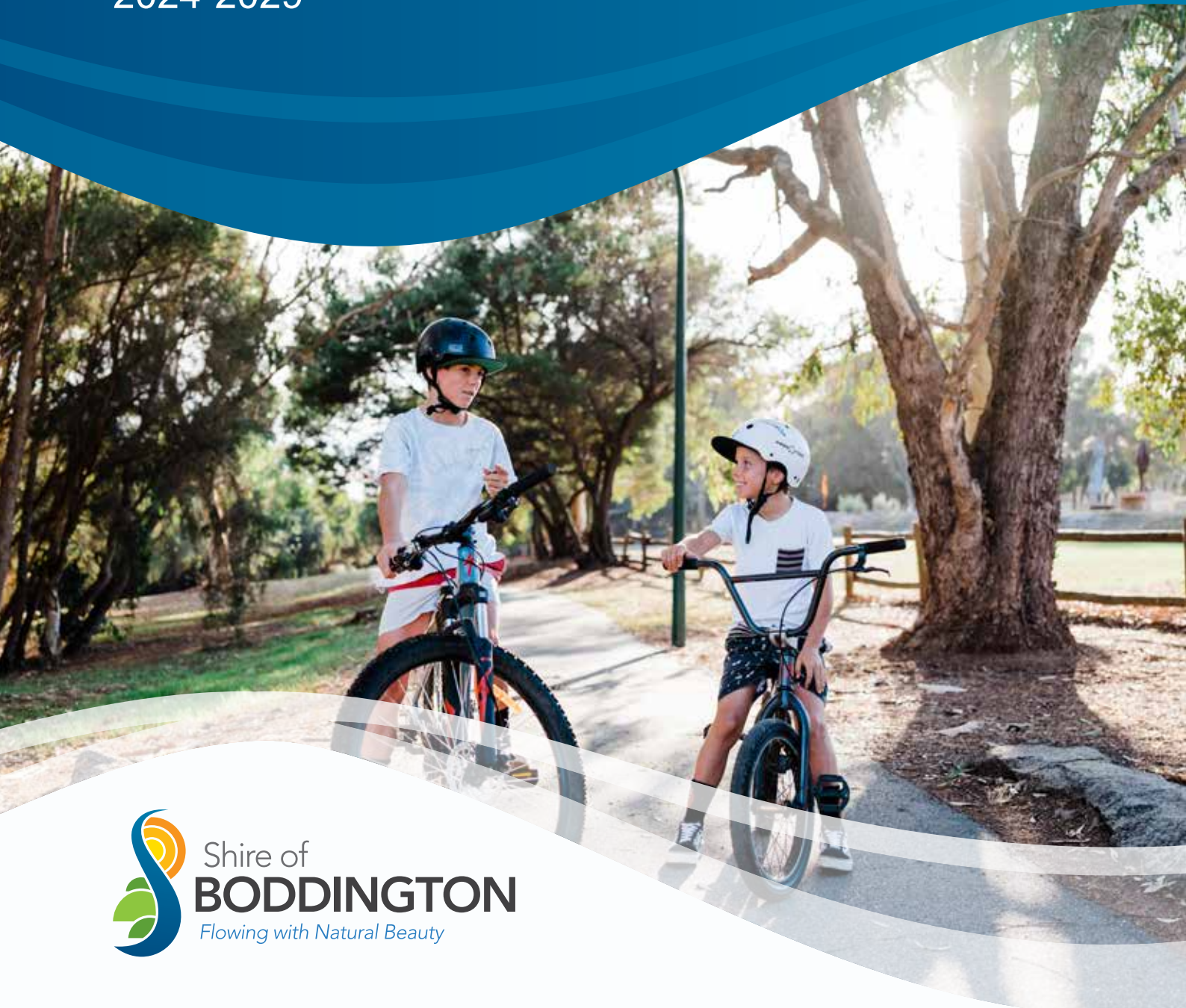


# LOCAL PUBLIC HEALTH PLAN

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2024-2029



Shire of  
**BODDINGTON**  
*Flowing with Natural Beauty*

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# ACKNOWLEDGEMENT

Shire of Boddington acknowledges the Wilman People of the Noongar Nation as the traditional custodians and pays respect to Elders past and present, as well as the continuation of cultural, spiritual, and educational practices of Aboriginal and Torres Strait Islander peoples.



# EXECUTIVE MESSAGE

Local government can provide initiatives and resources for the health and well-being of its community. The Shire of Boddington (Shire) sees the opportunity for the Local Public Health Plan (LPHP) in which Local Government can facilitate improving public health within the community. The Shire is committed to the health and well-being of the community through the implementation of the LPHP. The LPHP has been designed to focus on community health gaps with a holistic approach. The proposed action plan is designed to address community health needs, strengthen the community, and improve partnerships for the future of Boddington.

# INTRODUCTION

The Shire of Boddington (Shire) has developed this LPHP to meet statutory responsibilities under the Public Health Act 2016, as well as having an integrated approach with the Shires Council Plan 2023- 2033 (Council Plan). The LPHP intends to allow for the Shire to assess and ensure our resources are used most appropriately and efficiently to address the public health needs of the local community<sup>9</sup>. The Shires LPHP is a five-year strategic document that aims to identify public health priorities and future planning to work toward a healthier community.

To plan for the future health and well-being of the community, the plan has undergone a series of stages to establish the community’s needs. The LPHP action plan aims to reflect the community’s health needs and identify any underlying public health risks in conjunction with state and national data averages. The Shire has conducted numerous community surveys in conjunction with the Shires Council Plan.

The social determinants of health are the non-medical factors that influence health outcomes<sup>13</sup>. Social determinants of health are illustrated below in Figure 1, which portrays the factors or conditions in which people live and how they influence health and well-being within our community.

The Shire aims to coordinate with public health partners and community groups to strengthen health and well-being within the community.

**VISION**  
A vibrant and connected community with excellent lifestyle and employment opportunities in a beautiful natural environment.<sup>11</sup>

**MISSION**  
Plan for the future health and well-being of the community.

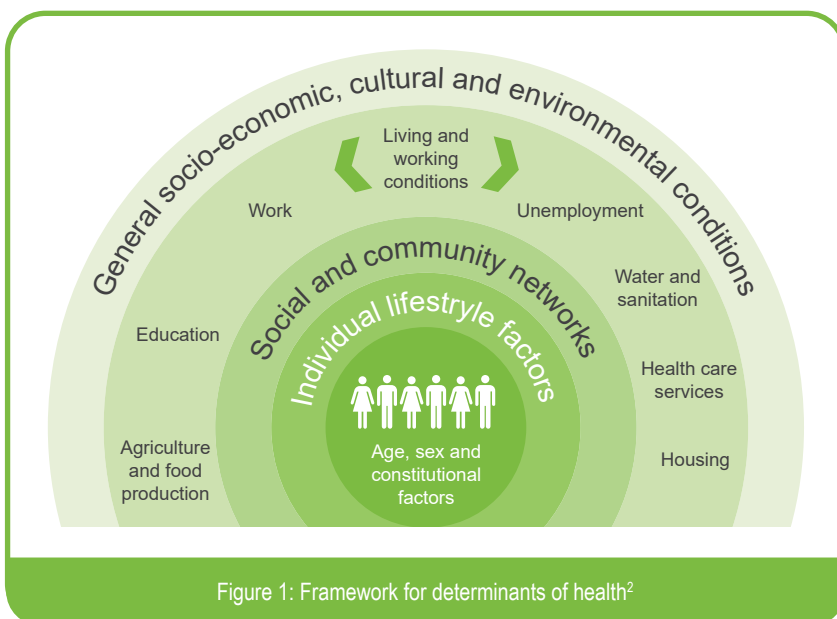


Figure 1: Framework for determinants of health<sup>2</sup>

# ABOUT

## THE LOCAL PUBLIC HEALTH PLAN

The Shire of Boddington has a legislative obligation to develop and implement the LPHP. The purpose of the plan is to identify the wider health and well-being of the community and to have an integrated approach to providing programs and services to address environmental health and other community health and well-being issues identified. The LPHP focuses on the following key areas:

**1**

### HEALTHY PLACES AND SPACES

To provide healthy spaces to promote healthy lifestyles and environmental sustainability.

**2**

### HEALTHY AND ACTIVE COMMUNITY

To promote a healthy community through healthier life style opportunities and services.

**3**

### HEALTHY BUSINESSES AND COMMUNITY EVENTS

Supporting local businesses, community groups, and events to encourage health and well-being within the community.

These three key areas were established through aligning the priorities of the Shire of Boddington Council Plan 2023-2033 as well as identifying the community health gaps through desktop studies (local and state) and community surveys. These documents and processes have assisted in the development of key priority areas for future community planning programs and projects as identified in the LPHP action plan.

# ALIGNMENT

## TO THE STATE GOVERNMENT PUBLIC HEALTH PLAN

The LPHP is required to be consistent with the State Public Health Plan (State Plan), when applicable, by the Public Health Act 2016. The Department of Health WA released its first State Public Health Plan for Western Australia from 2019 through 2024. The objectives are summarised in table 1 below:

<b>VISION</b>	We want the people of WA to experience the best possible health, wellbeing and quality of life.		
<b>MISSION</b>	To protect, promote and improve the health and wellbeing of all Western Australian's and to reduce the incidence of preventable illness.		
<b>PRIORITY PUBLIC HEALTH RISK FACTORS FOR WA</b>			
	Poor diet Insufficient physical activity Overweight and obesity Smoking	Harmful use of alcohol Illicit drug use and misuse of pharmaceuticals Mental health issues	Environmental health risks Communicable disease risks Unprotected sex with infected persons Low immunisation rates
<b>PUBLIC HEALTH OBJECTIVES</b>	<b>OBJECTIVE 1</b>	<b>OBJECTIVE 2</b>	<b>OBJECTIVE 3</b>
	Empowering and enabling people to live healthy lives	Providing health protection for the community	Improving Aboriginal health and wellbeing
	<b>POLICY PRIORITIES</b>	<b>POLICY PRIORITIES</b>	<b>POLICY PRIORITIES</b>
	Healthy eating A more active WA Curbing the rise in overweight and obesity Making smoking history Reducing harmful alcohol use Reduce use of illicit drugs, misuse of pharmaceuticals and other drugs of concern Optimise mental health and wellbeing Prevent in injuries and promote safer communities	Reduce exposure to environmental health risks Administer public health legislation Mitigate the impact of public health emergencies Support immunisation Prevention and control communicable diseases Promote oral health improvement	Promote culturally secure initiatives and services Enhance partnerships with the Aboriginal community Continue to develop and promote Aboriginal controlled services Ensure programs and services are accessible and equitable Promote Aboriginal health and wellbeing as core business for all stakeholders
Table 1: Department of Health WA Public Health Strategic Framework 2019-2024 summary <sup>4</sup>			

Regarding Table 1, the State Plan objectives 1 and 2 align with the Shire's LPHP key areas. Objective 3 whilst not directly identified in the LPHP key areas, the Shire is committed to being culturally inclusive in Aboriginal health and well-being in the LPHP action plan.

# COMMUNITY ENGAGEMENT

Stage one of the LPHP involved a desktop study of health data both localised and nationwide. Stage two included the release of community surveys in conjunction with the Council Plan. Surveying the community has reflected the focus and health needs of the action plans identified in Appendix 1.

The third stage is the release of the drafted LPHP for public consultation. This will determine if the action plan appropriately reflects the community health needs and identify any underlying public health risks in conjunction with state and national data averages. The results from each survey, Shire documents, and community consultation of the draft will aid in consolidating Shire’s health determinants profile, lifestyle risk factors, and future health planning over the course of the LPHP.

The Shire conducted community surveys in 2022 and 2024 to identify the community’s priorities in conjunction with the development of the Shires Council Plan<sup>3</sup>. It was identified through the two surveys that senior services and the Boddington town center continue to be priorities for the community. Emerging priorities are health and community services, efforts to maintain and enhance the river, and access to housing.

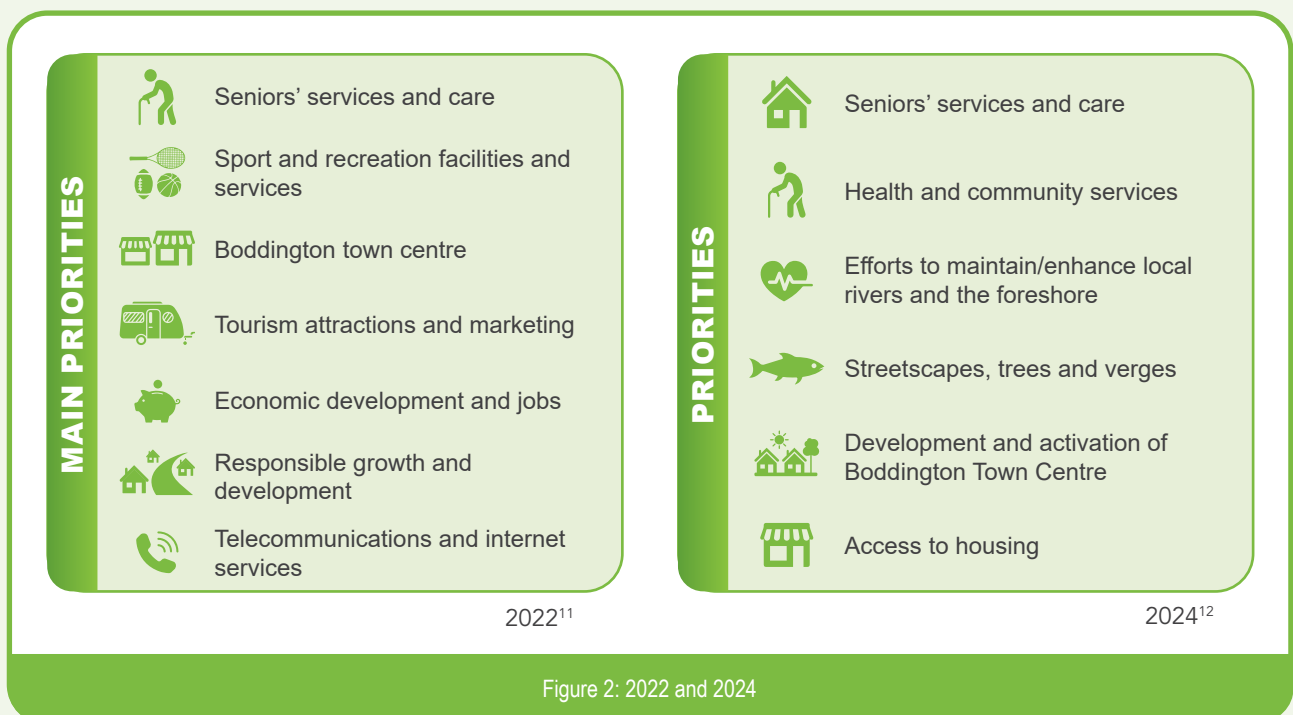


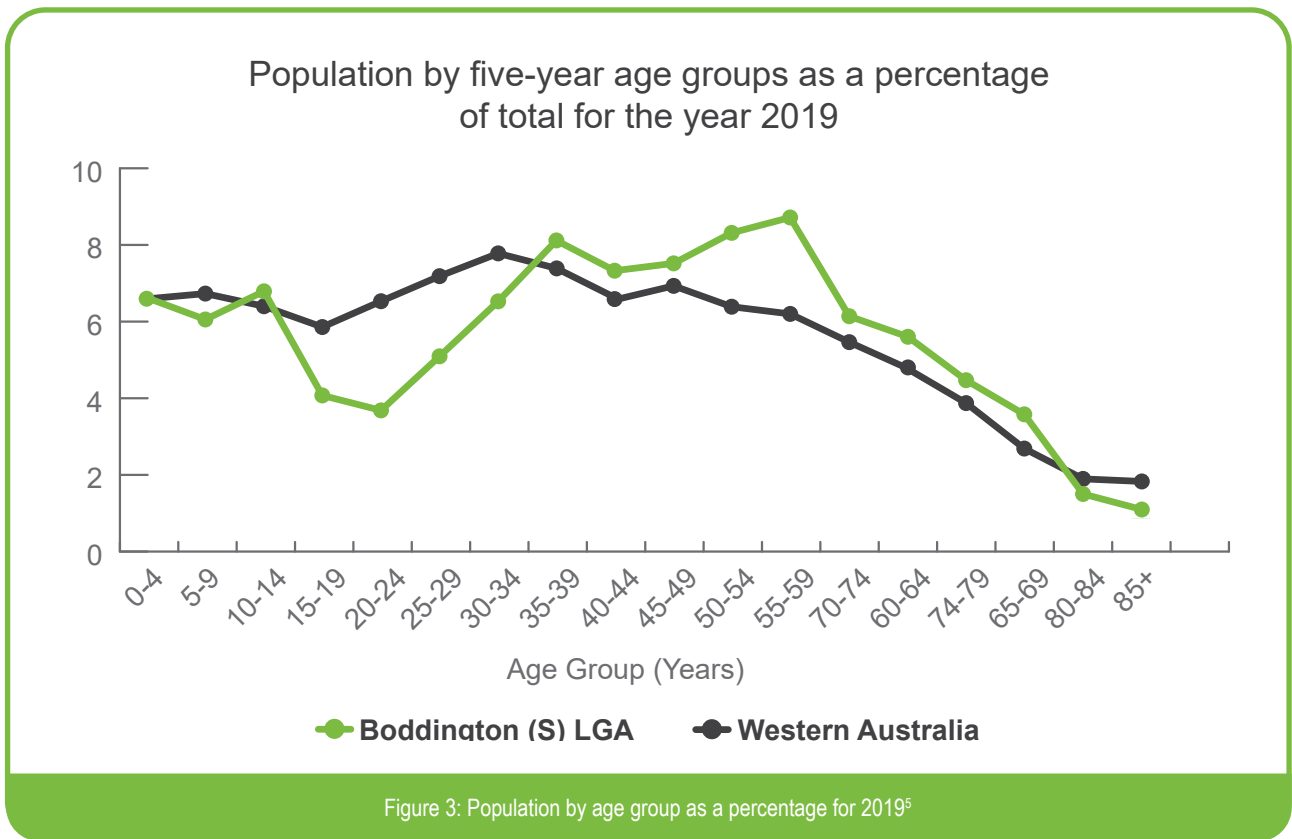
Figure 2: 2022 and 2024

With the collation of the surveys from the Shire Council Plan and Community Well-Being Plan, the data has assisted in identifying the key priorities in comparison to national and state averages. These comparisons are integral in the development of the PHP which will be reviewed and amended accordingly yearly for the lifetime of the plan.



# LOCAL DEMOGRAPHICS

The Shire of Boddington is located less than 1.5 hours from Perth and covers 1,900 square kilometres<sup>11</sup>. As of 2019, the Shire had a total population of 1,801 residents which represents 0.07% of the state's population<sup>5</sup>. The population density is 0.95 people per square km, which is not significantly different from the State average of 1.0 per square km<sup>5</sup>. The age structure of Boddington is not significantly different from the State average based on the 2019 Estimated Resident Populations as shown in Figure 3<sup>3</sup>.



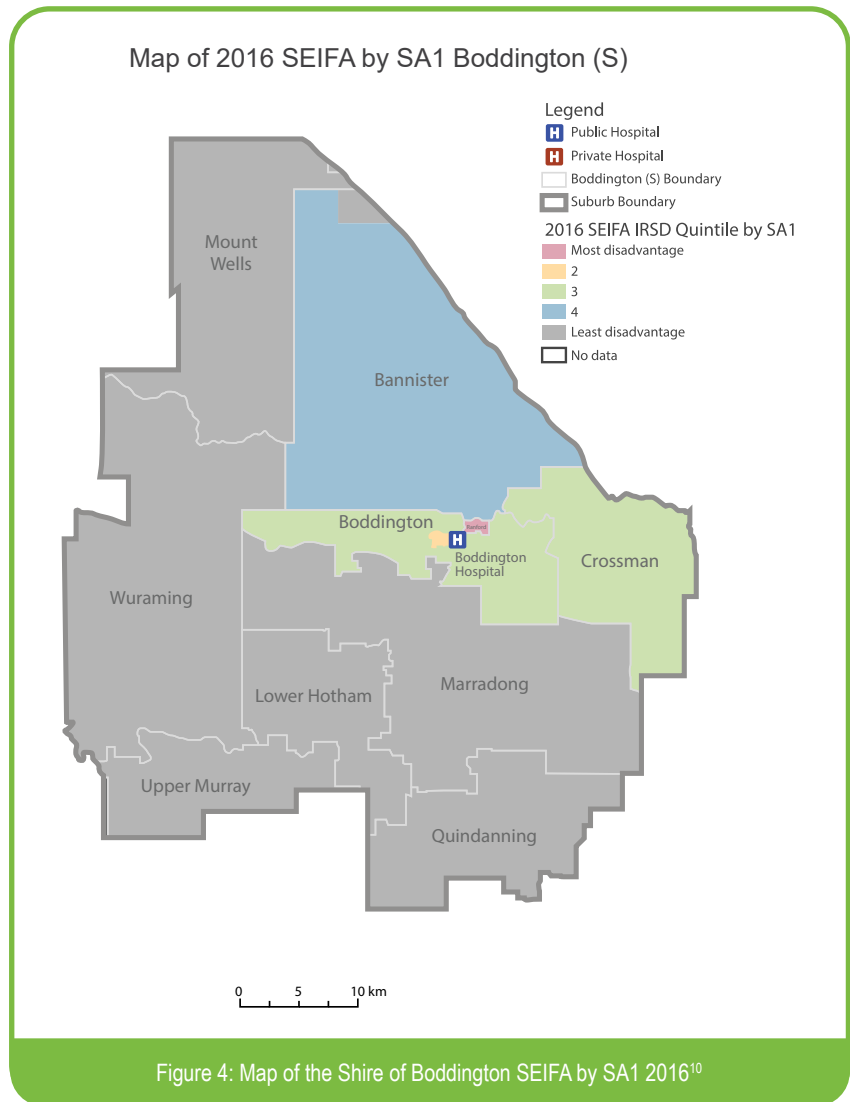
# SOCIO-ECONOMIC STATUS

The Socio-economic Indexes for Areas (SEIFA) score measures the relative level of socio-economic disadvantages based on a range of Census characteristics and data. SEIFA scores are based on a national average of 1000. Areas with the lowest scores are the most disadvantaged. In 2016 it was identified by the Australian Bureau of Statistics<sup>1</sup> that the Shire of Boddington SEIFA Index of relative socio-economic disadvantage score was 991. Figure 4 identified suburbs that have a wide range of SEIFA scores where red is the most disadvantaged and dark grey is the least disadvantaged.

Overall the SEIFA will assist with comparing the national averages to the local SEIFA level of disadvantage and identify the community's

vulnerable population. Regarding Figure 4, it was identified that Ranford in red is the most disadvantaged SEIFA score within the Shire of Boddington.

Variations in disease rates, deaths, hospitalisations, and health risk factor prevalence may be attributed to the socio-economic factors<sup>5</sup>. Table 2, presents the 2016 census data for the Boddington Local Government area and compares it to other major regional areas such as the metro, country, and the state.



MEASURE	Boddington (S) LGA		Metro	Country	State
	Counts	%	%	%	%
Total Population (a)	1,844		1,948,757	519,291	2,468,048
Female	868	47.1	50.4	48.3	50.0
Aboriginal	83	4.5	1.6	8.5	3.1
Born overseas	323	17.5	36.1	17.9	32.3
People who don't speak English at home	99	5.4	20.1	8.4	17.6
0-14 years old	404	21.9	19.0	20.2	19.3
70+ years old	153	8.3	9.3	9.3	9.3
At primary school	191	10.4	8.4	8.7	8.5
At secondary school	87	4.7	6.5	6.0	6.4
At TAFE, CAE or Uni	49	2.7	7.1	3.0	6.2
Left school aged less than 15 years old	122	8.5	6.8	8.9	7.2
Persons with tertiary qualification	160	11.1	22.9	11.7	20.6
Families with annual income < \$20,800	24	5.1	3.5	3.6	3.5
One-parent families	65	13.7	14.5	14.6	14.5
Unemployed	49	5.4	8.1	6.4	7.8
Changed address	766	41.5	40.4	38.4	40.0

#### Notes

- (a) based on place of enumeration on Census night 2016
- The total state population is more than the sum of the Metro and Country total population counts as it includes "Migratory - Offshore - Shipping (WA)" and "No usual address (WA)".
- Results derived from LGA level data.

Table 2: 2016 Census results for the Boddington (S) LGA and major regional areas<sup>5</sup>

It is important to note that the socio-economic demographics within the Shire of Boddington can be quite diverse as rural communities differ in size compared to other regional centres and small towns.

# HEALTH AND WELLBEING PROFILE

The LPHP is informed by local health and social data collected from a wide range of databases such as the Australian Bureau of Statistics and the Department of Health WA. It is important to note that due to limited data specific to the Boddington Local Government area, some data collected from the Southern Wheatbelt Health District or Wheatbelt Health Region data is used as an assessment for the Boddington health profile.

## LIFESTYLE RISK FACTORS

Health profiling involves assessing a wide range of lifestyle factors such as disease, death, hospitalisations, etc. Health is also influenced by the choices we make for example whether we smoke, drink alcohol, are immunised, eat a healthy diet, or undertake regular physical activity. Individuals can limit their risk factors to certain chronic diseases and illnesses based on their lifestyle. The following health profile data collected from the Southern Wheatbelt is summarized in Table 3.<sup>8</sup>

Southern Wheatbelt HD Health Profile, 16 years and over HWSS, January 2016 to December 2020

	Southern Wheatbelt HD		Western Australia	Significant difference
	Prevalance Estimate	Estimated Pop <sup>^</sup>	Prevalance Estimate	From WA
	%	Persons	%	
Currently smokes	15.9	2,527	10.5	-
Eats less than two serves of fruit daily	57.8	9,160	53.1	-
Eates less than five serves of vegetables daily	87.4	13,859	89.5	-
Eats fast food at least weekly	15.0	2,381	34.0	Lower
Drinks at high risk levels for long-term harm (a)	26.2	4,158	25.9	-
Drinks at high risk levels for short-term harm (b)	10.2	1,612	10.3	-
Spends 21+ hours per week in sedentary leisure time	28.9	4,577	39.1	Lower
Less than 150 mins of physical activity per week (c)	43.9	6,794	39.7	-
Current high blood pressure (d)	20.4	3,239	17.3	-

	Southern Wheatbelt HD		Western Australia	Significant difference
	Prevalence Estimate	Estimated Pop <sup>^</sup>	Prevalence Estimate	From WA
	%	Persons	%	
Current high cholesterol (e)	17.2	2,721	17.6	-
Overweight (f)	35.4	5,613	38.2	-
Obese (f)	42.3	6,703	31.2	Higher
High or very high psychological distress	5.4	851	9.0	Lower
Attended a primary health care service in the past 12 months	90.9	14,416	89.9	-
Arthritis	22.7	3,602	20.0	-
Injury (g)	25.6	4,067	20.5	-
Current asthma	9.5	1,504	9.0	-
Mental health problem (h)	13.8	2,187	16.7	-
Stress related problem (i)	8.5	1,342	10.3	-
Anxiety (i)	6.6	1,040	9.8	-
Depression (i)	6.6	* 1,039	9.0	-

Source: WA Health and Wellbeing Surveillance System, Epidemiology, DOH.

This information is based on responses from 757 adults within Southern Wheatbelt HD areas and 30162 adults within the State.

\* Result has a RSE between 25% and 50% therefore should be used with caution.

. Result has a RSE above 50% therefore has been withheld.

- Determined by comparing confidence intervals, where intervals that do not overlap are deemed significantly different. NA indicates that a comparison is not available.

<sup>^</sup> Estimated population refers to the estimated number of people with the risk factor/ condition. It is derived by multiplying the Estimated Resident Population by the persons prevalence estimate.

(a) Drinks more than 2 standard drinks on any one day.

(b) Drinks more than 4 standard drinks on any one day.

(c) Adults ages 18 years and over only. Refers to moderate minutes spend in vigorous physical activity doubled.

(d) Currently have high blood pressure or take medication for high blood pressure. Of those who have had their blood pressure measured.

(e) Currently have high cholesterol or take medication for high cholesterol. Of those who have had their cholesterol measured.

(f) Height and weight measurements have been adjusted for errors in self-report.

(g) Injury in the last 12 months requiring treatment from a health professional.

(h) Diagnosed by a doctor with a stress related problem, depression, anxiety or any other mental health problem in the last 12 months.

(i) Diagnosed by a doctor in the last 12 months.

Table 3: Southern Wheatbelt Health District Health profile, 16 years and over 2016-2020<sup>8</sup>

It was identified in Table 3, that the percentages were significantly lower compared to the state for; eating fast food at least weekly, spending 21+ hours per week in sedentary leisure time, and having high or very high psychological distress. It was also identified that obesity was higher than compared to the state.

The public health indicators for the Shire of Boddington are summarised in Table 4 below. It is noted that for most public health measures in Table 4, most are similar to or better than the State. This includes; childhood immunisations, teenage pregnancy, notifiable diseases, accidental falls, and cancer incidence rates. Participation in cervical cancer screening and youth suicide in males aged 15- 24 years were identified as the worst average<sup>5</sup>.

Summary statistics for public health programs			
Childhood immunisation (% fully immunised, age, calculated 30th of September 2020) <sup>[1]</sup>	Boddington (S) LGA	Metro	State
12 - <15 months	100.0	94.6	94.6
24 - <27 months	100.0	92.4	92.2
60 - <63 months	76.9	93.9	94.0
Maternity data (2019) <sup>[2]</sup>			
Age specific birth rate (per 1,000 women aged 15-44 years, who have not had a hysterectomy)	66.4	60.9	62.4
Teenage births (%)	0.0	1.5	2.1
Birth in women aged 35 years and older (%)	21.1	25.7	24.3
Cervical cancer screening <sup>[3]</sup>			
Participation rate (% , 2015 - 2016)	48.4	52.5	51.5
Normal smear result (% , 2012 - 2016)	90.5	89.7	89.7
Notifiable diseases (per 100,000 persons*, 2014 - 2018) [4]			
Enteric disease	228.9	224.8	233.4
Vector borne diseases	72.6	45.9	55.4
STIs	518.1	535.0	584.1
Vaccine preventable diseases	269.8	448.6	465.0
Hospitalisation for accidental falls (per 100,000 persons*, 2015 - 2019) [5]			
Children (0-4 years)	568.2	653.2	655.8
Elderly (65 years and older)	3,080.6	4,952.5	4,814.1
Cancer Incidence (per 100,000 persons* 204 - 2018) [6]			
Lung cancer	63.5	42.2	42.2
Breast cancer (females)	68.0	130.7	128.9
Cervical cancer (females)	22.2	6.9	7.2
Prostate cancer (males)	192.8	148.8	149.6
Melanoma	63.4	51.9	54.5

#### Notes

##### Data sources

[1] Australian Childhood Immunisation Register.

[2] WA Midwives Notification System, Purchasing and System Performance Division, Western Australia Department of Health. Age specific hysterectomy fractions from the report Cervical Screening in Australia 2019 (AIHW, 2019) are applied to derive the number of women aged 15-44 years without hysterectomy.

[3] WA Cervical Cytology Registry. Data for women aged 20-69 years only.

[4] WA Notifiable Infectious Diseases Database, Public and Aboriginal Health Division, Western Australia Department of Health.

[5] Hospital Morbidity Data System, Purchasing and System Performance Division, Western Australia Department of Health.

[6] WA Cancer Registry, Purchasing and System Performance Division, Western Australia Department of Health.

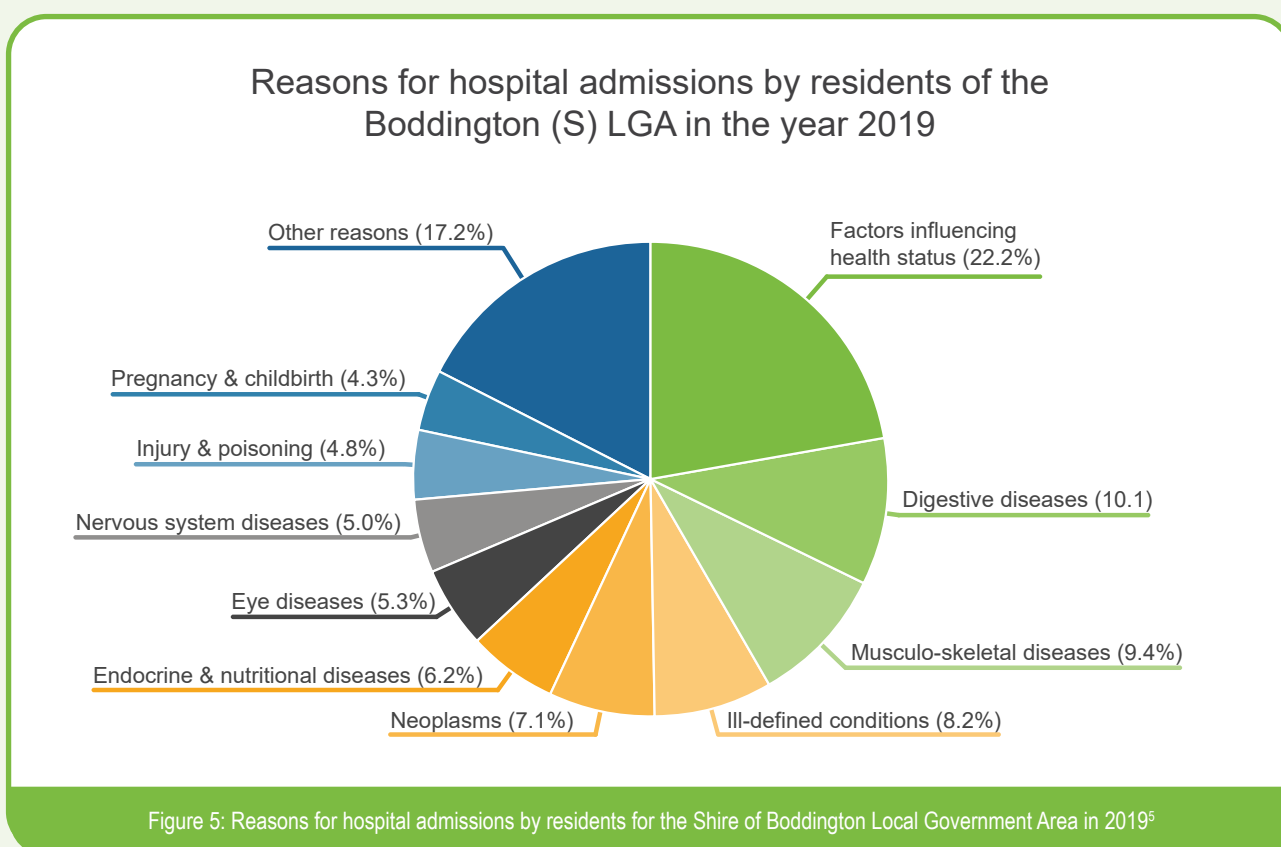
\* These rates have been age-standardised to the Australian 2001 standard population.

Table 4: Summary statistics for public health programs<sup>5</sup>

With reference to Table 4, it has been identified that lung cancer, cervical cancer, prostate cancer and melanoma is presented to have a higher incidence rate within Boddington compared to the Metropolitan and State figures. Although it is difficult to determine why these figures are higher in Boddington, it will be a key focus area in the LPHP action plan.

### MAJOR CAUSES OF HOSPITALISATION

For the State, the major reason for hospital admissions is for 'factors influencing health status' including conditions such as chemotherapy and dialysis. Figure 5 summaries the percentages of the reasons for hospital admissions of residents for the Shire of Boddington in 2019<sup>5</sup>.



### ALCOHOL AND OTHER DRUGS

The Alcohol attributable hospitalisations and illicit drug attributable hospitalisations for the Shire of Boddington are similar to the WA state rate in 2016-2020 combined<sup>7</sup>.

### MENTAL HEALTH

After allowing for differences in the population age structure, the number of hospitalisations for mental health concerns in Boddington residents was similar for both males and females compared to the WA residents based on hospitalisations between 2015 and 2019 inclusive<sup>6</sup>. The age group most affected by mental health concerns in Boddington is the 25-44-year-olds as identified in 2015-2019<sup>6</sup>. For the Shire of Boddington, mental health hospitalisations accounted for 2.9% of all hospitalisations by principal diagnosis between 2015 and 2019<sup>6</sup>.

# EVALUATION OF THE PLAN

The LPHP will be formally reviewed annually per the *Public Health Act 2016*. An annual report will be prepared by the Shire of Boddington staff to the Chief Health Officer when required by the Department of Health WA. The Shire will continually assess and monitor the LPHP to ensure that actions and objectives are being met at the proposed timeframes outlined in the Action Plan.

After five years of the LPHP being implemented, it will be evaluated and reviewed entirely. Then the next LPHP will be developed according to the needs of the local community with aligning the State Public Health Plan and legislative requirements of the *Public Health Act 2016*.





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# APPENDIX 1

## Action Plan – Healthy places and spaces

OBJECTIVES	ACTIONS	TIMEFRAME					LEAD
		2024/25	2025/26	2026/27	2027/28	2028/29	
Green spaces to enjoy	Review, maintain and enhance existing public open spaces	✓	✓	✓	✓	✓	Infrastructure Services
	Develop and implement a street tree program to increase the shade canopy	✓					Infrastructure Services
Safe water to recreate in	Monitor the water quality of public pools and public recreational water bodies	✓	✓	✓	✓	✓	Development and Community Services
	Review of current signs around public recreational water bodies			✓			Development and Community Services
	Facilitate the rehabilitation of the Lion's weir, including silt removal within the river to allow recreational use	✓	✓				Development and Community Services
Healthy ways to get around	Advocate for active transport methods for schools and the wider community	✓	✓	✓			Development and Community Services
	Review of Local Bicycle Plan 2015	✓					Infrastructure Services
Healthy air, water, and land	Implement environmental health programs to protect and enhance the health of our community.	✓	✓	✓	✓	✓	Development and Community Services

Action Plan – Healthy and Active Community

OBJECTIVES	ACTIONS	TIMEFRAME					LEAD
		2024/25	2025/26	2026/27	2027/28	2028/29	
Active community	Ongoing promotion of the community recreational facilities to encourage healthy exercise	✓	✓	✓	✓	✓	Development and Community Services
	Grow community capacity by supporting community groups and volunteers	✓	✓	✓	✓	✓	Development and Community Services
	Development and ongoing promotion of mountain bike and recreational walking trails	✓	✓	✓	✓	✓	Development and Community Services
Support mental health and wellbeing	Partner with local, state, and federal health promotion bodies and campaigns to facilitate and implement a Boddington Community Wellbeing Plan	✓					Development and Community Services
	Advocate for improved access to mental health services in the region, including psychologists, youth workers, social workers, and counsellors	✓	✓	✓	✓	✓	Development and Community Services
Support for medical and aged care facilities and services	Advocate for increased health services in Boddington, including an in-person Doctor service at the Hospital	✓					Office of the Chief Executive
	Progress partnership and funding options to provide a residential aged care facility (nursing home) in Boddington	✓	✓				Office of the Chief Executive

OBJECTIVES	ACTIONS	TIMEFRAME					LEAD
		2024/25	2025/26	2026/27	2027/28	2028/29	
Advocating for a culturally safe and inclusive community	Review the Disability and Access Inclusion Plan 2019-2024	✓					Development and Community Services
	Engage with the Aboriginal Reference Group to develop meaningful dialogue with the Aboriginal community	✓	✓	✓	✓	✓	Office of the Executive Officer
Support initiatives and programs that provide easy access to valuable health information and that helps the community make informed healthy choices	Identify opportunities to partner with local, State and Federal health promotion bodies such as Cancer Council WA and campaigns that will facilitate and help to promote health and well being			✓	✓	✓	Development and Community Services

### Action Plan – Healthy Businesses and Community Events

OBJECTIVES	ACTIONS	TIMEFRAME					LEAD
		2024/25	2025/26	2026/27	2027/28	2028/29	
Community events promote health and well-being	Deliver events that create community connectedness and cohesion	✓	✓	✓	✓	✓	Development and Community Services
	Promote and encourage premier public events in the local community	✓	✓	✓	✓	✓	Development and Community Services
Healthy, safe and secure foods	Monitor and educate food businesses around food safety and providing healthy food options	✓	✓	✓	✓	✓	Development and Community Services
	Explore opportunities for Food Security initiatives				✓	✓	Development and Community Services



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