementation of Objective 3	Leading agency
1.	Promote and support the WA health system and public sector-wide implementation of the WA Aboriginal Health and Wellbeing Framework 2015–2030.	WA Health
2.	Implement recommendations of the Sustainable Health Review as they apply to the health and wellbeing of the WA Aboriginal population.	WA Health
3.	Engage with Aboriginal families using strength-based approaches to effect change in behaviours and health outcomes.	WA Health
4.	Work in partnerships across sectors (eg justice, mental health and drug and alcohol) to strengthen and improve the provision of holistic care and support for Aboriginal people.	WA Health
5.	Work closely with Aboriginal community controlled health services, HSPs, WA Primary Health Alliance (WAPHA) and other stakeholders to deliver culturally secure health promotions to encourage positive health behaviours and informed decision making (eg positive mental health, safe sex practices, alcohol and drug use).	WA Health
6.	Work with Aboriginal communities and stakeholders to develop and implement strategies that maximise Aboriginal participation in prevention and early intervention programs.	WA Health
7.	Engage with health and wellbeing organisations to build organisational capacity in their Aboriginal cultural competency.	WA Health
8.	Promote continued development in Aboriginal cultural learning within health and wellbeing stakeholders across WA.	WA Health
9.	Build the Aboriginal workforce within health and wellbeing stakeholders across WA.	WA Health
10.	Establish a formal clinical referral process between primary and secondary health and environmental health service providers.	WA Health
11.	Ensure access is provided to foundational Certificate II level training and education in environmental health for all Department of Health contracted Aboriginal EH Practitioners.	WA Health

Monitoring and reporting

To support the monitoring of the Plan, the individual program areas across the WA Health system and MHC, are responsible for monitoring and reporting progress for their applicable priorities and actions through their existing reporting processes.

Once Part 5 of the Public Health Act is enacted the DOH is required to report annually on the state public health plan in accordance with the requirements of the *Financial Management Act 2006*. The state public health plan is to be reviewed at least annually or as required in accordance with the Public Health Act to ensure it continues to respond to the needs of the WA community, and that the objectives and priorities remain current.

State targets

Consultation identified a desire for aspirational state-wide targets for WA to incorporate in the Plan. However, it is not the intent for the public health planning process to establish targets that may influence the future reporting processes for local governments that may be required under section 22 of the Public Health Act.

Local governments will support and contribute towards meeting any State targets through the adoption of locally based programs, interventions and services that are designed to:

- encourage healthier behaviours
- reduce exposure to risks or
- improve the local environment to make it easier and safer for the community to lead healthier lives.

The work of the many other sectors, not-for-profit organisations, businesses and community members will each contribute to meeting any state-wide targets, and the vision of the Plan, as everyone works together towards a common goal.

Surveillance and data

The DOH regularly collects and analyses a wide range of population health data to:

- describe the health status of the WA community
- identify health disparities of various population sub-groups
- provide geo-spatial distributions of specific health outcomes and determinants
- monitor trends in health status
- evaluate the impact of intervention programs relating to disease and risk factors.

This information helps identify and address critical and emerging health issues, and support policy makers to monitor progress towards the implementation of the Plan. This data includes:

- the WA Health and Wellbeing Surveillance System
- infectious diseases data
- sexual health and blood borne viruses data
- legislative performance data that state and local governments must report on including food safety compliance and general public health administration.

Individual program areas review data at regular intervals to identify disparities and respond to any emerging risks.

Health and wellbeing indicator framework

There can be challenges associated with measuring the prevention of illness, injury and disease. One of the difficulties is to find the appropriate mix of indicators that can validly and reliably reflect progress towards strategic objectives.

It is recognised that health and wellbeing indicators for WA need to be strengthened. While there is strong support from local governments for an indicator-based framework (with some indicators within areas of public health already being established), further work and collaboration is required to refine these.

The Chief Health Officer will work in collaboration with key agencies to define WA indicators for health and wellbeing that may support local governments and the public health planning process.

Glossary

BBV	Blood-borne virus
CAHS	Child and Adolescent Health Service
CHO	Chief Health Officer
DOH	Department of Health
ED	Emergency Department
EMHS	East Metropolitan Health Service
HSP	Health Service Provider
MHC	Mental Health Commission
NMHS	North Metropolitan Health Service
SMHS	South Metropolitan Health Service
STI	Sexually transmitted infections
WACHS	Western Australian Country Health Service
WA Health	Includes the Department of Health and all five Health Service Providers; North, South and East Metropolitan Health Services, the WA Country Health Service, and the Child and Adolescent Health Service.
WHO	World Health Organization

Appendix 1 – Supporting legislation and strategies

Public health legislation in WA

There are numerous public health centric legislative instruments designed to protect the health and wellbeing of Western Australians. They cover issues such as food safety, water quality, injury prevention, controlled substances and tobacco control.

Acts assigned to the Minister for Health include:

a. *Public Health Act 2016*
b. *Health (Miscellaneous Provisions) Act 1911*
c. *Food Act 2008*
d. *Medicines and Poisons Act 2014*
e. *Tobacco Products Control Act 2006*
f. *Health Services Act 2016*
g. *Radiation Safety Act 1975*
h. *Fluoridation of Public Water Supplies Act 1966*

Strategic frameworks

This Plan is designed to complement the existing strategic frameworks designed to protect public health.

Strategies
WA health system
WA Health Strategic Intent 2015–2020 Sustainable Health Review 2019
Aboriginal health
WA Aboriginal Health and Wellbeing Framework 2015–2030
Chronic disease and injury
WA Health Promotion Strategic Framework 2017–2021 Falls Prevention Model of Care 2014 Road safety strategy to reduce road trauma in WA 2008–2020
Disability
WA Disability Health Framework 2015–2025
Environmental health
Environmental Health Strategic Framework 2018–2021
Oral health
State Oral Health Plan 2016–2020
Immunisation
WA Immunisation Strategy 2016–2020
Mental health and alcohol and other drugs
Western Australian Mental Health, Alcohol and Other Drugs Services Plan 2015–2025 Western Australian Methamphetamine Action Plan Suicide Prevention 2020: Together we can save lives Mental Health 2020: Making it personal and everybody's business Disability Access and Inclusion Plan 2017–2021 Western Australian Alcohol and Drug Interagency Strategy 2018–2022 The Western Australian Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018–2025
Sexual health
Sexual Health and Blood-borne Viruses Strategy 2019–2023 WA Hepatitis B Strategy 2019–2023 WA Hepatitis C Strategy 2019–2023 WA Human Immunodeficiency Virus Strategy 2019–2023 WA Aboriginal Sexual Health and Blood-borne Viruses Strategy 2019–2023

Appendix 2 – Public health responsibilities, partnerships and local government support

Roles and responsibility of government in public health

State Government and public health

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

Although the WA Health system is considered to be one of the leading agencies in delivering preventive public health policies and programs for Western Australians, there are a number of other government agencies that also have a responsibility for providing policy direction and services that influence public health outcomes. These include the MHC, the Department of Local Government, Sport and Cultural Industries, the Department of Transport, and the Department of Education.

Some of the key roles of State Government agencies when managing public health are to:

- **establish State-wide laws** governing specific public health risk activities which are enforced either at a State or local government level including legislation related to food handling and hygiene, asbestos management, pesticide safety, contaminated lands, tobacco control, public buildings and water management
- **implement specific preventive health services** for the community such as child injury prevention, communicable disease control, sexual health or immunisation services
- **provide policy advice** to Government and the community on a range of public health related issues
- **manage large infrastructure projects** such as main roads, bicycle networks or entertainment centres and
- **develop and fund State-wide programs and activities** that target specific attitudes, knowledge and health behaviours such as the Livelighter campaign, active transport, Could I have it campaign and Think Mental Health, Alcohol.Think Again and Drug Aware. These programs may include mass media advertising campaigns across the State.

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

Local governments and public health

Local governments are often considered to be 'closest to the people' not only because of the range of services they provide to the community, but also because of the effect that these services may have on community health and wellbeing. Collectively, these services impact on the determinants of health of local residents. These include:

- **infrastructure and property services**, including local roads, bridges, footpaths, drainage, waste collection and management
- provision of **recreation facilities**, such as parks, sports fields and stadiums, golf courses, swimming pools, sport centres, halls, camping grounds and caravan parks
- **health services** such as water and food inspection, immunisation services, toilet facilities, noise control and meat inspection and animal control

- **community services**, such as child-care, aged care and accommodation, community care and welfare services
- **building services**, including inspections, licensing, certification and enforcement
- planning and development approval
- **administration of facilities**, such as airports and aerodromes, ports and marinas, cemeteries, parking facilities and street parking
- **cultural facilities and services**, such as libraries, art galleries and museums and
- **water and sewerage** services in some parts of the state

Partnerships

Local government

Improving public health requires recognition within local governments of exactly what services and assets are delivered and what public health outcomes are being achieved. Ensuring local governments have a better understanding of the public health risks that face their local community means that they can focus efforts and resources on creating communities that support health.

A coordinated effort and partnerships are needed within local governments by making sure staff involved in programs, assets and services that influence public health outcomes are engaged throughout the entire process, including:

- planners
- environmental health officers
- community services
- engineers and
- recreational and community development officers.

It is also important to engage local elected members at key stages of public health planning.

Health Service Provider, Population Health Units

An important relationship that should be established or strengthened by local governments is with the local HSP, Population Health Unit, which will provide a level of support and guidance with the public health planning process on behalf of the WA Health system. This includes the provision of information to support the development of health status reports.

Each HSP is responsible and accountable for the delivery of safe, high quality, efficient and economical health services to their local areas and communities, and can help to facilitate partnerships with not for profit agencies and other groups to support delivery of local services and programs.

Local governments are encouraged to contact their local population health service for support with the public health planning process.

There are five HSPs:

1. North Metropolitan Health Service (NMHS)
2. South Metropolitan Health Service (SMHS)
3. East Metropolitan Health Service (EMHS)
4. WA Country Health Services (WACHS)
5. Child and Adolescent Health Services (CAHS)

Health Service Provider	Email
North Metropolitan Health Service (NMHS)	NMHSHealthPromotion@health.wa.gov.au
South Metropolitan Health Service (SMHS)	southmetropolitanhealthpromotion@health.wa.gov.au
East Metropolitan Health Service (EMHS)	EMHS.HealthPromotion@health.wa.gov.au
WA Country Health Services (WACHS)	South West WACHS-SW.healthpromotion@health.wa.gov.au Pilbara WACHS-PilbaraHealthPromotion@health.wa.gov.au Great Southern GS.healthpromotion@health.wa.gov.au Wheatbelt wheatbelt.phu@health.wa.gov.au Kimberley KPHU.healthpromotioncoordinator@health.wa.gov.au Goldfields kghealth@health.wa.gov.au Mid-west WACHSMidwestCommunicableDiseaseControl@health.wa.gov.au
Child and Adolescent Health Services (CAHS)	CAHSfeedback@health.wa.gov.au

Department of Health (DOH)

The DOH provides a leadership role by setting evidence based policy direction for public health; providing expert information and resources; facilitating access to relevant, quality data; and connecting partners to broader health-promoting networks. The DOH provides leadership and management of the WA health system as a whole, ensuring the delivery of high quality, safe and timely health services to all Western Australians.

Mental Health Commission (MHC)

The MHC strives to establish mental health, alcohol and other drug systems that meet the needs of WA's population and deliver quality outcomes for individuals and their families. The MHC provides and partners in the delivery of prevention, promotion and early intervention programs, treatment, services and supports and research, policy and system improvements.

Not-for-profit agencies and Aboriginal community controlled health organisations

Local governments are encouraged to partner with not-for-profit agencies and Aboriginal community controlled health organisations that support the achievement of priorities and actions that the local government has recognised as important for the local community. The local Health Service Provider can support the identification of key not-for-profit partnerships that may be valuable.

Supporting resources

A range of practical public health initiatives, guidelines and resources for local governments of all sizes are available to support being consistent with the Plan.

Resource	Website
Public Health Planning resources	www.health.wa.gov.au, on the public health planning webpage.
Mental Health and wellbeing, and harmful use of alcohol and illicit drugs	www.mhc.wa.gov.au under reports and resources webpage.
Multicultural resources	www.health.wa.gov.au, on the multicultural resources webpage.

Grants and funding

There are a range of external grants and funding available to support local government to implement health and wellbeing projects that help to improve the health of West Australians.

These include grants offered by:

- Healthway
- Department of Local Government, Sport and Cultural Industries
- Lotterywest.

Other grant opportunities are detailed on the WA government website www.wa.gov.au, as well as by making contact with individual non-government organisations.

Appendix 3 – Public health initiatives

A range of initiatives are successfully being implemented to support improvements to the health and wellbeing of the WA population by State Government and not for profit organisations. These campaigns and programs can be promoted at a local community level.

Public health initiative

LiveLighter campaign livelighter.com.au

LiveLighter is a program developed in WA and funded by the DOH. The program aims to encourage adults to lead healthier lifestyles – to make changes to what they eat and drink, and to be more active.

The program aims to help people understand why they need to take action and what simple changes they can make in order to 'LiveLighter'. While the State Government funds mass media campaigns to promote the program, local governments can access the online tools and resources and help to promote the program at a local community level such as community events or council facilities.

Better health program betterhealthprogram.org

A multicomponent family-based lifestyle program that aims to improve diet and physical activity for the management of obesity in 7-13 year olds.

These fun and interactive programs help children and their families to develop healthy habits and practical skills, improving their physical activity, eating habits and overall health.

Foodbank WA foodbankwa.org.au

A School Breakfast and Nutrition Education Program for primary and secondary schools. Co-funded by the Department of Education and Department of Primary Industries and Regional Development.

School Canteen Association

Training and support to schools for implementation of the Department of Education's 'Healthy Food and Drink Policy'

Healthier Workplace WA healthierworkplacewa.com.au

Support services, tools and resources to assist workplaces to develop programs, policies and practices that support healthy behaviours for employees

Food sensations healthyfoodforall.com.au/food-sensations

Statewide community-based food literacy and food skills development for adults from low to middle income households. The Program covers a range of topics including healthy eating, food budgeting and food preparation and cooking skills.

Don't Drink and Drown royallifesavingwa.com.au/programs/dont-drink-and-drown

Delivered in partnership with Royal Life Saving Society WA, Don't Drink and Drown aims to reduce the number of alcohol related drowning deaths and injuries among 15-24 year olds. A Pilbara-specific subprogram, Don't Drink Grog and Drown, aims to reduce the incidence of alcohol-related drowning deaths and injuries in Aboriginal and non-Aboriginal Western Australians in the Pilbara region.

Keep Watch royallifesavingwa.com.au/programs/keep-watch

Delivered in partnership with Royal Life Saving Society WA, Keep Watch aims to reduce the incidence of toddler (0-4 years) drowning in the community. A number of strategies are used to promote the key messages of active adult supervision, restricting access to water, water familiarisation skills, and learning CPR.

Stay On Your Feet WA® stayonyourfeet.com.au

Delivered in partnership with Injury Matters, Stay On Your Feet WA® aims to reduce falls and falls-related injuries among older adults living in the community and encourages older adults to feel confident in independent living. The Move Improve Remove campaigns focus on a risk factor for falls and promote ways in which older adults can prevent falls.

Child Safety kidsafewa.com.au

Delivered in partnership with Kidsafe WA, the Child Safety program aims to ensure children in WA experience less avoidable injuries through a mix of education, information and child safety campaigns and programs focussing on the home, play and recreational environments. The Playground Advisory Service provides a range of services to help you create and maintain play spaces that support children's development, learning, health and wellbeing while reducing the risk of serious injury.

Know Injury knowinjury.org.au

Delivered in partnership with Injury Matters, Know Injury is a partnership and sector development program that aims to enhance the capacity of practitioners and organisations to deliver evidence informed activities that help prevent injuries in WA. The Know Injury team provides knowledge and skills as well as networking and partnership opportunities, enabling practitioners to deliver evidence informed injury prevention activities.

Make smoking history makesmokinghistory.org.au

The Make Smoking History campaign was established with the goal to reduce smoking in WA. The campaign is an initiative of Cancer Council WA and is jointly funded by the DOH WA, Healthway and Cancer Council WA. Make Smoking History seeks to assist smokers to quit by providing them with information and resources to help plan their quit attempt and influence public opinion and policy on key smoking and health issues and raise awareness of the harms of smoking and the benefits of quitting.

Strong Spirit Strong Mind Metro Project drugaware.com.au

The objectives of the Strong Spirit Strong Mind Metro Project and it's campaign is to raise awareness of the harms associated with Alcohol and Other Drugs (AOD) issues for Aboriginal individuals, families and communities in the Perth Metropolitan area. It aims to prevent and delay the early update of AOD for Aboriginal people aged 12-25 years.

The culturally secure project focuses on encouraging Aboriginal youth to increase their knowledge to choose healthy lifestyles, promote healthy environments and create safer communities.

Think Mental Health thinkmentalhealthwa.com.au

Think Mental Health campaign is a key initiative of the statewide Suicide Prevention 2020: Together we can save lives strategy. The campaign's focus is on building resilience and improving the mental health and wellbeing of the WA community; de-stigmatising mental health issues; and connecting people with the best information, support and services for their particular situation.

Alcohol.Think Again alcoholthinkagain.com.au

The Alcohol.Think Again public education program is part of a comprehensive approach that aims to reduce the level of alcohol-related harm and ill-health in WA. The program uses mass reach social marketing strategies targeting the WA community.

Local government can access the numerous resources to support locally based programs and initiatives.

Act Belong Commit actbelongcommit.org.au

Act-Belong-Commit builds sustainable and meaningful partnerships between like-minded organisations who share a vision for a more mentally healthy WA. Using a structured partnership model involving 270+ partners across Schools, Community, Associates and International organisations, Act-Belong-Commit raise awareness and encourage participation in activities promoting good mental health, strengthen individual resilience, reduce stigma associated with mental illness, and build more mentally healthy communities.

Drug Aware drugaware.com.au

Drug Aware is a program that targets young people with factual, credible and accurate messages about illicit drug use.

The campaign uses mass reach social marketing strategies with the aim of preventing young people from using illicit drugs as well as encouraging those who have tried, or regularly use illicit drugs to stop using.

Yarning Quiet Ways letsyarn.health.wa.gov.au

This resources supports Aboriginal mums, dads and carers yarn about how to help kids learn about strong, safe and healthy relationships. The resource helps to talk to kids about being the boss of their bodies, changes to their bodies, saying 'n', safer sex, teenage pregnancy, protecting themselves online, and respectful relationships.

Fight the Bite healthywa.wa.gov.au/fightthebite

Fight the Bite is a campaign that aims to promote awareness of mosquito-borne diseases and simple measures individuals can undertake to avoid being bitten.

The Department of Health has produced a suite of resources for Local Government to promote the Fight the Bite message at a local community level.

Safe bathroom checks health.wa.gov.au/Articles/S_T/Safe-Bathroom-Checks

Safe Bathroom Checks is an initiative that determines the effectiveness of bathroom plumbing (health hardware) and whether bathroom facilities in Aboriginal communities are safe for people to wash in. The initiative supports the SAFE approach to reducing the incidence of trachoma, which considers surgery (S), antibiotics (A), facial cleanliness (F) and environmental health (E).

Get the Facts getthefacts.health.wa.gov.au

The Get the Facts website aims to provide accurate and reliable information on sexual health, blood-borne viruses and relationships for young people in Western Australia.

Could I have it? couldihaveit.com.au

Could I Have It? is a campaign website designed for young people aged 15 to 35.

This document can be made available in alternative formats on request for a person with disability.

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