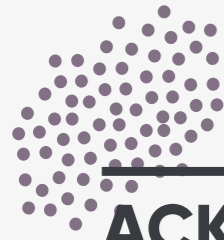




2018 - 2022

PUBLIC HEALTH PLAN





ACKNOWLEDGEMENT OF TRADITIONAL OWNERS

THE CITY OF ALBANY RESPECTFULLY ACKNOWLEDGES THE MENANG NOONGAR PEOPLE AS THE TRADITIONAL CUSTODIANS OF THE LAND ON WHICH THE CITY CONDUCTS ITS BUSINESS, AND PAYS RESPECT TO ELDERS PAST AND PRESENT.

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INTRODUCTION

The City of Albany's Public Health Plan 2018-2022 is a five year strategic plan providing a framework to improve the health and wellbeing of the Albany community.

This local plan builds on and expands the City's efforts to support community health and wellbeing, and identifies strategies to reduce public health risks and address some of the biggest health issues affecting our community such as chronic disease and poor lifestyle habits.

It has a prevention focus that goes beyond encouraging individuals to change their attitudes and lifestyles, and focuses on creating environments in which people live and work that support healthy living, wellbeing and quality of life from birth to death.

The Plan supports the City of Albany's vision "to be Western Australia's most sought after and unique regional City to work, live, and visit",ⁱ acknowledging that the prosperity and wellbeing of the City, its communities, and residents, is influenced by its liveability.

The essential ingredients for a liveable community include affordable and diverse housing, convenient public transport, walking and cycling infrastructure, access to education and employment, public open space, local shops, health and community services, leisure and cultural opportunities.ⁱⁱ

These livability elements are often referred to as social determinants of health; the underlying conditions that support health and wellbeing in individuals, build communities and support a sustainable society.ⁱⁱⁱ The distribution and access to these ingredients across the community are an important influencer of health outcomes and life expectancy.

Creating a liveable and equitable community and addressing our community's health issues requires a collaborative, whole-of-community effort.

Where relevant, the City will partner with other government agencies, service providers, local organisations, non-government agencies and the community to advocate for and address existing and emerging public health risks.

CITY OF ALBANY

COMMUNITY STRATEGIC PLAN 2030

THEME 4: COMMUNITY HEALTH & PARTICIPATION

THEME 5: A CONNECTED & SAFE BUILT ENVIRONMENT

CITY OF ALBANY

PUBLIC HEALTH PLAN 2018-2022

OUTCOME AREA 1: HEALTHY, ACTIVE LIFESTYLES

OUTCOME AREA 2: SOCIALLY CONNECTED & EMPOWERED

OUTCOME AREA 3: SAFE & PREPARED

CITY OF ALBANY

INFORMING STRATEGIES & PLANS

AGE FRIENDLY ALBANY STRATEGY

COASTAL PARKS ENHANCEMENT PLAN

COMMUNITY ACCESS & INCLUSION PLAN

CONNECTED COMMUNITIES STRATEGY

CYCLE CITY STRATEGY

LOCAL RECOVERY PLAN

LOCAL EMERGENCY MANAGEMENT COMMITTEE

LOCAL PLANNING STRATEGY

NATURAL RESERVES STRATEGY

PEOPLE STRATEGY

STRATEGIC BUSHFIRE PLAN

TRAILS HUB STRATEGY

URBAN TREE STRATEGY

YOUTH FRIENDLY STRATEGY





BACKGROUND TO THE UPDATED PLAN

In June 2016, the City released its first Public Health Plan 2016–2020. Since then, key state and local actions have occurred which have an important influence on the Plan and prompted the need for an interim review:

- In 2016, the City began a three year partnership with WA Country Health Service Great Southern Population Health to develop and deliver the Healthy Albany project, which aimed to build the City’s health promotion capacity and culture so as to increase the reach of preventative health efforts in Albany.
- In 2016, the State Public Health Act 2016 was enacted, and the State Interim Public Health Plan was released.
- In 2017, the Department of Health released its Public Health Planning Guide for Local Government.
- From early 2018, the Healthy Albany project and its governance structure began transitioning to a City of Albany Public Health Plan focus.

The review was an opportunity for the City to align this Plan with the State Interim Public Health Plan, and further the preventative health capacity-building work initiated by the Healthy Albany partnership.

THIS UPDATED PLAN STRENGTHENS THE CITY’S FOCUS ON:

- Inequalities in health and wellbeing and the determinants that contribute to health inequity;
- Improving health, wellbeing, and quality of life across the life course (from birth to death); and
- Collaboration and partnerships to achieve a whole-of-system response to our community’s health challenges.

THE UPDATED PLAN HAS BEEN INFORMED AND DEVELOPED USING THE FOLLOWING SOURCES:

- Comparative analysis of the State Interim Public Health Plan, City of Albany Public Health Plan 2016–2020, the City of Albany 2030 Community Strategic Plan, and the City’s Healthy Albany project plan.
- Current Local Government Area (LGA) public health and wellbeing data.
- Feedback collated from community and stakeholder consultation on health and livability priorities via the City’s Community Strategic Plan consultation in 2017, and the City’s Public Health Plan consultation in 2015.
- Consultation with the Healthy Albany Project Steering Committee, Healthy Albany Working Group and City service teams.



OUR ROLE IN PUBLIC HEALTH & WELLBEING

Public health is the art and science of promoting and protecting good health, preventing disease, disability, and premature death, restoring health when it is impaired, and maximising the quality of life when health cannot be restored.^{iv}

Local governments are often considered to be ‘closest to the people’ not only because of the range of services they provide for the community, but also because of the effect of these services on community health and wellbeing.^v Collectively, these services impact (directly or indirectly) on the health of residents.

WA local governments also have statutory responsibility for public health protection under the Public Health Act 2016, Health (Miscellaneous Provisions) Act 1911 (previously known as the Health Act 1911), Environmental Protection (Noise) Regulations 1997, Food Act 2008, the Tobacco Products Control Act 2006, and a range of subsidiary legislation, by regulating environmental health matters.

These laws place specific obligations on local governments to administer and enforce them.^v

In addition to the more traditional environmental health roles, local government are now required by the Public Health Act 2016, to initiate a range of other activities, programmes, assets and services, intended to protect and promote the health of communities on behalf of their ratepayers, such as urban planning, parks and facilities, transport, social support and community inclusiveness and participation.^v

This new direction in planning for health calls for a more integrated approach to the provision of facilities, programmes and services to address not only environmental health, but chronic disease, mental health issues, communicable diseases and other issues common in our communities.^{vi}

ONGOING ACTIVITY

The City of Albany understands its important role in creating and influencing environments that support healthy living, wellbeing and quality of life at a local level. There are a number of services and initiatives that the City of Albany currently undertakes as part of its core business, including:

- **infrastructure and property services**, including local roads, bridges, footpaths, drainage, waste collection and management;
- **provision of recreation facilities and spaces**, such as parks, natural reserves, trails, sports fields and stadiums, swimming pools, sport centres, halls, camping grounds and caravan parks;
- **environmental health services** to prevent and control environmental health hazards, emissions, and communicable diseases (i.e. tobacco control, water and food safety, noise and air pollution control, mosquito control);
- **community programs and events** including youth development, access and inclusion, and volunteering;
- **building services**, including inspections, licensing, certification and enforcement;
- **planning and development** approvals;
- **administration of facilities**, such as airports and aerodromes, ports and marinas, cemeteries, parking facilities, child-care, and street parking;
- **cultural facilities and services**, such as libraries, art galleries and museums;
- **waste management** and sewerage services; and
- **ranger and emergency services** including animal control and fire management.



ACHIEVEMENTS FROM CITY OF ALBANY PUBLIC HEALTH PLAN

(JULY 2016 - JUNE 2018)

Highlights from the first two years of the City's Public Health Plan are shown below and full details are provided at Appendix A.

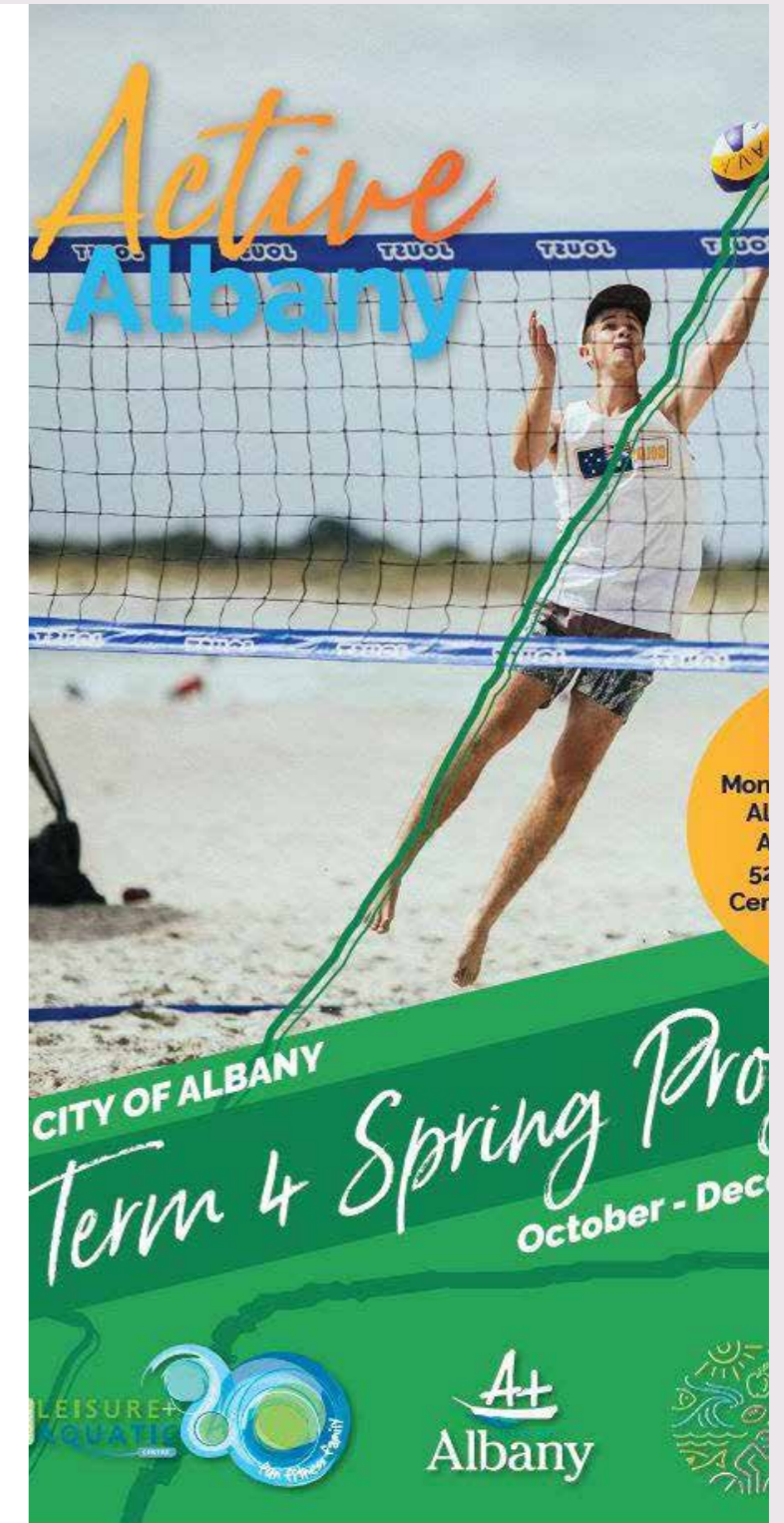
ACTIVE ALBANY PROGRAM



Active Albany was developed as a pilot in 2018 to offer free or low cost community based fitness, health or sport workshops and programs at the Albany Leisure & Aquatic Centre and other City facilities.

Since then it has expanded to become a unique and innovative annual program offering a range of diverse and affordable sport and recreational activities, competitions, groups and workshops designed to help community members become more active and healthy on a daily basis.

Key to the program's success is the support from Active Albany partners, volunteers and activity leaders who are qualified, experienced individuals who would like to give back to the community.



MAGICAL PARKS



The Magical Parks Challenge was trialled by the City of Albany during National Parks Week in March 2017.

Four of the City's parks were transformed into digital fantasy playgrounds using the Magical Park Challenge app, combining the great outdoors with mobile gaming.

The parks became blended virtual worlds that kept children and parents engaged and entertained for hours. While exploring the parks, the app provided a range of virtual games and encounters with fairies and unicorns, giants, frightening dinosaurs, and alien-eating monsters.

Based on the positive engagement and feedback from the trial, the Magical Parks Project was extended for an extra year, applying the Magical Park app to a different City of Albany park every month.



TRAVEL SMART PROGRAM



The Albany TravelSmart to School (Your Move) Program encourages safe, active transport among Albany's school communities.

The City of Albany's TravelSmart Officer worked with local schools to plan and implement programs to encourage their students and staff to walk or ride to work and school. Approximately 250 school children participated in the program which also promoted the benefits of active transport for children's health and the environment.

The Bike Skills Sessions and All Abilities Park Ride was delivered as part of the City of Albany's School Holiday Program for children (over 100 children participated during 2016/2017 school holidays), aimed at encouraging children to ride their bikes to the park and to develop bike safety and skills.



HEALTHY ALBANY



From 2016, this three year partnership project with the WA Country Health Service Great Southern has worked to build on and create policies and processes within the City that enables a "health in all" approach to the planning and delivery of its services and operations.

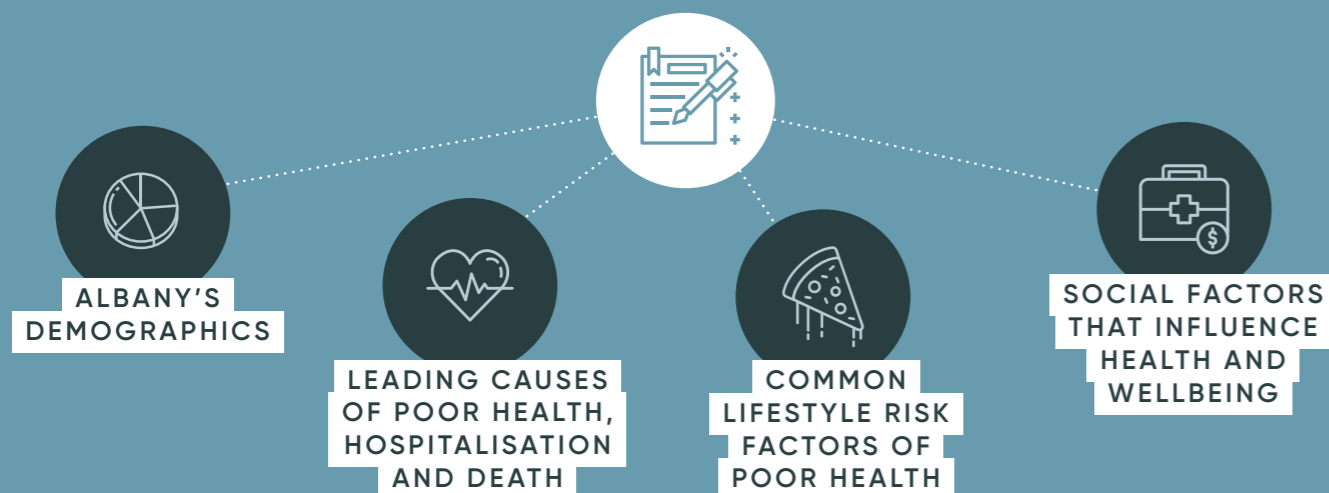
Healthy Albany has undertaken a range of activities to build the City's health promotion culture and capacity, including, but not limited to:

- **The City Healthy Catering Policy & Guideline:** Based on the recommendations of the Australian Dietary Guidelines, resources and training were developed and implemented to ensure that City of Albany staff select and provide healthier food and drink choices for themselves, visitors and the community at the City's internal and external meetings, functions, and events.
- **Healthy Events:** Implemented at the City's 2016/2017 and 2017/2018 summer community events, this project supported food and drink vendors to increase the supply and promotion of healthy menu choices to event patrons, and stimulate community expectations of healthier choices at future events.
- **City of Albany Smoke-free Outdoors Policy:** Developed in partnership with the Recreation Services team and sporting clubs, the policy seeks to protect the community, in particular children, young people and families, from the harmful effects of second-hand smoke, in the outdoor areas of specified City owned and managed public facilities. Implementation of the Policy will begin with the Centennial Park Sporting Precinct.



ALBANY'S HEALTH & WELLBEING PROFILE

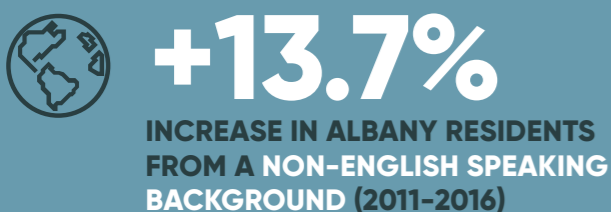
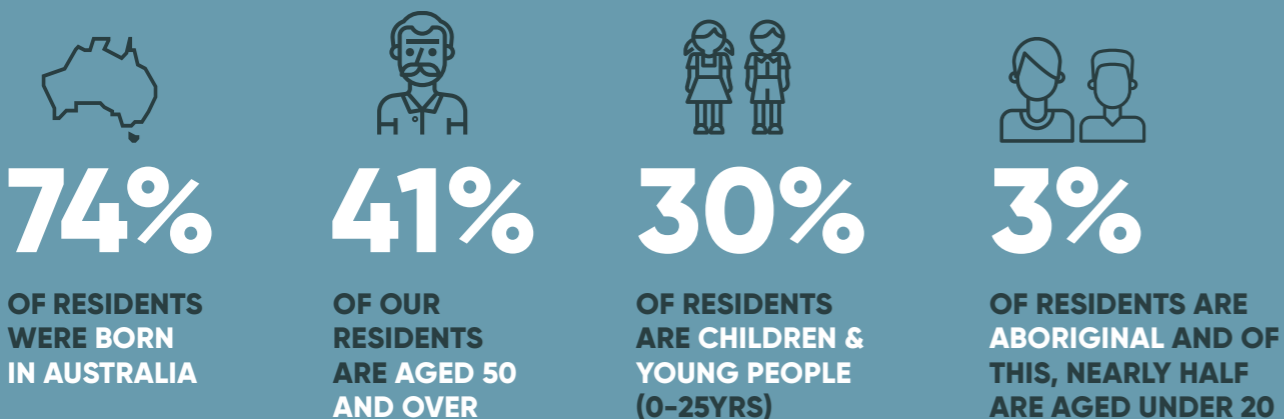
To create a full picture of the health and wellbeing of Albany the City has considered the following:



ALBANY'S DEMOGRAPHICS

In 2016, the Albany LGA total population was 36,583. Key demographic data is shown below and further details are available at Appendix B.

Notably, Albany has a significantly higher percentage of seniors and frail-aged people than the Regional WA average.



KEY CAUSES AND RATES OF HOSPITALISATION, DEATH, AND DISEASE

Many hospitalisations result from conditions which could potentially be avoided with preventative care and early disease management.

For the period 2011-2015 in the Albany LGA:

- Potentially preventable hospitalisations accounted for 6.5% of all hospitalisations of Albany residents.^{vii}
- Urinary tract infections, dental conditions, chronic obstructive pulmonary disease (COPD), and cellulitis (skin infection) were the top four causes of preventable hospitalisations.
- Rates of cellulitis and asthma were higher compared to the State average.
- Ischaemic heart disease, COPD, prostate cancer and breast cancer were leading causes of avoidable deaths. Smoking, physical inactivity, overweight, excess alcohol use and poor diet are modifiable risk factors for these conditions.
- Suicide and self-inflicted injuries were the fifth leading cause of avoidable death.
- The rate of male hospitalisations due to transport accidents (10.0%) was significantly greater than the State rate (7.8%).^{viii}
- Rates for vector-borne disease (caused by mosquitoes, fleas and ticks) were significantly higher than the State rate.



COMMON LIFESTYLE RISK FACTORS

The prevalence of lifestyle risk factors in our community are important due to their relationship with chronic conditions that are considered to be preventable.

The tables below present the current, self-reported data on lifestyle risk factors in the Albany LGA, many of which contribute to preventable deaths and hospitalisations.

Risk factors/behaviours (people aged 16 years & over, 2016)	Prevalence Estimate	Prevalence Estimate
	Albany LGA	WA
EATS LESS THAN 2 SERVES OF FRUIT DAILY	48.9%	52.5%
EATS LESS THAN 5 SERVES OF VEGETABLES DAILY	92.3%	89.4%
DRINKS ALCOHOL AT HIGH RISK LEVELS FOR LONG-TERM HARM	17.0%	27.4%
SPENDS 21+ HOURS PER WEEK IN SEDENTARY LEISURE TIME	41.6%	35.3%
LESS THAN 150MINS OF PHYSICAL ACTIVITY PER WEEK	44.0%	36.5%
OVERWEIGHT	34.4%	37.3%
OBESE	41.7%	28.4%
EATS FAST FOOD AT LEAST WEEKLY	38.1%	33.1%
ARTHRITIS	26.9%	20.1%
INJURY (IN PAST 12 MONTHS REQUIRING TREATMENT BY HEALTH PROFESSIONAL)	19.0%	23.0%
MENTAL HEALTH PROBLEM**	24.1%	15.9%

SOURCE: EPIDEMIOLOGY BRANCH, 2018, ALBANY (C) LGA HEALTH PROFILE, 2016, HWSS, WA DEPARTMENT OF HEALTH: PERTH.

**DIAGNOSED BY A DOCTOR WITH A STRESS RELATED PROBLEM, DEPRESSION, ANXIETY OR ANY OTHER MENTAL HEALTH PROBLEM IN THE LAST 12 MONTHS

While lifestyle risk factor information is not readily available for City of Albany's Aboriginal residents, it should be noted that:

- For the State, 39 per cent of Aboriginal people were obese and 67 per cent were overweight or obese in 2012-13.^{ix}
- In 2014-15, 38 per cent of Aboriginal people in WA aged 18 years and over reported high or very high levels of psychological stress which is significantly more than the State prevalence of 7.6 per cent.^{ix}

Risk factors/behaviours (Children aged 5- 15 years, 2016)	Prevalence Estimate Albany LGA	Prevalence Estimate WA
OVERWEIGHT	14.0%	15.6%
OBESE	7.6%	6.3%
EATS 2 OR MORE SERVES OF FRUIT PER DAY	72.6%	66.1%
EATS 5 OR MORE SERVES OF VEGETABLES PER DAY	9.8%	7.4%
NEVER EATS FAST FOOD (1-15 YEARS)	25.2%	23.7%
SUFFICIENT PHYSICAL ACTIVITY PER DAY*	39.9%	43.7%
BEEN BULLIED IN PAST 12 MONTHS (5 - 15 YEARS)	39.2%	33.2%
POOR FAMILY FUNCTIONING	13.3%	11.5%
NEITHER PARENT SMOKED DURING PREGNANCY	73.2%	77.7%
CHILD NEEDED PROFESSIONAL HELP WITH SPEECH	29.3%	18.7%

SOURCE: EPIDEMIOLOGY BRANCH (2018). ALBANY (C) CHILD HEALTH PROFILE, 2016, HWSS, WA DEPARTMENT OF HEALTH: PERTH
*60 MINUTES MODERATE TO VIGOROUS PHYSICAL ACTIVITY PER DAY AS PER 2014 AUSTRALIAN PHYSICAL ACTIVITY & SEDENTARY BEHAVIOUR GUIDELINES.

In addition to the risk factors for children cited in the table above:

- In the Great Southern, Aboriginal women are more likely than non-Aboriginal women to be teenage mothers, to smoke during pregnancy and to have a low birth weight baby, suggesting the need for targeted and culturally appropriate health promotion strategies and antenatal services for these women.^x
- Almost one quarter (22.3%) of children in the City of Albany were classified as developmentally at risk or developmentally vulnerable.



SOCIAL DETERMINANTS OF HEALTH AND WELLBEING

Understanding our community's health and wellbeing requires more than an understanding of the health status of our residents and the diseases, conditions, and risk factors that contribute the most to deaths and hospitalisations.^{xi}

Differences in health status generally follow a social gradient in which a person's overall health tends to improve at each step up the economic and social hierarchy.^{xi}

The determinants of health include the social and economic environment, the physical environment and individual characteristics and behaviours. Examples include: early childhood experiences,

education, employment, income, social and economic status, housing and geography, social support networks, access and use of health services and the quality of air, soil and water.^{xii}

These determinants can also be viewed as protective factors, and an individual's access to these factors can reduce the likelihood of them suffering from poor health or injury and/or enhance their response to it.

For example, for Aboriginal people, connection to land, family, ancestry, culture and spirituality are protective factors that can provide a source of strength, resilience and empowerment.^{xiii}

Key social determinants of health in the Albany LGA 2016:

23.4% OF CHILDREN (16 & UNDER) LIVE IN LOW INCOME, WELFARE DEPENDENT FAMILIES

53% OF FEMALES AGED 15 YEARS AND OVER PARTICIPATE IN THE LABOUR FORCE (COMPARED TO 60.3% OF MALES)

21.6% OF CHILDREN LIVE IN FAMILIES WHOSE MOTHER HAS LOW EDUCATIONAL ATTAINMENT

24.1% OF PEOPLE UNDERTAKE UNPAID VOLUNTARY WORK FOR AN ORGANISATION OR GROUP

21.1% OF HOUSEHOLDS HAVE LOW INCOME (\$650 PER WEEK OR LESS)

40.5% OF RESIDENTS HAVE COMPLETED YEAR 12 OR EQUIVALENT

32.3% OF LOW INCOME HOUSEHOLDS EXPERIENCE RENTAL STRESS

18% OF PRIVATE DWELLINGS HAVE NO INTERNET CONNECTION

11.1% OF LOW INCOME HOUSEHOLDS EXPERIENCE MORTGAGE STRESS

In Australia, the Index of Relative Socioeconomic Disadvantage (IRSD) ranks Australian geographic areas according to their socio-economic characteristics, using indicators of disadvantage such as low income, high unemployment and low levels of education.

Relative disadvantage is associated with a low number, and scores are standardised so that the average for Australia is always close to 1,000.

In 2016, the IRSD for the City of Albany LGA was 989, which was ranked 306th (57th percentile) in Australia and 61st (45th percentile) in Western Australia.^{xiv}

Within the City of Albany there are areas with varying levels of disadvantage. Suburbs falling below the City of Albany IRSD include: Lockyer-Gledhow, Milpara-Orana, Spencer Park-Collingwood Heights, Yakamia, and Centennial Park.

Further data relating to social determinants of health in the Albany LGA are presented in the tables at Appendix D.



STAKEHOLDER CONSULTATION AND FEEDBACK

2017 COMMUNITY PERCEPTIONS SURVEY

As part of the annual community perception survey to inform the City's Community Strategic Plan 2030, community members were asked, "Overall, what would you mostly like the City of Albany to focus on improving?"

TOP TEN

The list below shows the top 10 community health and wellbeing-related themes from survey responses (ranked by number of responses received per theme).

- | | |
|---|---|
| 1 ACTIVE TRANSPORT AND TRANSPORT ACCESS | 6 COMMUNITY SUPPORT AND INCLUSIVENESS |
| 2 EMPLOYMENT AND EDUCATION OPPORTUNITIES | 7 COMMUNITY SECURITY, COHESION AND VIBRANCY |
| 3 ACTIVITIES, SUPPORT AND SERVICES FOR YOUNG PEOPLE AND FAMILIES | 8 AFFORDABLE HOUSING AND HOMELESSNESS |
| 4 RECREATION AND PHYSICAL ACTIVITY | 9 DRUG AND ALCOHOL ISSUES |
| 5 ACCESS TO HEALTH SERVICES/SPECIALISTS | 10 ACTIVITIES, SUPPORT AND SERVICES FOR OLDER PEOPLE |



OVERALL, WHAT WOULD YOU MOSTLY LIKE THE CITY OF ALBANY TO FOCUS ON IMPROVING?

MOST COMMON OVERALL THEMES FROM SURVEY AND ENGAGEMENT FORUMS:

- IMPROVED AMENITIES FOR PUBLIC OPEN SPACE
- IMPROVED PUBLIC TRANSPORT
- IMPROVED HEALTH AND WELLBEING
- NATURAL ASSET DEVELOPMENT
- IMPROVED ROADS AND FOOTPATHS
- OUTDOOR RECREATION

CITY OF ALBANY PUBLIC HEALTH PLAN 2016-2020 CONSULTATION

The independent consultant who developed the initial Plan on behalf of the City consulted with 165 adults, 25 young people, 70 staff members and 22 external agencies within Albany.

This consultation identified six locally significant public health issues:

- 1** HEALTHY NUTRITION AND EASY ACCESS TO HEALTHY FOODS
- 2** GETTING PEOPLE MORE ACTIVE MORE OFTEN
- 3** PROMOTING MENTAL HEALTH AND SOCIAL CONNECTIONS
- 4** REDUCING ALCOHOL RELATED HARM
- 5** ADDRESSING SERVICE PROVISION AND ACTIVITIES FOR AN AGEING POPULATION
- 6** ENVIRONMENTAL HEALTH PROTECTION

Working within the context of the City strategies, State legislation and guidance, the existing evidence and consultation feedback, opportunities to strengthen the Plan were identified and an updated CoA Public Health Plan Strategic Framework was developed.





2018-2022 CITY OF ALBANY PUBLIC HEALTH PLAN

STRATEGIC FRAMEWORK

OUTCOME AREAS



PRIORITY RISK FACTORS



CITY OF ALBANY ROLE

- Planning & delivery
- Leadership & policy
- Knowledge building
- Partnerships

PRIORITY POPULATIONS

- Aboriginal people
- Children & young people
- Older people
- People from culturally & linguistically diverse backgrounds
- People with a disability
- People with socio-economic disadvantage

GOVERNANCE



OUR PUBLIC HEALTH PLAN STRATEGIC FRAMEWORK



PUBLIC HEALTH PLAN OUTCOME AREAS

Three overarching outcome areas have been created to capture the breadth of the City's work and influence in community health and wellbeing and be relevant for the duration of the Plan. They reflect the vision the City has for the health and wellbeing of its residents.



HEALTHY, ACTIVE LIFESTYLES

Reduced levels of physical activity, an increasingly sedentary lifestyle and a reliance on cars for transport all combine to add to the burden of overweight and obesity, chronic disease and other physical and mental health issues.

Our vision is for our residents to have good physical health and be able to make healthy, active lifestyle choices.

As a local government we can support this by making it easier for people to be physically active and make healthy lifestyle choices throughout their lives via:

- **Active living:** Encouraging interaction with Albany's parks and open spaces, participation in sport and recreation, and use of active transport.
- **Healthy eating and drinking:** Promoting a healthy, sustainable and safe diet consistent with the Australian Dietary Guidelines and supporting local healthy food systems and settings.



SOCIALLY CONNECTED AND EMPOWERED

Community connectedness involves areas of life such as relationships and friendship, networks, self-esteem and day to day support networks. The connections we have with our community enrich our lives.

They are likely to provide us with a sense of belonging, a purpose, an identity, a support network and many opportunities to learn. We build our connections to community over a life time and we may belong to several communities i.e. our local community, our work community, our school community or our church community.

Our vision is for our residents to be socially engaged and able to be involved in and contribute to community life. We can make it easier for people to do this by enabling:

- **Community participation:** Providing and promoting opportunities for Albany residents of all ages, backgrounds, and circumstances to connect, learn, reflect, create, and celebrate.
- **Equitable access to resources:** Addressing inequality and disadvantage in Albany, by working towards equal access to early childhood and parenting support, community information, and affordable transport and housing, for all Albany residents.



SAFE & PREPARED

Perceptions of community safety, whether they are real or perceived, impact on the way people feel and interact in their community.

Several factors contribute to the safety of a community, whether it be the environment in which we live, the rates of crime and injury, or the risk of natural disaster or major public emergencies.

Communities can reduce the mental, physical and environmental impacts of these factors or better recover from disaster, crime, and injury, by working together to be prepared and understand individual responsibilities.

Our vision for this outcome area is for our residents to be protected from environmental risks and live free from violence and injury. We will support this via our work in the following areas:

- **Environmental health protection:** Management and control of the safety and quality of our natural and built environments (i.e. air and water quality, food safety, soil contamination).
- **Crime and injury prevention:** Working with the community partners to address and promote community safety.
- **Emergency management:** Identifying risk of, planning for, and responding to extreme weather events (bushfires, drought, flood, heatwaves) and other public emergencies.

PRIORITY RISK FACTORS

Priority risk factors are those that are the most significant cause of poor health and wellbeing; are the most amendable to preventative action; and cause the greatest health inequalities across our community.



PHYSICAL INACTIVITY

Physical inactivity is a modifiable risk factor for the top three avoidable causes of death in the Albany LGA.

The World Health Organisation (WHO) attributes current levels of physical inactivity to increasing sedentariness of domestic and occupational activities, insufficient leisure-time physical activity, increasing use of passive modes of transport, and increased urbanisation.^{xv}

Regular physical activity is an important factor in maintain a healthy weight and preventing and managing chronic illnesses such as type 2 diabetes and cardiovascular disease.^{xvi} The Australian Physical Activity & Sedentary Behaviour Guidelines recommend at least 150 minutes of moderate physical activity per week for adults and at least 60 minutes of moderate to vigorous physical activity per day for children (5 – 17 years).^{xvii}



DIET

Poor diet is a modifiable risk factor for the top four avoidable causes of death in the Albany LGA and also impacts oral health.

Diet has an important effect on health and can influence the risk of various diseases and conditions, including overweight and obesity, coronary heart disease, type 2 diabetes, stroke and some forms of cancer.

Healthy eating at each life stage affects subsequent stages in a cumulative way and is fundamental for healthy ageing and protects against disease.^{xviii}

The Australian Dietary Guidelines recommend people eat at least 5 serves of vegetables and two serves of fruit every day, drink plenty of water, and limiting the intake of food and drinks containing saturated fats, added salt, added sugar and alcohol.



MENTAL HEALTH

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act, how we handle stress, relate to others, and make choices.

Mental health is important to overall health and wellbeing at every stage of life, from childhood and adolescence through adulthood, and is shaped by various social, economic and physical environments and experiences.

Mental health issues may be temporary and present in response to a particular life event, such as a death, a relationship breakup or job loss. For people with a diagnosed mental health condition, they may experience symptoms that appear for a period of time, go away and then reappear at another point in time. Some people experience enduring and ongoing mental health issues that affect their everyday lives.



ALCOHOL CONSUMPTION

Alcohol consumption is a modifiable risk factor for the top four avoidable causes of death in the Albany LGA.

Excessive alcohol consumption increases the risk of some health conditions, including coronary heart disease, stroke, blood pressure, liver and pancreatic disease. It also increases the risk of accidents and mental illness. Nationally, one in three domestic violence incidents involve alcohol.^{xx}



SMOKING

Smoking is a modifiable risk factor for the top four avoidable causes of death in the Albany LGA. It increases the risk of developing a number of health conditions, including respiratory disease, coronary heart disease, stroke and several cancers.^{xxi}

Being exposed to second-hand tobacco smoke can also increase the risk of cardiovascular disease, lung cancer and other lung diseases and worsen the effects of other illnesses such as asthma and bronchitis in adults. It is particularly dangerous for children and young people as they have smaller airways and immune systems.



ENVIRONMENTAL SAFETY AND QUALITY

The environmental conditions in which we live and work affects physical health (e.g. respiratory problems due to air pollution) and mental wellbeing (e.g. poor mental health associated with drought conditions). There are also natural and modified features of the environment (such as green space and water fluoridation) which benefit health.^{xxii}

Most Australians have access to clean drinking water, safe food products, and effective waste collection and sanitation. However, factors such as population growth, extreme weather events and climate change place increasing pressure on Australia's natural environment, which can, in turn, adversely affect the health of its population.^{xxiii}



INJURY

Injury is a major contributor to death, disease and permanent disability in Australia: almost half a million people are hospitalised and 12,000 people die each year as result of injury. Most injuries requiring hospitalisation are the result of falls and transport accidents, and most deaths from injuries occur as a result of falls and suicide.^{xxiv}

People with a prior injury have significantly more health service use (hospital admissions and physician claims) than the general population. Post-traumatic stress disorder and major depressive disorders are the most frequently diagnosed health conditions following post-injury trauma.^{xxv}



EQUITABLE ACCESS TO SOCIO-ECONOMIC RESOURCES

According to WHO, the social conditions in which people are born, live and work is the single most important determinant of good health or ill health. This includes factors such as education, employment, income, early childhood development, social exclusion, social support, housing, and transport.

There is clear evidence that health and illness are not distributed equally within the Australian population. Variations in health status generally follow a gradient, with overall health tending to improve with improvements in socioeconomic position.^{xxvi}

PRIORITY POPULATIONS

ABORIGINAL PEOPLE

Nationally and State-wide Aboriginal people are more likely to have poorer health and experience chronic disease than non-Aboriginal people, due to socio-economic disadvantage and isolation.

To many Aboriginal people, health is about getting a balance between physical, mental, emotional, cultural, community and spiritual health.

CHILDREN & YOUNG PEOPLE

People aged 0 - 24 years make up 29.9% of the Albany LGA population. Good health during childhood and adolescence lays the foundations for a healthy adult life. Investment in the early years is widely recognised as the most effective life stage for long term health and wellbeing outcomes.

Adolescence is also a critical transition period which brings many significant life experiences and decision-making opportunities: education, employment, relationships, housing, legal age for driving, and alcohol consumption. It is often the stage when decisions about risky behaviours are made or positive habits are established.^{xxvii}

OLDER PEOPLE

People aged 50 years and over make up 41.0% of the total Albany population. Being healthy and active throughout life will assist people to be healthy and independent as they age (i.e. continuing to participate and contribute, socially and economically to their communities).^{xxvii}

It is important to provide and advocate for services, programs, events and activities that enable older people to stay active in their communities and show that they are valued, supported and celebrated within our community.

PEOPLE WHO ARE SOCIO-ECONOMICALLY DISADVANTAGED

Inequities in social determinants such as education, employment, gender, housing and early development can lead to health inequity, higher rates of avoidable disease, and reduced life expectancy.

Within the City of Albany there are areas with varying levels of disadvantage. The City's Plan will focus on those populations that experience significant health inequity.

PEOPLE WITH A DISABILITY

Within the Albany LGA 5.7% of the area's population have a disability, which is more than the Regional WA average of 3.8%.

The rate of disability increases markedly with age. People with a disability have lower rates of employment and experience higher rates of discrimination and social exclusion, particularly young people with a disability.^{xxviii}

PEOPLE FROM CULTURALLY & LINGUISTICALLY DIVERSE BACKGROUNDS

From 2011 to 2016, the number of Albany residents who were born overseas increased by 9.0%, and residents from a non-English speaking background increased by 13.7%.

Migrants generally face more difficulties coming into an unfamiliar place due to less connections and little knowledge of services and processes.

CITY OF ALBANY ROLES

There are four key roles that the City has in the implementation of this Plan, which will vary in relation to specific strategies:

PLANNING & DELIVERY:

The City plans for and provides specific services and programs, facilities, assets, and infrastructure as part of its strategic plan and core business

KNOWLEDGE BUILDING:




The City provides information on, or referral to, community services, opportunities, events, activities and places.

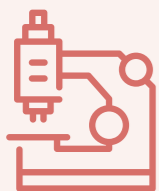
LEADERSHIP & POLICY:

The City provides health leadership within the public health sector and the community by using its policies and expertise to support and influence community health and wellbeing. It also advocates to other agencies on community health issues that need specific funding or attention beyond local government.

PARTNERSHIPS:

Many types of partnerships (financial and non-financial) are important for the City to effectively undertake its roles above. The City will collaborate with the local community, key stakeholders and internally to promote and develop initiatives for maximum collective health and wellbeing impact.

ALIGNMENT OF CITY OF ALBANY & STATE PUBLIC HEALTH PLANS		WA STATE PUBLIC HEALTH PLAN		
		Empowering & enabling people to make healthy lifestyle choices	Providing health protection for the community	Improving Aboriginal health
CITY OF ALBANY PUBLIC HEALTH PLAN	 Healthy, active lifestyles	Healthy eating & drinking ●		●
		Active living ●		●
	 Socially connected & empowered	Community participation ●		●
		Equitable access to resources ●		●
	 Safe & prepared	Environmental health protection ●	●	●
		Crime & injury prevention ●		●
		Emergency management ●		





IMPLEMENTATION, GOVERNANCE & REPORTING

IMPLEMENTATION

Monitoring and reporting of the Plan will be coordinated by the City's Community Development team in collaboration with the Health Services team, and requires the delivery of actions by a range of service areas across the City of Albany.

The five year Public Health Plan will be implemented by an annual internal action plan that will identify team actions, responsibilities and timeframes.

GOVERNANCE

The strategic and operational governance of the Plan will be overseen by two key groups:

A **City of Albany Public Health Advisory Committee** will meet twice a year to provide strategic advice on the ongoing development, improvement, implementation and evaluation of the Public Health Plan.

The Committee will have representatives from key local external agencies which have a significant role in or influence on community health and wellbeing including, but not limited to:

- WA Country Health Service
- WA Primary Health Alliance
- Department of Education
- Department of Sport & Recreation
- Great Southern Regional Development Commission
- City of Albany

A **City of Albany Public Health Working Group** will have representatives from the City's teams with the most responsibility for and influence on the Plan's strategies and actions.

The Group meets quarterly to monitor the progress of the annual action plan, discuss key issues and opportunities, and integrate and advocate for health and wellbeing across the City's service and decision-making areas.

REPORTING AND REVIEW

Quarterly reporting against the action plan will be undertaken by relevant City service areas, and provided to the Public Health Working Group, the City Executive Management Team, and Council to track progress and identify any opportunities for collaboration and/or improvement.

The Action Plan will be reviewed annually to:

- Check the progress of the plan's actions and partnerships.
- Identify any funding/partnership opportunities.
- Identify any budget/resource changes.
- Identify any emerging public health issues.
- Amend/update the action plan for the following year.

A major review of the Public Health Plan will begin in 2022, following the City Community Strategic Plan major review process ending in late 2021.

PROGRESS INDICATORS

Changes in health status across the population are usually only seen over long periods of time. Therefore, a range of progress indicators will be used to track the impact and effectiveness of the Plan's strategies and actions over the short, medium and long term.

SHORT TERM:

- Actions from the PHP annual action plan have been implemented as planned.
- Actions from the PHP annual action plan have been an effective way for the City to focus on health and wellbeing.

(DATA SOURCE/S: QUARTERLY REPORTING ON THE PROGRESS OF THE ANNUAL ACTION PLAN, AND INDIVIDUAL PROJECT/ACTION EVALUATION).

MEDIUM TERM:

- Improved community perception of community health, wellbeing, and liveability issues and status.
- Improved community perception and use of the City's health, wellbeing, and liveability services and assets.

(DATA SOURCE/S: HEALTH, WELLBEING, AND LIVEABILITY INDICATORS FROM THE CITY OF ALBANY COMMUNITY PERCEPTION SURVEY UNDERTAKEN EVERY TWO YEARS).

LONG TERM:

- Decrease or no change in prevalence of health risk factors in the community.
- Increased prevalence of protective health factors in the community.
- Decrease or no change in key Albany LGA preventable death and hospitalisation rates.
- Changes in access to socio-economic resources within the community.

(DATA SOURCE/S: LGA POPULATION HEALTH DATA – DEATH AND HOSPITALISATION RATES, RISK FACTOR PREVALENCE RATES, AND SOCIO-ECONOMIC DATA FROM AUSTRALIAN BUREAU OF STATISTICS CENSUS).



OUR PUBLIC HEALTH PLAN 2018-2022



**OUTCOME 1:
HEALTHY, ACTIVE
LIFESTYLES**

OUR RESIDENTS HAVE GOOD PHYSICAL HEALTH AND ARE ABLE TO MAKE HEALTHY, ACTIVE LIFESTYLE CHOICES.

CITY OF ALBANY ROLE

Planning & Delivery	Knowledge Building	Leadership & Policy	Partnerships
---------------------	--------------------	---------------------	--------------

Priority Risk Factor/s

HEALTHY EATING & DRINKING

Improve the provision and promotion of affordable healthy food and drink choices at City community facilities and events.

●	●	●	●	
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Support Albany residents to develop skills and capacity to grow and prepare healthy foods.

●	●		●	
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Advocate for and support community access to affordable, healthy produce and food outlets.

	●		●	
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ACTIVE LIVING

Improve accessibility, amenity and promotion of pathways to increase the use of active and public transport.

●	●		●	
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Maximise safe, active and passive outdoor recreation opportunities through the development and promotion of City parks, reserves, playgrounds, and open spaces.

●	●			
---	---	--	--	--

Provide, manage, and promote a range of inclusive and affordable recreational, sporting, health and fitness facilities and programs.

●	●			
---	---	--	--	--

Create and promote a health-promoting workplace for City staff and Council.

●	●			
---	---	--	--	--

SUPPORTING CITY PLANS & STRATEGIES

- Cycle City Strategy 2014-2019
- Local Planning Strategy 2018
- Natural Reserves Strategy 2017-2021
- Urban Tree Strategy 2017
- Trails Hub Strategy 2015-2025
- Coastal Parks Enhancement Plan



**OUTCOME 2:
SOCIALLY
CONNECTED &
EMPOWERED**

OUR RESIDENTS ARE SOCIALLY ENGAGED AND ABLE TO PARTICIPATE IN AND CONTRIBUTE TO COMMUNITY LIFE.

CITY OF ALBANY ROLE

Planning & Delivery	Knowledge Building	Leadership & Policy	Partnerships
---------------------	--------------------	---------------------	--------------

Priority Risk Factor/s

COMMUNITY PARTICIPATION

Improve the recognition and engagement of the local Aboriginal community, culture, and history.

●	●	●	●	
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Provide and support community events, services, facilities, and programs that develop peoples' resilience, compassion, sense of belonging and purpose.

●	●	●	●	
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Provide and promote City services and programs that positively engage with and develop young people.

●			●	
---	--	--	---	--

Provide and promote services and programs that support independence, connection, and quality of life for older people.

●	●		●	
---	---	--	---	--

ACCESS TO RESOURCES

Provide child development and care support for parents and young families.

●	●		●	
---	---	--	---	--

Improve community access to information about community groups, facilities, events, and resources.

●	●			
---	---	--	--	--

Support and advocate for initiatives aimed at improving access to affordable housing and transport.

			●	
--	--	--	---	--

SUPPORTING CITY PLANS & STRATEGIES

- Community Access & Inclusion Plan 2018-2022
- Age Friendly Albany Strategy 2016-2020
- Youth Friendly Strategy 2017-2020
- Local Planning Strategy 2018
- Connected Communities Strategy 2014-2018



**OUTCOME 3:
SAFE &
PREPARED**

OUR RESIDENTS ARE PROTECTED FROM ENVIRONMENTAL RISKS AND LIVE FREE FROM VIOLENCE AND INJURY

CITY OF ALBANY ROLE

Planning & Delivery

Knowledge Building

Leadership & Policy

Partnerships



Priority Risk Factor/s

ENVIRONMENTAL HEALTH PROTECTION

Enforce and promote local government statutory requirements of relevant State public and environmental health legislations.

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Minimise community exposure to environmental tobacco smoke.

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Monitor and support infectious disease management.

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Support regional environmental health resourcing and professional development.

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CRIME & INJURY PREVENTION

Support and raise community awareness of crime and injury prevention initiatives and resources.

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•

•



Use design principles to enhance community safety in town planning and facility development.

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•



EMERGENCY MANAGEMENT

Ensure the City is well prepared to respond effectively to and recover from major emergencies, disasters, or serious public health incidents.

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Create and promote a health-promoting workplace for City staff and Council.

•

•



APPENDIX A: CITY OF ALBANY PUBLIC HEALTH PLAN 2016-2020, PROGRESS TO JUNE 2018.

ENVIRONMENTAL HEALTH PROTECTION

- Successful enforcement of and compliance with Environment Health legislation and regulations in the Albany LGA.
- Environmental Health Team Service Delivery Plan developed.
- Food safety workshops for CALD groups delivered.
- Asbestos Management Policy developed.

CHRONIC DISEASE PREVENTION

- Healthy Active by Design principles incorporated into CoA Planning and Major Projects processes.
- Healthy Albany Healthy Club Canteens pilot project undertaken with Albany Junior Soccer Association.
- Healthy Albany Healthy Club Canteens Plan developed for Albany Leisure & Aquatic Centre.
- Healthy Albany Healthy Events pilot and extended program delivered.
- Draft CoA Smoke Free Outdoors Policy & Preliminary Plan for Centennial Park Precinct developed.
- Upgrades to key CoA playgrounds, trails, and cycle paths completed.

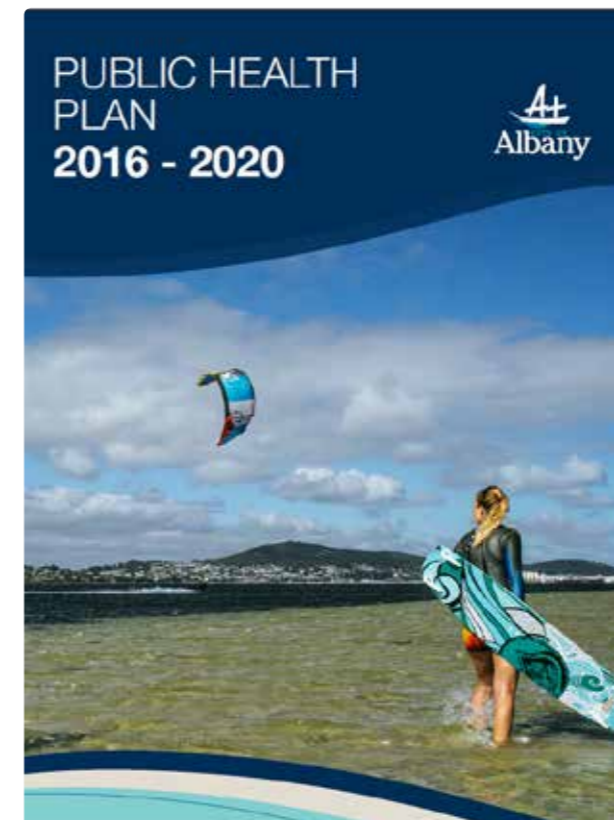
- Active Albany Program pilot and expansion.
- Jamie's Ministry of Food Program 2017 & 2018 at Lockyer Parent & Child Centre delivered.
- Annual Australia Day Event Health Hub delivered.
- CoA Travel Smart Program and Map delivered.
- CoA Sponsorship Policy updated to include statement on alcohol, tobacco and fast food sponsors.
- PHAIWA Report Card Awards received for Transport Safety and Children's Consultation.

ENHANCED COMMUNITY LIFESTYLE

- Delivery of CoA Annual Community Events (Xmas Pageant, NYE Fireworks, Australia Day Festival, ANZAC etc).
- Community Development community activation and engagement events (Youth Festival, Colour Dash, Neighbourhood Days, Vancouver Street Festival etc).
- CoA participation in Mental Health Week etc.
- PCYC and Headspace partnerships.
- Progression of the Age Friendly Albany Plan & Youth Friendly Albany Strategy.
- Development and implementation of Access & Inclusion Plan.
- Establishment of Compassionate Communities and Aged Care Charter partnerships.

LEADING FROM WITHIN

- Establishment of Healthy Albany Steering Committee and Control Group to facilitate cross-agency and team partnerships and activities.
- Implementation of CoA Healthy Catering Policy & Guideline.
- Monthly Staff Newsletters include Healthy & Wellbeing section.
- Development of annual schedule of staff health and wellbeing events and activities.



PUBLIC HEALTH PLAN 2016-2020

SUPPORTING CITY PLANS & STRATEGIES

- Local Emergency Management Arrangements 2016
- Strategic Bushfire Plan 2014-2019
- Local Recovery Plan 2016
- People Strategy 2016-2019

APPENDIX B: ALBANY'S DEMOGRAPHICS, 2016

Name	Number	%	Regional WA %
POPULATION SUMMARY			
Total Population	36,583	100.0	100.0
Males	18,051	49.3	51.7
Females	18,528	50.6	48.3
Australian citizens	31,664	86.6	82.0
Eligible voters (citizens 18+)	24,020	65.7	61.0
Aboriginal population	1,214	3.3	8.4
Australian-born	27,191	74.3	71.7
AGE STRUCTURE			
Babies and pre-schoolers (0 to 4)	1,990	5.4	6.7
Primary schoolers (5 to 11)	3,213	8.8	9.8
Secondary schoolers (12 to 17)	3,151	8.6	7.4
Tertiary education/independence (18 to 24)	2,602	7.1	7.0
Young workforce (25 to 34)	3,862	10.6	13.6
Parents and homebuilders (35 to 49)	6,663	18.2	20.8
Older workers & pre-retirees (50 to 59)	5,090	13.9	14.1
Empty nesters and retirees (60 to 69)	4,846	13.2	11.3
Seniors (70 to 84)	4,121	11.3	7.8
Frail aged (85 and over)	1,046	2.9	1.5
Total Population	36,583	100.0	100.0
HOUSEHOLD TYPES			
Couples with children	3,638	25.4	25.8
Couples without children	4,235	29.6	26.0
One parent families	1,388	9.7	8.7
Lone person households	3,687	25.7	22.0
Group households	355	2.5	2.5
Total households (inc. non-classifiable)	14,327	100.0	100.0
DISABILITY & CARERS			
Need for assistance with core activities due to disability	2,070	5.7	3.8
Providing unpaid assistance to a person with a disability, long term illness or old age	3,522	11.8	9.5

SOURCE: AUSTRALIAN BUREAU OF STATISTICS, CENSUS OF POPULATION AND HOUSING 2016.

APPENDIX C: CAUSES OF PREVENTABLE DEATHS, HOSPITALISATION AND DISEASE, ALBANY LGA 2011-2015

Name	Number	Regional WA %
TOP CAUSES OF AVOIDABLE DEATH (% OF ALL CASES) 2011 – 2015		
Ischaemic heart disease	17.2%	19.7%
Chronic Obstructive Pulmonary Disease (COPD)	9.9%	5.8%
Prostate Cancer	9.4%	2.6%
Breast Cancer	7.9%	6.6%
Suicide and self-inflicted injuries	7.4%	12.7%
Colorectal cancer	6.9%	6.7%
Transport accidents	5.9%	6.1%
Diabetes	4.9%	5.1%
Skin Cancer	4.9%	4.3%
Accidental poisoning by and exposure to noxious substances	3.9%	5.0%
Cerebrovascular diseases	3.4%	5.6%

SOURCE: TOP FIFTEEN CAUSES OF AVOIDABLE DEATH FOR ALBANY (C) LGA RESIDENTS. EPIDEMIOLOGY BRANCH, PUBLIC HEALTH DIVISION, DEPARTMENT OF HEALTH WA IN COLLABORATION WITH THE COOPERATIVE RESEARCH CENTRE FOR SPATIAL INFORMATION (CRC-SI).

TOP CAUSES OF POTENTIALLY PREVENTABLE HOSPITALISATIONS (% OF ALL CASES) 2011-2015		
Urinary tract infections	11.7%	11.8%
Dental conditions	11.1%	15.0%
Chronic Obstructive Pulmonary Disease (COPD)	11.0%	8.4%
Cellulitis	10.8%	8.4%
Angina	8.7%	7.0%
Congestive cardiac failure	8.4%	8.1%
Iron deficiency anaemia	7.7%	6.8%
ENT infections	6.8%	7.2%
Diabetes complications	6.2%	7.2%
Convulsions & epilepsy	5.3%	5.5%
Asthma	4.4%	3.7%

SOURCE: TOP FIFTEEN CAUSES OF INPATIENT ACSC FOR ALBANY (C) LGA RESIDENTS. EPIDEMIOLOGY BRANCH, PUBLIC HEALTH DIVISION, DEPARTMENT OF HEALTH WA IN COLLABORATION WITH THE COOPERATIVE RESEARCH CENTRE FOR SPATIAL INFORMATION (CRC-SI).

INJURY (PER 100,000, 2011-2015)		
Hospitalisation for accidental falls (0-4years) per 100,000	544.0	727.0
Hospitalisation for accidental falls (65 years & over) per 100,000	3536.9	4294

SOURCE: SUMMARY OF POPULATION CHARACTERISTICS AND THE HEALTH AND WELLBEING OF THE ALBANY (C) LGA. EPIDEMIOLOGY BRANCH, PUBLIC HEALTH DIVISION, DEPARTMENT OF HEALTH WA IN COLLABORATION WITH THE COOPERATIVE RESEARCH CENTRE FOR SPATIAL INFORMATION (CRC-SI).

NOTIFIABLE DISEASES (PER 100,000, 2011-2015)		
Enteric disease	180.4	179.6
Vector borne diseases	102.1	87.8
Sexually Transmitted Infections (STIs)	457.9	541.6
Vaccine preventable diseases	397.0	397.2

SOURCE: SUMMARY OF POPULATION CHARACTERISTICS AND THE HEALTH AND WELLBEING OF THE ALBANY (C) LGA. EPIDEMIOLOGY BRANCH, PUBLIC HEALTH DIVISION, DEPARTMENT OF HEALTH WA IN COLLABORATION WITH THE COOPERATIVE RESEARCH CENTRE FOR SPATIAL INFORMATION (CRC-SI).

MENTAL HEALTH 2011-2015		
Hospitalisation due to mental disorder (% of total hospitalisations by principal diagnosis 2011-2015)	4.0%	2.6%
Age group most affected by mental disorders 2011-2015	24-44yrs	24-44yrs

SOURCE: HEALTH STATUS REPORT ON MENTAL DISORDERS HOSPITALISATIONS FOR THE ALBANY (C) LGA. EPIDEMIOLOGY BRANCH, PUBLIC HEALTH DIVISION, DEPARTMENT OF HEALTH WA IN COLLABORATION WITH THE COOPERATIVE RESEARCH CENTRE FOR SPATIAL INFORMATION (CRC-SI).

YOUTH SUICIDE (PER 100,000, 2011-2015)		
Males (15 – 24 years)	31.0	19.6
Females (15 – 24 years)	9.8	7.7

SOURCE: SUMMARY OF POPULATION CHARACTERISTICS AND THE HEALTH AND WELLBEING OF THE ALBANY (C) LGA. EPIDEMIOLOGY BRANCH, PUBLIC HEALTH DIVISION, DEPARTMENT OF HEALTH WA IN COLLABORATION WITH THE COOPERATIVE RESEARCH CENTRE FOR SPATIAL INFORMATION (CRC-SI).

APPENDIX D: PREVALENT HEALTH RISK FACTORS, ALBANY LGA, 2016

Name	Number	Regional WA %
RISK FACTORS/BEHAVIOURS	PREVALENCE ESTIMATE	PREVALENCE ESTIMATE
(People aged 16 years & over, 2016)	Albany LGA	WA
East less than 2 serves of fruit daily	48.9%	52.5%
Eats less than 5 serves of vegetables daily	92.3%	89.4%
Drinks at high risk levels for long-term harm	17.0%	27.4%
Spends 21+ hours per week in sedentary leisure time	41.6%	35.3%
Less than 150mins of physical activity per week	44.0%	36.5%
Current high blood pressure	17.3%	15.6%
Current high cholesterol	15.3%	16.6%
Overweight	34.4%	37.3%
Obese	41.7%	28.4%
Eats fast food at least weekly	38.1%	33.1%
Attended a primary health care service in past 12 months	91.3%	89.6%
Arthritis	26.9%	20.1%
Injury (in past 12 months requiring treatment by health professional)	19.0%	23.0%
Mental Health Problem**	24.1%	15.9%

SOURCE: EPIDEMIOLOGY BRANCH, 2016, ALBANY (C) LGA HEALTH PROFILE, 2016, HWSS, WA DEPARTMENT OF HEALTH, PERTH.

*RESULT HAS RSE BETWEEN 25% AND 50% THEREFORE SHOULD BE USED WITH CAUTION

**DIAGNOSED BY A DOCTOR WITH A STRESS RELATED PROBLEM, DEPRESSION, ANXIETY OR ANY OTHER MENTAL HEALTH PROBLEM IN THE LAST 12 MONTHS

RISK FACTORS/BEHAVIOURS (CHILDREN AGED 5- 15 YEARS, 2016)	PREVALENCE ESTIMATE ALBANY LGA	PREVALENCE ESTIMATE
Overweight	14.0%	15.6%
Obese	7.6%	6.3%
Eats 2 or more serves of fruit per day	72.6%	66.1%
Eats 5 or more serves of vegetables per day	9.8%	7.4%
Never eats fast food (1-15 years)	25.2%	23.7%
Sufficient physical activity per day*	39.9%	43.7%
Been bullied in past 12 months (5 – 15 years)	39.2%	33.2%
Poor family functioning	13.3%	11.5%
Neither parent smoked during pregnancy	73.2%	77.7%
Child needed professional help with speech	29.3%	18.7%

SOURCE: EPIDEMIOLOGY BRANCH (2016), ALBANY (C) CHILD HEALTH PROFILE, 2016, HWSS, WA DEPARTMENT OF HEALTH, PERTH *60 MINUTES MODERATE TO VIGOROUS PHYSICAL ACTIVITY PER DAY AS PER 2014 AUSTRALIAN PHYSICAL ACTIVITY & SEDENTARY BEHAVIOUR GUIDELINES. **RESULT HAS RSE BETWEEN 25% AND 50% AND SHOULD BE USED WITH CAUTION

IMMUNISATION		
Fully immunised as at 30 March 2017 Aged 12 – 15 months	96.2%	94.0%
Fully immunised as at 30 March 2017 Aged 24 – 27 mths	91.6%	89.0%
Fully immunised as at 30 March 2017 Aged 60 – 63mths	95.7%	92.0%

SOURCE: AUSTRALIAN CHILDHOOD IMMUNISATIONS REGISTER

PRE-NATAL AND ANTE-NATAL INDICATORS		
Mothers smoking during pregnancy 2012-2014	12.5%	n/a
Low birth weight babies 2012-2014	6.2%	n/a
Teenage births (% of total births)	4.7%	n/a

SOURCE: PUBLIC HEALTH INFORMATION DEVELOPMENT UNIT (PHIDU), SOCIAL HEALTH ATLAS OF AUSTRALIA: LOCAL GOVERNMENT AREA (ONLINE), AT: [HTTP://WWW.PHIDU.TORRENS.EDU.AU/SOCIAL-HEALTH-ATLASES/DATA](http://www.phidu.torrens.edu.au/social-health-atlases/data) (ACCESSED 23 APRIL 2018).

AUSTRALIAN EARLY CHILDHOOD DEVELOPMENT INDICATORS 2015		
Physical Health & Wellbeing – developmentally at risk	10.9%	11.3%
Physical Health & Wellbeing – developmentally vulnerable	11.4%	9.9%
Developmentally vulnerable in one or more domains	21.4%	21.3%
Developmentally vulnerable in two or more domains	10.5%	10.5%

SOURCE: SUMMARY OF POPULATION CHARACTERISTICS AND THE HEALTH AND WELLBEING OF THE ALBANY (C) LGA, EPIDEMIOLOGY BRANCH, PUBLIC HEALTH DIVISION, DEPARTMENT OF HEALTH WA IN COLLABORATION WITH THE COOPERATIVE RESEARCH CENTRE FOR SPATIAL INFORMATION (CRC-SI).

APPENDIX D: PREVALENT HEALTH RISK FACTORS, ALBANY LGA, 2016

EDUCATION 2016	ALBANY	REGIONAL WA	WA
Completed Year 12 or equivalent C	40.5%	38.7%	51.7%
Completed Year 10 or equivalent C	27.4%	26.4%	20.6%
EMPLOYMENT & WORK 2016			
Employed population	94.9%	93.6%	92.2%
Employed full time	52.7%	59.1%	57.0%
Employed part time	40.5%	32.6%	33.6%
Unemployment rate (C)	5.1%	6.4%	7.8%
% of working residents who travel outside of Albany area to work	8.7%	n/a	n/a
Female labour force participation (% of females 15 years & over)*	53.0%	55.3%	58.0%
Unpaid voluntary work for an organisation or group	24.1%	23.3%	19.0%

SOURCE: AUSTRALIAN BUREAU OF STATISTICS, CENSUS OF POPULATION AND HOUSING 2016 *PROPORTION OF THE FEMALE POPULATION AGED 15 YEARS AND OVER THAT WAS EMPLOYED OR ACTIVELY LOOKING FOR WORK

FAMILIES WITH CHILDREN UNDER 15 YEARS 2016			
Single parent families (% of total households with children)	9.7%	8.7%	9.6%
Children in low income, welfare dependent families (16 yrs & under)	23.4%	26.0%	19.4%
SOURCE: AUSTRALIAN BUREAU OF STATISTICS, CENSUS OF POPULATION AND HOUSING 2016			
Jobless families with children 15 & under (% of total families)	11.7%	13.4%	10.8%
Children in families where the mother has low educational attainment (2016 Census)	21.6%	n/a	n/a

SOURCE: PUBLIC HEALTH INFORMATION DEVELOPMENT UNIT (PHIDU), SOCIAL HEALTH ATLAS OF AUSTRALIA: LOCAL GOVERNMENT AREA (ONLINE), AT: [HTTP://WWW.PHIDU.TORRENS.EDU.AU/SOCIAL-HEALTH-ATLASES/DATA](http://www.phidu.torrens.edu.au/social-health-atlases/data) (ACCESSED 23 APRIL 2018).

INCOME & INCOME SUPPORT 2016			
Median total household income (weekly) C	\$1,209	\$1,595	\$1,210
Households with low income (\$650/week or less) C	21.1%	18.2%	16.2%

SOURCE: AUSTRALIAN BUREAU OF STATISTICS, CENSUS OF POPULATION AND HOUSING 2016

GOVERNMENT INCOME SUPPORT (AT JUNE 2016)			
Households with low income, welfare dependent families with children (% of total families)	10.8%	12.9%	9.4%
People receiving unemployment benefits (% of people 16 – 64 yrs)	6.1%	6.8%	5.0%
People receiving long term unemployment benefits longer than six months (% of people 16 – 64 yrs)	4.8%	5.5%	3.9%
Disability support pensioners (% of people 16-64 yrs)	6.6%	4.6%	3.3%
Health Care Card Holders (% of people 0 – 64 yrs)	7.2%	7.3%	6.3%
Female sole parent beneficiaries (% of total females 15 – 54 yrs)	4.6%	5.5%	3.6%
Pensioner Concession Card holders (% of people over 15 yrs)			25.9%
Youth unemployment beneficiaries (% of people 16-24 yrs)	4.3%	5.1%	3.1%
Age pensioners (% of people aged 65 yrs & over)	69.2%	67.4%	64.9%
Seniors Health Care Card holders (% of people 65 yrs & over)	10.7%	8.8%	8.5%

SOURCE: PUBLIC HEALTH INFORMATION DEVELOPMENT UNIT (PHIDU), SOCIAL HEALTH ATLAS OF AUSTRALIA: LOCAL GOVERNMENT AREA (ONLINE), AT: [HTTP://WWW.PHIDU.TORRENS.EDU.AU/SOCIAL-HEALTH-ATLASES/DATA](http://www.phidu.torrens.edu.au/social-health-atlases/data) (ACCESSED 23 APRIL 2018).

APPENDIX D: PREVALENT HEALTH RISK FACTORS, ALBANY LGA, 2016 (CONT.)

HOUSEHOLD CHARACTERISTICS 2016			
Median rent (weekly) 2016 Census	\$280	n/a	\$347
Number of total households renting (% of total households)	23%	25.4%	23.4%
Number of social housing dwellings (% of total households)	5.6%	6.4%	3.8%
Median mortgage payment (monthly)	\$1,600	n/a	\$1,993
Private dwellings with no motor vehicle (% of total dwellings)	4.4%	4.8%	4.9%
Private dwellings with no internet connection (% of total dwellings)	18.0%	16.8%	12.1%
SOURCE: AUSTRALIAN BUREAU OF STATISTICS, CENSUS OF POPULATION AND HOUSING 2016			
Low income households with mortgage stress	11.1%	10.2%	10.1%
Low income households with rental stress	32.3%	21.2%	27.8%

SOURCE: PUBLIC HEALTH INFORMATION DEVELOPMENT UNIT (PHIDU), SOCIAL HEALTH ATLAS OF AUSTRALIA: LOCAL GOVERNMENT AREA (ONLINE). AT: [HTTP://WWW.PHIDU.TORRENS.EDU.AU/SOCIAL-HEALTH-ATLASES/DATA](http://www.phidu.torrens.edu.au/social-health-atlases/data) (ACCESSED 23 APRIL 2018).

CRIME STATISTICS 2016-2017, ALBANY LGA		
Type of Offence	Albany Total	% of total offences
Stealing	783	26.4%
Drug Offences	454	15.3%
Fraud & Related Offences	416	14.0%
Property Damage	356	12.0%
Assault (Family)	199	6.7%
Dwelling Burglary	195	6.6%
Breach of Violence Restraint Order	172	5.8%
Assault (Non-Family)	120	4.0%

SOURCE: WA POLICE CRIME STATISTICS 2016-2017, ONLINE PORTAL ACCESSED 12 APRIL 2018 [HTTPS://WWW.POLICE.WA.GOV.AU/CRIME/CRIMESTATISTICS/](https://www.police.wa.gov.au/crime/crimestatistics/)

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DOCUMENT CONTROL

Version	Version Description	Date Completed
0.1	City of Albany Public Health Plan 2016-2020	28/06/2016
0.2	City of Albany Public Health Plan 2018 – 2022: updated to align with CoA Community Strategic Plan 2013 and State Interim Public Health Plan	23/04/2019

