



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

Consultation Draft

State Public Health Plan for Western Australia  
2025-2030

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**Acknowledgement 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.

**Note on terminology**

Within WA, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of WA. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community. The terms Aboriginal and Torres Strait Islander and Indigenous are retained in this document where they are included as part of an already-existing formal title or direct quote from a cited reference.

**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 2025-2030.

**Consultation feedback**

Please send feedback on this consultation draft through the (CITIZENSPACE PORTAL).

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## **Foreword/Message from the Minister for Health and Mental Health**

Hon Amber-Jade Sanderson  
**Minister for Health and Mental Health**

## **Message from the Chief Health Officer of Western Australia**

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

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## The State Public Health Plan 2025-2030 at a glance

The State Public Health Plan provides a strategic framework for improving the health and wellbeing of all Western Australians.

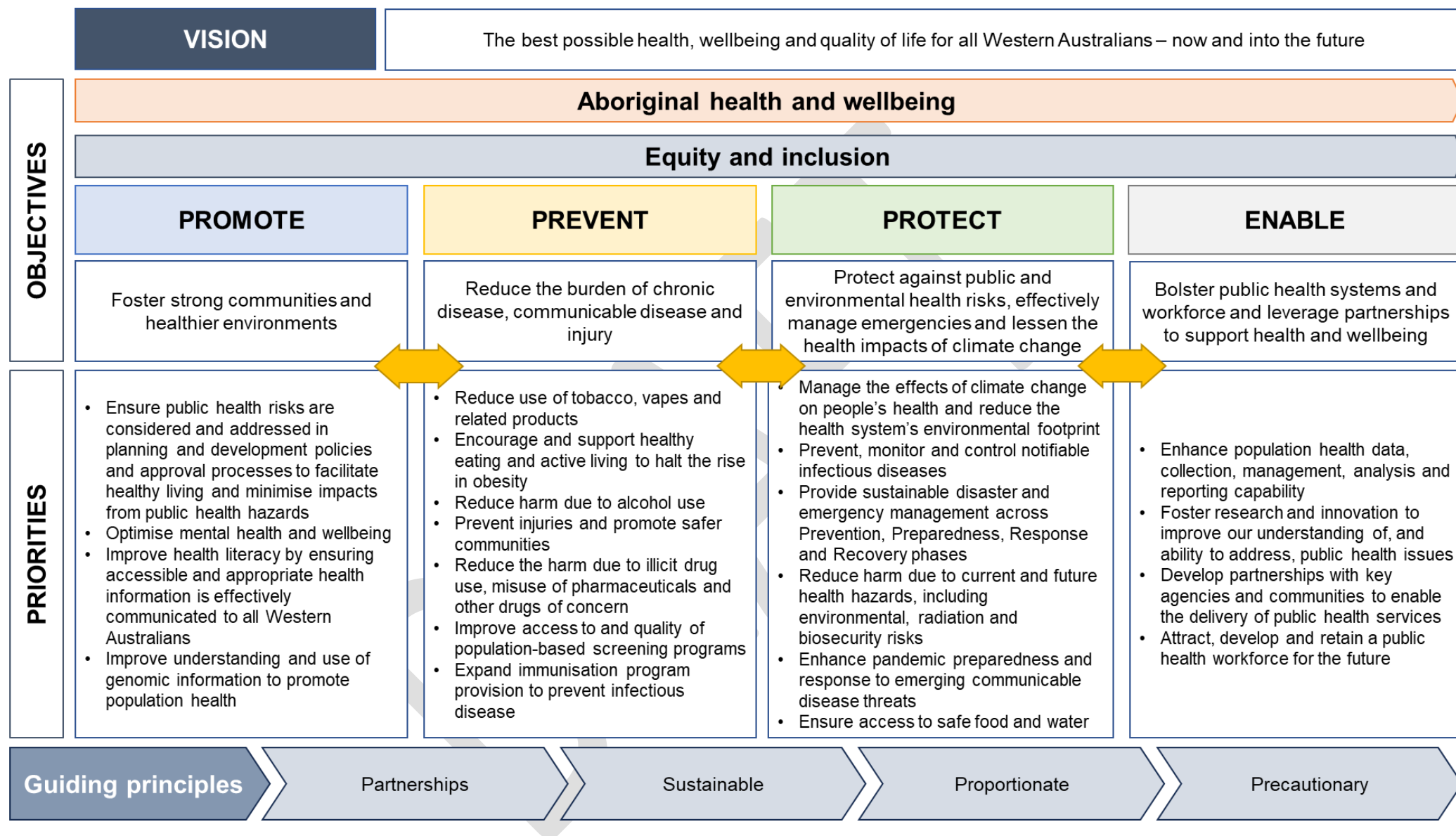
The key elements of the plan include the **vision**, which sets the overarching goal; **objectives**, guiding its focus areas; **priorities**, which address specific health challenges; and **guiding principles**, ensuring that all actions align to the determined core values.

The State Public Health Plan is structured as a roadmap to support decision-makers, health professionals, and communities in implementing these priorities through targeted actions and partnerships.

For ease of identification, priorities have been aligned to objectives according to their primary focus. However, this distinction is somewhat artificial. Many priorities in the State Public Health Plan are so intricately linked that separating them becomes a complex challenge. This interconnectedness underscores the shared benefits of addressing multiple priorities simultaneously. By improving one aspect of public health, we create synergies that positively impact other areas.

For example, addressing healthy eating not only reduces obesity rates but also supports chronic disease prevention and mental health outcomes. Similarly, promoting physical activity can enhance mental wellbeing, reduce the risk of injury, and improve community cohesion. Climate change actions, such as improving active transport options and greening urban spaces, not only protect against environmental impacts but also reduce air pollution, promote physical activity, and support mental health by creating more liveable environments.

Taking an integrated approach to public health ensures that actions are efficient, strategically aligned, and capable of delivering the greatest impact for the Western Australia (WA) community across multiple health areas.



## Introduction

### Context for the State Public Health Plan 2025-2030 for WA

The State Public Health Plan for Western Australia 2025-2030 (SPHP) sets out a fresh and ambitious vision for a vibrant, sustainable approach to improving the health and wellbeing of all Western Australians. The SPHP builds on the State Public Health Plan 2019-2024, and fulfils the requirements for public health planning as outlined in the Western Australian [Public Health Act 2016](#) (the Act). It aligns with and is complementary to other key WA and Australian public health frameworks, provided in Appendix 1.

The SPHP has been developed by the WA Chief Health Officer, in partnership with the Department of Health (the Department), WA Health Service Providers (HSPs), the Mental Health Commission (MHC), the WA Local Government Association (WALGA) and the Department of Local Government, Sport and Cultural Industries (DLGSC). It has also been refined through targeted consultation with other government and non-government agencies.

### What is public health?

The 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.

Public health considerations affect the lives of Western Australians every day and include a wide range of actions aimed at improving the wellbeing and quality of and encompass both historical and proposed activities in the natural and built environment. Examples of public health in action are shown in Figure 1.



Figure 1. Image will be finalised upon consultation.

The diversity of influences on public health shown in Figure 1 extend well beyond the responsibility and capacity of the health sector. Achieving best public health outcomes for Western Australians therefore requires collaboration and partnerships - formal and informal - across multiple agencies and all levels of government.



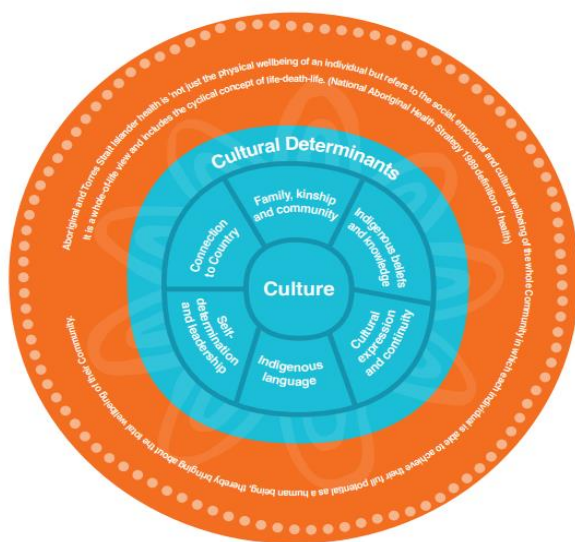
## Determinants of health

The SPHP takes into account the broader socioeconomic, cultural, and environmental determinants of health. Health inequalities and inequities can arise from the conditions in which people are born, grow, live, work and age, known as the determinants of health.<sup>1</sup> These determinants can affect a person’s ability to lead a healthy life, their likelihood of becoming unwell, and their overall life expectancy. Figure 2 shows how a person’s physical and psychological makeup interacts with their societal, environmental, and socioeconomic conditions. Knowledge and attitudes, health risk behaviours, social support, and the built and natural environments can all strengthen or undermine individual and community health.

Strategies that address the determinants of health are fundamental to reducing health inequities and improving health outcomes. Working to reduce the health impact of social determinants is a shared responsibility and requires a cross-sector approach.



Figure 2. Image will be finalised upon consultation. Source: The Australian Institute of Health and Welfare



Cultural determinants domains identified by the Mayi Kuwayu study. Adapted from We Nurture Our Culture for Our Future, and Our Culture Nurture Us, Close the Gap Campaign 2020, p.15

Figure 3. Image will be finalised upon consultation.

## Cultural determinants of health and wellbeing of Aboriginal people

Cultural determinants — such as connection to land, family, language, culture, spirituality, and self-determination — are central to resilience, identity, and mental health and are essential to the well-being of Aboriginal people. Recognising and integrating these cultural elements within public health initiatives fosters culturally safe environments and strengthens health outcomes by honouring the values, connections, and strengths unique to Aboriginal communities (Figure 3).

## Requirements for public health planning under the Act

Public health planning is now a mandatory requirement under Part 5 of the Act, which states that:

- A State Public Health Plan must be prepared by the Chief Health Officer, and
- A local public health plan must be prepared by each local government.

The SPHP has been developed in alignment with the requirements in Part 5 of the Act.

Local public health plans must be consistent with the SPHP but should be tailored to local needs. The SPHP provides a strategic framework for local government to consider and adapt as necessary in the development of their local public health plans.

The requirements of local public health plans and SPHP, and how they relate to each other, are shown in Figure 4.

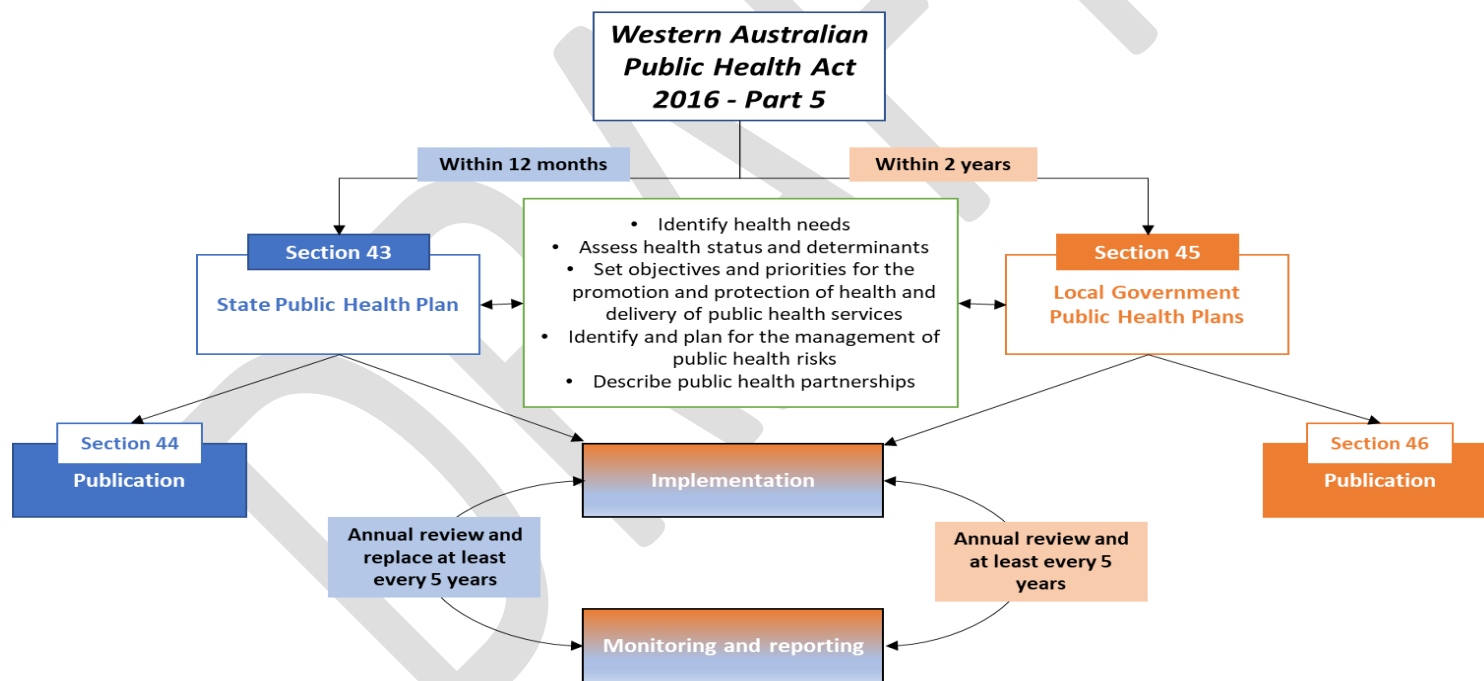


Figure 2. Public health planning requirements. Adapted from the Act (citation). Image will be finalised upon consultation.

Local public health planning complements the integrated planning process already required under section 5.56 of the *Local Government Act 1995*, and part 5 regulation 19C of the Local Government (Administration) Regulations 1996 which states that the local governments must develop a Strategic Community Plan and informing strategies.

Local governments can choose to consolidate their public health plans into their Strategic Community Plan. This allows planning tasks such as data collection, community engagement and priority setting, to be coordinated and streamlined, and supports efficient use of resources.

More information for local governments is available on the [public health planning website](#), including the *Public Health Planning Guide for Local Government*.

## Goal and scope of the SPHP

The **goal** of the SPHP is to promote, protect, improve and enable the best health, wellbeing, and quality of life for all—now and into the future.

The **scope** of the SPHP encompasses key areas of public health policy that have a substantial impact on preventing disease, illness, disability, injury, and early death in WA. The scope of SPHP is statewide with high-level objectives and are intended to be applicable to a range of stakeholders.

## Intended users of the SPHP

The SPHP is a resource for WA Health, and other agencies committed to enhancing the health and well-being of Western Australians. It also provides guidance to organisations and groups integrating public health perspectives into their planning processes. Intended users include:

- state government departments and agencies
- public health units
- local governments
- not-for-profit organisations (health and other)
- Aboriginal community-controlled organisations
- health peak bodies and health professionals
- the community services sector
- trade and industry groups
- public and private sector workplaces
- educational and research institutions
- industries and industry groups
- community members
- the media

## How to use the SPHP

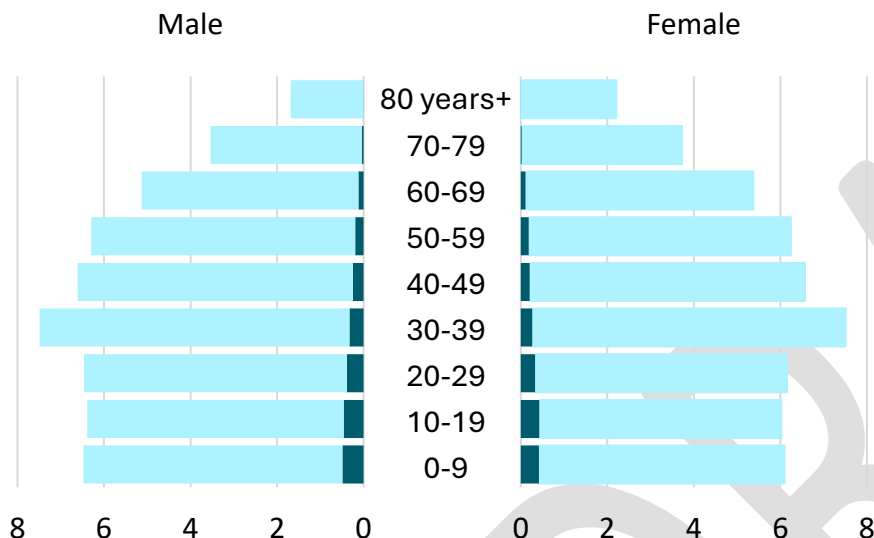
The SPHP outlines broad policy priorities for each public health objective, which are **promote, prevent, protect** and **enable**. The intent of each priority is explained within the SPHP, along with action areas aimed at supporting those priorities.

## Part 1: A snapshot of the Health Status Report for WA

The complete Health Status Report is available within **Appendix 1, page 65.**

### Life in WA...

2.9 million people live in WA



Percent of population (%)

3.2% identify as Aboriginal

1 in 5 live in country WA

1 in 8 live in socioeconomically disadvantaged areas

1 in 3 were born overseas

1 in 5 speak a language other than English at home

### Life expectancy at birth (2020-2022)

**86 years** Females  
**82 years** Males  
**All Western Australians**

**73 years** Females  
**69 years** Males  
**Aboriginal people**



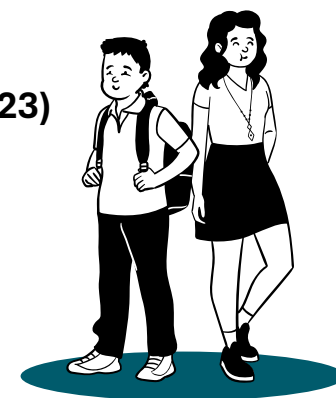
More than 90% are fully immunised at 1, 2 and 5 years old in WA

### WA children aged 5 to 15 years (2022)

- 26% are above a healthy weight
- 10% are classified as 'obese'
- 77% eat adequate serves of fruit per day
- 9% eat adequate serves of vegetables per day
- 36% undertake adequate physical activity


### WA adolescents 12 to 17 years (2022-23)


- 84% have 'never' smoked
- 68% had 'never' tried an e-cigarette
- 82% have 'never' used an illicit drug
- 38% 'never' drank alcohol




In 2023, **84%** of adolescent men and **85%** of adolescent women had received a vaccination for Human Papillomavirus (HPV) in WA


### Potentially Preventable Hospitalisations (PPHs)


 20 PPHs per 1,000 population (**Metropolitan Perth**)


 28 PPHs per 1,000 population (**Country WA**)


### WA adults aged 16 years and over (2022)


 **76%** are above a healthy weight of whom **38%** are classified as 'obese'

 **38%** eat adequate serves of fruit per day


 **7%** eat adequate serves of vegetables per day

 **64%** undertake adequate physical activity

 **8%** smoke daily and **8%** currently use e-cigarettes

 **11%** have used an illicit drug in the past year

 **38%** drink alcohol at levels that increase the risk of harm

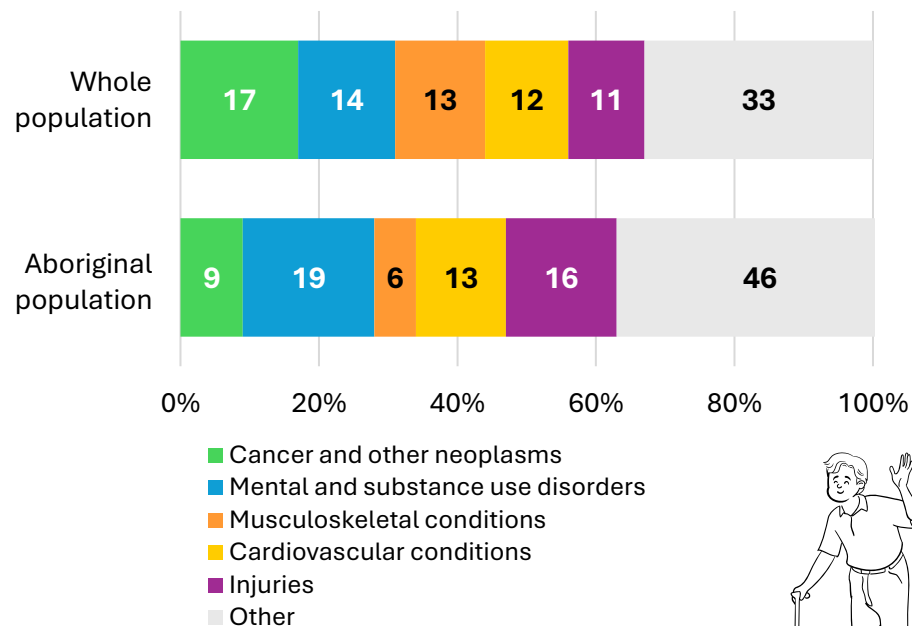
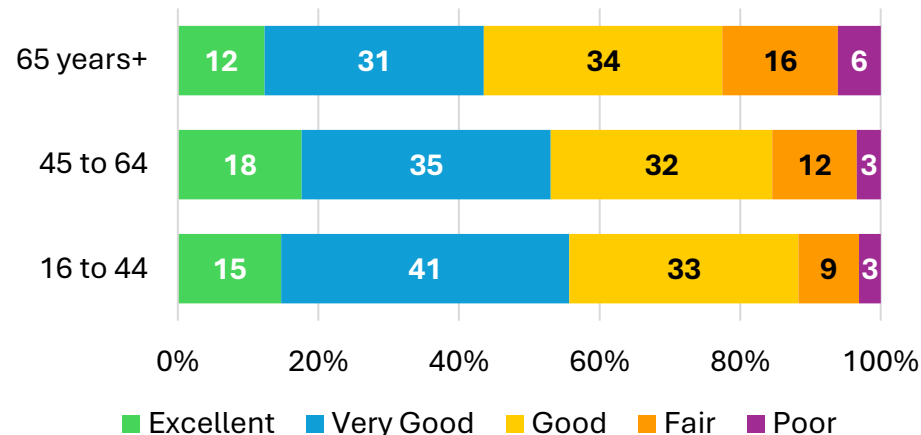
 **64%** of WA adults aged 65 years and over had received a vaccination for influenza in WA (2023)

**4 in 5** had at least one long-term health condition

**1 in 2** had at least one chronic condition

**1 in 4** had a mental or behavioural condition





### Self-assessed health status (2022)




### Common infectious diseases in WA (2023)

- 1 Influenza (782 cases per 100,000 people)  
Aboriginal people were **three times as likely** to be diagnosed
- 2 Chlamydia (479 cases per 100,000 people)  
Aboriginal people were **more than four times as likely** to be diagnosed
- 3 Respiratory Syncytial Virus (390 cases per 100,000 people)  
Aboriginal people were **almost twice as likely** to be diagnosed
- 4 Gonorrhoea (175 cases per 100,000 people)  
Aboriginal people were **almost nine times as likely** to be diagnosed
- 5 Campylobacter infection (178 cases per 100,000 people)  
Aboriginal people were **half as likely** to be diagnosed

For the five-year period 2019-23 in WA, there were on average:

-  **1,420** cases of blood borne viruses per year
-  **5,890** cases of enteric diseases per year
- 15,814** cases of sexually transmitted infections per year
- 17,913** cases of vaccine-preventable diseases per year
-  **693** cases of vector-borne diseases per year
- 4** cases of zoonotic diseases per year
-  **4,853** cases of other diseases per year

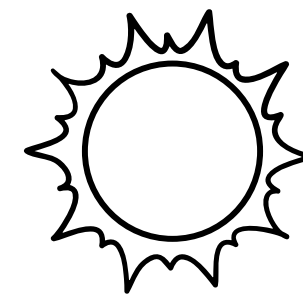
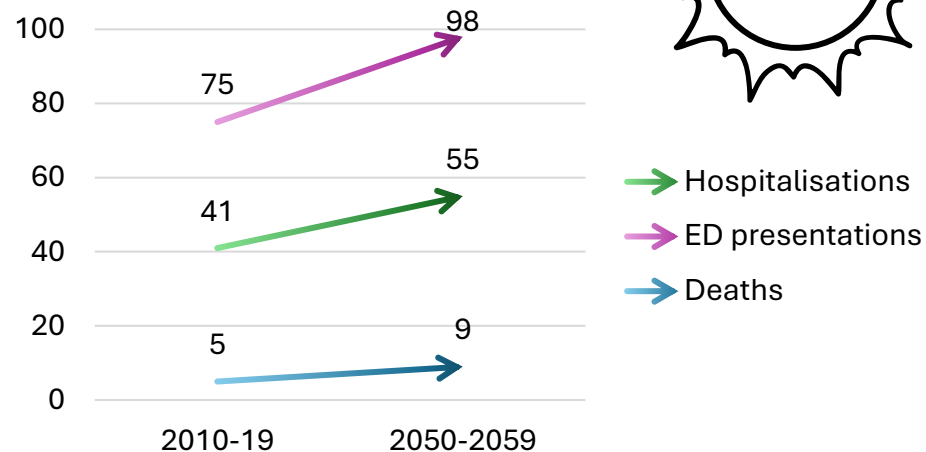
Between 2020-2023, there were an average of **348,670** cases of COVID-19 per year

-  **776** sewage spill responses (2022-23)
- 27** fish kill and algae bloom responses (2022-23)

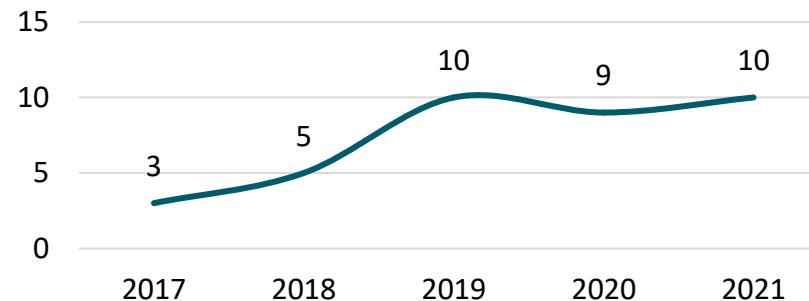


### WA's environment and climate

Heat-related hospitalisation, ED presentation and death projections



Instances per year in which PM<sup>10</sup> exceeded the daily National Ambient Air Quality Standards



## Part 2: Objectives, priorities, action areas and guiding principles

The Chief Health Officer has determined the objectives, principles and policy priorities by considering:

- the underlying objects and principles in the Act
- the data which identifies priority health issues and determinants for WA
- the opportunity to reduce exposure to key risk factors for prevalent health issues in WA
- prevention and early intervention measures that can realistically and effectively enhance public health
- priority population groups who may have a higher risk of exposure to health risk factors
- the ability to act on health and wellbeing at a population level, including through wider determinants of health
- the evidence for feasible, equitable, acceptable, cost-effective interventions, and alignment with relevant state and national health frameworks.

### Objectives

- **Promote:** Foster strong communities and healthier environments.
- **Prevent:** Reduce the burden of chronic disease, communicable disease, and injury.
- **Protect:** Protect against public and environmental health risks, effectively manage emergencies, and lessen the health impacts of climate change.
- **Enable:** Bolster public health systems and workforce, and leverage partnerships to support health and wellbeing

In addition, two overarching objectives have been identified to be integrated across all other objectives in the SPHP.

Overarching objectives:

- 1) **Aboriginal health and wellbeing:** It is essential to apply an Aboriginal cultural lens to all aspects of public health to address systemic racism and strengthen the cultural determinants of health for Aboriginal people in WA. This approach ensures that Aboriginal health and wellbeing are considered in every public health initiative, fostering more equitable and culturally safe models of care.
- 2) **Equity and inclusion:** While the SPHP applies to the health and wellbeing of all people in WA, it acknowledges that there is need for targeted engagement and action to empower community groups who are at risk of greater inequities from the impact of social and environmental determinants of health and are less likely to access health services. These include, but are not limited to:
  - people of Culturally and Linguistically Diverse (CaLD) backgrounds
  - people experiencing socioeconomic disadvantage
  - people living in rural and remote areas
  - people living with a disability
  - people living with a mental health condition
  - LGBTIQ+ people
  - older people

## Priorities

Priorities have been identified across all objectives. The SPHP draws on existing state and national frameworks, strategies, and plans to ensure that the SPHP's priorities are evidence-based and consistent with these frameworks. Links to these frameworks are included throughout the document and are listed in Appendix 1.

## Action areas

Action-based initiatives have been designed to achieve the identified priorities. These are intentionally broad, offering strategic direction without being prescriptive or exhaustive. They outline the approach through two main pathways:

- **Commitments or programs by WA Health:** including initiatives from the Department, HSPs and the MHC; or
- **Actions at the state level;** emphasising the importance of multi-level, intersectoral and collaborative efforts to address public health.

The action areas consider emerging challenges and risks and identify opportunities for improvement. There are numerous area, or issue-specific strategic and operational plans that provide more detailed guidance on how WA Health aims to achieve the priorities outlined in the SPHP. References are made to these documents where applicable.

## Guiding principles

### Sustainability

Establishing a foundation of sound public health practices and policies ensures sustainability that benefits all individuals and communities today, while accounting for public health, social, economic and environmental needs of the future. This includes building resilience and protecting communities from the health impacts of climate change, while also ensuring that public health practices remain cost effective and commensurate with public health risks. Sustainability incorporates the principle of intergenerational equity, in that the present generation should ensure that public health is maintained or enhanced for the benefit of future generations.

### Precautionary

Where there is a public health risk, lack of scientific certainty should not be used as a reason for postponing measures to prevent, control or abate that risk. Decision-making should include an assessment of the risk-weighted consequences of the options to ensure that harm to public health is avoided.

### Proportionate

Decisions made and actions taken to prevent, control or abate a public health risk should be proportionate to the severity of the threat and the potential harm posed. This principle encourages a balanced and tailored approach to public health interventions.



### **Partnerships**

Realising our vision for a healthier WA relies on collective efforts to enhance the built, natural, social, and economic environments that foster health and wellbeing. To reduce duplication and maximise effectiveness, it is important to identify shared goals, and pool skills and resources.

Further information on the roles of partners in public health planning is provided in Part 4.

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## OBJECTIVE

### Aboriginal health and wellbeing

*Address racism and strengthen the cultural determinants of health for Aboriginal people in WA*

For Aboriginal people in WA, health and wellbeing encompass various dimensions, including physical health, social and emotional well-being, spirituality, connection to Country, and cultural integrity.<sup>22</sup> The ongoing commitment to address the cultural determinants of health has been guided by the *WA Aboriginal Health and Wellbeing Framework 2015–2030* (the Framework).

The cultural determinants of health originate from and promote a strength-based perspective, acknowledging that stronger connections to culture and Country, build stronger individual and collective identities, bolster self-esteem, resilience, and positively impact other health determinants.<sup>23</sup> The Framework's principles of cultural responsiveness, access, accountability, and equality are embedded across all facets of the SHPH which supports acknowledgement that the health and wellbeing of Aboriginal people is everyone's business.

A focus on Aboriginal health and wellbeing also aligns with the Framework's strategic directions of 'Prevention and Early Intervention' and 'Individual, Family, and Community Wellbeing'. These strategic directions emphasise supporting healthy lifestyle choices through evidence-based initiatives and fostering strong networks and relationships to ensure that health policies and structures enhance resilience and collective potential within communities.

The Framework recognises racism is a major risk to health and wellbeing for Aboriginal people and acknowledges the right of Aboriginal people to have access to culturally safe and responsive health care. Racism significantly undermines the health of Aboriginal people by creating barriers to access and engage with the healthcare system, diminishing their willingness and interest in seeking necessary medical care. WA Health aims for a health system free of racism by implementing the Framework's strategic direction of 'A culturally respectful and non-discriminatory health system'.

For Aboriginal people, good mental health and social and emotional wellbeing are essential for them to reach their full potential and lead long, healthy lives. While closely linked, mental health and social and emotional wellbeing are distinct concepts. Social and emotional wellbeing serves as a protective factor against mental health conditions, providing a foundation for good mental health, although it does not guarantee it.<sup>30</sup> A holistic view of health in Aboriginal communities recognises mental health as interconnected with social and emotional wellbeing, grounded in connection to land, culture, spirituality, ancestry, family and community.<sup>23,31</sup> Collaborative efforts that respect this approach are essential to promoting wellbeing for Aboriginal people.

The National Agreement on Closing the Gap<sup>25</sup> is a priority for WA Health. This agreement is a 10-year commitment to policy making in full and genuine partnership with Aboriginal people. It sets 4 priority reform areas and 17 socio-economic targets to drive and focus efforts on improved outcomes. WA Health is the lead agency responsible for 2 of the 17 socio-economic targets, including Target 1; 'close the gap in life expectancy within a generation, by 2031' and Target 2; 'increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birth weight to 91 per cent, by 2031'.

#### Action areas

- Implement the National Agreement on Closing the Gap with a focus of the Priority Reform Areas.

- Implement the Framework by continuing to embed what works and informing future directions.

To support agencies in addressing the health needs of Aboriginal communities, Aboriginal public health planning resources will be made available. Resources will be culturally responsive and reflect community perspectives.

### **Related strategies and frameworks**

- [Aboriginal Health and Wellbeing Framework 2015-2030](#)
- [Aboriginal Empowerment Strategy – Western Australia 2021-2029](#)
- [Implementation Guide for the Aboriginal Health and Wellbeing Framework 2015-2030](#)
- [Closing the Gap Implementation Plan 2023-2025 Western Australia](#)
- [National Agreement on Closing the Gap](#)
- [National Aboriginal and Torres Strait Islander Health Plan 2021-2031](#)
- [Aboriginal Empowerment Strategy - Western Australia 2021-2029](#)

### **Helpful resources and data**

- [Social and Emotional Wellbeing - Health Topics - Australian Indigenous HealthInfoNet](#)
- [Transforming Indigenous Mental Health and Wellbeing Project – Social and Emotional Wellbeing](#)

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## OBJECTIVE

### Equity and inclusion

*Empower community groups who are at risk of greater inequities from the impact of social and environmental determinants of health to access health services*

Equity and inclusion are essential principles in public health, particularly for community groups that face heightened risks of inequity, such as communities with a CaLD background, people experiencing socioeconomic disadvantage, people living in rural and remote areas, people with disabilities and people with mental health conditions. These groups often encounter barriers to accessing healthcare services, including language obstacles, cultural misunderstanding, and systemic biases that can lead to disparities in public health outcomes.

In 2024, WA Health implemented the [Health Equity Impact Statement and Declaration Policy](#). This policy is intended to support equity in health outcomes and access to care by:

- ensuring considerations for equitable health outcomes and access to care are embedded in the development, implementation, review and changes to significant initiatives;
- ensuring that consumers and carers of priority group/s are consulted in the development, implementation, review and changes to these initiatives;
- providing a central mechanism for collecting, sharing and promoting information about current or planned significant WA health system initiatives.<sup>87</sup>

The policy is intended to be broad in scope, as various initiatives can contribute to access to care and equitable health outcomes. Examples include policies, programs, services, communications, and infrastructure planning and development.

The policy aligns with recommendations 3b and 3c of the [Sustainable Health Review](#), which prioritises the requirement for the WA Health system to reduce inequity in health outcomes and access to care for people from priority groups.<sup>87</sup>

#### Action areas

- Implement the Health Equity Impact Statement and Declaration Policy.

#### Related strategies and frameworks

- [Sustainable Health Review Strategy 1 “Commit and collaborate to address major public health issues”](#)
- [Inclusion, Equity and Diversity Strategy 2024-2027](#)

**Helpful resources and data**

- [Health Equity Impact Statement and Declaration Policy](#)
- [WA Multicultural Policy Framework](#)

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## **OBJECTIVE**

### **PROMOTE: Foster strong communities and healthier environments**

The strength of a community and the health of its environment directly impact how people live, work, and connect with one another. Challenges such as urban sprawl, environmental degradation, and social isolation can weaken these connections and lead to negative effects on both physical and mental 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. Local events, such as clean-up drives and tree planting initiative, fosters community engagement, which not only enhances the look of the neighbourhood but also strengthens social ties. Creating green spaces, such as parks and community gardens, provides a venue for social interaction while improving air quality and biodiversity. When communities are engaged in environmentally sustainable practices, they contribute to the preservation of natural resources, reduce pollution, and mitigate climate change, ensuring a healthier planet for future generations.

By prioritising both the built and natural environments, we can create healthier, more resilient communities that are better equipped to face emerging challenges and improve the quality of life for all.

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## PRIORITIES

### 1. Ensure public health risks are considered and addressed in planning and development policies and approval processes to facilitate healthy living and minimise impacts from public health hazards

Our natural and built environments significantly influence our physical and mental well-being. Incorporating a health lens in urban planning can promote physical activity through active design, such as parks and bike lanes, and ensure access to healthy food. Thoughtful planning also supports mental health by providing green spaces and recreational areas for relaxation and social and cultural connection. Additionally, integrating sustainable practices can build resilience to climate change, reduce exposure to environmental hazards, and limit the spread of vector-borne and waterborne diseases.

#### Action areas

- Support regulatory initiatives that positively influence active lifestyles (Health-Focused Urban Design)<sup>26</sup> and social connections.
- Promote access to healthy food options through food retail zoning and policies and encourage local food production.
- Foster collaboration between public health representatives, urban planners, state government agencies and community stakeholders to ensure that health is a focus in urban development strategies at both state and local levels.
- Implement Public Health Assessments as a standard part of the planning and development approval process to evaluate the potential health effects of proposed projects and policies, to consider health in decision making.
- Minimise environmental risks of planning proposals, such as mosquitoes and other biting insects, air quality, contaminated land and water, wastewater management, public drinking water sources, and soil condition.
- Ensure minimum separation distances between industrial and sensitive land uses.
- Develop and implement urban design and building code requirements that support climate-resilience, including protecting and increasing the tree canopy, creating green public spaces, improving stormwater management and using sustainable building materials.<sup>27</sup>
- Add climate risks to local land use plans and urban development policies.

#### Related strategies and frameworks

- [Environmental Health Strategic Plan 2023-2027](#)
- [Health Promotion Strategic Framework 2022-26](#)
- [Western Australian Mental Wellbeing Guide](#)

#### Helpful resources and data

- [Healthy Active by Design](#)
- [Residential Estates Precincts and Urban Developments – WA Health](#)
- [Position Statement: Service Stations and Sensitive Land Uses – WA Health](#)
- [Evidence Supporting the Creation of Environments that Encourage Healthy Active Living – WA Health](#)
- [Mosquito Management – WA Health](#)
- [Chironomid Midge and Mosquito Risk Assessment Guide for Constructed Water Bodies – WA Health](#)
- [Planning and Legislation – WA Health](#)

## 2. Optimise mental health and wellbeing

Optimal mental health and wellbeing enable individuals to actively participate in community and family life, contribute socially and economically, and lead long, meaningful lives. It enhances the ability to cope with stress, work productively, and engage with society. Low levels of mental health and wellbeing are linked to physical ill-health, harmful alcohol and other drug use and lower quality of life.

Mental health issues, such as anxiety-related conditions, mood disorders, and behavioural conditions, are among the leading causes of disability and morbidity in WA. Nearly half of the Australian population (45%) aged 16-85 years is expected to experience a mental health condition at some point in their life.<sup>28</sup> Suicide, which contributes significantly to the burden of disease in WA, remains a key priority for prevention, with efforts focusing on reducing suicide, suicide attempts, and self-harm.<sup>29</sup> Improvements in mental wellbeing can reduce the risk of suicide regardless of the presence or absence of a diagnosed mental health condition; the risk of suicidal thoughts, feelings and behaviours can increase with decreasing levels of wellbeing.

Improving mental wellbeing involves two key approaches: enhancing protective factors that promote higher levels of mental wellbeing, such as social connection and access to supportive environments, and reducing risk factors that contribute to poor mental health outcomes, including social isolation and unhealthy lifestyle behaviours.<sup>32</sup> Supportive factors for positive mental health and wellbeing include strong family functioning, supportive communities, social support networks, physical activity, employment, a healthy diet, and access to green spaces.<sup>33</sup>

### Action areas

- Collaborate with government and non-government agencies to address social determinants of health, including housing, education, employment, financial security, and safe, healthy environments.
- Promote shared responsibility across government, private and non-government sectors to build workplaces that promote mental health and wellbeing.
- Implement regulations to protect mental health on digital platforms, including development of guidelines for content moderation and support resources.
- Develop and implement population-wide prevention initiatives that promote community participation, provide mental health information, and build organisational capacity for prevention efforts.
- Sustain and expand evidence-based public campaigns that promote mental wellbeing, contribute to reducing stigma and encourage help-seeking.
- Implement targeted mental health programs for high-risk groups.
- Support community led, holistic mental health initiatives for Aboriginal communities that promote social and emotional wellbeing.
- Work towards the delivery of mental health and wellbeing programs that are culturally secure for the diverse population of WA.

### Related strategies and frameworks

- [Sustainable Health Review](#) Strategy 2 “Improve mental health outcomes” emphasises the importance of accessible, responsive and connected mental health, alcohol and other drug services
- [Aboriginal Health and Wellbeing Framework 2015-2030](#)
- [Aboriginal Empowerment Strategy – Western Australia 2021-2029](#)
- 2025-2030 Mental Health, Alcohol and Other Drug Strategy (in development, due for release around same time as State PH Plan)
- [Western Australian Suicide Prevention Framework 2021-2025](#)
- [National Mental Health and Suicide Prevention Plan](#)
- [National Preventive Health Strategy 2021-2030](#)
- [National Children’s Mental Health and Wellbeing Strategy](#)



**Helpful resources and data**

- [Western Australian Mental Wellbeing Guide](#)
- [Think Mental Health](#)
- [Strong Spirit Strong Mind](#)
- [Mental Health Commission](#)

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### 3. Improve health literacy by ensuring that accessible and appropriate health information is effectively communicated to all Western Australians

All Western Australians should have access to high-quality, evidence-based information to manage their health and wellbeing at every life stage. Information should be person-centred, accessible, and culturally appropriate. Ensuring that health messages are accessible to all segments of the population helps reduce health disparities and promotes equity in healthcare access and outcomes.

Improving health literacy directly impacts health outcomes and empowers individuals to make informed decisions. Higher health literacy levels are associated with better health behaviours, increased use of preventive services, and improved management of chronic diseases.<sup>34</sup> The COVID-19 pandemic highlighted the critical role of accurate and appropriate health information – both through the negative impact of misinformation leading to vaccine hesitancy and mistrust of public health authorities, and the success of effective communication campaigns in increasing vaccination rates and adherence to public health measures.

#### Action areas

- Leverage digital health tools such as mobile apps, online platforms, and social media to disseminate personalised, interactive health information and counter misinformation.
- Monitor health literacy levels and communication effectiveness to inform targeted interventions and improve health literacy programs.
- Partner with Aboriginal Community-Controlled Organisations to co-design and disseminate culturally responsive health information.
- Develop and disseminate health information in multiple languages for CaLD populations.
- Strengthen response to health misinformation on and via social media.

#### Related strategies and frameworks

- [National Health Reform Agreement Addendum 2020-2025](#)
- [Health Promotion Strategic Framework 2022-2026](#)
- [National Preventive Health Strategy 2021-2030](#)
- [National Statement on Health Literacy \(Australian Commission on Safety and Quality in Health Care\)](#)

#### Helpful resources and data

- [How can we improve health literacy in Australia? | InSight+ \(mja.com.au\)](#)
- [NSW Health Literacy Framework](#)
- [Australian Bureau of Statistics. National Health Survey: Health literacy](#)

#### 4. Improve understanding and use of genomic information to promote population health

Following a rapid period of development in the last couple of decades, genomics advances are enabling a much more detailed understanding of the link between our genes and our health. Genomic tests analyse the DNA of multiple genes or all genes of a species simultaneously and are transforming how we prevent, diagnose, treat and predict disease. The data generated can diagnose diseases, inform prognosis, match patients to therapies or clinical trials, predict the risk of genetic diseases, and assist the management of infectious disease outbreaks.<sup>35, 36</sup>

Genomics drives precision medicine and precision public health by offering targeted, individualised approaches that improve health outcomes and reduce costs. Its transformative potential across the lifespan promises significant benefits—including economic savings—for individuals, families, and populations. Current and emerging applications of genomics include:

- genomic testing, or 'molecular profiling', which is increasingly used to guide treatment, diagnose, predict outcomes, and identify new drug targets for cancers.<sup>37</sup>
- timely diagnosis of rare diseases by identifying causative DNA variants, which shortens the diagnostic journey, and guides treatment, access to clinical trials and family planning.
- drug development and selection of treatment.<sup>38</sup>
- identification of genetic variations that influence drug metabolism which can inform drug options and dosages.<sup>39</sup>
- microbial genomics which identify and track pathogens, aid in the management of disease outbreaks, predict antimicrobial resistance, and assist development of new therapeutics and vaccines.<sup>40</sup>
- integration within existing population-based screening programs and as a key enabler in new programs, such as screening newborns<sup>41, 42</sup>, those early in pregnancy or considering pregnancy (reproductive carrier)<sup>43, 44</sup>, and adults for selected high-evidence genetic conditions such as hereditary cancers, and familial hypercholesterolemia.<sup>45, 46</sup>

Genomics-enabled healthcare delivery must be responsible, accountable, and transparent, recognising the unique ethical, legal, and social considerations of genomic data (such as its predictive capability, familial implications, longevity, and uniqueness), which require careful management.<sup>47</sup> Challenges include protecting data privacy; ensuring equitable access, including availability of Aboriginal reference genomes; addressing ethical consent issues; developing the necessary infrastructure, workforce capacity and expertise to produce, analyse, interpret, manage and store large genomic datasets; and appropriately communicating findings to health professionals, consumers and their families.

##### Action areas

- Improve genomic literacy and empower stakeholders (including patients, community members and healthcare professionals) to make informed decisions about the uses of genetic information with realistic expectations about the risks and benefits.
- Engage and partner with Aboriginal communities to build trust in genomic technology.
- Engage and partner with CaLD populations to build trust in genomic technology.
- Undertake innovative programs to equitably implement evidenced-based genomic applications into the WA Health system.

## WA State Public Health Plan 2025-2030 | CONSULTATION DRAFT

- Facilitate improved cascade testing of at-risk relatives of those with certain genetic conditions to allow identification of high-risk individuals and the possibility of early interventions.
- Undertake workforce planning and education strategies to build capacity for genomics applications.
- Consider and address the ethical, legal and social implications of genomic health technologies.
- Develop policies that promote effective use of genomic applications in healthcare.
- Monitor and evaluate the evidence-base for and impact of genomic applications on population health.
- Contribute to translational research and advocate for increased genomic research infrastructure.

### **Related strategies and frameworks**

- [WA Genomics Strategy 2022-2032](#)
- [National Strategic Action Plan for Rare Diseases](#)

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## OBJECTIVE

### **PREVENT: Reduce the burden of chronic disease, communicable disease and injury**

Preventing disease and injury before they occur is a core pillar of public health. The majority of Western Australians enjoy good health but some groups are at greater risk of poor health than others. This includes people living in regional and remote areas of the state, people living in lower socioeconomic conditions, and people of CaLD backgrounds. The proportion of older people is growing, and the burden of disease and injury in older age groups is increasing.

Prevention supports physical and mental health and wellbeing, community safety and amenity, social and health equity, social connection, workforce productivity and the broader economy. It is best practice to place population-wide approaches of primary prevention at the centre of strategies for prevention. Even small shifts in behaviour at a population level can lead to large overall reductions in the burden of disease and injury.<sup>48</sup> A 'population-wide' approach does not mean a 'one-size-fits-all' approach, but one that is equitable in reach, accessibility and relevance to all Western Australians. This includes developing actions/activities for the community at large, as well as for populations at increased risk of negative health outcomes.

Approaches to prevention also need to take into consideration how the broader determinants of health influence disease and injury patterns in Western Australians. Developing and maintaining partnerships for prevention across the public and private sector is key to advancing the preventive health agenda. Culturally responsive approaches designed and implemented in partnership with the Aboriginal Community-Controlled Health Sector and the community services sector are central to positive health outcomes for Aboriginal people.

Overarching strategies and frameworks for preventing chronic disease, communicable disease and injury:

- [National Preventive Health Strategy 2021-2030](#)
- [WA Aboriginal Health and Wellbeing Framework 2015-30](#)
- [WA Health Promotion Strategic Framework 2022-2026](#)

## PRIORITIES

### 1. Reduce use of tobacco, vapes and related products

A comprehensive approach to tobacco control includes strong legislation, regulation and policy, public education campaigns, and support services for quitting. E-cigarettes, also known as vapes, are battery-operated devices that deliver an aerosol by heating a liquid that users breathe in. Although these measures have significantly reduced the prevalence of tobacco use in WA, smoking is still the leading preventable cause of disease and death in WA.<sup>49</sup> Smoking causes lung cancer, chronic respiratory diseases, cardiovascular disease, and a range of other diseases and cancers.<sup>50</sup> On average, people who do not smoke are estimated to live 10 years longer than people who currently smoke.<sup>51</sup>

While current smoking prevalence among WA secondary school students is historically low at 2%,<sup>52</sup> the risk of young people becoming addicted to nicotine through vaping and alternative nicotine products and transitioning to tobacco use is a growing challenge. Vaping can lead to nicotine dependence, increase the likelihood of starting to smoke tobacco, and expose people who vape and bystanders to harmful chemicals.<sup>53</sup> Recent changes to the regulation of vaping products in Australia have strengthened enforcement by prohibiting the sale of vapes outside pharmacies and banning personal importation.<sup>54</sup> The enhanced penalties and new compliance framework involving national collaboration will support WA to reduce unlawful vaping and improve public health.

Higher levels of tobacco use in some population groups contribute to significant health, social and financial inequalities. Aboriginal people, people living in lower socio-economic conditions, people living in regional and remote areas, people living with a mental illness, people experiencing homelessness, people from the LGBTIQ+ community, older people, people who are dependent on alcohol and other drugs, and people who are in prison are among those groups with a higher prevalence of smoking.<sup>55,56</sup> Some population groups are more at risk of harm from exposure to tobacco use, such as pregnant women, infants and children, and people living with a chronic health condition.<sup>57</sup>

Sustained, comprehensive, population-wide tobacco control efforts are needed to reduce the serious impact of tobacco use now and into the future.

#### Action Areas

- Reduce tobacco use, vaping, and use of related products, particularly among people at greater risk of harm.
- Reduce tobacco use among Aboriginal people.
- Eliminate exposure to second-hand smoke and vape aerosol where the health of others can be affected.
- Strengthen and ensure compliance with regulation to reduce supply of and access to tobacco and alternative nicotine delivery products, including illicit tobacco and vaping products.

#### Related frameworks and strategies

- [National Tobacco Strategy 2023-2030](#)
- [WA Health Promotion Strategic Framework 2022-2026](#)

#### Helpful resources and data

- [Make Smoking History®](#)
- [WA Quitline](#)
- [Clear the Air – Healthway & Cancer Council WA](#)
- [E-cigarettes in WA – WA Health](#)
- [Tobacco and e-cigarette use in Western Australia – WA Health](#)

- [E-cigarettes and vaping – Healthy WA](#)
- [Smoking and vaping cessation resources – WA Health](#)
- [WA Health and Wellbeing Surveillance System](#)
- [Australian Secondary Students' Alcohol and Drug Survey 2022 – WA](#)

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## 2. Encourage and support healthy eating and active living to halt the rise in obesity

Healthy eating and active living are fundamental to health and wellbeing, and the prevention of chronic disease and improvements in a range of health outcomes across the lifespan. This includes maintaining a healthy weight and preventing obesity. Obesity is a chronic, relapsing, progressive condition that leads to physiological changes and ill health over time, and is a major risk factor for chronic conditions including cardiovascular disease, type 2 diabetes, and some cancers.<sup>58</sup> Regular physical activity and a balanced diet also improve mental health and enhance quality of life, independent of weight loss.<sup>59</sup>

Overweight and obesity are major cause of preventable disease and death in WA.<sup>49</sup> Poor nutrition and physical inactivity contribute to these high rates of obesity and the chronic diseases it causes.<sup>49, 60</sup> Obesity and related chronic conditions are closely linked to social and environmental determinants of health, including income, education, and access to healthy food and recreational facilities.

Food insecurity is the limited or uncertain access to nutritious food. Food insecurity, especially in rural and remote areas, disproportionately affects Aboriginal communities, limiting access to affordable, nutritious food and worsening health disparities.<sup>61</sup> The paradox of abundant, cheap unhealthy food and unaffordable healthy options further deepens this challenge.

Multiple complex systems contribute to overweight and obesity, including food supply, transport, urban design, advertising, education, trade, legal, economic, biological and psychosocial factors.<sup>62</sup> Improving urban design and environments, increasing availability of affordable nutritious foods, and increasing the knowledge and skills necessary to choose healthy foods and drinks are all important in supporting Western Australians in active living and healthy eating.

### Action areas

- Promote environments and urban design that support healthy eating and active living.
- Increase availability and accessibility of quality, affordable and nutritious food for all.
- Increase the knowledge and skills necessary to choose healthy food and drinks.
- Encourage and support active living across the lifespan.
- Motivate behaviour to achieve and maintain a healthy weight among adults.
- Prevent and reverse childhood obesity.
- Policy input into national food regulatory system.

### Related frameworks and strategies

- [WA Health Promotion Strategic Framework 2022-2026](#)
- [Sustainable Health Review](#)
- [National Obesity Strategy 2022-2032](#)
- [Consultation: National Strategy for Food Security in Remote First Nations Communities](#)
- [Council of Australian Governments \(COAG\) Health Council – Promoting and supporting healthy food and drink choices](#)

### Helpful resources and data

- [Australian Dietary Guidelines](#)
- [Physical activity and exercise guidelines](#)
- [LiveLighter® and LiveLighter® resources](#)
- [Health Star Rating System](#)
- [WA Health and Wellbeing Surveillance System](#)
- [WA Nutrition Monitoring Survey Series](#)
- [ABS – Overweight and obesity](#)
- [AIHW – Overweight and obesity](#)



### 3. Reduce harm due to alcohol use

Alcohol use in WA is high by national and world standards, with one in three adults drinking alcohol at levels that risk of harm from alcohol related disease or injury.<sup>4,63</sup> While more young people (under 18 years) in WA are choosing not to use alcohol, one in three continue to drink at levels considered risky for adults.<sup>64</sup> Harms caused by alcohol are a whole of community issue, although some groups experience greater risk of harm due to economic, cultural, social, geographical and educational factors.<sup>65</sup> The impact of alcohol use in regional and remote communities can be increased by geographical isolation, limited access to programs and services, and stresses presented by weather conditions such as drought and flooding.<sup>63</sup>

Alcohol-related harm is associated with significant economic, health and social costs such as unemployment, homelessness, poverty, frequency and severity of family domestic violence, and family breakdown. These matters impact children, families and communities and need to be addressed by all levels of government and the community.<sup>66, 67</sup>

In WA, alcohol demand, supply and harm reduction are addressed through a cross-agency approach. The Mental Health Commission leads on strategy and system-wide strategic policy reform through its dedicated Office of Alcohol and Other Drugs. The Commission drives action by providing or partnering in the delivery of alcohol prevention and early intervention programs, community support, treatment, and harm reduction services. Other government departments and agencies that contribute to alcohol management include the DLGSC, through its administration of the *Liquor Control Act 1988*, and the Western Australia Police Force, which leads enforcement activities. The Chief Health Officer can intervene in matters before the licensing authority to make representations about harm or ill-health caused to people due to the use of liquor and the minimisation of that harm or ill-health. However, the Chief Health Officer is not a decision-maker in the liquor licensing process.

#### Action areas

- Increase community awareness of alcohol-related health risks and harms.
- Prevent and delay uptake of alcohol by children and young people.
- Foster supportive environments and implement evidence-based policies and legislation to reduce demand for alcohol and alcohol-related harm.
- Manage the supply and availability of alcohol.
- Restrict exposure to alcohol promotion for children and youth.
- Provide targeted support, intervention and rehabilitation for high-risk groups.
- Address alcohol related violence in the community and health system.

#### Related frameworks and strategies

- [National Alcohol Strategy](#)
- [WA Health Promotion Strategic Framework 2022-2026](#)
- [Mental Health and Alcohol and Other Drugs Strategy 2025-2030](#) (in development, due release 2025)

#### Helpful resources and data

- [Australian Guidelines to Reduce Health Risks from Drinking Alcohol – Summary](#)
- [Alcohol Think Again®](#)
- [Strong Spirit Strong Mind](#)

- [SDERA Resources](#)
- [ABS – Alcohol Consumption](#)
- [AIHW – Alcohol Risk and Harm](#)
- [National Drug Strategy Household Survey – WA](#)
- [WA Health and Wellbeing Surveillance System](#)
- [Australian Secondary Students Alcohol and Drug \(ASSAD\) Survey](#)

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## 4. Prevent injuries and promote safer communities

Injury is the ‘physical or mental harm to a person resulting from intentional or unintentional contact with an object, substance or another person.’<sup>68</sup> Injuries have a profound impact on the Western Australian community in terms of health system costs, loss of productivity, quality of life and mental health. Injuries occur across all ages and stages of life. Most injuries are predictable and preventable. By identifying the causes of injury, and those people most vulnerable, it is possible to reduce the harm or prevent the injury from happening entirely.

Alcohol use increases the risk of being injured and harming someone else. Alcohol use is a factor in one in three emergency department presentations, one in 10 hospitalisations, and one in five deaths related to injuries in WA.<sup>69</sup> Strategies to reduce alcohol harm will also help to prevent injury.

People who live in the regions or in remote parts of Australia experience higher levels of hospitalisation and death due to injury than those living in metropolitan areas.<sup>70</sup>

Because of the diversity of our environments and communities in WA, priorities for injury prevention are likely to vary by region. For example, WA’s cities and towns will have a focus on safe urban design, while rural and regional areas may focus more on farm safety, and aquatic safety may be at the forefront for coastal regions and where there are rivers, lakes and dams. Road and transport safety is a priority in all parts of WA.

Efforts to promote safer communities are the responsibility of a number of government agencies. The Department works with a range of injury prevention stakeholders, including other government departments and non-government agencies, to promote safer communities.

### Action areas

- Protect children and young people from injury.
- Prevent falls in older people.
- Improve safety in, on and around water.
- Reduce road crashes and road trauma.
- Promote a safer built environment.
- Ensure safe communities and events.
- Support policies and programs to address family and domestic violence.

This provides a detailed approach to addressing these action areas.

### Related frameworks and strategies

- [National Strategy for Injury prevention 2020-2030](#)
- [WA Health Promotion Strategic Framework 2022-2026](#)
- [Driving Change - Road Safety Strategy 2020-2030](#)
- [Australian Water Safety Strategy](#)

### Helpful resources and data

- [Injury matters](#)
- [Kidsafe WA](#)
- [Royal Life Saving WA](#)
- [Heart Foundation – Healthy Active by Design](#)
- [AIHW – Injury in Australia](#)
- [WA Health and Wellbeing Surveillance System](#)
- [Incidence and costs of injury in WA 2012](#)
- [WA Health and Wellbeing Surveillance System](#)

## 5. Reduce harm due to illicit drug use, misuse of pharmaceuticals and other drugs of concern

One in five people in WA report use of an illicit drug in the previous 12 months,<sup>55</sup> with harms spanning health, social and economic domains which range from injury, overdose, transmission of blood-borne viruses, mental health issues, violence, engagement with criminal justice, trauma and child protection issues.<sup>71</sup>

Social and structural determinants significantly contribute to illicit drug use and can include complex issues such as social and economic exclusion, poverty, marginalisation, racism and stigmatisation<sup>71</sup>. Prescription drug misuse continues to be a major issue in Australia<sup>72</sup>, contributing to rising levels of harm.

Australian governments address alcohol and other drug use (AOD) in the community through a long-standing commitment to a harm minimisation framework. This internationally recognised approach prevents and reduces the harms associated with AOD use through three pillars: harm reduction, demand reduction and supply reduction.<sup>71</sup>

### Action areas

- Deliver programs and facilities to reduce harms such as overdose and blood-borne virus transmission.
- Sustain and expand evidence-based public campaigns and programs to raise awareness about the risks of drug use and misuse of pharmaceuticals and promote safe practices.
- Ensure legislation, regulation and policy around drugs optimise public health and safety.
- Enhance monitoring and surveillance of illicit and prescription drug use to inform policy responses and programs.
- Implement targeted interventions to address needs of priority populations, ensuring culturally secure supports and equitable access to treatment, including rehabilitation and withdrawal.
- Monitor novel and emerging psychoactive substances and develop timely public health and policy responses to reduce associated harms.
- Address stigma and discrimination, including through raising awareness of available services and following best-practice language guides.

### Related frameworks and strategies

- [Mental Health and Alcohol and Other Drugs Strategy 2025-2030](#) (in development, due release 2025).
- [WA Sexual Health and BBV strategy 2024-2030](#)
- [National Drug Strategy 2017-2026](#)

### Helpful resources and data

- [Medicines and Poisons Regulation Branch \(health.wa.gov.au\)](#)
- [Strong Spirit Strong Mind](#)
- [Drug Aware](#)
- [Alcohol and Drug Foundation](#)

## 6. Improve access to and quality of population-based screening programs

Screening is a key element of public health as it can reduce the burden of disease on individuals and the community by detecting diseases earlier and improving health outcomes for individuals and their families. In Australia, there are five national population-based screening programs: bowel cancer, breast cancer, cervical cancer, newborn bloodspot and newborn hearing. A new lung cancer screening program will commence in July 2025. Effort is required to ensure these programs are safe, effective and equitable and to balance the benefits, with the harms and costs of screening. Participation rates in population cancer screening programs are suboptimal, particularly for people living in rural areas, Aboriginal people, people living with socioeconomic disadvantage, and CaLD populations.<sup>73</sup> Initiatives are needed to increase equity of access and participation in screening programs, particularly for priority populations. Advances in screening technology are also enabling new potential screening programs and changes to existing programs that can improve effectiveness and efficiency.

Genomic sequencing is emerging as a disruptive tool for population screening that is likely to impact all current population-based screening programs and require consideration of programs for health conditions not targeted by existing programs.<sup>74 75</sup> Currently genomic screening applications are at various stages of readiness for assessment and/or implementation at the population level. There are also complex issues associated with the increasing use of genomics in population-based screening, including identifying high risk of a disease before symptoms are present, uncertainty of results, impacts on families, implications for risk-rated insurance, consent requirements and complexity of decision-making.

### Action areas

- Co-design and co-implement strategies to achieve equity in cancer screening for Aboriginal people.
- Reduce barriers to screening in rural and remote areas.
- Investigate emerging population screening innovations and ensure appropriate implementation to facilitate access for those at high risk.
- Monitor and evaluate existing population screening programs for efficacy and possible improvements.
- Lead [expansion of the WA Newborn Bloodspot Screening program](#) in collaboration with the Australian Government.
- Contribute to projects exploring new and innovative approaches to population screening, including the potential for genomics-enabled screening programs.
- Contribute to implementation of the [national lung cancer screening program](#) in WA to ensure equitable access and participation.

### Related frameworks and strategies

- [WA Cancer Plan 2020-2025 \(health.wa.gov.au\)](https://health.wa.gov.au)
- [Population-based screening framework | Australian Government Department of Health and Aged Care](#)
- [Australian Cancer Plan | Cancer Australia](#)
- [Newborn Bloodspot Screening – National Policy Framework \(health.gov.au\)](https://health.gov.au)

### Helpful resources and data

- [Population-based health screening | Australian Government Department of Health and Aged Care](#)
- [Western Australian Cancer Registry statistics](#)
- [Screening and early diagnosis - Cancer Council WA](#)
- [Cancer screening Overview - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://aihw.gov.au)
- [WA Newborn Bloodspot Screening Program \(health.wa.gov.au\)](https://health.wa.gov.au)

## 7. Expand immunisation program provision to prevent infectious disease

Immunisation is known to be one of the most effective public health interventions, saving millions of lives worldwide every year. Despite the known success of immunisation and availability of safe and effective vaccines, many vaccine preventable diseases continue to occur in WA due to suboptimal coverage in the context of disruption of immunisation programs, vaccine hesitancy and loss of public confidence following the COVID-19 pandemic.<sup>76-78</sup> The consequences of these include absences from work and school, visits to primary care providers, hospitalisation, permanent disability, and even premature death.<sup>79 80</sup>

The development of new vaccines and monoclonal antibodies, such as those targeting respiratory syncytial virus (RSV), along with novel technologies emerging from the COVID-19 pandemic, present valuable opportunities to tackle significant infectious diseases more effectively.

Expanding the provision of immunisation programs using mechanisms such as Structured Administration and Supply Arrangements (SASAs) enables health practitioners like nurses, Aboriginal Health Practitioners and pharmacists to play a larger role in vaccination delivery and increases access to vaccination for the individual. The Australian Immunisation Register (AIR) and the increasing use of electronic health records, mobile apps, and data analytics enables better vaccination coverage monitoring, targeted outreach, and advanced monitoring of vaccine safety and efficacy.

Improvement in coverage is required for Aboriginal people as well as CaLD and socially diverse groups, who may be disproportionately affected by the burden of diseases for several reasons including barriers to access. Helping to improve access to immunisation through levers such as affordability, awareness, availability and ensuring cultural safety are key to improving coverage rates, with a focus on tailored programs for groups with the lowest uptake.

### Action areas

- Improve access to and equity of immunisation services.
- Continuously improve immunisation services and programs.
- Improve community confidence in and increase demand for immunisation.
- Enhance immunisation workforce capacity and competency.
- Optimise policies, processes and information systems supporting immunisation.
- Improve collaboration and partnerships among all immunisation stakeholders.

### Related frameworks and strategies

- [National Immunisation Strategy 2025-2030 \(release early 2025\)](#)
- [World Health Organisation Immunization Agenda 2021-2030](#)

### Useful resources and data

- [National Centre for Immunisation Research and Surveillance \(NCIRS\) Australia](#)
- [The Australian Immunisation Handbook](#)
- [Immunisation coverage data, surveys and reports \(AIR\)](#)
- [Immunisation in WA](#)

## OBJECTIVE

### **PROTECT: Protect against public and environmental health risks, effectively manage emergencies, and lessen the health impacts of climate change**

The health of the environment, and of animals and humans are deeply interconnected. Recognising and addressing these links is crucial for ensuring community safety and well-being. Climate change, disruptions to ecosystems, and global mobility further intensify the risk of public and environmental health threats, requiring a comprehensive approach to protect populations from these growing risks.

Advances in technology offer significant potential for improving disease surveillance, outbreak management, and emergency response. Innovations in genomics, diagnostics, artificial intelligence (AI), modelling, and special technology allow for more precise and efficient monitoring of infectious diseases. Ongoing advancements in vaccine development and distribution are crucial in reducing the incidence of both established and emerging infectious diseases. Tools such as satellite imaging, and data and analytics also play a vital role in emergency preparedness and response, enabling more accurate risk assessments and real-time decision-making, which can optimise resource allocation and improve outcomes during crises. Leveraging these technologies and approaches can strengthen health protection, making public health systems more resilient to future challenges.

Incorporating a One Health approach, which acknowledges the interconnectedness of human, animal, and environmental health, can significantly improve the management of vector-borne and zoonotic diseases, as well as issues such as antimicrobial resistance and ecosystem health. This cross-sector collaboration is essential in addressing the complex factors contributing to public health risks.

Despite these advancements, several challenges threaten the protection of public health. The increase in antimicrobial resistance limits treatment options for infectious diseases. Climate change further compounds these risks, as rising temperatures, altered precipitation patterns, and extreme weather events contribute to the proliferation of disease vectors, increasing the incidence of vector-borne diseases and zoonotic infections. Climate change also exacerbates the risk of future pandemics by disrupting ecosystems and increasing human-wildlife interactions.

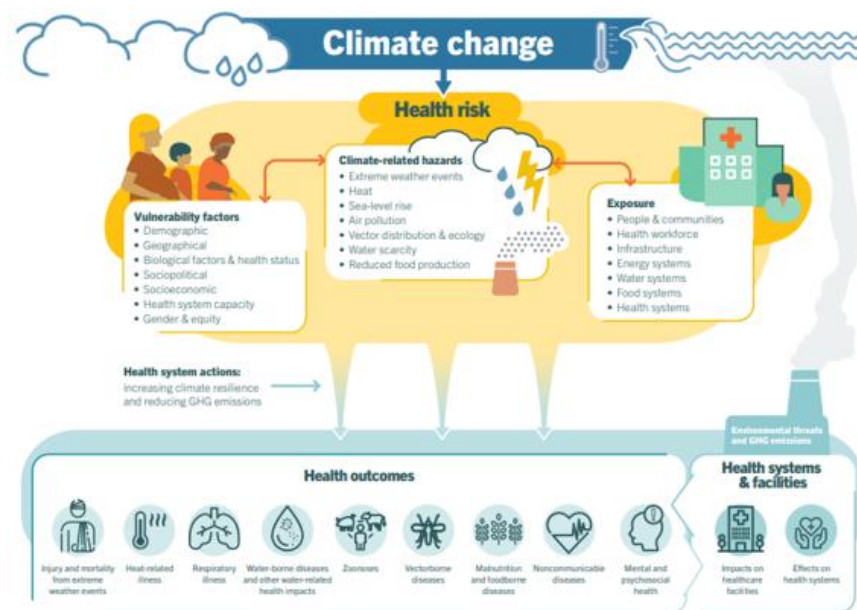
The increasing frequency, duration, and severity of extreme weather events place further strain on healthcare systems, often coinciding with other public health emergencies, leading to resource shortages and overwhelming of services. Additionally, the growing dependence on digital infrastructure for communication and service delivery makes public health systems more vulnerable to cyberattacks, creating a need for enhanced cybersecurity measures in healthcare and emergency response operations. These interconnected risks demand comprehensive strategies to safeguard public and environmental health.

## PRIORITIES

### 1. Manage the effects of climate change on people’s health and reduce the health system’s environmental footprint

The World Health Organization describes climate change as a fundamental threat to human health.<sup>81</sup> The human health impacts of climate change are already evident globally, with rising temperatures and extreme weather events linked to heat-related illnesses, injuries, and increased prevalence of vector-borne and respiratory diseases. WA faces multiple climate change effects, including increasing temperatures, droughts, rising sea levels, coastal erosion, and more frequent and severe bushfires.<sup>27</sup> These impacts place greater pressure on health services, straining resources and challenging their capacity to meet increased demand. Climate change also indirectly affects food systems and exacerbates food insecurity by disrupting agricultural practices, food processing, and supply chains. These disruptions can drive up food prices, increase transport costs, and reduce the frequency of food production and delivery.<sup>27</sup> Climate change will affect all Western Australians, but not equally. Some areas and population groups are more vulnerable due to their health status and location.<sup>81</sup> Addressing these vulnerabilities is crucial for building adaptive capacity.

Moreover, our health system is a significant contributor to climate change. Every aspect of healthcare, from energy and water usage in hospitals to transportation and the procurement of medical supplies, carries both an environmental and carbon cost.<sup>82</sup> WA Health’s total carbon footprint accounts for approximately 8% of the state’s overall emissions.<sup>82</sup> National and international movements are driving the healthcare sector towards sustainability, with increasing support for green healthcare practices and low-carbon technologies. Advances in renewable energy, energy-efficient building designs, and sustainable healthcare technologies offer new opportunities to reduce the carbon footprint of health services. The Department’s *Strategy for environmentally sustainable, low carbon and climate resilient healthcare (pending release)* outlines targeted actions and innovative approaches to support the transition towards a more sustainable and climate-resilient health system.



WHO: <https://www.who.int/newsroom/factsheets/detail/climatechangeand-health>

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The WA government has committed to reducing carbon emissions by 80% from 2020 levels by 2030 across all government sectors<sup>83</sup>, anticipated to be legislated under the Climate Change Bill 2023. The WA government has also announced a [climate-adaption strategy](#) aimed at enhancing climate research, involving the public sector in policy development, and supporting communities with targeted funding to adapt to climate change. While adaptation measures can mitigate some impacts, there is a threshold beyond which adaptation is insufficient, underscoring the urgent need for comprehensive action to both manage health risks and reduce our carbon footprint.



## Action areas

### Mitigation

- Deliver high quality, low carbon and environmentally sustainable healthcare.
- Build workforce capacity to integrate climate action into healthcare practices.
- Invest in sustainable infrastructure such as energy efficient buildings and wastewater recycling.
- Develop and promote sustainable transport infrastructure and services for health staff, patients, and visitors.

### Adaptation

- Strengthen climate-resilient health services through design, planning and community engagement.
- Lead health system-wide planning for adaptation, raising awareness and building resilience to extreme weather events and health impacts of climate change.
- Identify and mitigate the environmental health hazards arising due to climate change.
- Promote heat action plans and awareness programs for managing extreme weather impacts.
- Support community-led action to enhance local capacity to adapt to climate change.
- Resource emergency management to prepare for and respond to impacts from climate change.

### Both

- Strengthen public health surveillance for climate-sensitive health outcomes.
- Enhance research and community campaigns on the health impacts of climate change, with a focus on vulnerable groups.

### Related strategies and frameworks

- [WA Climate Action Plan 2023](#)
- [Climate Health Inquiry 2020](#)
- [National Health and Climate Strategy](#)
- [Climate Adaptation Strategy | Western Australian Government](#)

### Helpful resources and data

- [WHO Operational framework for building climate resilient and low carbon health systems](#)
- [Environmentally sustainable healthcare: Delivering planetary health through low carbon care](#)
- [Climate change and environmental health indicators: reporting framework \(AIHW\)](#)
- [Western Australian climate projections: summary \(www.wa.gov.au\)](#)
- [enHealth guidance – Guidance for public health agencies – Managing prolonged smoke events from landscape fires | Australian Government Department of Health and Aged Care](#)
- [Environmental health risks following cyclones and floods](#)
- [Environmental health risks during and after a bushfire](#)
- [WACOSS Heat Vulnerability Project](#)
- [Heat and our health \(arcgis.com\)](#)

## 2. Prevent, monitor, and control notifiable infectious diseases

Infectious diseases pose significant threats to public health, leading to illness, long-term complications, and death. Priority populations, including Aboriginal communities, CaLD groups, and other vulnerable individuals, often face disproportionate impacts from infectious diseases. Addressing health inequities is crucial to ensure all Western Australians have access to prevention and treatment.

### Action areas

- Optimise surveillance and response systems to effectively detect, control and prevent notifiable infectious diseases and outbreaks.
- Implement control measures to environmental factors that contribute to infectious diseases.
- Improve prevention, treatment and control of sexually transmissible infections and blood-borne viruses and minimise their social impact.
- Implement a One Health approach to manage vector-borne diseases (see also priority 'Reduce harms due to current and future health hazards, including environmental, radiation and biosecurity').
- Monitor healthcare acquired infections, evaluate the effectiveness of prevention and control measures, and build the capacity of healthcare facilities to implement infection prevention and control practices.
- Monitor antimicrobial resistance patterns and support antimicrobial stewardship programs.
- Prepare for and respond to infectious disease emergencies.
- Reduce the health impact of vaccine preventable diseases.

### Related strategies and frameworks

- [Communicable Disease Control Directorate Strategy 2023-2026](#)
- [Environmental Health Directorate Strategic Plan 2024-2027](#)
- [WA Sexual Health and BBV Strategy 2024-2030](#)

### Helpful resources and data

- [Notifiable infectious disease dashboard \(health.wa.gov.au\)](#)
- [Infectious disease data resources \(health.wa.gov.au\)](#)
- [One Health \(who.int\)](#)
- [Healthcare associated infections](#)
- [Community-associated methicillin-resistant Staphylococcus aureus](#)
- [CDNA Series of National Guidelines \(SoNGs\)](#)

### 3. Provide sustainable disaster and emergency management across Prevention, Preparedness, Response and Recovery (PPRR) phases

WA faces a wide variety of natural and man-made hazards that have the potential to cause loss of life, impacts to health, and significant damage to property. Disasters impose substantial economic, social, and environmental costs, with the total economic cost to WA from natural hazards between 2020 and 2060 estimated at \$120 billion.<sup>84</sup> Effective disaster and emergency management is vital, and WA employs an all-hazards risk management approach to mitigate these.

Community groups that face heightened risks of inequity, such as communities with a CaLD background, people experiencing socioeconomic disadvantage, people living in rural and remote areas, people with disabilities and people with mental health conditions, as well as the elderly and children, disproportionately affected by disasters. These groups are more likely to be exposed to disasters and suffer greater impacts due to existing health disparities, economic strain, and barriers to accessing services.<sup>85</sup>

WA's Emergency Management arrangements are summarised in Figure 5. In WA, the Chief Executive Officer of the Department serves as the Hazard Management Agency (HMA) for two of the state's 16 hazard plans: **heatwave** and **human biosecurity**, which includes **human epidemics** and **release of biological substances**. The response of the Department as HMA is outlined in the respective State Hazard Plan. For all other hazards, potential health impacts are inevitable at some level, necessitating WA Health's involvement as a combat agency to mitigate and manage those impacts. The following high-level actions focus on the role of WA Health in emergency management, whether acting as the HMA or a combat agency. Within the Department, the Disaster Preparedness and Management Directorate (DPMD) manages the state's health disaster plans, provides training and support for emergency response and recovery, oversees public event safety, and coordinates multidisciplinary Australian Medical Assistance Teams (AUSMAT) and Western Australian Medical Assistance Team (WAMAT) for disaster and health emergency responses. The Environmental Health Directorate provides advice and support to manage environmental health hazards arising during incidents and emergencies including from food, water, asbestos, mould, buildings, recreational waters, bushfire smoke, chemicals and air pollutants.

The responsibility for minimising the impacts of emergencies in WA cannot be borne by the emergency management sector alone. A cooperative statewide effort is essential to make WA more resilient and better able to withstand and recover from emergencies. Engaging various sectors, including government, private industry, and community organisations, in the planning and response process ensures a comprehensive approach to disaster management. A proactive approach promotes community resilience by enabling and encouraging individuals and communities to undertake PPRR activities. Agencies must educate their stakeholders, networks, and communities about potential emergency risks, impacts, personal responsibilities, and preparedness measures specific to their areas of responsibility. By fostering a culture of preparedness and shared responsibility, we can strengthen the collective ability to minimise risks and mitigate impacts, enhancing the sustainability of disaster responses.

#### Action areas

##### Prevention

Public and environmental health activities play an important role in complimenting prevention strategies, which can include:

- Build resilient infrastructure to withstand extreme weather events, such as heat- and fire-resistant infrastructure, improved water management systems and reliable energy sources to maintain essential services during disasters.

- Improve community education and engagement on disaster risks.

- Collaborate across sector to strengthen planning and implement hazard reduction programs.

### Preparedness

Preparedness activities from WA Health as HMA include:

- Coordinate with local governments for heatwave response plans and enhance healthcare readiness through simulation exercises.

- Maintain robust surveillance for early detection of infectious diseases.

### Response:

Activities of WA Health as HMA include:

- Activate response plans swiftly for heatwaves and biosecurity threats.

- Ensure clear communication and public information to manage health risks effectively during emergencies.

The Department is assigned as a combat agency responsible for the emergency management activity of providing health services. During an emergency, the Department's role will depend on the situation; however, the health coordination will generally include:

- Provision of medical and health advice to the HMA.
- Provision of acute medical care.
- Provision of environmental health, public health, mental health and communicable disease control services, as required.

- Awareness of the readiness of health service infrastructure including assessment of impact on clinical services, response and/or evacuation requirements.
- Assistance in mass fatality management.

### Recovery:

Health takes part in the recovery process as and when required, generally via the provision of longer-term health and medical services, including:

- Assisting community led recovery, supporting long-term health needs and resilience building.
- Address lessons learned from past events to improve future disaster responses.

### Related frameworks and strategies

- [State Health Emergency Response Plan](#)
- [State Emergency Management Plan](#)
- [State Emergency Management Framework](#)

- [WA Community Disaster Resilience Strategy \(www.wa.gov.au\)](http://www.wa.gov.au)
- [Environmental Health Directorate Strategic Plan 2024–2027](#)

### Helpful resources and data

- [State Emergency Management Committee](#)

- [Mosquitoes, cyclones and flooding \(health.wa.gov.au\)](http://health.wa.gov.au)

- [Environmental health risks during and after a bushfire](#)
- [Environmental health risks following cyclones and floods](#)
- [enHealth guidance – Disaster and emergency management for environmental health practitioners | Australian Government Department of Health and Aged Care](#)
- [Heatwaves – be prepared for extreme heat \(HealthyWA\)](#)
- [Australian disasters | Disaster Mapper \(aidr.org.au\)](#)

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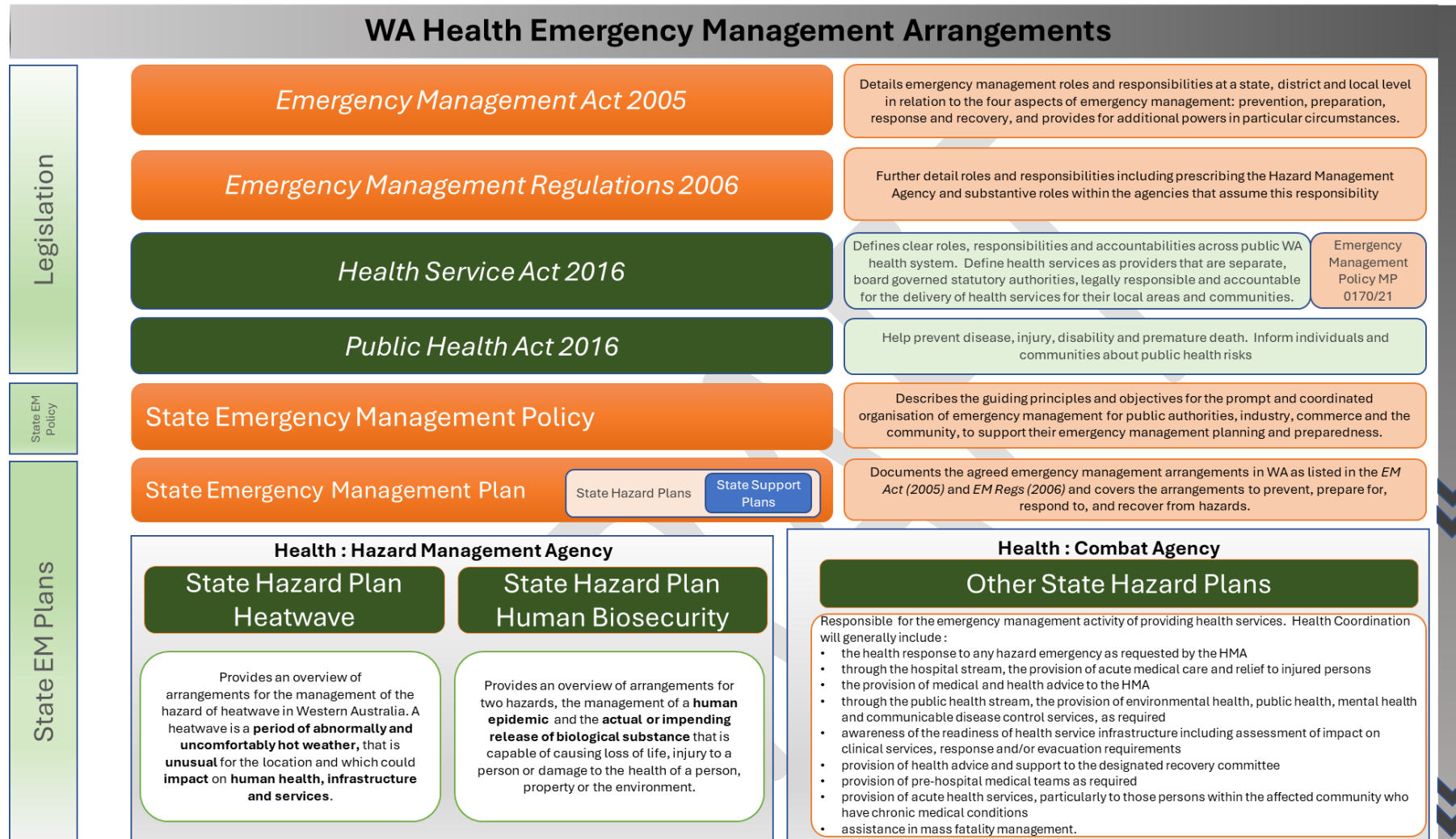


Figure 5. The Emergency Management Act 2005 outlines WA’s emergency management arrangements at state, district and local levels. The [State Emergency Management Plan](#) documents the agreed Western Australian emergency management arrangements to prevent, prepare for, respond to, and recover from both natural and man-made hazards. The [State Health Emergency Response Plan \(SHERP\)](#) is an all-hazards plan which describes the strategic intent and the operational framework for the WA health system as a combat agency. Image will be finalised upon consultation.

## 4. Reduce harms due to current and future health hazards, including environmental, radiation and biosecurity risks

The air we breathe, the water we drink and the food we eat are all part of our environment and can have a direct impact on our health. As we live, work, and play we may be exposed to biological, chemical, and physical hazards in both indoor and outdoor environments. Different exposures may be linked to disease, illness, injury, disability, physical and mental health conditions, or premature death.

There are potential environmental health risks from food, water, waste, and our home and work environment. Urban expansion and demands for space expose communities to health risks from incompatible land uses, such as building on contaminated land and the intersection of residential, industrial, and agricultural zones. Mining expansion can also heighten exposure to hazardous substances like heavy metals, dust, and toxic chemicals. New challenges from climate change exacerbates risks from vector-borne diseases, food and water insecurity, and extreme weather events.

Mosquito-borne diseases are caused by the transmission of a pathogen (e.g. virus, parasite) from an infected mosquito to a person. People are at risk of infection when they are in close proximity to aquatic environments that support mosquito breeding. As urban sprawl continues to encroach upon natural mosquito breeding and wildlife habitats, this risk continues to grow.

### Action areas

#### Environmental Health

- Undertake surveillance and implement integrated mosquito management strategies to minimise the public health impacts from disease carrying mosquitoes on the WA population.
- Improve environmental health conditions in Aboriginal communities through implementing the Aboriginal Environmental Health co-designed model of care.
- Provide guidelines, resources and regulatory support to reduce or eliminate risks within public buildings, community events and residential buildings.
- Conduct monitoring, provide advice and coordinate investigations and risk assessments to address environmental health risks.
- Develop and manage risk management policies, legislation, and guidelines in collaboration with government, industry, and the public under the Act.
- Create online resources to assist local governments in applying the Act.
- Monitor and gather data on environmental health outcomes, develop indicators for WA, and implement a framework describing state and local government activities.
- Develop public and local government dashboards on environmental health indicators and outcomes.

#### Radiation Safety

- Ensure radiation safety through licensing, inspections, environmental monitoring, and maintaining emergency response plans.
- Support hazardous materials (HAZMAT) emergencies according to responsibilities outlined in the State Hazard Plan.

## Biosecurity

- Maintain health biosecurity functions for WA to prevent and respond to biological threats, including infectious disease outbreaks and bioterrorism.

## Related strategies and frameworks

- [Environmental Health Directorate Strategic Plan 2024-2027](#)
- [Communicable Disease Control Directorate Strategic Framework 2023-2026](#)
- [Environmental Health Standing Committee \(enHealth\) – Strategic plan 2020–2023 | Australian Government Department of Health and Aged Care](#)

## Helpful resources and data

- [State Hazard Plan Human Biosecurity \(www.wa.gov.au\)](http://www.wa.gov.au)
- [Administration and Management of Legislation related to Environmental Health Hazards](#)
- [Environmental Health - Determinants of health - Australian Indigenous HealthInfoNet \(ecu.edu.au\)](http://ecu.edu.au)
- [Aboriginal environmental health program](#)
- [Basic emergency plumbing repairs in Aboriginal communities \(health.wa.gov.au\)](http://health.wa.gov.au)
- [Safe Bathroom Checks \(health.wa.gov.au\)](http://health.wa.gov.au)
- [Community Environmental Health Action Plan \(CEHAP\)](#)
- [Arbovirus surveillance program \(health.wa.gov.au\)](http://health.wa.gov.au)
- [Mosquito management \(health.wa.gov.au\)](http://health.wa.gov.au)
- [Fight the Bite campaign \(health.wa.gov.au\)](http://health.wa.gov.au)
- [National Arbovirus and Malaria Advisory Committee | Australian Government Department of Health and Aged Care](#)
- [Environmental Health Trachoma Project - PHAI \(phaiwa.org.au\)](http://phaiwa.org.au)
- [Guideline for concerts events and organised gatherings \(health.wa.gov.au\)](http://health.wa.gov.au)
- [Safe and Healthy Crowded Places Handbook | crowd management \(aidr.org.au\)](http://aidr.org.au)
- [Mould and dampness \(health.wa.gov.au\)](http://health.wa.gov.au)
- [Code of practice - Prevention and control of Legionnaires' disease | Department of Energy, Mines, Industry Regulation and Safety \(commerce.wa.gov.au\)](http://commerce.wa.gov.au)
- [Intergovernmental Agreement on a National Framework for Responding to PFAS Contamination](#)
- [Radiological Council of Western Australia](#)
- [Sendai Framework for Disaster Risk Reduction 2015-2030 | UNDRR](#)



## 5. Enhance pandemic preparedness and response to emerging communicable disease threats

The COVID-19 pandemic starkly illustrated the critical importance of pandemic preparedness and responsive strategies to emerging communicable disease threats. The rapid global spread of COVID-19 resulted in significant morbidity and mortality, severe economic disruption, and profound societal impacts.

Recent developments offer significant opportunities for strengthening pandemic preparedness. The experience of managing COVID-19 has enhanced system capacity, leading to more robust emergency response plans and improved coordination across sectors. Breakthroughs in genomics and rapid vaccine development have set new standards for rapidly sequencing pathogens and producing effective vaccines. Furthermore, advancements in surveillance systems, data collection, and modelling techniques have the potential to enable earlier detection, precise tracking, and more effective responses to future outbreaks.

Preparedness for future pandemics is vital due to the increasing likelihood of zoonotic spillovers, antimicrobial resistance, and the potential emergence of novel pathogens. A proactive and well-prepared public health system, emergency management knowledge and workforce will save lives, protect economies, and ensure societal resilience against inevitable future infectious disease threats.

### Action areas

- Develop a public health Emergency Management (EM) structure to determine the governance requirements for a protracted public health emergency.
- Develop a health-related EM framework to define scope of operations for health-related emergency response.
- Update and refresh public health emergency and pandemic plans.
- Build and maintain post COVID-19 EM knowledge and response capability within WA Health.
- Develop health-related emergency communication protocols.
- Conduct a review of WA's public health operating model.
- Conduct a review of critical items, including supply chain and stock management required for health-related emergencies.
- Develop and support a WA Health emergency workforce surge plan.
- Conduct a review of WA Health ICT system requirements for emergencies.
- Continue engagement with sectors, peak bodies and representatives of vulnerable populations.
- Implement a central patient flow and health operations coordination centre for WA Health.
- Develop and document WA Health emergency processes (such as procurement, contract management, HR and payroll, ICT, data sharing and communications).
- Conduct a review of WA emergency legislation and legal tools.

### Related strategies and frameworks

- [Communicable Disease Control Directorate Strategy 2023–26](#)
- [State Hazard Plan - Human Biosecurity](#)
- [Infectious Disease Emergency Management Plan \(IDEMP\)](#)

### Helpful resources and data

- [CDNA Series of National Guidelines \(SoNGs\)](#)
- [Australian Health Management Plan for Pandemic Influenza \(AHMPPI\) | Australian Government Department of Health and Aged Care](#)

- [Emergency Response Plan for Communicable Diseases of National Significance \(CD Plan\) | Australian Government Department of Health and Aged Care](#)
- [Strengthening Australia's Pandemic Preparedness - CSIRO](#)
- [Informing EAD Responses – AUSVETPLAN](#)
- [Emergency Animal Disease Response Agreement \(EADRA\)](#)

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## 6. Ensure access to safe food and water

Access to safe water is crucial for preventing waterborne illnesses and ensuring community well-being. The Department oversees safe water management in WA, including drinking water, wastewater, recycled water, and swimming pools and other recreational waters. Similarly, safe and healthy food is essential for public health, with WA relying on a diverse food supply chain. Promoting food safety awareness and education helps reduce the risk of foodborne illnesses across the community.

Emerging challenges in food and water safety include the risk of algal blooms, bacterial growth, and the introduction of pathogens, cyanotoxins, and emerging chemicals of concern like perfluoroalkyl and polyfluoroalkyl substances (PFAS) from treated wastewater in agriculture, all of which may be exacerbated by climate change and environmental factors. Ensuring provision, maintenance and monitoring of safe water supplies in remote Aboriginal communities is particularly complex due to geographic and infrastructure challenges. In the food system, expanding oyster farming, novel foods, and non-compliant online products pose new regulatory and monitoring difficulties. However, advancements such as innovations in water filtration and UV treatment, AI and Internet of Things (IoT) for real-time water monitoring, blockchain for food traceability, and advanced pathogen testing methods offer opportunities to enhance food and water safety.

### Action areas

#### Water

- Provide access to safe drinking water and sanitation and prevent waterborne illnesses by managing risks through various regulatory and non-regulatory approaches across government, industries and the public.
- Oversee all forms of water use in WA, examining chemical, microbiological, radiological, physical hazards and risk assessment and mitigation activities required to protect the public's health.
- Monitor performance of water service providers with focus on services provided to remote communities.

#### Food

- Manage the WA Regulatory Food Safety Auditor System to ensure consistency and integrity in food safety auditing.
- Provide support to local government and food businesses in assessing, responding and communicating food recalls.
- Coordinate response activities to foodborne illness outbreaks and incidents.
- Manage the WA Food Microbiological and Chemical Residue Surveillance Program to identify emerging issues and trends and verify food sold to the community is safe.
- Conduct regulatory compliance activities for meat, dairy, bivalve mollusc businesses, public hospitals, food businesses not in a local government, aquatic facilities, and recreational waters.
- Support introduction of new food safety standards for horticulture.

### Relevant strategies and frameworks

- [EHD Strategic Plan 2024–2027](#)
- [WA Foodborne Illness Reduction Strategy 2023-2026](#)

### Helpful resources and data

- [Drinking water quality management \(health.wa.gov.au\)](#)
- [Microbial water quality \(health.wa.gov.au\)](#)
- [Algal blooms monitoring](#)
- [Guidelines for managing risks in recreational water - NHMRC](#)

- [Food \(health.wa.gov.au\)](https://health.wa.gov.au)
- [Intergovernmental Agreement on Food Regulation](#)
- [Performance reporting under Food Act](#)
- [Government Sewerage Policy \(2019\) \(www.wa.gov.au\)](https://www.wa.gov.au)
- [Australian Drinking Water Guidelines | NHMRC](#)
- [Water quality \(health.wa.gov.au\)](https://health.wa.gov.au)

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## **OBJECTIVE**

### **ENABLE: Bolster public health systems and public health workforce, and leverage partnerships to support health and wellbeing**

Strengthening public health systems and public health workforce is critical to safeguarding and promoting the health and wellbeing of all communities. A robust public health system relies on high-quality data, innovative research, and collaborative partnerships to respond to emerging health challenges and improve outcomes. Equally important is investing in a skilled and sustainable workforce equipped to adapt to evolving public health needs. By enhancing these foundational elements, we can build a resilient, evidence-informed system that effectively addresses current and future public health priorities.

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## PRIORITIES

### 1. Enhance population health data, collection, management, analysis and reporting capability

Effective population health management relies on robust data systems and analytical capabilities, which are critical for understanding the health needs of the population, informing public health initiatives, and evaluating progress. These capabilities enable the identification of health trends and emerging issues, the assessment of interventions, and the formulation of evidence-based programs and policies.

Priority Reform 4 of the National Agreement on Closing the Gap<sup>86</sup> promotes shared access to regional data, empowering Aboriginal communities to make informed, locally relevant decisions. This approach aligns with strengthening data systems, analysis, and reporting capabilities to support culturally responsive and evidence-based health planning across communities.

Technological advancements, such as Artificial Intelligence, machine learning, spatial technology and big data, offer opportunities to enhance data collection, analysis, visualisation and reporting. Collaboration across sectors and integrating personalised health data can further improve health outcomes. However, challenges remain in integrating diverse data sources, ensuring data accuracy and security, overcoming resource constraints, and improving data collection on priority populations to ensure inclusive and representative insights.

#### Action areas

- Invest in interoperable systems to integrate and manage data from multiple sources and between agencies.
- Implement standardised protocols for timely and accurate data collection, analysis and reporting to improve data quality and accessibility.
- Build a skilled workforce and invest in tools to enhance analytical and visualisation capabilities.
- Further integrate the use of spatial technology to help address key public health issues.
- Promote data-driven decision-making to inform policy, planning, and resource allocation.
- Strengthen surveillance systems for early detection and response.
- Foster data sharing and collaboration between government, healthcare providers, and research institutions.
- Integrate genomic data into health strategies to enhance prevention, diagnosis, and treatment.
- Explore predictive capabilities to estimate future trends and improve public health planning.
- Implement mechanisms to support Aboriginal data sovereignty.
- Improve approaches to data collection to enhance health outcomes for priority populations.

#### Related strategies and frameworks

- [WA Health Digital Strategy 2020-2030](#)
- [WA Health Data Linkage Strategy 2022-2024](#)
- [Epidemiology Directorate Strategic Plan 2022-26](#)
- [WA Genomics Strategy 2022-32](#)
- [Health Promotion Strategic Framework 2022-26](#)
- [Communicable Disease Control Directorate Strategy 2023-2027](#)
- [Environmental Health Directorate Strategic Plan 2023-2027](#)
- [Sustainable Health Review](#) Enduring Strategy 6: Invest in digital healthcare and use data wisely
- [National Agreement on Closing the Gap](#)

## 2. Foster research and innovation to improve our understanding of, and ability to address, public health issues

Research and innovation are crucial drivers of advancements in public health. They provide the evidence base needed to develop effective interventions, inform policy decisions, and improve health outcomes. In WA, fostering a strong research and innovation culture is essential to address current and future health challenges, enhance the quality and efficiency of healthcare, and contribute to global health knowledge.

The WA Health and Medical Research Strategy 2023-2033 includes prevention as a strategic focus area and emphasises the importance of integrating research into the health system to promote a culture of continuous improvement and evidence-based practice. Furthermore, the Expert Committee on Aboriginal Health has been established to inform WA's Future Health Research and Innovation (FHRI) Fund, helping to ensure the Fund's programs and initiatives are developed and implemented to achieve positive health and wellbeing outcomes for Aboriginal people in WA.

### Action areas

- Strengthen research infrastructure such as facilities, technologies, and data management platforms.
- Offer training, development, and initiatives to attract and retain top research talent in WA.
- Foster partnerships across government, academia, healthcare, industry, and community for multidisciplinary research.
- Advocate for and support the alignment of research priorities with public health and prevention objectives.
- Fund programs that rapidly translate research into practice.
- Advocate for sustainable research funding and explore public-private partnerships and philanthropic models.
- Engage communities in setting research priorities and communicate findings effectively.
- Promote the dissemination of government-led public health analyses through publication in peer-reviewed journals to enhance their impact and influence.
- Develop ethical frameworks for health data sharing and leverage big data for research.

### Relevant strategies and frameworks

- [WA Health and Medical Research Strategy 2023-2033](#)
- [WA Aboriginal Health and Wellbeing Framework 2015-2030](#)
- [Australian Medical Research and Innovation Priorities 2022–2024](#)

### 3. Develop partnerships with key agencies and communities to enable the delivery of public health initiatives

Developing strong partnerships is essential for the effective design, implementation and evaluation of public health initiatives. These partnerships facilitate a collaborative approach to health planning, promoting shared ownership of initiatives, building trust, and increasing understanding and engagement on important public health issues.

In the face of increasingly complex public health challenges such as the COVID-19 pandemic, rising chronic disease rates, and the impacts of climate change, partnerships are more important than ever. The interconnected nature of these challenges requires coordinated efforts across sectors and communities to foster innovation and the development of new approaches. Additionally, the growing emphasis on broader determinants of health highlights the need for multi-sectoral partnerships to address factors beyond the healthcare system that influence health outcomes.

Public health partnerships span working with environmental health organisations to address air and water quality, partnering with healthcare providers and community organisations to enhance disease surveillance and immunisation programs, and collaborating with advocacy groups to promote healthy lifestyles and prevent chronic diseases. Priority Reform 1 of the National Agreement on Closing the Gap<sup>86</sup> emphasises genuine partnerships and shared decision-making with Aboriginal communities, ensuring policies and programs are culturally appropriate and community-driven. Both policy-based partnerships, which address overarching public health priorities, and place-based partnerships, which foster regional collaboration to meet local health needs in culturally responsive ways, are crucial for achieving the objectives of the SPHP.

#### Action areas

- Build formal partnerships between government, health providers, and key agencies, and create collaborative frameworks for joint planning, implementation, and evaluation of public health initiatives.
- Partner with Aboriginal community-controlled organisations and collaborate with community groups to address locally identified health needs through place-based partnerships.
- Promote whole-of-government approaches for key public health issues and foster cross-sector collaboration to address broader determinants of health.
- Support citizen engagement in health planning and decision-making, and collaborate with NGOs and advocacy organisations.
- Provide training and resources for effective collaboration, and establish mechanisms for communication and shared decision-making.
- Develop evaluation frameworks to assess and improve the effectiveness of partnerships.

Further information on the roles of partners in public health planning is provided in Part 4.

#### Related strategies and frameworks

- [Aboriginal Health and Wellbeing Framework 2015–2030](#)
- [Sustainable Health Review](#)
- [WA Health Promotion Strategic Framework 2022-2026](#)
- [Environmental Health Directorate Strategic Plan 2023-2027](#)
- [Communicable Disease Control Directorate Strategy 2023-2026](#)
- Western Australian Immunisation Strategy 2024-2028 (Draft awaiting endorsement)
- [National Preventive Health Strategy 2021-2030](#)



#### 4. Attract, develop, and retain a public health workforce for the future

A well-trained and adequately resourced public health workforce is the backbone of an effective public health system. Ensuring the capacity of skilled professionals across a diverse range of specialties is crucial for addressing current and future health challenges. WA Health recognises the extended public health workforce beyond the Department. It is imperative that all sectors engage, promote and support ongoing capacity building with their appropriately qualified public health workforce. The Department has incorporated consideration of the non-clinical public health workforce within its own workforce strategic plan.

Challenges include an aging workforce nearing retirement, uneven distribution of workers, particularly in rural and remote areas, and competition for skilled professionals from other sectors. Shortages across the health workforce often lead to prioritisation of acute services over prevention, while maintaining access to ongoing education and training opportunities remains essential but difficult to sustain. Investing in the public health workforce ensures that communities receive high-quality health services, supports the implementation of public health initiatives, and enhances the capacity to respond to health emergencies.

##### Action areas

- Conduct workforce planning to identify current and future needs and address gaps with targeted recruitment and retention strategies.
- Invest in public health education, training programs and expand access to continuing education for public health professionals.
- Offer competitive salaries, career progression, training opportunities and incentives for rural and remote work to improve retention.
- Strengthen the Aboriginal health workforce through providing culturally responsive training and support.
- Expand Aboriginal cultural learning to deepen understanding of racism through truth-telling and the Cultural Determinants.
- Leverage digital platforms and telehealth to enhance training and service delivery.
- Partner with educational institutions and professional organisations to align curricula, support career pathways, provide traineeship and scholarship opportunities, and promote course accreditation and enrolment incentives.
- Advocate for policies and funding to support public health workforce development and incentives.
- Build workforce capacity to address current and emerging public health challenges.
- Collaborate with state and national agencies to influence public health workforce in the areas of recruitment, labour supply, qualification standards and data collection.

##### Related strategies and frameworks

- [WA Health Workforce Strategy 2034](#)
- [Aboriginal Health and Wellbeing Framework 2015-2030](#)
- [Environmental Health Directorate Strategic Plan 2023-2027](#)
- [WA Health and Medical Research Strategy 2023-2033](#)
- [Sustainable Health Review Enduring Strategy 7: Culture and workforce to support new models of care](#)

##### Helpful resources and data

- [Action plan: National workforce capacity to implement the essential public health functions including a focus on emergency preparedness and response \(who.int\)](#)
- [Health workforce \(who.int\)](#)

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## Part 3: Risk Framework

All organisations are required to establish and maintain a structured risk assessment and management framework to ensure the identification, evaluation, and mitigation of potential risks. This approach not only aligns with legislative and regulatory obligations but also underpins an organisation's capacity to achieve its objectives while safeguarding stakeholders, assets, and the broader community.

The Department's Risk Management Policy and Framework aligns with the principles of ISO 31000:2018, defining risk as the effect of uncertainty on objectives and meets the minimum standards of risk management in accordance with the Treasurer's Instruction 4 (Risk Management and Internal Control). The Department has also adopted the WA Health Risk Management Policy (MP 006/16), which includes the Department where Health Service Provider is referenced. This system-wide policy mandates all HSPs and the Department manage internal risks, risks faced as a system manager, and broader public health risks.

The Department Risk Management Policy and Framework outline the Department's approach to identifying, assessing, and managing risks. Key components of the framework include:

- **Risk Appetite Statement:** Defines the amount of risk the Department is willing to accept in pursuit of its strategic objectives.
- **Risk Management Policy:** Outlines roles and responsibilities for risk management, governance arrangements, and risk acceptance criteria.
- **WA Health Risk Assessment Tables:** All risks are assessed using the WA Health Risk Assessment Tables.
- **Risk Management Framework:** Details the process for identifying and assessing risks, including tools and methods for risk management.
- **Enterprise Risk Management System:** Records all risks material to the Department's objectives.

### Risk management for public health:

The risk management approach for public health involves identifying risks related to achieving public health outcomes. Risks are assessed and prioritised based on their likelihood and potential impact:

- Low likelihood, high impact risks: These events, despite their low probability, can have catastrophic consequences. They require thorough planning, monitoring, and surveillance for early indicators. If such risks materialise, a risk management plan is triggered to contain and respond to the risk.
- High probability, low consequence risks: These risks necessitate preventative strategies, continuous surveillance, and reporting to mitigate their impact.

### Risk management process

To effectively assess and manage public health risks, the following processes have been established:

- **Environmental Scan:** Conducting a PESTLE (Political, Economic, Social, Technological, Legal, Environmental) analysis to identify external public health risks.
- **Strategic and Operational Planning**
- **Projects and Contract Management**
- **Scanning the Current Risk Register:** Identifies gaps and assesses existing risks.

- **Reviewing Risk and Control Rating:** Rates the severity of risks and the effectiveness of current controls.
- **Opportunities for Improvement:** Identifies areas for enhancing risk management practices.
- **Treatment Action Plans (TAP):** Develops plans for improvising risk control.

This comprehensive risk management also process meets the requirements of the Public Health Act to establish a framework for effectively identifying and responding to public health risks.

### **Governance and oversight**

In accordance with the roles and responsibilities defined in the Department Risk Management Policy and Framework, the Director General, in conjunction with the Department Executive Committee, is responsible for establishing and reviewing the Department's Risk Appetite Statement, providing executive sponsorship of the Department's strategic risks, and ultimately managing risk at the Department.

Executive and management are also responsible for operational managing risks and integrating risk management into decision-making. The Risk and Audit Team provides risk management support and works with risk owners to provide regular risk management reporting to the Department Executive Committee and Risk and Audit Committee.

The Risk and Audit Committee (RAC) oversees the effectiveness of the Department's management of risk and internal controls, in accordance with the Department Risk and Audit Committee Terms of Reference.

## Part 4: Partnerships in public health

The Act states that the SPHP must describe how the Chief Health Officer proposes to work with local governments and other bodies undertaking public health initiatives, projects and programs to achieve the objectives and policy priorities for:

- (i) the promotion, improvement and protection of public health in the State; and
- (ii) the development and delivery of public health services in the State

We all have a role to play in protecting and promoting health and wellbeing in our communities. Collaboration between Australian, state and local governments is essential, along with the contributions of non-government organisations, research institutes and universities, businesses, community groups and individuals. Realising our vision for a healthier WA relies on collective efforts to enhance the built, natural, social, cultural, and economic environments to foster and safeguard health and wellbeing.

### 1. Government of WA and Australian Government

The WA and Australian Government health officials work closely to ensure a coordinated approach to decision making, through a formal structure of committees. These include:

1. The [Health Ministers' Meeting \(HMM\)](#) works to progress health issues of national importance which require cross-border collaboration. It is made up of the health ministers of each state and territory government, along with the Australian Government Minister for Health and Aged Care.
2. The [Food Ministers Meeting \(FMM\)](#) oversees and is responsible for national food policy and approving all food standards. It is made up of the ministers responsible for health and food safety in each state and territory government with the chair being an Australian government minister responsible for health matters.
3. The [Health Chief Executives Forum \(HCEF\)](#) supports the Health Ministers' Meeting to deliver national work priorities. It is made up of the health department chief executive officers or (Directors General) from each state and territory. Among other responsibilities, the HCEF oversees public health protection policy within and outside the HCEF. The HCEF can also implement legal and policy responsibilities if delegated by health ministers.
4. The [Australian Health Protection Committee \(AHPC\)](#) advises the HCEF on health protection matters and national priorities and is the key decision-making committee for health emergencies. Australia's Chief Medical Officer chairs the AHPC, which includes all state and territory Chief Health Officers. The committee works to reduce emerging health threats posed by infectious diseases, environmental issues, and both natural and human-made disasters. The committee works with states and territories to develop, adopt, and align national health protection policies, guidelines and standards.

Officers of the Department support the WA Minister for Health, the Director General and the Chief Health Officer to participate in these national committees. In addition, the Department engages with other Australian Government departments, agencies, and national committees to advance a broad range of public health

issues. This engagement extends to the non-traditional public health sector including Jobs and Skills Australia relating to accessing an overseas public health workforce and the Australian Building Codes Board (National Construction Code (NCC) relating to construction standards that impact public health.

National departments and agencies include the:

- Asbestos Safety and Eradication Agency
- Australian Border Force
- Australian Bureau of Statistics
- Australian Centre for Disease Control
- Australian Defence Force
- Australian Institute of Health and Welfare
- Australian Pesticide and Veterinary Medicines Authority
- Australia Building Codes Board
- Commonwealth Scientific and Industrial Research Organisation (CSIRO)
- Climate Change Authority
- Department of Agriculture, Fisheries and Forestry
- Department of Climate Change, Energy, the Environment and Water
- Department of Health and Aged Care
- Department of Infrastructure, Transport, Regional Development, Communications and the Arts
- Food Standards Australia and New Zealand
- Jobs and Skills Australia
- Interim Australian Centre for Disease Control
- National Emergency Management Agency
- National Health and Medical Research Council

National committees include the:

- Antimicrobial Resistance Prevention and Containment Steering Group
- Blood Borne Viruses and Sexually Transmitted Infections Standing Committee
- Communicable Diseases Network Australia
- Environmental Health Standing Committee
- Food Regulation Standing Committee
- National Arbovirus and Malaria Advisory Committee
- National Aboriginal and Torres Strait Islander Health Protection
- National Health Emergency Management Sub-committee
- Public Health Laboratory Network of Australia

## 2. WA Department of Health and other WA government departments and agencies

Government agencies in WA are responsible for state-wide development, coordination, funding and delivery of a wide range of policies, programs and services.

The Department provides leadership in public health by setting evidence-based policy direction, providing expert information and resources, facilitating access to data, and connecting partners to broader health-promoting networks. This includes working with agencies concerned with social care and welfare, to ensure that the Department's services and programs are provided equitably and meet the needs of underserved or otherwise disadvantaged communities.

The Department works closely with many WA Government departments and agencies, through formal and informal channels, with a shared responsibility for providing policy direction services and programs which influence public health outcomes, and the broader health and wellbeing of Western Australians.

These include, and are not limited to the:

- Department of Agriculture, Fisheries and Forestry
- Department of Biodiversity, Conservation and Attractions
- Department of Communities
- Department of Education
- Department of Finance
- Department of Fire and Emergency Services
- Department of Jobs, Tourism, Science and Innovation
- Department of Justice
- Department of Local Government, Sport and Cultural Industries
- Department of Mines, Industry Regulation and Safety
- Department of Planning, Lands and Heritage
- Department of Premier and Cabinet
- Department of Primary Industries and Regional Development
- Department of Training and Workforce Development
- Department of Transport
- Department of Treasury
- Department of Water and Environmental Regulation
- Environmental Protection Authority
- Mental Health Commission
- WaterCorporation
- Tourism WA
- ChemCentre
- Community and Public Sector Union, Civil Service Association (CPSU/CSA)
- Healthway
- Commission for Occupational Safety and Health
- Public Sector Commission
- Small Business Development Corporation
- St John Ambulance
- WA Police

### 3. The Department and HSPs

The WA health system comprises the Department and HSPs, as established by the *Health Services Act 2016*. The Department is led by the Director General and has the role of System Manager. The System Manager is responsible for the strategic direction, oversight and management of the WA health system. Each HSP is responsible and accountable for the delivery of safe, high quality, and efficient public health services to their local areas and communities.

WA Health's HSPs are:

- [North Metropolitan Health Service \(NMHS\)](#)
- [South Metropolitan Health Service \(SMHS\)](#)
- [East Metropolitan Health Service \(EMHS\)](#)
- [Child and Adolescent Health Service \(CAHS\)](#)
- [WA Country Health Service \(WACHS\)](#)
- [PathWest](#)
- [Quadriplegic Centre](#)
- [Health Support Services \(HSS\)](#)

Each metropolitan HSP (NMHS, SMHS, and EMHS) operates health promotion teams to support public health efforts. This includes a range of services to support public health such as mental health support, dental services, child development service, refugee health, school health programs, alcohol harm minimisation, food and healthy eating promotion, reducing harm from tobacco and e-cigarette use, fall prevention activities and Aboriginal health services.

Communicable disease control in the metropolitan area is managed by the [Boorloo \(Perth\) Public Health Unit](#) under NMHS governance.

- NMHS: [Public Health Services](#)
- SMHS: [Public Health Services](#)
- EMHS: [Public Health Services](#)
- CAHS: [Public Health Services](#)

WACHS oversees seven regional public/population health units (PHUs) across:

- [Goldfields](#)
- [Great Southern](#)
- [Kimberley](#)
- [Midwest](#)
- [Pilbara](#)
- [South West](#)
- [Wheatbelt](#)

Regional PHUs deliver a range of public health services, including immunisation, communicable disease control, environmental health, and health promotion. Their work emphasises collaboration with local agencies and stakeholders to create programs tailored to regional needs.

PathWest serves as the statewide public pathology provider, offering comprehensive services throughout metropolitan and regional WA. It also manages specialised services, including the State Mortuary, the Statewide Perinatal Pathology Service, the Environmental Microbiology Unit, and the Statewide Newborn Bloodspot Screening Service.

HSS supports the WA public health system by delivering essential services, including information and communication technology (ICT), procurement and supply, workforce management, and financial services.

The State-based health team, WAMAT, is deployed at the request of the Chief Health Officer to sudden onset events, disasters, emergencies and complex health and public health operations in response to a surge demand on WA Health services, as well as to State supported and planned events.



## 4. WA Health and Local Governments

Local governments have a leading role in public health due to the range of services they provide to the community, and the effect that these services can have on their community's health and wellbeing. Collectively, these services influence the determinants of health for 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
- **public health services** including water and food sampling and monitoring, food business inspections and registrations, immunisation services, public toilet facilities, noise control, emergency response and recovery, meat inspection, mosquito management, 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** assessment and approval
- **administration of facilities**, such as airports and aerodromes, ports and marinas, cemeteries, parking facilities and street parking
- **cultural facilities and services**, including libraries, art galleries and museums
- **water and sewerage** services including on-site water and recycling water management

WA Health works with local government to support public health planning and the development of their local public health plans, in line with Part 5 of the Act. This assistance may include providing health data for use in health profile reports, advice on appropriate strategies to establish public health needs, and facilitating links to community service providers and health promotion campaigns and resources. WA Health works closely with WALGA which represents and supports the WA local government sector, as well as the DLGSC which partners with local government to deliver good governance to the community.

The respective roles of the Department and HSPs in public health planning are detailed across policy and planning, stakeholder engagement and communications, capacity building/workforce development, and compliance, monitoring and evaluation in Appendix 3.

WA Health provides detailed information to guide and support local governments in the public health planning process on the [public health planning website](#), including contact details for HSP health promotion units.

## 5. Working with industry

Partnerships with industry play a significant role in public health, but their nature and extent depend on the specific issues being addressed. Collaborations with sectors such as agriculture and food manufacturing are essential for ensuring food safety and managing foodborne illness outbreaks and food recalls. Similarly, partnerships with the transport and logistics industry are important for pandemic preparedness and response, facilitating the swift distribution of medical supplies across the State.

Engaging with land developers can promote urban planning that prioritises public health, including the creation of safe public spaces and sustainable designs that support active lifestyles. Informing sectors such as hospitality, retail, public events and media about public health guidelines ensures these industries support and adhere to public health measures, particularly during crises or when implementing wide-reaching health campaigns.

The adverse influence of unhealthy commodity industries (UCIs)—including those involved in the production, marketing and/or advocacy supporting tobacco, alcohol, ultra-processed foods, gambling and weapons—presents significant challenges. These industries may employ strategies that undermine public health policies, and their influence should be considered in public health planning. Addressing and managing the adverse influence of UCIs is crucial to protecting public health integrity and ensuring that policy decisions prioritise community wellbeing over commercial interests.

## 6. Partnering with education institutions

Collaborations with universities, colleges, schools, and peak bodies are key to advancing public health. These partnerships support health literacy, research, community outreach, and workforce development. Joint efforts drive evidence-based policies, health education, and skilled public health workforce, strengthening community health and preparedness.

## 7. Partnering with the Aboriginal community-controlled health sector

The Aboriginal community-controlled health sector provides culturally safe, comprehensive care tailored to the needs of Aboriginal communities. With deep community connections and expertise in culturally responsive, holistic healthcare, these organisations address both medical and broader determinants of health, making them trusted partners in public health. Partnering with the Aboriginal community-controlled sector ensures public health initiatives are effective and community-driven and fosters better health outcomes for Aboriginal people. Community-controlled health organisations, such as those supported by the Aboriginal Health Council of WA ([AHCWA](#)) and National Aboriginal Community Controlled Health Organisation ([NACCHO](#)), play a pivotal role in disease prevention and health promotion. This collaborative approach is in alignment with Priority Reform 1 of the [National Agreement on Closing the Gap](#) and the [Aboriginal Empowerment Strategy WA 2021-2029](#), where Aboriginal communities are empowered to share decision-making authority with government agencies to accelerate policy and place-based progress.

## 8. Partnering with not-for-profit agencies

WA Health collaborates with and provides funding to a diverse range of not-for-profit agencies and professional associations dedicated to enhancing health and wellbeing standards across the community. These agencies play essential roles in various areas, including disease and injury prevention, environmental health and health protection, social services and support, and the promotion of health equity.

Many of these organisations have specific interest in local public health planning, and have developed valuable resources and services specifically designed to assist local governments. Detailed information on these supporting agencies and the resources they offer can be found on the public health planning [website](#).

## Part 5: Monitoring and evaluation

The Department monitors and evaluates public health programs regularly to assess the impact of its activities, as well as to determine the progress against objectives and priorities within the SPHP.

### Monitoring framework

A combination of surveys, reports, indicators, and dashboards (some of which are publicly available) are used to monitor the health and wellbeing of Western Australians. This information is used to guide the development, planning, implementation, and evaluation of public health initiatives.

### Public Health Indicators

A set of public health indicators drawn from multiple data sources has been developed to provide a high-level picture of a range of health determinants and track public health outcomes and trends over time. The indicators are presented in a publicly available interactive dashboard with links to other reports or dashboards with more detailed information.

Some of the topics covered by the indicators include:

- Alcohol, tobacco, and other drugs
- Cancer
- Communicable disease and immunisation
- Environmental health hazards
- Maternal and child health
- Mental health and wellbeing
- Overweight and obesity

Further work is being undertaken by the Department to broaden the range of indicators included in the dashboard. This will allow the dashboard to capture and report on more public health indicators to align with the SPHP and support a better understanding of the health and wellbeing of Western Australians and how it changes over time.

The **Public Health Atlas (PHA) Dashboard** displays and reports indicators for small areas, especially for sparsely populated or areas with low disease counts in WA.

The **WA Aboriginal Health Dashboard** includes a range of measures which align to the strategic directions of the WA Aboriginal Health and Wellbeing Framework 2015–2030. Aboriginal data governance underpins the development and use of the WA Aboriginal Health Dashboard. Measures relate to:

- Maternal and child health
- Life expectancy
- Immunisation

- Notifiable infectious diseases
- Cancer prevalence and survival
- Workforce and employment
- Health service delivery

**The indicators and dashboards listed above are intended to be publicly available in the future.**

### Surveys

The **WA Health and Wellbeing Surveillance System (HWSS)** is a continuous data collection system initiated in 2002 to monitor the health status of the population of WA. Information from the survey is used to monitor the health status of WA, inform health education programs, evaluate interventions and programs, inform health research, support health policy development, monitor emerging trends and support health service planning and development. Respondents are asked questions on a range of health and wellbeing topics, including chronic health conditions, lifestyle risk factors, protective factors, health service utilisation, mental health, and socio demographics. The survey is used as a direct line of communication with WA community, allowing valuable insights on the health status of Western Australians (see [Western Australia Health and Wellbeing Surveillance System reports and publications](#)).

### Reports

The Department is committed to continuing data analysis and reporting to inform planning, decision making and policies on public health. Program areas within the Department publish regular qualitative and quantitative reports that relate to progress on specific policies and/or programs. Some of these reports are publicly available within the [Department's website](#).

### Evaluation

The SPHP must be reviewed annually and replaced every 5 years. An evaluation of the plan will be conducted to inform the next iteration of the plan.

# Appendices

## Appendix 1: Health Status Report indicators

This Health Status Report provides an up-to-date snapshot of the state of the health and wellbeing of Western Australians. Table 1 includes selected indicators covering general health and wellbeing, health literacy and access to care, behavioural risk factors, burden and prevalence of non-communicable diseases, incidence of communicable diseases, and environmental health. This list is not intended to be exhaustive.

**Table 1:** Health Status Report indicators

Indicator	Data	Source	
<b>General</b>			
<b>General health</b>	<b>Expected life expectancy at birth</b> <ul style="list-style-type: none"> <li>Male and female</li> <li>Aboriginal and non-Aboriginal</li> </ul>	In 2021-23, the overall life expectancy at birth in WA was 82 years for males and 86 years for females.  In 2020-22, life expectancy at birth for Aboriginal people in WA was 69 years for males and 73 years for females.	<sup>2</sup> ABS  <sup>3</sup> ABS
	<b>Self-assessed health status</b>	In 2023, 53% of adults aged 16 years and over in WA reported their health status as 'excellent' or 'very good'.	<sup>4</sup> WA DoH
	<b>Infant mortality rate</b>  Aboriginal and non-Aboriginal	In 2017-21, the infant mortality rate in WA was 2.2 per 1,000 live births in the non-Aboriginal population, and 5.4 per 1,000 live births in the Aboriginal population.	<sup>7</sup> AIHW
<b>Determinants of health</b>			

<b>Health determinants</b>	<b>Health literacy</b> Selected domains relevant to public health	In 2018, of the WA population: <ul style="list-style-type: none"> <li>• 98% indicated that they ‘agree/strongly agree’ that they ‘have sufficient information to manage their health’.</li> <li>• 90% indicated that they ‘agree/strongly agree’ that they are ‘actively managing their health’.</li> <li>• 90% indicated that they find it ‘usually/always easy’ to ‘find good health information’.</li> <li>• 94% indicated that they find it ‘usually/always easy’ to ‘understand health information well enough to know what to do’.</li> </ul>	<sup>6</sup> ABS
	<b>Health care</b>	<ul style="list-style-type: none"> <li>• In 2021-22, potentially preventable hospitalisations (per 1,000) <ul style="list-style-type: none"> <li>○ Perth Metropolitan: North (20.0) and South (19.9)</li> <li>○ Country WA: (27.6)</li> </ul> </li> </ul>	<sup>7</sup> AIHW
<b>Chronic disease and injury</b>			
<b>Risk factors</b>	<b>Potentially preventable disease</b>	In 2018, 38% of the total burden of disease in WA was due to modifiable risk factors.	<sup>8</sup> WA DoH
	<b>Prevalence of overweight and obesity according to Body Mass Index (BMI)</b> <ul style="list-style-type: none"> <li>• Adults aged 16 years and over</li> <li>• Children aged 5-15 years</li> </ul>	<p>In 2022, the prevalence of overweight and obesity among adults aged 16 years and over was 37.7% and 37.9%, respectively.</p> <p>In 2022, the prevalence of overweight and obesity among children aged 5-15 years was 16.0% and 9.7%, respectively.</p>	<sup>4</sup> WA DoH  <sup>9</sup> WA DoH
	<b>Population prevalence of those meeting guidelines for adequate daily intake of fruit and vegetables</b> <ul style="list-style-type: none"> <li>• Adults aged 16 years and over</li> <li>• Children aged 2-15 years</li> </ul>	<p>In 2022, the proportion of adults 16 years and over in WA who consumed adequate daily serves of fruit and vegetables was 38.4% and 7.4%, respectively.</p> <p>In 2022, the proportion of children aged 2-15 years in WA who consumed adequate daily serves of fruit and vegetables was 76.8% and 8.5%, respectively.</p>	<sup>4</sup> WA DoH  <sup>9</sup> WA DoH
	<b>Prevalence of adequate physical activity</b> <ul style="list-style-type: none"> <li>• Adults aged 16 years and over (according to the 2014 Australian Physical Activity Guidelines, 18 years and over)</li> </ul>	<p>In 2022, 63.8% of adults 16 years and over, do at least 150 minutes of physical activity per week.</p> <p>In 2022, 36.2% of children 5 to 15 years complete sufficient physical activity (REF)</p>	<sup>4</sup> WA DoH  <sup>9</sup> WA DoH

	<ul style="list-style-type: none"> <li>Children aged 5-15 years (according to the 24-Hour Movement Guidelines)</li> </ul>		
	<p><b>Alcohol consumption</b></p> <p>Prevalence of alcohol consumption at levels that place them at risk of harm from alcohol-related disease or injury according to risk of alcohol-related harm (according to the NHMRC 2020 Guidelines):</p>	<p>In 2022, 37.8% of WA adults aged 16 years and over drank alcohol at levels that placed them at risk of harm from alcohol-related disease or injury. Women were less likely (28.3%) than men (48.2%) to drink alcohol at levels that placed them at risk of harm.</p> <p>In 2022/23, 41.9% of WA secondary school students reported having ‘never’ drank alcohol; an almost a five-fold increase from 1984 (8.8%) in 1984.</p>	<p><sup>4</sup> WA DoH</p> <p><sup>10</sup> WA MHC</p>
	<p><b>Tobacco use</b></p> <p>Prevalence of daily smoking</p> <ul style="list-style-type: none"> <li>Adults 18 years and over</li> </ul> <p>Prevalence of current e-cigarette use</p> <ul style="list-style-type: none"> <li>Adults 18 years and over</li> </ul> <p>Prevalence of having ‘never’ smoked.</p> <ul style="list-style-type: none"> <li>Secondary school students aged 12-17</li> </ul> <p>Prevalence of regular e-cigarette use (use on 20 or more days in the past month)</p> <ul style="list-style-type: none"> <li>Secondary school students aged 12-17</li> </ul>	<ul style="list-style-type: none"> <li>In 2022, 7.6% of WA adults aged 18 years and over reported smoking daily, and 7.5% reported current use of an e-cigarette.</li> <li>In 2022/23, 84.4% of WA secondary school students aged 12 to 17 years reported having ‘never’ smoked.</li> <li>In 2022/23, 6.9% of WA secondary school students aged 12 to 17 years reported regular e-cigarette use.</li> </ul>	<p><sup>4</sup> WA DoH</p> <p><sup>11</sup> WA DoH</p>
	<p><b>Other drug use</b></p> <p>Past year use of any illicit drug</p> <ul style="list-style-type: none"> <li>Adults 16 years and over</li> </ul> <p>Prevalence of ‘never’ used an illicit drug</p> <ul style="list-style-type: none"> <li>Secondary school students 12-17</li> </ul>	<p>In 2022, 10.5% of adults aged 16 years and over reported using an illicit drug in the past year.</p> <p>In 2022/23, 81.1% of students aged 12 to 17 years reported having ‘never’ used an illicit drug.</p>	<p><sup>4</sup> WA DoH</p> <p><sup>10</sup> WA MHC</p>

<b>Non-communicable diseases</b> <b>Burden of disease</b>	<p><b>Cancer screening participation rate</b></p> <ul style="list-style-type: none"> <li>Bowel: eligible persons aged 50-74</li> <li>Breast: eligible females 50-74 years</li> <li>Cervical: eligible females 50-74 years</li> </ul>	<p>In 2020-21, 41.5 % of the eligible population aged 50 to 74 in WA participated in bowel cancer screening.</p> <p>In 2021-21, 49.9% of eligible women aged 50 to 74 participated in breast cancer screening.</p> <p>In the period 2018 to 2022, 68.6% of eligible women aged 50 to 74 participated in cervical cancer screening.</p>	<sup>12</sup> AIHW
	<p><b>Selected health conditions</b></p> <p>*a subset of long-term health conditions that are common, pose significant health problems, or have been a focus of ongoing public health surveillance.</p>	<p>In 2022, of all Western Australians:</p> <ul style="list-style-type: none"> <li>82.6% had at least one long-term health condition,</li> <li>50.8% had at least one chronic condition*, and</li> <li>27% had a mental or behaviour condition.</li> </ul>	<sup>13</sup> ABS
	<p><b>Burden of disease</b></p> <ul style="list-style-type: none"> <li>Top five disease groups according to their contribution to overall burden (by Aboriginality).</li> <li>Percentage of disease burden attributable to the top five causes that is considered potentially preventable.</li> </ul>	<p>In WA in 2018:</p> <ol style="list-style-type: none"> <li>Cancer and other neoplasms accounted for 17% of total disease burden (42% of which is potentially preventable).</li> <li>Mental health and substance disorders use accounted for 14% of total disease burden (36% of which is potentially preventable).</li> <li>Musculoskeletal conditions accounted for 13% of total disease burden (17% of which is potentially preventable).</li> <li>Cardiovascular conditions accounted for 12% of total disease burden (69% of which is potentially preventable).</li> <li>Injuries accounted for 11% of total disease burden (46% of which is potentially preventable).</li> </ol>	<sup>8</sup> WA DoH
<b>Communicable diseases</b>			
<b>Immunisation</b>	<p><b>Childhood immunisation coverage</b></p> <p>1, 2 and 5 years old</p>	<p>In 2023 immunisation coverage in WA was 92.1% for children aged 1, 89.7% for children aged 2, and 92.9% for children aged 5.</p>	<sup>14</sup> Australian Government DHAC
	<p><b>Human Papillomavirus (HPV) immunisation coverage</b></p> <p>15 years old</p>	<p>In 2023, immunisation coverage in WA for HPV was 84.9% for adolescent women and 84.0% for adolescent men aged 15.</p>	<sup>15</sup> Australian Government DHAC



	<p><b>Influenza immunisation coverage</b></p> <p>65 years old</p>	<p>In 2023, immunisation coverage for influenza of Western Australians aged 65 years was 64.3%.</p>	<p><sup>16</sup> NCIRS Australia</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Infectious diseases</b></p>	<p><b>Infectious diseases</b></p> <p>Leading infectious diseases reported in the notifiable infectious diseases dashboard.</p>	<p>In 2023, the leading notifiable infectious disease reported in WA were:</p> <ul style="list-style-type: none"> <li>• Influenza (782 cases per 100,000 population in 2023).</li> <li>• Chlamydia (479 cases per 100,000 population in 2023).</li> <li>• Respiratory Syncytial Virus (RSV) (390 cases per 100,000 population in 2023).</li> <li>• Gonorrhoea (175 cases per 100,000 population in 2023).</li> <li>• Campylobacter (178 cases per 100,000 population in 2023).</li> </ul>	<p><sup>17</sup> WA DoH</p>
	<p><b>Infectious diseases</b></p> <p>Total number of cases (and 5-yearly average) notified for groups of diseases, based on likely source and transmission type, including:</p> <ul style="list-style-type: none"> <li>• Mosquito-borne</li> <li>• Sexually transmitted infections (STIs) and blood-borne viruses (BBVs)</li> <li>• Environmental (including food-borne, water-borne, and zoonotic diseases)</li> <li>• Human-to-human (airborne, respiratory, enteric, physical contact)</li> <li>• COVID-19</li> </ul>	<p>For the five-year period 2019-23 in WA, there were on average:</p> <ul style="list-style-type: none"> <li>• 1,420 cases of blood borne viruses per year</li> <li>• 5,890 cases of enteric diseases per year</li> <li>• 15,814 cases of sexually transmitted infections per year</li> <li>• 17,913 cases of vaccine-preventable diseases per year</li> <li>• 693 cases of vector-borne diseases per year</li> <li>• 4 cases of zoonotic diseases per year</li> <li>• 4,853 cases of other diseases per year</li> </ul> <p>Between 2020-2023, there were an average of 348,670 cases of COVID-19 per year in WA.</p>	<p><sup>17</sup> WA DoH</p> <p><sup>18</sup> WA DoH</p>
<p><b>Environmental health</b></p>			
<p><b>Food safety</b></p>	<p>Number of foodborne outbreaks investigated (TBD)</p>	<p>In 2022-23, 36 food recalls and 8 foodborne outbreaks were coordinated.</p>	<p><sup>19</sup> WA DoH</p>

Vector-borne diseases	<p><b>Mosquito operations</b></p> <p>Number of mosquito traps managed and total mosquitos trapped in the Southwest</p>	<p>In 2022-23, 443 mosquito traps were managed across the Southwest region of WA, trapping a total of 96,787 mosquitoes.</p>	
Water safety	<p><b>Water safety and security</b></p> <p>Number of health responses to water safety incidents.</p>	<p>In 2022-23, there were 776 health responses to wastewater overflows and sewage spills, and 27 health responses to fish kills and algae blooms.</p>	<sup>19</sup> WA DoH
Climate	<p><b>Heat-related mortality and hospitalisations, and projections</b></p>	<p>Between 2010-19, there were:</p> <ul style="list-style-type: none"> <li>• 41.1 per 100,000 hospitalisations that were heat related. This is projected to increase by 33.8% to 55 by 2050-59.</li> <li>• 75.4 per 100,000 ED presentations that were heat related. This is projected to increase by 29.8% to 97.9 by 2050-59.</li> <li>• 5.3 deaths per 100,000 were heat related. This is projected to increase by 61.4% to 8.5 by 2050-29.</li> </ul>	<sup>20</sup> WA DoH
Air	<p><b>Air Quality</b></p>	<ul style="list-style-type: none"> <li>• Between 2017 and 2021, there were a total of 147 instances where the PM10 exceeded the daily National Ambient Air Quality Standards at one or more monitoring locations in WA.</li> <li>• The number of instances of exceedances has increased over time – 19 days in 2017, 19 days in 2018, 25 days in 2019, 46 days in 2020, and 38 days in 2021.</li> </ul>	<sup>21</sup> WA DWER

## Appendix 2: Relevant WA Health and WA Government 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*

Acts that directly or significantly impact or influence public health include:

- a. *Building Act 2011*
- b. *Caravan Parks and Camping Grounds Act 1995*
- c. *Contaminated Sites Act 2003*
- d. *Emergency Management Act 2005*
- e. *Environmental Protection Act 1986*
- f. *Liquor Control Act 1988*
- g. *Local Government Act 1995*
- h. *Planning and Development Act 2005*
- i. *Waste Avoidance and Resource Recovery Act 2007*

Part 3 of the Act imposes a General Public Health Duty on all persons: 'A person must take all reasonable and practicable steps to prevent or minimise any harm to public health that might foreseeably result from anything done or omitted to be done by the person.'

## Strategic alignment

The SPHP's objectives and priorities are aligned with a range of established strategies and frameworks. This alignment ensures that the plan is grounded in evidence-based practice and reflects broader public health commitments at state and national levels. It provides a cohesive foundation for implementation, supporting consistent and coordinated action across the health sector.

Objective	Name of document	Source
Overarching	SPHP (placeholder)	
	<a href="#">Sustainable Health Review</a>	Department of Health WA
Promote	<a href="#">WA State Priorities Mental Health, Alcohol and Other Drugs 2020-2024</a>	Mental Health Commission
	<a href="#">WA Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018-25</a>	Mental Health Commission
	<a href="#">Better Choices, Better Lives: Western Australian Mental Health, Alcohol and Other Drugs Services Plan 2015-2025</a>	Mental Health Commission
	<a href="#">National Statement on Health Literacy</a>	Australian Commission on Safety and Quality in Healthcare
	<a href="#">National Health Reform Agreement Addendum 2020-2025</a>	Department of Health and Aged Care
	<a href="#">WA Genomics Strategy 2022-2032</a>	Department of Health WA
	<a href="#">National Strategic Action Plan for Rare Diseases</a>	Commonwealth Department of Health
Prevent	<a href="#">WA Health Promotion Strategic Framework 2022-2026</a>	Department of Health WA
	<a href="#">National Preventative Health Strategy 2021-2030</a>	Department of Health and Aged Care
	<a href="#">National Tobacco Strategy 2023-2030</a>	Department of Health and Aged Care
	<a href="#">National Obesity Strategy 2022-2032</a>	Department of Health and Aged Care
	<a href="#">National Strategy for Food Security in Remote First Nations Communities</a>	National Indigenous Australians Agency
	<a href="#">National Alcohol Strategy 2019-2028</a>	Department of Health and Aged Care
	<a href="#">National Strategy for Injury Prevention (currently under development)</a>	Department of Health and Aged Care

	<a href="#">Driving Change - Road Safety Strategy 2020-2030</a>	Road Safety Commission WA
	<a href="#">Australian Water Safety Strategy</a>	Royal Life Saving Australia
	<a href="#">National Drug Strategy 2017-2026</a>	Department of Health and Aged Care
	<a href="#">WA Immunisation Strategy (in draft) (link to be added when available)</a>	Department of Health WA
	<a href="#">National Immunisation Strategy 2019–2024</a>	Department of Health and Aged Care
	<a href="#">World Health Organization Immunization Agenda 2021-2030</a>	World Health Organization
	<a href="#">WA Cancer Plan 2020-2025 (health.wa.gov.au)</a>	Department of Health WA
Protect	<a href="#">Climate Health Inquiry 2020</a>	Department of Health WA
	<a href="#">Strategy for Environmentally Sustainable, Low Carbon and Climate Resilient Healthcare (link to be added when available)</a>	Department of Health WA
	<a href="#">WA Climate Action Plan 2023</a>	Department of Health WA
	<a href="#">National Health and Climate Strategy</a>	Department of Health and Aged Care
	<a href="#">Communicable Disease Control Directorate Strategy 2023-2026</a>	Department of Health WA
	<a href="#">WA Sexual Health and BBV Strategy 2024-2030</a>	Department of Health WA
	<a href="#">Environmental Health Directorate Strategic Plan 2024-2027</a>	Department of Health WA
	<a href="#">State Emergency Management Framework</a>	State Emergency Management Committee WA
	<a href="#">WA Community Disaster Resilience Strategy</a>	State Emergency Management Committee WA
	<a href="#">Environmental Health Standing Committee (enHealth) Strategic Plan 2024-2027</a>	Department of Health and Aged Care
	<a href="#">WA Foodborne Illness Reduction Strategy 2023-2026</a>	Department of Health WA
Enable	<a href="#">Epidemiology Directorate Strategic Plan 2022–26</a>	Department of Health WA
	<a href="#">WA Health Digital Strategy 2020-2030</a>	Department of Health WA

	<a href="#">WA Health Data Linkage Strategy 2022–2024</a>	Department of Health WA
	<a href="#">WA Health and Medical Research Strategy 2023-2033</a>	Department of Health WA
	<a href="#">Australian Medical Research and Innovation Priorities 2022–2024</a>	Department of Health and Aged Care
Improve Aboriginal health and wellbeing	<a href="#">WA Aboriginal Health and Wellbeing Framework 2015-2030</a>	Department of Health WA
	<a href="#">The Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015-2030</a>	Department of Health WA
	<a href="#">National Agreement on Closing the Gap</a>	Closing the Gap, Department of Prime Minister and Cabinet
	<a href="#">National Aboriginal and Torres Strait Islander Health Plan 2021–2031</a>	Department of Health and Aged Care
	<a href="#">Aboriginal Empowerment Strategy - Western Australia 2021-2029</a>	Department of Premier and Cabinet WA
	<a href="#">Aboriginal Health Impact Statement and Declaration Policy</a>	Department of Health WA
Equity and inclusion	<a href="#">Health Equity Impact Statement and Declaration Policy</a>	Department of Health WA

## Appendix 3: Roles and responsibilities of the Department and HSPs in supporting local governments with public health planning

### Policy and planning

	Department	HSPs – NMHS, SMHS, EMHS, WACHS	HSP – CAHS
<b>Leadership</b>	<ul style="list-style-type: none"> <li>Facilitate coordination of public health planning support to local governments across the WA Health system in collaboration with HSPs</li> <li>Communicate on a regular basis with the HSPs to discuss public health planning needs and support for local government</li> </ul>	<ul style="list-style-type: none"> <li>Provide advice, support, and leadership to local government in guiding development of their Local PH Plans</li> </ul>	<ul style="list-style-type: none"> <li>Provide advice, support, and leadership to local government and HSPs on health promotion, prevention and early intervention and community-based services specific to children aged 0-18 years, in the metropolitan area, to help guide the development of Local PH Plans</li> </ul>
<b>Policy development and research</b>	<ul style="list-style-type: none"> <li>Lead the development of state-wide legislation, policies, reporting requirements and strategies regarding the application of public health planning</li> <li>Support HSPs in the development of health service level policy</li> </ul>	<ul style="list-style-type: none"> <li>Contribute to developing statewide legislation, policies, and strategies regarding the application of public health planning</li> <li>Develop HSP-level policy, strategies, and public health planning resources</li> </ul>	<ul style="list-style-type: none"> <li>Contribute to developing state-wide legislation, policies, and strategies regarding the application of public health planning, in the metropolitan area, in relation to children aged 0-18 years</li> <li>Develop HSP-level policy, strategies, and public health planning resources</li> </ul>
<b>Policy monitoring and evaluation</b>	<ul style="list-style-type: none"> <li>Monitor and evaluate effectiveness of state-wide legislation, policies, reporting requirements, strategies, and public health planning guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Monitor and evaluate effectiveness of HSP-level policies, strategies, and public health planning guidelines.</li> <li>Provide feedback to the Public and Aboriginal Health Division (PAHD) on the effectiveness of state-wide policies</li> </ul>	<ul style="list-style-type: none"> <li>Monitor and evaluate effectiveness of HSP-level policies, strategies, and public health planning guidelines.</li> <li>Provide feedback to PAHD on the effectiveness of state-wide policies</li> </ul>
<b>Supporting resources</b>	<ul style="list-style-type: none"> <li>Coordinate and facilitate development and/or provision of state-wide information and/or resources, in collaboration with the HSPs, to support local government in the public health planning process and to minimise duplication of information and/or resources.</li> </ul>	<ul style="list-style-type: none"> <li>Coordinate the development of HSP-level information and resources, where appropriate, to support local governments in the public health planning process</li> <li>Inform PAHD and other HSPs about development of local resource specific to local government public health planning, to minimise duplication, ensure</li> </ul>	<ul style="list-style-type: none"> <li>Coordinate and facilitate development of HSP-level information and resources, where appropriate, to support local governments and HSPs with health promotion, prevention and early intervention, and community-based services specific to children aged 0-18 years in the metropolitan area</li> </ul>

	<ul style="list-style-type: none"> <li>Inform HSPs when publishing state-wide resources</li> </ul>	consistency of information, and support collaboration across WA Health	
<b>Data management and requests</b>	<ul style="list-style-type: none"> <li>The Epidemiology Directorate, PAHD, manages and coordinate responses to requests for health data and provides support to the HSPs with interpretation, as required.</li> <li>Where possible, improve the capacity of the data provided to the HSPs and local governments to align with the priorities of the State PH Plan</li> </ul>	<ul style="list-style-type: none"> <li>Support local governments with their direct requests for local health data, including providing copies of local government reports of interpreted data for each local government</li> <li>Assist with data interpretation to local governments</li> <li>Assist other HSPs with data requests</li> </ul>	<ul style="list-style-type: none"> <li>Support local governments the HSPs with direct requests for local health data specific to children aged 0-18 years in the metropolitan area</li> <li>Assist with data interpretation to local governments</li> <li>Assist other HSPs with data requests</li> </ul>
<b>SPHP</b>	<ul style="list-style-type: none"> <li>Develop the State PH Plan every 5 years in consultation with the HSPs, and all key stakeholders including other government agencies, NGOs, local governments, and the public</li> <li>Review the State PH Plan annually and amend as required</li> <li>Report on the State PH Plan in accordance with section 22 (3) of the Act</li> </ul>	<ul style="list-style-type: none"> <li>Contribute to the development of the State PH Plan</li> <li>Support local governments in understanding the requirement of <i>being consistent</i> with the State PH Plan</li> </ul>	<ul style="list-style-type: none"> <li>Contribute to the development of the State PH Plan</li> </ul>

### Stakeholder engagement and communications

	Department	HSPs – NMHS, SMHS, EMHS, WACHS	HSP – CAHS
<b>Direct liaison, support, and information to local governments</b>	<ul style="list-style-type: none"> <li>Refer local government representatives to their HSP for assistance with queries related to the development of their Local PH Plans</li> </ul>	<ul style="list-style-type: none"> <li>Be first point of contact to support local government representatives seeking further guidance on the public health planning process</li> </ul>	<ul style="list-style-type: none"> <li>Be a point of contact to support local government representatives seeking further guidance specific to children aged 0-18 years in the metropolitan area</li> </ul>
<b>Communications to local government on complying with the requirements of the Act.</b>	<ul style="list-style-type: none"> <li>Coordinate dissemination of information to local governments about requirements for complying with Part 5 of the Act, including future reporting requirements to the Department in accordance with section 22 of the Act</li> </ul>	<ul style="list-style-type: none"> <li>Liaise and collaborate with the PAHD on any communications to local governments about compliance with the Act, before release</li> </ul>	<ul style="list-style-type: none"> <li>Liaise and collaborate with PAHD on any communications to local governments about compliance with the Act, before release</li> </ul>



	<ul style="list-style-type: none"> <li>• Liaise and collaborate with HSPs about any communications to local government before release</li> </ul>		
<b>Partnership building / liaison with NGO's and other stakeholders</b>	<ul style="list-style-type: none"> <li>• Consult with key partner agencies, including State Government departments, non-government organisations (NGOs), and associations, to establish formal partnership agreements and collaborate in leading specific public health priorities specified in the State PH Plan</li> <li>• Liaise and consult with HSPs on all proposed partnership agreements prior to their establishment</li> </ul>	<ul style="list-style-type: none"> <li>• Provide local government support to identified key NGOs operating in their local area and support the formation of partnerships</li> <li>• Be a contact point for NGO liaison, coordination, and facilitation of NGO partnerships with local government, and monitor progression of local partnerships</li> </ul>	<ul style="list-style-type: none"> <li>• Provide support to HSPs and local governments to identify key NGOs operating in their local area specific to children aged 0-18 years in the metropolitan area, and support formation of partnerships</li> </ul>
<b>Website content</b>	<ul style="list-style-type: none"> <li>• Manage content on the public health planning website landing page on the corporate website and ensure that links are provided to relevant HSP webpages</li> <li>• Liaise and collaborate with HSPs about changes to the website</li> <li>• Manage any future requirements for content on the DOH intranet</li> </ul>	<ul style="list-style-type: none"> <li>• Support PAHD to link to, and centralise, all public health planning information</li> </ul>	<ul style="list-style-type: none"> <li>• Support PAHD to link to, and centralise, all public health planning information relevant to their jurisdictions off the main landing page of the corporate website</li> <li>• Include a link to the CAHS webpage on the PHP landing page</li> </ul>
<b>Communication with WA Health system management</b>	<ul style="list-style-type: none"> <li>• Communicate with the Chief Health Officer, the Assistant Director General (PAHD) and the Director General of the Department about matters regarding the public health planning process</li> </ul>	<ul style="list-style-type: none"> <li>• Communicate with Health Service Provider Chief Executive on matters about the public health planning process</li> </ul>	<ul style="list-style-type: none"> <li>• Communicate with Health Service Provider Chief Executive on matters about the public health planning process</li> </ul>
<b>Communication with the Minister</b>	<ul style="list-style-type: none"> <li>• Communicate with the Minister for Health; Mental Health, about public health planning in WA, as required</li> </ul>	<ul style="list-style-type: none"> <li>• Advise PAHD and the Chief Health Officer when responding to any ministerial matters related to public health planning</li> </ul>	<ul style="list-style-type: none"> <li>• Advise PAHD and the Chief Health Officer when responding to any ministerial matters related to public health planning specific to children aged 0- 18 years in the metropolitan area.</li> </ul>
<b>Communication via media</b>	<ul style="list-style-type: none"> <li>• Lead and coordinate communications within WA on any media concerns</li> </ul>	<ul style="list-style-type: none"> <li>• Inform PAHD and other HSPs when planning to issue a media statement in relation to public health planning</li> </ul>	<ul style="list-style-type: none"> <li>• Inform PAHD and other HSPs when planning to issue a media statement in relation to public health planning</li> </ul>

	<p>related to public health planning issues.</p> <ul style="list-style-type: none"> <li>• Inform HSPs when the Minister plans to issue a media statement related to public health planning</li> </ul>		
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### Capacity building and workforce development

	Department	HSPs – NMHS, SMHS, EMHS, WACHS	HSP – CAHS
<b>Capacity building activities of local government staff</b>	<ul style="list-style-type: none"> <li>• Coordinate development and dissemination of resources to build the capacity of local government elected members, CEOs, and staff</li> <li>• Support HSPs, as required, to assist with local government capacity building activities.</li> <li>• Provide additional support to WACHS for capacity building activities within local government as requested</li> <li>• Collaborate with HSPs and WALGA, to assess capacity of Local Government workforce for public health plan development and implementation.</li> </ul>	<ul style="list-style-type: none"> <li>• Support local governments to build the capacity of their staff, CEOs, and elected members by facilitating capacity building activities such as meetings, seminars, workshops, networking groups, to raise awareness and support for the development of their Local PH Plans</li> </ul>	<ul style="list-style-type: none"> <li>• Support local governments to build their capacity for matters specific to children aged 0-18 years in the metropolitan area. This may include assisting with facilitating capacity building activities such as meetings, seminars, workshops and networking groups</li> </ul>
<b>Workforce capacity and capability of WA Health staff</b>	<ul style="list-style-type: none"> <li>• Provide and support capacity building activities for PAHD and HSP staff with a role in public health planning</li> </ul>	<ul style="list-style-type: none"> <li>• Support staff to participate in capacity building activities organised by PAHD, and provide any other capacity building activities necessary for HSP staff with a role in public health planning</li> </ul>	<ul style="list-style-type: none"> <li>• Support staff to participate in capacity building activities organised by PAHD, and provide any other capacity building activities necessary for HSP staff with a role in public health planning</li> </ul>

## Compliance, monitoring and evaluation

	Department	HSPs – NMHS, SMHS, EMHS, WACHS	HSP – CAHS
<b>Reporting under section 22 of the Act.</b>	<ul style="list-style-type: none"> <li>Coordinate and disseminate reporting requirements under section 22 relating to public health planning</li> <li>Collaborate with HSPs in developing and revising reporting requirements related to public health planning, prior to disseminating to local government</li> <li>Centralise all local government reporting and provide reports to HSPs</li> </ul>	<ul style="list-style-type: none"> <li>Contribute to developing reporting criteria required under section 22 of the Act</li> </ul>	<ul style="list-style-type: none"> <li>Contribute to developing reporting criteria required under section 22 of the Act</li> </ul>
<b>Review of Local PH Plans</b>	<ul style="list-style-type: none"> <li>Review Local PH Plans for consistency with the State PH Plan and the requirements of Part 5 of the Act, at the direction of the Chief Health Officer</li> <li>The Chief Health Officer may request support and collaborate with the HSPs to assist with reviewing Local PH Plans</li> </ul>	<ul style="list-style-type: none"> <li>Provide advice to the CHO, as required, to support the review of Local PH Plans.</li> </ul>	<ul style="list-style-type: none"> <li>Provide advice to the CHO, as required, to support the review of Local PH Plans in relation to children aged 0-18 in the metropolitan area</li> </ul>
<b>Circumstances where a local government does not produce a public health plan</b>	<ul style="list-style-type: none"> <li>Consult with local governments who do not produce a public health plan in accordance with the Public Health Act</li> <li>Seek advice from the relevant HSP prior to taking any action</li> <li>Coordinate and undertake appropriate regulatory action in circumstances where a local government does not comply with the Act</li> </ul>	<ul style="list-style-type: none"> <li>Provide advice to the Chief Health Officer as required, in circumstances where a local government does not meet their public health planning requirements under the Public Health Act</li> <li>Advise the Chief Health Officer in circumstances where a local government is not performing in accordance with the public health planning requirements of the Act</li> </ul>	n/a

## Glossary

Acronym	
<b>AHCWA</b>	Aboriginal Health Council of WA
<b>AIR</b>	Australian Immunisation Register
<b>AUSMAT</b>	Australian Medical Assistance Teams
<b>BBV</b>	Blood-borne virus
<b>CAHS</b>	Child and Adolescent Health Service
<b>CaLD</b>	Culturally and Linguistically Diverse
<b>CDCD</b>	Communicable Disease Control Directorate
<b>COAG</b>	Council of Australian Government
<b>DFES</b>	Department of Fire and Emergency Services
<b>DPMD</b>	Disaster Preparedness and Management Directorate
<b>DWER</b>	Department of Water and Environmental Regulation
<b>EHD</b>	Environmental Health Directorate
<b>EHO</b>	Environmental Health Officer
<b>ED</b>	Emergency Department
<b>EMHS</b>	East Metropolitan Health Service
<b>GP</b>	General Practitioner
<b>HAZMAT</b>	Hazardous materials
<b>HMA</b>	Hazard Management Agency
<b>HSP</b>	Health Service Provider

Acronym	
<b>LGBTQI+</b>	Lesbian, gay, bisexual, trans/transgender, intersex, queer and other sexuality, gender, and bodily diverse people and communities
<b>MHC</b>	Mental Health Commission
<b>NACCHO</b>	National Aboriginal Community Controlled Health Organisation
<b>NMHS</b>	North Metropolitan Health Service
<b>OCHO</b>	Office of the Chief Health Officer
<b>PAHD</b>	Public and Aboriginal Health Division
<b>PPHD</b>	Population and Preventive Health Directorate
<b>PPRR</b>	Prevention, preparedness, response and recovery
<b>RSV</b>	Respiratory syncytial virus
<b>SASA</b>	Structured Administration and Supply Arrangements
<b>SDU</b>	Sustainability Development Unit
<b>SHR</b>	Sustainable Health Review
<b>SMHS</b>	South Metropolitan Health Service
<b>STI</b>	Sexually transmitted infection
<b>WACHS</b>	Western Australian Country Health Service
<b>WA Health</b>	Includes the Department and all six Health Service Providers; North, South and East Metropolitan Health Services, the WA Country Health Service, the Child and Adolescent Health Service, and PathWest
<b>WAMAT</b>	Western Australian Medical Assistance Team
<b>WHO</b>	World Health Organization

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