

## Dowerin Public Health Plan

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## 1.0 Executive Summary

The Shire of Dowerin's Public Health Plan 2022 – 2024 outlines Council's key areas of focus in the health arena over the two-year period 2022 - 2024. Council works diligently to improve both the quality and number of public health services available to the community, and this plan focuses the organisation's efforts on specific health goals and strategies that were identified following grassroots analysis and consultation.

The plan establishes a range of concrete strategies that will deliver Council's identified goals in public health, as outlined in the section Shire of Dowerin Public Health Objectives.

First and foremost, the plan aligns with the Shire of Dowerin's Strategic Community Plan.

The plan also aligns with the Northeastern Wheatbelt Regional Organisation of Council's (NEWROC's) Better Health Plan and the NEWROC Better Health Plan Focus Areas supporting document. This ensures that all of Council's efforts to maintain and improve health services are targeted efficiently both within the shire and within the region in order to achieve key health outcomes.

The core goals of this plan are to:

- Build productive partnerships that deliver health solutions relevant to the needs of the Dowerin community.
- Recruit and retain health professionals to ensure the availability and delivery of health services in the Dowerin area.
- Engage with the Dowerin community to provide feedback to improve the appropriateness of health services in the area.
- Facilitate and help promote a healthy lifestyle and disease prevention within the Dowerin community.

It is important to note that the above four key health goals are mirrored in the NEWROC Better Health Plan. The focussed strategies that will be undertaken by Council to achieve these goals are also replicated in the NEWROC Better Health Plan Focus Areas supporting document. Strong targeted goals and strategies that are shared across shire and regional plans ensure that Council uses its time in the most efficient manner possible, and as a result maximise the potential for achieving better health outcomes for the community.

As a small rural local government, the Shire of Dowerin has a long history of successfully partnering with other organisations to access and retain a range of health services for the community. Council will continue to leverage new and existing partnerships to create improved health outcomes for the shire as outlined above. Council also recognises that the availability of health professionals is critical to the delivery of quality health services in the area, and as a result Council strongly supports local recruitment and retention strategies in the health industry. Council is also ideally placed to continuously obtain and feedback information from the Dowerin community on the quality of health services in the area to the management of such health services. Ensuring that health services remain at a high standard through the monitoring of such community feedback is therefore the third key objective of this plan. Importantly, Council also recognises the bigger picture of public health, and the need to promote healthy living and prevent disease. As a result, the final key objective of this plan is to utilise a number of strategies to promote health and thereby enable our community to avoid the experience of disease.

Council plays a very important and ongoing public health role in the Dowerin community. To offer but a few examples, Council already regulates environmental health standards, provides high quality sporting venues, manages public health risks such as mosquitoes and maintains safe, high-quality roads. These services are provided on top of Council's advocacy and community development work in the public health area as outlined in this plan.

The Shire of Dowerin Public Health Plan 2022 – 2024 will be reviewed on a yearly basis, with community feedback utilised to adjust Council's priorities and lobbying/advocacy efforts.

## 2.0 Framework

As mentioned above this Public Health Plan is nested within a broader framework of interlinked community plans.

Principally, it aligns with Council's Integrated Strategic Plan (ISP). The ISP was developed through community consultation session in October 2020. Access to Health Services was identified as essential importance, with 86% of the Dowerin Community identifying this a priority.

As also mentioned above the plan mirrors the health objectives outlined within the NEWROC Better Health Plan and the NEWROC Better Health Plan Focus Areas supporting document.

Additionally, the plan aligns with the Western Australian Government's First Interim State Public Health Plan 2017 – 2021. The interaction between the Shire of Dowerin's Public Health Plan 2022 – 2024 and the Western Australian State Government's First Interim State Public Health Plan 2017 – 2021 is discussed in the section immediately following.

The Shire of Dowerin Public Health Plan 2022 – 2024 was developed through consultation with both key health stakeholders in the region and the broader community. A detailed analysis of shire demographic and health statistics was also undertaken to inform the plan.

The extensive consultation undertaken with a range of health providers resulted in this high-quality Public Health Plan. Not only that, but the consultation process itself also maintained and enhanced important health partnerships between the Shire of Dowerin and other regional health stakeholders.

### **3.0 State Public Health Priorities**

The Western Australian state government identifies three key public health priorities for the period 2017 – 2021 in its First Interim State Public Health Plan<sup>1</sup>:

- Objective 1: Empowering and enabling people to make healthy lifestyle choices.
- Objective 2: Providing health protection for the community.
- Objective 3: Improving Aboriginal health.

These objectives are directly reflected in the Shire of Dowerin's Public Health Plan 2022 - 2024.

As mentioned previously, one of the primary objectives of this plan is to facilitate and help promote a healthy lifestyle, as well as prevent disease within the Dowerin community. The process of empowering people to make such healthy lifestyle choices is also the first key objective of the Western Australian State Government.

This plan is also focussed on ensuring that the Dowerin community has ongoing access to high quality health services whenever they are needed. This focus is reflected in the Shire of Dowerin Public Health Plan's first two core objectives: the first being to build productive partnerships that deliver effective health solutions in the area; and the second being to recruit and retain high quality health professionals within the health services that serve our community. Council incidentally already plays an active role in providing health protection for the community, by managing environmental health risks, providing infrastructure such as sporting facilities that support health, and by protecting the health of the community through the maintenance of roads, the collection of waste, etc. Council's core community health protection objectives outlined above directly reinforce the Western Australian State Government's Public Health Plan's second key objective of providing health protection for the community.

This plan also reflects the WA State Government's third key objective of improving Aboriginal health. One of the key objectives of this plan is to facilitate and promote a healthy lifestyle and prevent disease, and a core strategy within this objective is to promote Aboriginal health. Specifically, the strategy works to increase the number of Aboriginal health programs delivered to the Dowerin community as well as to increase Aboriginal engagement in all health programs. Partnerships of course play a critical role in achieving this strategy. As a result, this strategy is also reflected in the broader NEWROC Better Health Plan which ensures that Council and the other five shires within the NEWROC region are all working towards a common regional goal.

### **4.0 NEWROC Vision for Public Health**

A healthy and empowered community with access to a range of high-quality health services.

### **5.0 NEWROC Mission for Public Health**

To ensure high quality health services are consistently available to all members of the NEWROC community to allow our residents the best quality of life possible.

### **6.0 NEWROC Health Profile**

There are a number of distinct features that characterise the Northeastern Wheatbelt region's public health profile.

A primary feature of the region is an ageing population, though this characteristic is shared by the entire Western Australian wheatbelt. In 2016 the wheatbelt had the second largest percentage of older people across regional WA per head of population (17.3%).<sup>2</sup> By 2026, one in four people living in the Wheatbelt will be over the age of 65.<sup>2</sup>

Agriculture is the dominant industry in the region. Trends within this industry include increasing average farm sizes and a lesser need for agricultural labour. Such changes have reduced the region's population and contributed to the ageing of the population. These trends have also been associated with gradual growth in the older age groups as well as a rapid loss of the 15 – 44 age groups across the wheatbelt, exacerbating the ageing of the population.<sup>2</sup> However, it is important to note that due to positive lifestyle factors, there has also been an increase in the number of people moving to retire in the wheatbelt or choosing to remain in the wheatbelt when they reach retirement age.

To some extent as a reflection of the region's ageing population, people living in the broader wheatbelt experience higher rates of chronic disease than the average Western Australian resident. Residents in the wheatbelt outstripped the rest of WA in all chronic disease conditions including arthritis, asthma, diabetes, heart disease, chronic obstructive pulmonary disease, and stroke.<sup>3</sup>

An ageing population is associated with a greater need for increased health care services both now and in the future. Health and aged care are therefore an emerging industry in the wheatbelt that will not only lead to a higher retention of the population as it ages but will also provide increased employment and training opportunities in the areas of primary, secondary and acute health care, as well as in social service delivery. There is also a flow on benefit for the rest of the community associated with the increased need for health services resulting from population ageing. The availability of services such as pharmacy, radiology, cardiology, pathology, oncology, and other primary ancillary support services in the region also benefits younger members of the community.

Another key characteristic of the region is its small population base. Areas of small population are associated with reduced access to services and can also be associated with social isolation, though many members of small communities feel extremely socially connected. Possibly as a result of a lack of access to preventative health and social services, Potentially Preventable Hospitalisation (PPH) rates for adults in the wheatbelt were 1.2 times higher than the WA average between 2011 and 2015.<sup>4</sup> Possibly also as a result of both factors outlined above, youth suicide rates in the 15 – 24 age group across the wheatbelt between 2011 and 2015 were twice the state average.<sup>4</sup>

Injury is also a public health factor across the wheatbelt. People living in regional or remote areas of WA have approximately twice the risk of dying from injury compared with people living in other areas of the state.<sup>5</sup> This is possibly a result of the nature of industry and recreation in rural and remote areas, as well as a wheatbelt specific problem with higher levels of serious road crashes.

The fact that agriculture is the dominant industry in the area also influences the northeastern wheatbelt's public health profile, including the level of injury risk across the population. Safe Work Australia reports that even though agriculture only represented 2.6% of the total workforce in Australia between 2010 and 2014, the industry was responsible for 21% of worker fatalities.<sup>6</sup>

Finally, a distinct characteristic of the northeastern wheatbelt region is relatively low median incomes excluding government pensions and allowances. The 2016 Australian Bureau of Statistics Census showed a median income of \$56,473 for the Shire of Dowerin, \$63,804 for Mount Marshall, \$72,904 for Mukinbudin, \$45,032 for Nungarin, \$34,424 for Trayning, \$38,792 for Wyalkatchem and \$44,200 for Koorda. Areas of lower socio-economic wealth are associated with less favorable health outcomes overall,<sup>7</sup> and while some members of the NEWROC communities may have high incomes, others may be at risk in this area. As a result, local governments need to be active and focussed in supporting greater health outcomes for all individuals within their communities.

## **7.0 NEWROC Public Health Risks**

There are a number of public health risks that affect residents living in the northeastern wheatbelt.

Public health risks are defined as anything increases the risk of people developing an illness or disease.

The four key public health risk factors that affect residents of the entire state of Western Australia, including residents of the northeastern wheatbelt are: smoking, excessive consumption of alcohol, physical inactivity, and obesity.<sup>7</sup> These four risk factors contribute to all chronic diseases. Fortunately, all four factors are modifiable or avoidable.

It is important to note that male and female wheatbelt residents are at significantly greater risk for obesity and males in the wheatbelt are at significantly greater risk of insufficient physical activity than the average Western Australian resident.<sup>8</sup> Both of the above could to some degree be associated with increasing agricultural mechanisation that has resulted in workers spending significant amounts of time operating machinery.

As mentioned above, the fact that agriculture is the largest industry and greatest employer in the wheatbelt manifests as a public health risk. Safe Work Australia found that while agriculture only represented 2.6% of the total workforce

in Australia between 2010 and 2014, the industry was responsible for 21% of worker fatalities.<sup>9</sup> Safe Work Australia also reports that farm risks are magnified because farmers often work by themselves in areas that are a long way from a medical service, and they sometimes cannot even obtain a mobile phone signal when an accident occurs.

Injury is also a specific public health risk in the NEWROC shires. This is because injury rates per head of population are significantly higher than those seen in the metropolitan area in all rural and regional areas of Western Australia.<sup>10</sup> Vigilance must be maintained to improve road safety and to increase awareness within the community of the need to prevent injury both at work and at play. This risk of course intersects with the high injury rates seen in agriculture, but there are additional influences causing a generally higher rate of injury across rural and regional Western Australia.

Relatively low median income in the NEWROC shires also manifests as a public health risk, with lower socio-economic wealth associated with reduced overall health outcomes.<sup>11</sup> While not all residents of the NEWROC shires are at risk here, some residents are. It is important that public health services are both affordable and focussed to counteract the influence of this risk.

In addition, reduced access to services in the NEWROC shires is a public health risk in its own right. While some improvements have been made in this area with visiting health professionals and telehealth services, there is still much more that needs to be done.

Finally, social isolation is a public health risk that can impact all NEWROC communities as small rural communities. Fortunately, this public health risk is not in any way insurmountable, and communities already use several strategies to reach out to other community members and reduce social isolation. Many residents feel extremely socially connected and supported; however, it is important that there are effective strategies in place to help individuals who feel marginalised form connections with their community.

## 8.0 NEWROC Public Health Objectives

NEWROC's four key public health objectives are to:

- Build productive partnerships that deliver health solutions relevant to the needs of the NEWROC communities
- Recruit and retain health professionals to ensure the availability and delivery of health services in the NEWROC
- Engage with the NEWROC community to provide feedback to improve the appropriateness of health services in the NEWROC
- Facilitate and help promote a healthy lifestyle and disease prevention within the NEWROC communities

Within each of these objectives, the NEWROC has the following priorities:

- Facilitate the attraction, retention and investment of nurses and allied health professionals required within the NEWROC
- Encourage a diverse array of allied health services and health programs to reside or regularly visit the NEWROC which focus on the core health issues
- Retention and expansion of the GP services in the NEWROC
- Retain the Wyalkatchem-Koorda and Kununoppin Hospitals
- Ensure the communities of the NEWROC are aware of their care pathways

The NEWROC Public Health Plan aligns well with the Western Australian Government's First Interim State Public Health Plan 2017 – 2021. Within this plan the Western Australian Government identifies three key public health priorities for the period 2017 – 2021 as stated below:

- Objective 1: Empowering and enabling people to make healthy lifestyle choices
- Objective 2: Providing health protection for the community
- Objective 3: Improving Aboriginal health

All three of these objectives are directly reflected in the NEWROC Public Health Plan.

As mentioned above, the NEWROC has a strong focus on the bigger picture of promoting health and preventing disease. It also takes responsibility for protecting the health of the community, especially through its first goal of building productive partnerships that enable the community to access a range of health services; and through its second goal of attracting and retaining quality health service staff. NEWROC recognises that quality staff are the

essential ingredient within all health services and as a result a key means of providing health protection for the community. Finally, as part of NEWROC's primary goal of promoting health and preventing disease, a specific regional strategy has been developed to increase the number and quality of Aboriginal health programs available as well as increase Aboriginal engagement in all health programs. This strategy most effectively supports the State Government's goal of improving Aboriginal health, as it enables Aboriginal members of the community to control their health and prevent disease, rather than simply needing health services once they are experiencing illness.

The NEWROC Public Health Plan also identifies concrete priorities for the northeastern wheatbelt region. These priorities are focussed around retaining key existing health services within the region; specifically, the Kununoppin and Wyalkatchem-Koorda Hospitals and GP services provided from medical centres in the area. Facilitating the recruitment and retention of quality human resources, including the nurses and allied health professionals that provide health services is also identified as of critical importance. A further priority is to ensure the community can access a range of either in house or visiting allied health services, with the NEWROC utilising new and existing networks to facilitate such access. Finally, the NEWROC places strong emphasis on promoting care pathways available to the NEWROC communities as a regional organisation representing those communities.

## 9.0 Shire of Dowerin Health Profile

The Shire of Dowerin is situated 156km north-east of Perth and covers an area of 1,867 square kilometres. The name Dowerin is derived from the Aboriginal word "Daren" given to a series of lakes located at the south of town. The Shire and townsite of Dowerin was originally established as a watering hole and resting place for prospectors and travellers on their way to the goldfields. European settlers first arrived in 1895. In 1906 the town site was moved to the present site as the railway was unable to be built at the original location. The Shire of Dowerin is home to Dowerin District Museum, Dowerin Heritage & Recreation Walk Trail, a range of retail and industrial businesses and Dowerin District High School.

As of 2016, the total population was 690 residents. According to the 2016 Australian Bureau of Statistics Census, Aboriginal and/or Torres Strait Islander people made up 3.8% of the population. The 2016 ABS Census stated the median age of people in Dowerin was 44 years. Children aged 0-14 years made up 23.2% of the population and people aged 65 years and over made up 20.7% of the population.<sup>13</sup>

The 2016 Census reported an average of 2.3 people per household, with 58.6% of the residents in the Shire of Dowerin were in a registered marriage.<sup>13</sup>

In 2016 the median total income (excluding government pensions and allowances) was \$56,473.<sup>12</sup> 90.1% of residents were employed either full-time or part-time. The median weekly personal income for people aged 15 years and over in Dowerin was \$617 and the median weekly household income was \$1,093. Home ownership rates in the shire were high with 69.2% of residents either owning their own dwelling or paying it off through a mortgage. The median weekly rent in Dowerin was \$140, significantly lower than the median weekly average rent of \$347 in Western Australia.<sup>13</sup>

Volunteering is alive and well in the shire, with 43.2% of residents doing voluntary work through a group or an organisation in the year prior to the Census.

Health and wellbeing outcomes in the shire are positively impacted by high rates of volunteerism and community connections.

Health outcomes in the Shire of Dowerin are reduced through smoking and excessive alcohol consumption. Physical inactivity is an issue for some residents; however, the shire has several active sporting groups, and boasts a swimming pool, tennis courts, bowling greens and an all-hours gym facility.

The health of some Dowerin residents is negatively impacted by the socio-economic disadvantage.<sup>14</sup>

In the case of an accident or emergency, the residents of Dowerin have to travel at least 25 kilometres to the Goomalling hospital due to the absence of a health service within the township. The Goomalling Hospital provides a range of medical services including a six-bed aged care facility. Residents benefit from the GP services at the Goomalling Medical Surgery. Residents of the Shire of Dowerin also benefit from access to the Wyalkatchem Medical Centre for GP services and Wyalkatchem, Koorda and Districts Hospital (located 36km from Dowerin) for a range of medical services, with this hospital including a 24-hour emergency department. Residents can also access Northam Regional Hospital located 77 kilometres from Dowerin. Residents also have access to the Dowerin Home Care service that enables older people who need assistance to keep living independently at home and in their community. The residents of Dowerin are well served by the voluntary run St John Ambulance services located in the township. First Aid Courses are regularly held at the Sub Centre.

## 10.0 Shire of Dowerin Public Health Risks

Most of the public health risks affecting residents within the Shire of Dowerin are common to those that affect residents across the state, including smoking, excessive consumption of alcohol, physical inactivity, and obesity. Physical inactivity is however a greater risk associated with men living in the wheatbelt than it is for the average Western Australian adult male, and all adult residents of the wheatbelt are at greater risk of obesity than the average Western Australian adult.<sup>15</sup>

The fact that the Shire of Dowerin is within the wheatbelt also exposes its residents to other public health risks. Such risks include a general risk of injury. Injury rates per head of population are significantly higher in the wheatbelt than they are in the metropolitan area,<sup>16</sup> and wheatbelt serious crash statistics are the worst in the state. 964 people were killed or seriously injured in wheatbelt road crashes between 2012 and 2016.<sup>17</sup>

A related public health risk that directly affects many residents of the Shire of Dowerin is an elevated risk of injury associated with working in agriculture.<sup>18</sup> Agriculture is well known for its disproportionately high injury and fatality record. In addition, farms located further north and east in Western Australia's wheatbelt experience less mobile phone coverage, greater distances to medical services and often a greater distance to the nearest person who can raise an alarm.

Social isolation is also a public health risk for some residents, with this a contributing factor to youth suicide rates being twice the state average in the wheatbelt over the period 2011- 2015.<sup>19</sup>

Some Dowerin residents are also impacted by socio-economic disadvantage, which is associated with inferior health outcomes.<sup>20</sup> The 2016 Census highlighted that the median total income for resident of the shire (excluding government pensions and allowances) was \$56,473.<sup>12</sup>

A specific public health risk affecting residents of the Shire of Dowerin is the absence of a health service within the township itself and consequently distance from health services when an accident or emergency occurs. Community members must travel 25km to the closest health service Goomalling Hospital or 36km to the Wyalkatchem, Koorda and Districts Hospital in the event of an accident or emergency. The absence of a local health service in Dowerin extends the time before medical assistance is received in an emergency and is a good example of how reduced access to services in rural areas becomes a public health risk.

<sup>1</sup> First Interim State Public Health Plan for Western Australia 2017 - 2021, Department of Health Western Australia, 2017.

<sup>2</sup> Public Health Information Development Unit. Public Health Data. University of Adelaide, 2016.

<sup>3</sup> Prevalence of Chronic Conditions, Wheatbelt Region, 2009- 2012 WA Country Health Service 2015. CHS, 2015.

<sup>4</sup> WA Country Health Service. Wheatbelt Regional Health Profile. Planning and Evaluation Unit, 2015.

<sup>5</sup> Ballestas T, Xiao J, McEvoy S, Somerford P. The epidemiology of injury in Western Australia, 2000-2008. Perth: Department of Health, Western Australia, 2011.

<sup>6</sup> Work Health and Safety in the Agricultural Industry 2016. Safe Work Australia, 2016. Canberra.

<sup>7</sup> First Interim State Public Health Plan for Western Australia 2017 - 2021, Department of Health Western Australia, 2017.

<sup>8</sup> Prevalence of Chronic Conditions, Wheatbelt Region, 2009- 2012 WA Country Health Service 2015. CHS, 2015.

<sup>9</sup> Work Health and Safety in the Agricultural Industry 2016. Safe Work Australia, 2016. Canberra.

<sup>10</sup> Ballestas T, Xiao J, McEvoy S, Somerford P. The epidemiology of injury in Western Australia, 2000-2008. Perth: Department of Health, Western Australia, 2011.

<sup>11</sup> First Interim State Public Health Plan for Western Australia 2017 - 2021, Department of Health Western Australia, 2017.

<sup>12</sup> Dowerin Local Government Area, Statistical Areas Levels 2 – 4, 2016 & 2020. Australian Bureau of Statistics, Canberra.

<sup>13</sup> 2016 Dowerin Local Government Area Census Quick Stats. Australian Bureau of Statistics. ABS Canberra.

<sup>14</sup> First Interim State Public Health Plan for Western Australia 2017 - 2021, Department of Health Western Australia, 2017.

<sup>15</sup> Prevalence of Chronic Conditions, Wheatbelt Region, 2009- 2012 WA Country Health Service 2015. CHS, 2015.

<sup>16</sup> Ballestas T, Xiao J, McEvoy S, Somerford P. The epidemiology of injury in Western Australia, 2000-2008. Perth: Department of Health, Western Australia, 2011.

<sup>17</sup> Wheatbelt Road Crash Statistics. Road Safety Commission, 2016. Perth W.A.

<sup>18</sup> Work Health and Safety in the Agricultural Industry 2016. Safe Work Australia, 2016. Canberra.

<sup>19</sup> WA Country Health Service. Wheatbelt Regional Health Profile. Planning and Evaluation Unit, 2015.

<sup>20</sup> First Interim State Public Health Plan for Western Australia 2017 - 2021, Department of Health Western Australia, 2017.



## 11.0 Shire of Dowerin Public Health Objectives

Objective	Action	Responsible	Timeframe	Partners
<b>Build productive partnerships that deliver health solutions relevant to the needs of our community</b>	Attend Local Health Advisory Group meetings to identify and work to resolve any community concerns associated with the Goomalling Hospital and Medical Centre.	CEO- Shire of Dowerin	22-24	LHAG group
	Lobby for better health services for the Dowerin community including visiting allied health services to improve service access and coordination of care closer to home.	CEO- Shire of Dowerin	22-24	WACHS  Elected State Government members
<b>Recruit and retain health professionals to ensure the availability and delivery of health services</b>	Meet with local St John Ambulance Sub Centre representatives to discuss strategies to recruit and retain volunteers. Lobby for this essential service to be maintained locally, with Dowerin having no medical service available in the town itself.	CEO- Shire of Dowerin	22-24	St John Ambulance- Dowerin Sub Centre  Local St John Ambulance leadership and representatives.
	Meet with the Goomalling Medical Centre & Wyalkatchem Medical Centre management regularly and encourage collaboration opportunities, offer assistance where possible with improving business performance and request feedback on health issues that require local government support and lobbying.	CEO- Shire of Dowerin	22-24	Wyalkatchem Medical Centre management  Goomalling Medical Centre management
	Retain the Wyalkatchem Medical Centre– promote and support the medical practices.	CEO- Shire of Dowerin	22-24	Local community  Wyalkatchem Medical Centre management

	Retain Goomalling Medical Centre – promote and support the medical practices.	CEO- Shire of Dowerin	22-24	Local community  Goomalling Medical Centre management  Shire of Goomalling
	Retain Goomalling District Hospital– lobby WACHS and state government elected representatives to ensure the continuation of this health services, including the permanent residential aged care service.	CEO- Shire of Dowerin	22-24	Goomalling District Hospital
	Retain Wyalkatchem-Koorda District Hospital – lobby WACHS and state government elected representatives to ensure the continuation of this health services, including the permanent residential aged care service.	CEO – Shire of Dowerin	22-24	WACHS  Elected State Government members
	Promote the Shire of Dowerin as a great place to live and work through social media and mainstream media.  Promote life in the Shire of Dowerin with Rural Health West.	CEO- Shire of Dowerin  CDO – Shire of Dowerin	22–24	Rural Health West  Dowerin CRC
	Retain the allied health services we have present in the community- promote and support the services.	CEO- Shire of Dowerin	22–24	-
	Retain, support, and promote Dowerin Home Care to enable older residents to	CEO- Shire of Dowerin	22–24	Dowerin Home Care

	keep living independently at home and in their community.			
<b>Provide feedback to improve the appropriateness of health services</b>	Engage with the community to ensure that health services in the area are meeting community needs.	CEO- Shire of Dowerin CDO – Shire of Dowerin	22-24	Community members – local clubs and organisation
	Promote the Online Patient feedback tool in the community as a means of providing direct feedback on health services in the NEWROC region. Work with NEWROC, WACHS, WAPHA and Amity Health to analyse feedback.	CEO- Shire of Dowerin	22-24	WACHS NEWROC Amity Health WAPHA
	Explore strategies to reduce social isolation. Meet with WACHS Health Promotion Officer and Wheatbelt Suicide Prevention Coordinator to discuss strategies to reduce social isolation. Community Development Officer to actively work with key partners to implement strategies locally.	CEO- Shire of Dowerin CDO – Shire of Dowerin	22-24	WACHS Holyoake Wheatbelt Suicide Prevention Coordinator
<b>Facilitate and help promote a healthy lifestyle and disease prevention within our community</b>	Promote health services in the region available to the community, including specialist services and telehealth sessions.	CEO – Shire of Dowerin Coordinator – CRC Dowerin	22-24	Dowerin CRC WACHS: incorporating WACHS telehealth services based in Northam

	<p>Promote existing mental health services and community groups that address mental health issues or determinants.</p> <p>e.g., Headspace Northam &amp; Wheatbelt Mental Health Services located in Northam</p>	<p>CEO – Shire of Dowerin</p> <p>Coordinator – CRC Dowerin</p>	22 - 24	<p>Dowerin CRC</p> <p>Headspace</p> <p>Wheatbelt Mental Health Services</p>
	<p>Plan and Implement the Shire’s Age Friendly Community Plan. Look for funding opportunities to upgrade infrastructure in the town.</p>	<p>CEO- Shire of Dowerin</p> <p>CDO – Shire of Dowerin</p>	22-24	<p>Various government and non-government funding organisations.</p>
	<p>Promote existing trails and sporting groups in the community through social media and Shire of Dowerin website to encourage physical activity.</p>	<p>CDO – Shire of Dowerin</p>	22-24	-
	<p>Advocate to improve local access to affordable fruit and vegetables. Encourage the community to buy fresh fruit and vegetables through health promotion messaging.</p>	<p>Coordinator – CRC Dowerin</p> <p>CDO – Shire of Dowerin</p>	22-24	<p>Dowerin CRC</p>
	<p>Plan and deliver alcohol and smoke-free community events to address the risk factor of excessive alcohol consumption and change community attitudes towards alcohol use.</p>	<p>CDO – Shire of Dowerin</p>	22-24	-

	Actively promote smoke-free public spaces and playgrounds. Apply for funding from ACOSH (Australian Council on Smoking and Health) to install smoke free signage surrounding playgrounds.	CDO – Shire of Dowerin	22–24	ACOSH  Department of Health
	Target the four most prevalent public health risks; including smoking, excessive alcohol consumption, obesity and physical inactivity through health promotion messaging.	CDO – Shire of Dowerin  Coordinator – CRC Dowerin	22-24	WACHS  Dowerin CRC
	Provide all shire employees with training in suicide prevention and offer this training to the broader community to increase community knowledge and skills.	CEO- Shire of Dowerin  CDO – Shire of Dowerin	22-24	Holyoake Wheatbelt Suicide Prevention Coordinator
	Advocate for Improved access to high quality/low cost first aid training for community members in the Shire of Dowerin. Identify funding opportunities to subsidise training for target groups such as new parents or seniors.	CEO- Shire of Dowerin  CDO – Shire of Dowerin	22–24	St John Ambulance – Dowerin Sub Centre

## 12.0 Monitoring and Reviewing

This Public Health Plan will be reviewed on an annual basis to ensure that it is responsive to changes in local priorities. Each annual review will also ensure that actions within the plan are being successfully implemented, and that each strategy is actually generating positive results. An annual review of the plan is also a statutory requirement under Section 45 (5) of Western Australia's Public Health Act.

In 2024 this plan will be reviewed to align with the Shire of Dowerin Integrated Planning and Reporting Suite of plans review.

<b>Type of Procedure</b>	Organisational
<b>Owner</b>	Chief Executive Office
<b>Responsible Officer</b>	Community Development Officer
<b>Approval Date</b>	TBC
<b>Next Review Date</b>	Annually
<b>Version Number</b>	1