



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

# 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.

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# Message from the Minister for Health and Mental Health

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I am proud to introduce the State Public Health Plan 2025–2030 to the Western Australian community.

This plan has been developed to guide state and local agencies, non-government organisations, practitioners, and advocates in making decisions about public health planning.

Ambitious and evidence based, it sets out our statewide priorities alongside valuable insight into the rapidly evolving public health landscape. It provides a resource for all organisations and individuals to use in moving closer to our common goal.

Our vision is to achieve the best possible health, wellbeing, and quality of life for all Western Australians, now and into the future.

By clearly articulating what we are working towards, and how we aim to achieve it, we acknowledge that improving health outcomes is a journey we share with partners across the sector.

Five years ago, prior to the pandemic, we launched Western Australia's first-ever State Public Health Plan. Public health planning is now enshrined in legislation and this new plan provides a strong framework for continued improvement in public health in WA. It recognises the significant progress in digital technology and advances in knowledge through research.

We are also working to adapt to the impacts of climate change, and to reduce our contribution to emissions.

Significantly, this plan takes our commitment to Aboriginal health and wellbeing, and equity and inclusion, even further, with these considerations underpinning every objective and priority.

The public health landscape not only in Western Australia, but nationally and globally has changed since the State Public Health Plan was developed in 2019; similarly, we can expect to see further transformations in the next 5 years.

This plan will help us all work together to achieve better health outcomes for WA communities.

**Hon Meredith Hammat**  
Minister for Health and Mental Health



# Message from the Chief Health Officer of Western Australia

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I am pleased to release the State Public Health Plan 2025–2030 (SPHP) for Western Australia. The SPHP provides a strategic framework to improve the health, wellbeing, and quality of life for all Western Australians, now and into the future.

For Western Australians to be the healthiest people in the world, we need a long-term commitment to address public health challenges. This is WA's first legislated public health plan required under Part 5 of the *Public Health Act 2016*.

Public health planning encompasses every aspect of our lives that enable us to thrive. It provides the 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. By actively planning for the best public health outcomes, we can support and drive the changes required to ensure our communities remain healthy and resilient.

A key focus of the SPHP is addressing the effects of climate change on people's health – an issue that is a major concern for our communities. The SPHP considers Aboriginal health and wellbeing, along with equity and inclusion, as fundamental objectives that permeate all other objectives and priorities. This holistic approach fosters an inclusive environment that addresses disparities.

I am particularly proud of the collaboration we have established with state agencies, local governments, Health Service Providers, and non-government organisations during the development of the SPHP – we are stronger and more effective when we work together.

We have developed a Public Health Planning Guide for Local Government and a library of useful resources on our Public Health Planning website. We have also developed specific factsheets on climate change and Aboriginal health and wellbeing, to support local governments in developing their own plans. I strongly encourage local governments to utilise these resources that support the unique needs of their local communities.

I invite all Western Australians to engage with the SPHP and actively participate in its implementation. Enhancing public health is a collective responsibility, and we all have a part to play in making a difference.

I would like to formally express my appreciation to all who contributed to the development of the SPHP. I am excited to see the positive changes it will bring and look forward to seeing it shape the future of public health in WA.

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



# Introduction

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

The State Public Health Plan 2025–2030 (SPHP) for WA sets out an 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 2.

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 been refined through targeted consultation with other government and non-government agencies.

## Aim, goal and scope of the SPHP

The **aim** of the SPHP is to outline a roadmap for the next 5 years to achieve the vision of enhancing health, wellbeing, and quality of life for Western Australians.

The **goal** of the SPHP is to promote and enable optimal health and wellbeing while protecting against health risks to ensure the highest quality of life for all – both in routine public health management and in times of crises.

The **scope** of the SPHP encompasses key areas of public health policy that supports the goal. The scope of SPHP is statewide with high-level objectives which are intended to be applicable to a range of stakeholders.

## How to use the SPHP

The SPHP identifies 4 key objectives: **promote, prevent, protect, and enable**, and 2 overarching objectives, which are **Aboriginal health and wellbeing**, and **equity and inclusion**. It outlines broad policy priorities for each public health objective. The intent of each priority is explained within the SPHP, along with action areas designed to achieve those priorities.

## Intended users of the SPHP

The SPHP is a resource for WA Health, and other agencies committed to enhancing the health and wellbeing of Western Australians. It also provides guidance to organisations and groups integrating public health perspectives into their planning processes. To achieve the vision of the SPHP, users of SPHP should foster a spirit of commitment to public health planning to ensure successful implementation of policies, strategies, and plans within their individual organisations.

Intended users include:

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

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

The SPHP 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 SPHP 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. Many priorities in the SPHP 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 WA community across multiple health areas.

# Objectives, priorities, action areas and guiding principles

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

- the underlying objects and principles of the Act
- the data which identifies priority health issues and determinants for WA
- the opportunity to reduce exposure to key risk factors for current 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, connected 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, reduce impacts of disaster, 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, 2 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:** There is an opportunity for targeted engagement and action to empower community groups who may benefit most from support, by addressing the social and environmental determinants that influence health and improving their access to health services. These include, but are not limited to:
  - people of Culturally and Linguistically Diverse (CaLD) backgrounds
  - people experiencing socio-economic disadvantage
  - people living in rural and remote areas
  - people with disability
  - people living with a mental health condition
  - LGBTIQ+SB 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 priorities of the SPHP are evidence-based and consistent with these frameworks. Links to these frameworks are included throughout the document and are listed in Appendix 2.

## 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 2 main pathways:

- **Commitments or programs by WA Health:** including initiatives from the department, HSPs and the MHC.
- **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 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 that meet the needs of the present without compromising the ability of future generations to meet their own needs.

### Precautionary

When an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause-and-effect relationships are not fully established scientifically.

### 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 within the section 'Partnerships for public health'.



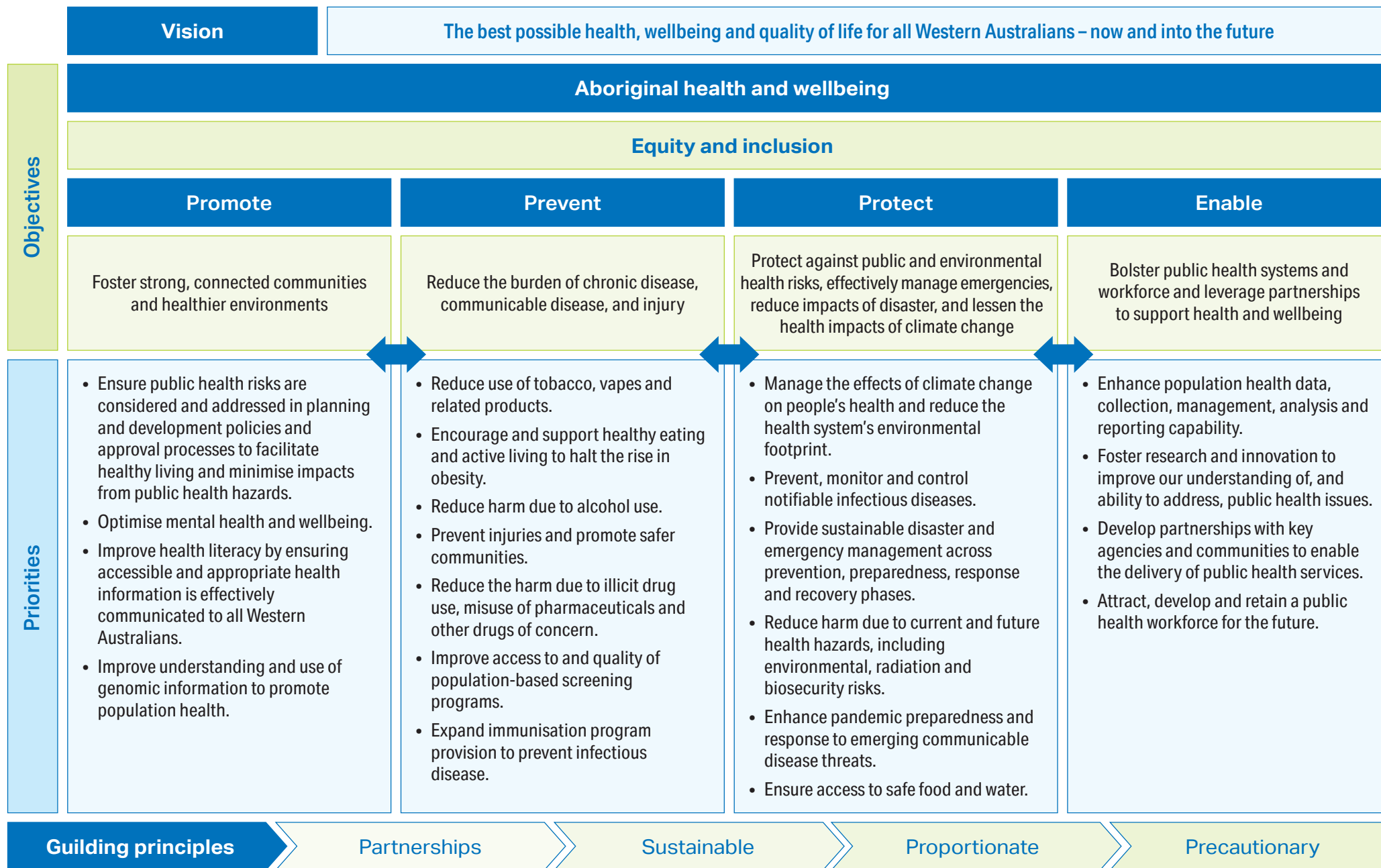


Table 1. Vision, objectives, priorities and guiding principles of the SPHP.

## What is public health?

The Act defines public health as:

- the wider health and wellbeing of the community
- 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.

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.

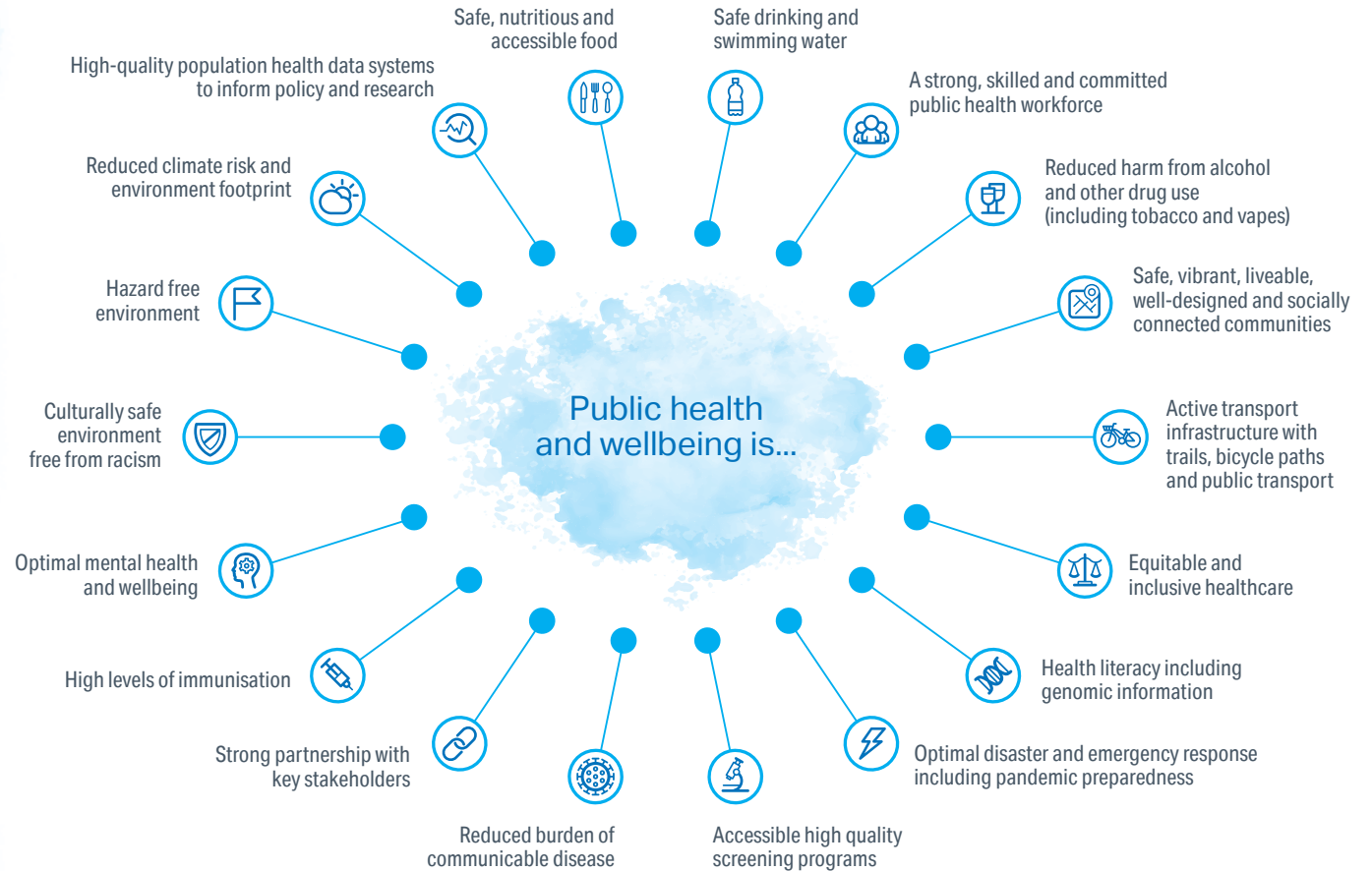


Figure 1. Public health and wellbeing actions in WA

## 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.

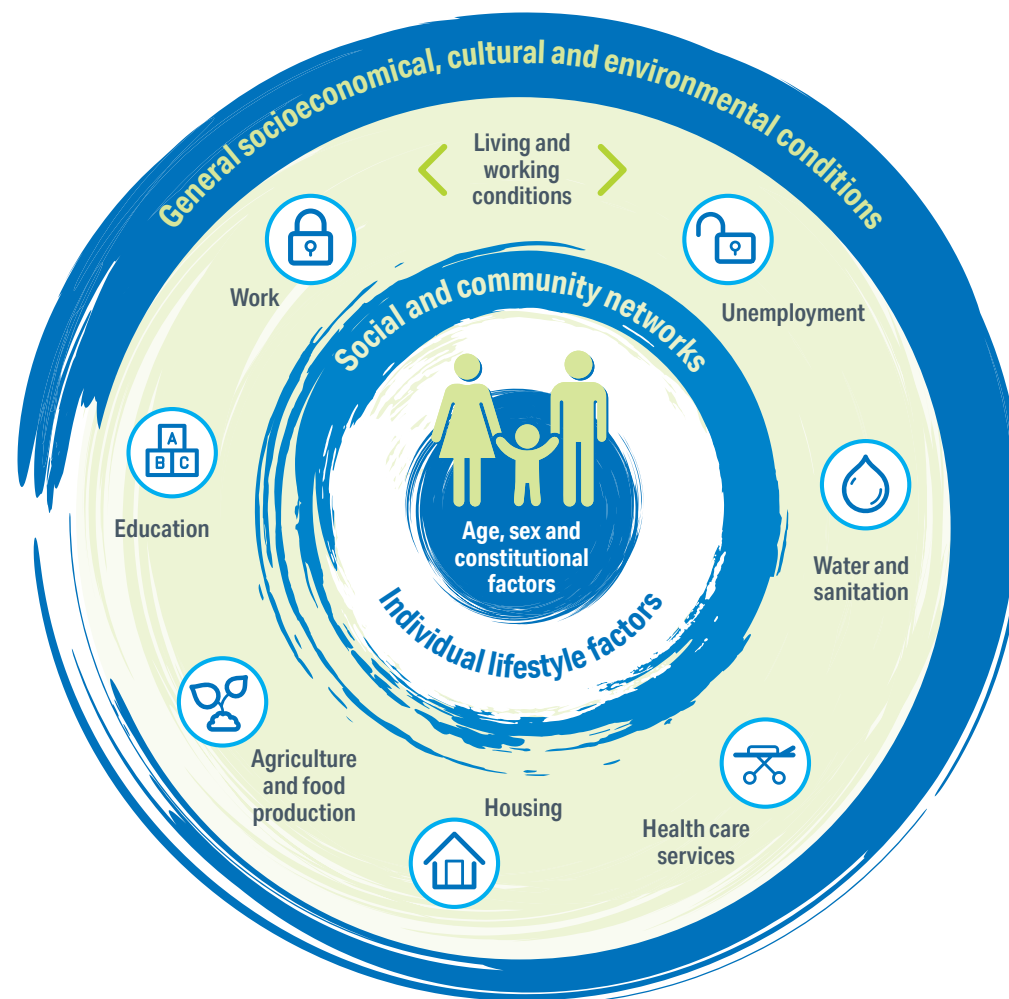


Figure 2. Determinants of health.

## 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 wellbeing 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).

## Commercial determinants of health

Commercial organisations play a significant role in shaping public health outcomes through their activities and products. While some sectors (for example green grocers and fitness centre) contribute positively by promoting healthier lifestyles, it is important to acknowledge and address the growing evidence highlighting areas where commercial practices may pose challenges to health.<sup>88</sup>

Company choices in the production, price-setting and targeted marketing of products, tobacco, sugar-sweetened beverages, and alcohol can influence consumer behaviour. Young people are especially at risk of being influenced by advertisements and celebrity promotion of materials.<sup>88</sup>

Further information on commercial determinants can be obtained from [WHO: Commercial determinants of health](#).

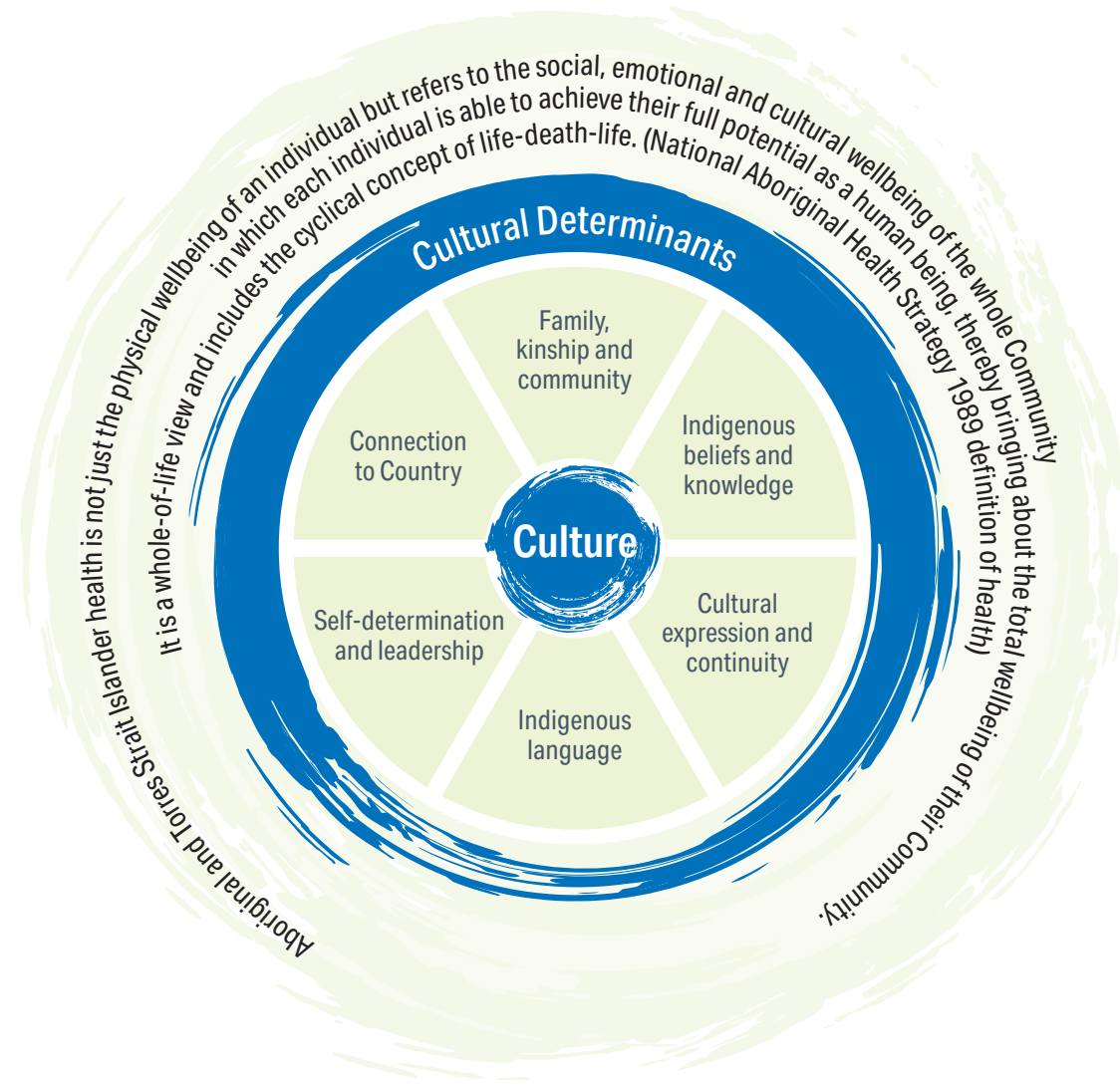


Figure 3. Cultural determinants of health and wellbeing of Aboriginal people

## 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.
- 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.

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.

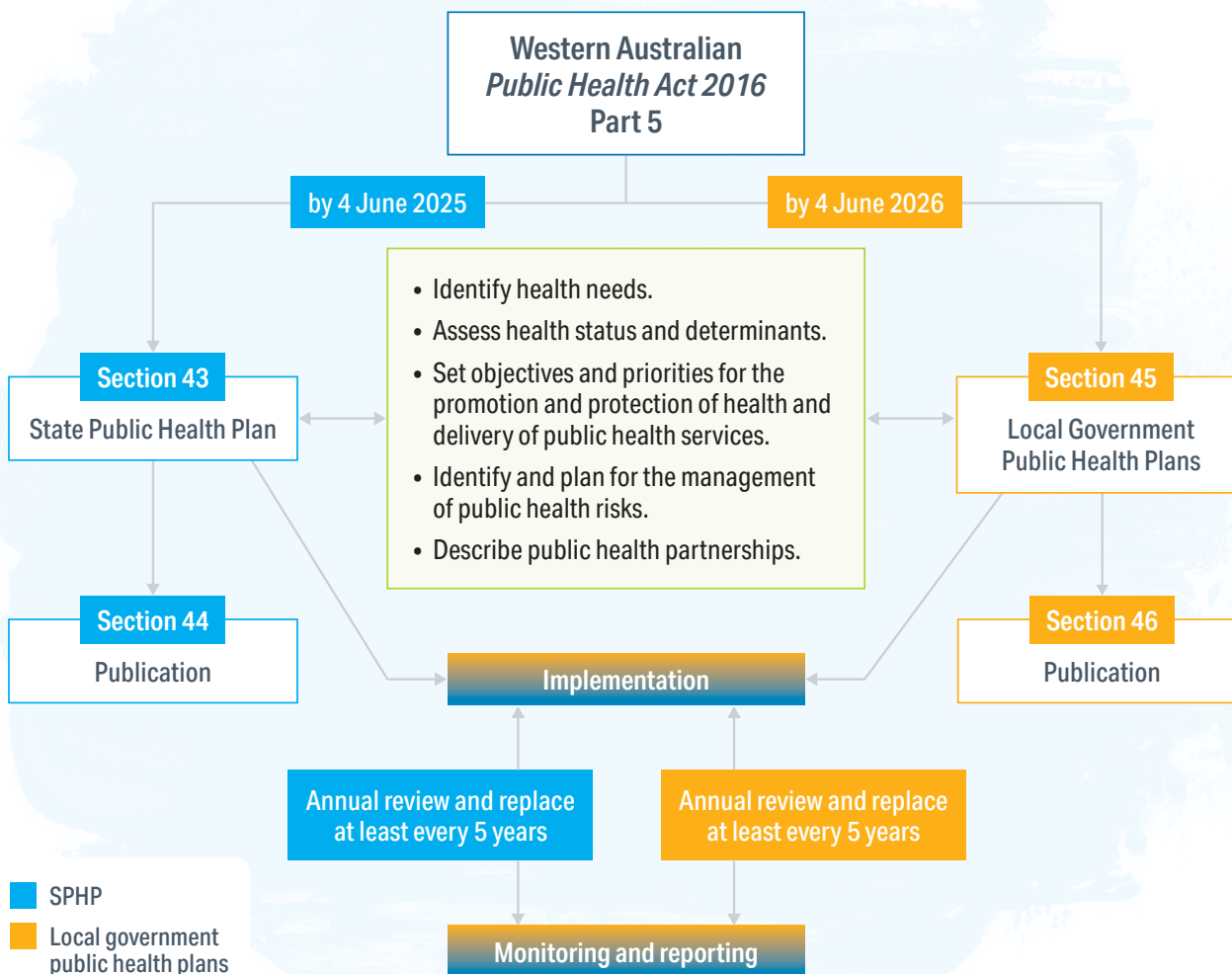
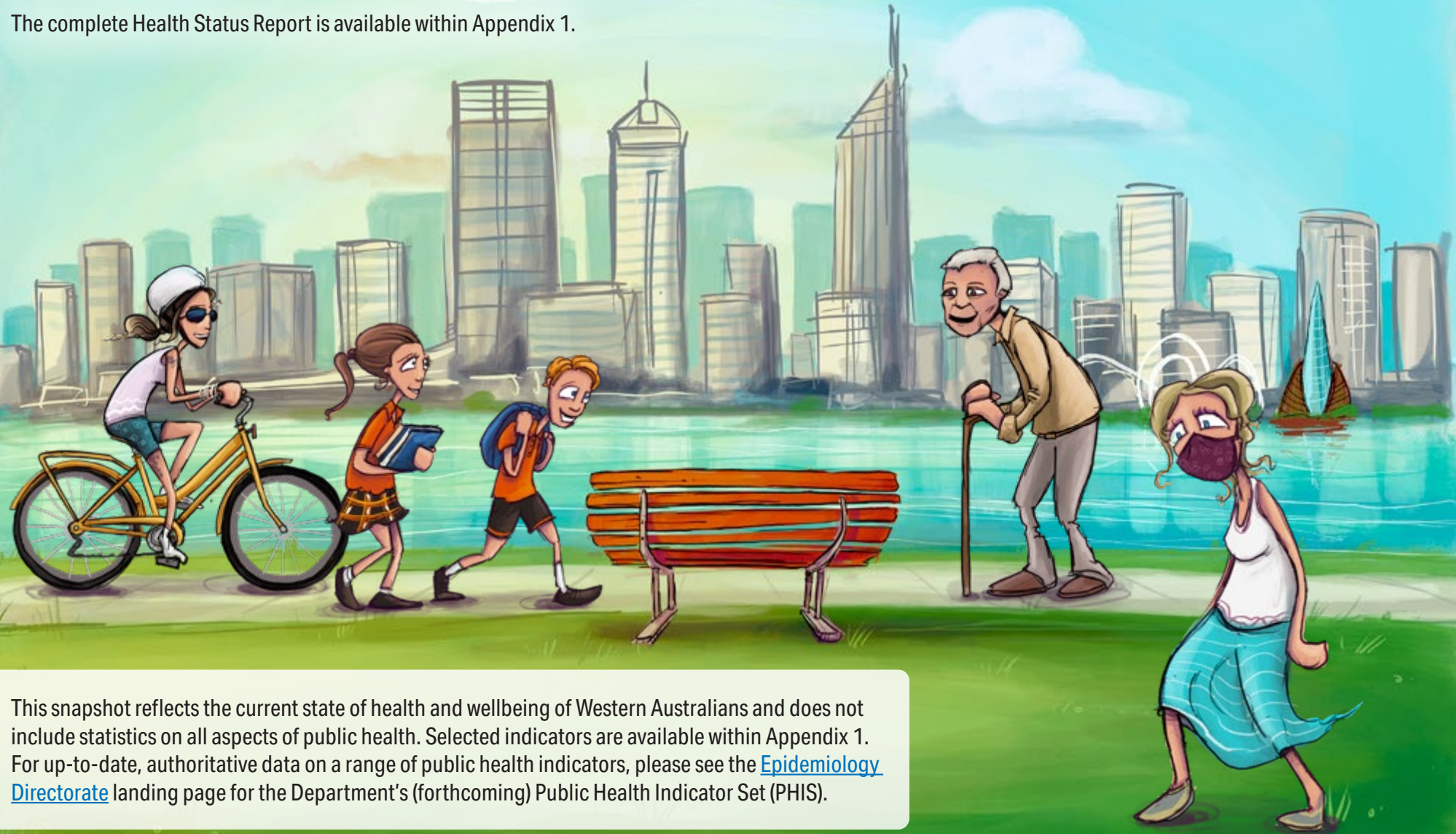


Figure 4. Public health planning requirements. Adapted from the Act.

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

# A snapshot of the Health Status Report for WA

The complete Health Status Report is available within Appendix 1.



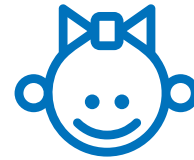
This snapshot reflects the current state of health and wellbeing of Western Australians and does not include statistics on all aspects of public health. Selected indicators are available within Appendix 1. For up-to-date, authoritative data on a range of public health indicators, please see the [Epidemiology Directorate](#) landing page for the Department's (forthcoming) Public Health Indicator Set (PHIS).

## Life in WA... $\approx$ 2.9 million people live in WA (2023)<sup>1</sup>

Figure 1: Percentage of population in WA by age group, sex and Aboriginal status (2022)<sup>1</sup>



## Life expectancy at birth



**86 years**

Females

Whole population (2021-23)

**82 years**

Males

**73 years**

Females

Aboriginal population (2020-22)

**69 years**

Males

Around **90%** of children are fully immunised at 1, 2 and 5 years old (2024)



## WA children...

aged 5 to 15 years (2023)



**29%** are classified as either 'overweight' or 'obese'

**11%** are classified as 'obese'



**37%** undertake adequate physical activity

aged 2 to 15 years (2023)



**73%** eat adequate serves of fruit per day



**9%** eat adequate serves of vegetables per day



## WA adolescents 12 to 17 years (2022-2023)



**84%** have 'never' smoked



**68%** had 'never' tried an e-cigarette



**42%** 'never' drank alcohol



**82%** have 'never' used an illicit drug



**84%** of adolescent males and **85%** of adolescent females had received a vaccination for Human Papillomavirus (HPV) in WA (2023)

**4.4%**  
identify as Aboriginal (2022)<sup>1</sup>

**1 in 5**  
live in regional WA (2023)<sup>1</sup>

**1 in 3**  
were born overseas (2021)<sup>3</sup>

**1 in 7**  
live in socio-economically disadvantaged areas (2021)<sup>2</sup>

**1 in 5**  
speak a language other than English at home (2021)<sup>3</sup>

### Sources:


1. Australian Bureau of Statistics. Estimated Resident Population (ERP). Available from: [National, state and territory population, June 2024 | Australian Bureau of Statistics](https://www.abs.gov.au/statistics/people/people-and-communities/estimated-resident-population-erp-australia/2023)

2. Australian Bureau of Statistics. "Socio-Economic Indexes for Areas (SEIFA), Australia." ABS, 2021, <https://www.abs.gov.au/statistics/people/people-and-communities/socio-economic-indexes-areas-seifa-australia/2021>


3. Australian Bureau of Statistics, [Census of Population and Housing](https://www.abs.gov.au/statistics/people/people-and-communities/census-of-population-and-housing/2021) 2016 and 2021. Compiled and presented by .id (informed decisions). <https://profile.id.com.au/australia/birthplace?WebID=140>


To note: Please refer to the Health Status Report for further data sources in this infographic.

## Western Australians aged 16 years and over (2023)


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

 **36%** eat adequate serves of fruit per day


 **5%** eat adequate serves of vegetables per day

 **66%** undertake adequate physical activity


 **36%** drink alcohol at levels that increase the risk of harm

 **12%** have used an illicit drug in the past year

## Western Australian adults aged 18 years and over (2023)

 **9%** smoke daily and **11%** currently use vapes

## Western Australian adults aged 65 years and over (2024)

 **59%** had received a vaccination for influenza in WA

## Health conditions of all Western Australians (2022)



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



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



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

\* Conditions which were current at the time of the ABS National Health Survey interview and had lasted, or were expected to last, for 6 months or more.

\*\* A subset of long-term health conditions that are common, pose significant health problems, or have been a focus of ongoing public health surveillance.

## Health literacy of adults aged 18 years and over (2018)



**98%**  
Have sufficient  
information to  
manage their health

**90%**  
Actively manage  
their health

**90%**  
Find it easy to  
find good health  
information

**94%**  
Find it easy to  
understand health  
information well  
enough to know  
what to do

Figure 2: Self-assessed health status by age group in WA (2023)

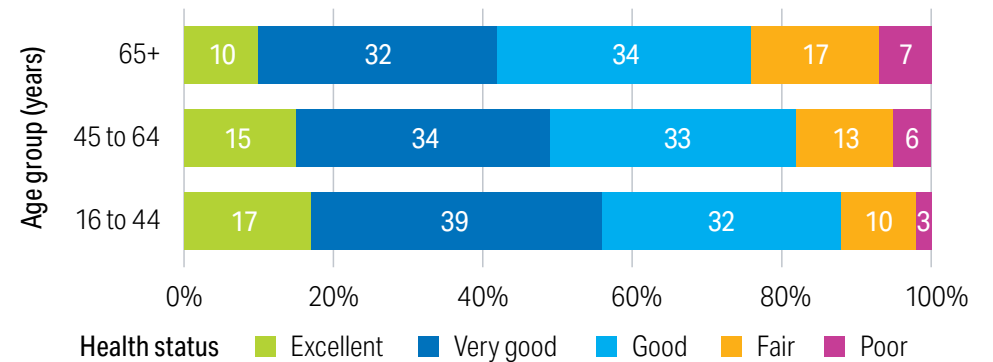
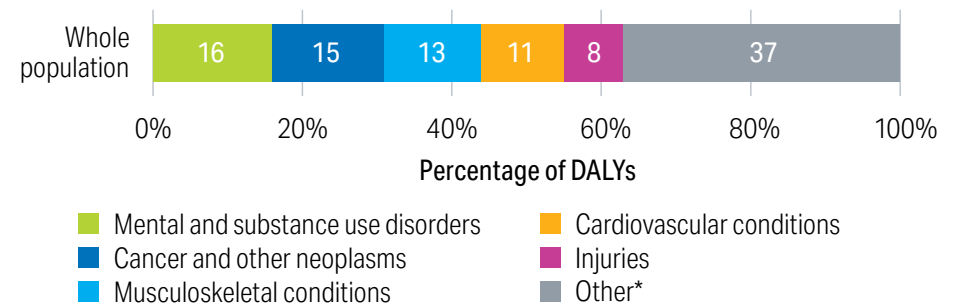


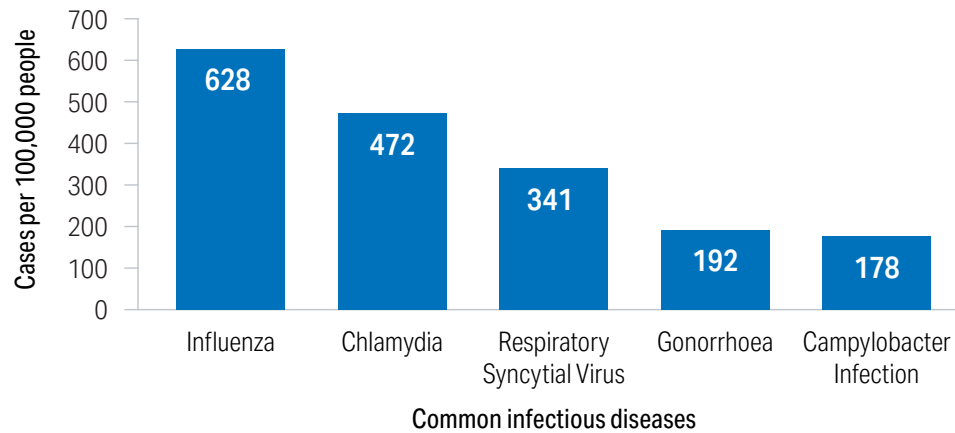
Figure 3: Total disease burden – percentage of disability-adjusted life years (DALYs) for the top 5 disease groups in WA (2023)



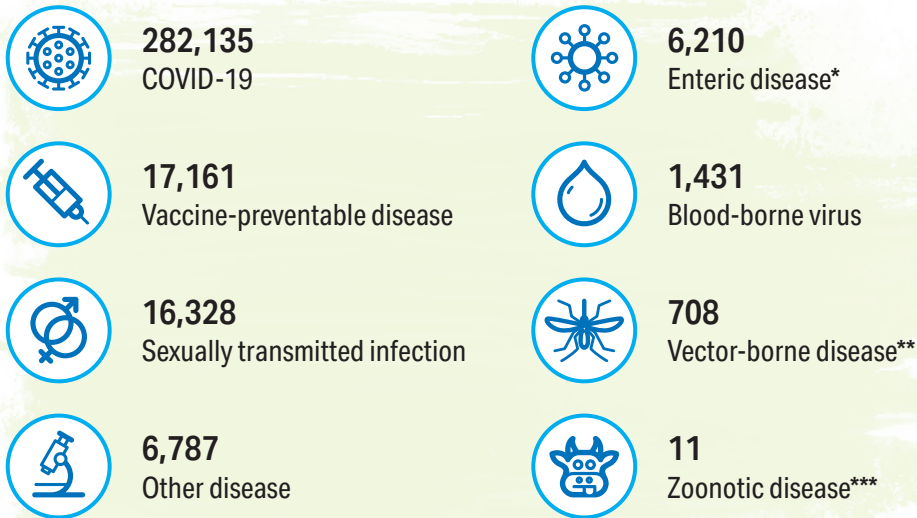
\* 'Other' is made up of 12 disease groups such as respiratory diseases, neurological conditions, gastrointestinal disorders, endocrine disorders, infectious diseases, oral disorders, hearing and vision disorders, infant and congenital conditions, skin disorders, kidney and urinary diseases, blood and metabolic disorders, reproductive and maternal conditions.

## Common infectious diseases in WA (2024)

Figure 4: Common infectious disease cases per 100,000 people



## Infectious disease notifications on average per year in WA (2020–24)

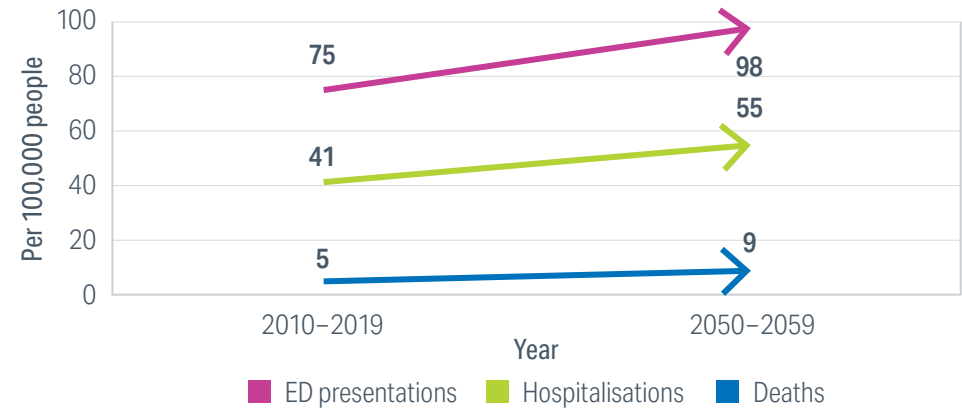


\* Enteric disease – caused by microorganisms through ingestion.

\*\* Vector-borne disease – transmitted through organisms that carry and spread pathogens.

\*\*\* Zoonotic disease – transmission from animals to humans.

Figure 5: Heat-related hospitalisation, ED presentation and death projections



1,108

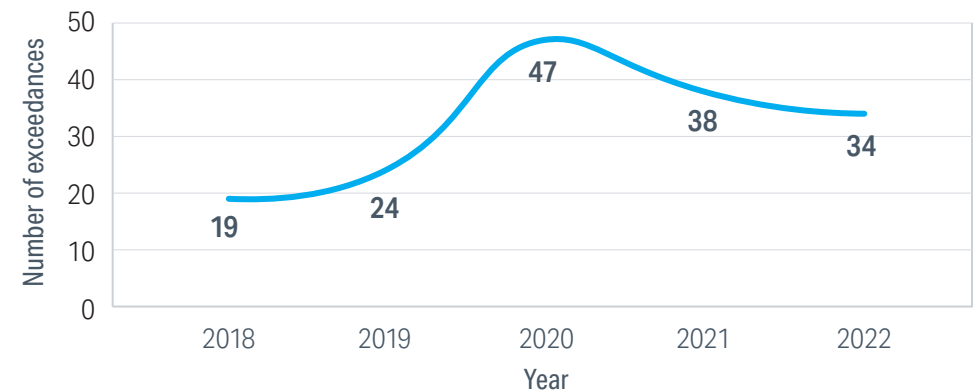
Wastewater overflow and sewage spill responses (2023–24)



46

algal blooms, fish kills and bacteria responses in recreational water bodies (2023–24)

Figure 6: Number of instances per year in which PM10 exceed the Ambient Air Quality Standards (2018–2022)





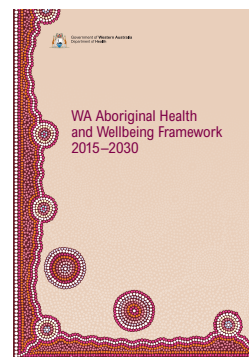
## Aboriginal health and wellbeing

The WA Aboriginal Health and Wellbeing Framework 2015–2030 (the framework) identifies key guiding principles, strategic directions, and priority areas, to improve the health and wellbeing of Aboriginal people in Western Australia.

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

With Aboriginal people in WA, health and wellbeing encompass various dimensions, including physical health, social and emotional wellbeing, spirituality, connection to Country, and cultural integrity.<sup>22</sup> 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, a sense of self-esteem, and resilience, and positively impact other health determinants.<sup>23</sup>

Racism is recognised as a significant health determinant associated with negative mental and general health outcomes for Aboriginal people.<sup>90</sup> Addressing racism and strengthening the cultural determinants of health for Aboriginal people is a priority for WA Health. This is reflected through WA Health's commitment to the National Agreement on Closing the Gap and the [WA Aboriginal Health and Wellbeing Framework 2015–2030](#) (the framework).<sup>23</sup>



The National Agreement on Closing the Gap is a 10-year commitment to policy making in full and genuine partnership between all Australian governments and Aboriginal people, built around 4 Priority Reforms:

1. [Formal Partnerships and Shared Decision Making](#)
2. [Building the Community-Controlled Sector](#)
3. [Transforming Government Organisations](#)
4. [Shared Access to Data and Information at a Regional Level.](#)

To drive and focus efforts on the health and wellbeing of Aboriginal people, the National Agreement on Closing the Gap includes 19 socio-economic outcome targets across [17 socio-economic outcome areas](#). These areas encompass health and wellbeing, education, employment, justice, safety, housing, land and waters, languages, and digital inclusion.

The framework guides the WA Health system in ensuring Aboriginal people in WA have access to high quality health care and services, while assisting community to make good health a priority through a focus on prevention. The framework outlines a set of strategic directions related to Aboriginal health and wellbeing including:

- prevention and early intervention
- promote good health across the life course
- a culturally respectful and non-discriminatory health system
- individual, family, and community wellbeing
- a strong, skilled, and growing Aboriginal Health workforce
- equitable and timely access to the best quality and safe care.

The framework recognises that health and wellbeing of Aboriginal people is shaped throughout the life course, with critical periods of growth and development influencing the life course path from maternal health and parenting through to healthy aging. To assist with implementation of the National Agreement on Closing the Gap and Framework, WA Health has a suite of mandatory Aboriginal health policies including:

- Aboriginal Health and Wellbeing Policy
- Aboriginal Health Impact Statement and Declaration Policy
- Aboriginal Workforce Policy
- Aboriginal Cultural eLearning Policy.

WA Health is also implementing a suite of 7 high-impact actions, identified through the 2023 WA Aboriginal Health Executive Roundtable, which aim to monitor and respond to racism, and embed the cultural determinants of health into policy and service provision.

While the National Agreement on Closing the Gap, the framework and WA Health policies provide overarching guidance and priorities for Aboriginal health and wellbeing, collective action is required by all individuals and organisations in WA to address systemic racism and strengthen the cultural determinants of health for Aboriginal people. This collective action must centre on the meaningful implementation of these key strategic documents at the local level in partnership with Aboriginal Community-Controlled Organisations and Aboriginal stakeholders.

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

### Action areas

- ▶ Implement the National Agreement on Closing the Gap with a focus of the Priority Reforms.
- ▶ Implement the framework by continuing to embed what works and informing future directions.
- ▶ Apply an Aboriginal cultural lens to all areas of public health.

### Related strategies and frameworks

- [Aboriginal Health and Wellbeing Framework 2015–2030](#)
- [Aboriginal Empowerment Strategy – Western Australia 2021–2029](#)
- [Build the foundations – An evaluation of the first five years of the WA Aboriginal Health and Wellbeing Framework 2015–2030](#)
- [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](#)

### Helpful resources and data

- [Aboriginal Cultural eLearning Policy](#)
- [Aboriginal Health and Wellbeing Policy](#)
- [Aboriginal Health Impact Statement and Declaration Policy](#)
- [Aboriginal Workforce Policy](#)
- [Closing the Gap Information Repository – Productivity Commission](#)
- [Social and Emotional Wellbeing: A Review](#)
- [Social and Emotional Wellbeing – Health Topics – Australian Indigenous HealthInfonet](#)
- [Transforming Indigenous Mental Health and Wellbeing Project – Social and Emotional Wellbeing](#)



## Equity and inclusion

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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 socio-economic disadvantage, people living in rural and remote areas, people with disabilities, people with diverse sexual orientation, people with mental health conditions and older people. These priority groups may face unique challenges in accessing healthcare, including language barriers, cultural misunderstanding, and systemic biases, but by recognising and addressing these factors, we have the opportunity to improve equity and achieve better public health outcomes for all.

As individuals and as a population we experience constant change, which may have important implications for our health and wellbeing. While some health and welfare concerns span all age groups, others

tend to emerge at specific life stages as we move from infancy and childhood, to raising a family and caring for others, through to the latter years of growing older. Early disadvantage can have lasting effects – the first years of a child’s life provide lifelong foundations for health and wellbeing. Children who have a poor start in life are more likely to develop problems with health, development, learning and behaviours, and these problems can have a cumulative effect on their lives. Specific groups within our population also experience disadvantages and higher rates of illness and death than the general population.<sup>89</sup>

Diverse populations, people living in low socio-economic conditions, and people who are experiencing other forms of disadvantage, may be affected by a complex range of issues that can negatively influence their health. Negative attitudes, including stigma, create prejudice which leads to negative actions and discrimination. An equitable approach to public health priorities delivering programs and services according to need, recognises that some people need more, or a different kind of support, to achieve a state of health and wellbeing that is similar to that of the general population.

In 2024, WA Health implemented the [Health Equity Impact Statement and Declaration Policy](#). This policy is intended to support the WA Health system in improving equity in health outcomes and access to care for people of CaLD backgrounds, and/or those living in low socio-economic conditions 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 these 2 priority groups are engaged 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 as they relate to people of CaLD backgrounds, and/or those living in low socio-economic conditions.<sup>87</sup>

These initiatives may 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 of CaLD backgrounds, and people living in low socio-economic conditions.<sup>87</sup>



The specific health needs and unique rights of Aboriginal people must be considered independently of the Health Equity Impact Statement and Declaration Policy. This is enabled through the [Aboriginal Health Impact Statement and Declaration Policy](#) which aligns to the WA Aboriginal Health and Wellbeing Framework 2015–2030 and recommendation 3a of the Sustainable Health Review.

### Action areas

- ▶ Implement the Health Equity Impact Statement and Declaration Policy to support equity in health outcomes and access to care.
- ▶ Implement the Aboriginal Health Impact Statement and Declaration Policy to improve health outcomes for Aboriginal people.
- ▶ Work with consumer and carers to provide integrated, accessible, and culturally appropriate services.

### Related strategies and frameworks

- [Inclusion, Equity and Diversity Strategy 2024–2027](#)
- [Lesbian, gay, bisexual, transgender, intersex, queer and asexual plus \(LGBTIQ+\) Inclusion Strategy \(in development\)](#)
- [Western Australian Lesbian, Gay, Bisexual, Transgender, Intersex Health Strategy 2019–2024](#)
- [State Disability Strategy 2020–2030](#)
- [WA Disability Health Framework 2015–2025](#)
- [WA Disability Access and Inclusion Plan 2020–2025](#)
- [A snapshot of WA health system initiatives to improve health equity and access to care for people living in low socioeconomic conditions](#)

### Helpful resources and data

- [Health Equity Impact Statement and Declaration Policy](#)
- [Aboriginal Health Impact Statement and Declaration Policy](#)
- [Language Services Policy](#)
- [WA Multicultural Policy Framework](#)
- [National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025–2035](#)
- [Western Australia's Mothers and Babies summary information](#)
- [Mothers and Babies report, Western Australia](#)

**Promote:** Foster strong, connected communities and healthier environments



# Promote: Foster strong, connected communities and healthier environments

The strength of a community and the health of its environment directly impact how people live across the life course, work, and connect with one another.

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. Challenges such as urban sprawl, environmental degradation, and social isolation can weaken connections and lead to negative effects on both physical and mental health and wellbeing. 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.

Local events, such as clean-up drives and tree planting initiatives, foster 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 venues for social interaction while improving air quality and biodiversity, and provides shade to reduce harmful ultraviolet (UV) exposure. 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.

### Helpful resources and data

- [Public health assessments](#)
- [Genetics and genomics](#)



# 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 wellbeing. Incorporating a health lens in urban planning can promote physical activity through active design, such as parks and bike lanes. Thoughtful planning also supports mental health by providing green spaces, access to nature 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 water-borne diseases.

### Action areas

- ▶ Support regulatory initiatives that positively influence active lifestyles (Health-Focused Urban Design)<sup>26</sup> and social connections.
- ▶ Promote access to nutritious 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 and plans 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 in or within 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](#)

## Helpful resources and data

- [Western Australian Mental Wellbeing Guide](#)
- [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](#)
- [Public health assessments](#)
- [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

A high level of mental health and wellbeing enables 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 per cent) aged 16 to 85 years are 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 2 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 and nature.<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 at-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](#)
- [Western Australian Suicide Prevention Framework 2021–2025](#)
- [National Mental Health and Suicide Prevention Plan](#)
- [National Preventive Health Strategy 2021–2030](#)
- [Mental Health and Alcohol and Other Drugs Strategy 2025–2030](#) (in development, due release 2025)
- [National Children's Mental Health and Wellbeing Strategy](#)
- [Perinatal and Infant Mental Health Promotion and Prevention Plan 2023–2027](#)

## Helpful resources and data

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



### 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 and easily understood by the whole community helps reduce health disparities and promote 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.
- ▶ Improve health communication strategies to ensure accessibility and effectiveness.
- ▶ Partner with Aboriginal Community-Controlled Health Organisations to co-design and disseminate culturally responsive health information.
- ▶ Co-develop 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](#)
- [National Preventive Health Strategy 2021–2030](#)
- [WA Health Digital Strategy 2020–2030](#)
- [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?](#)
- [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 program
- 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.
- ▶ Facilitate improved cascade testing of at-risk relatives of those with certain genetic conditions to allow identification of at-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](#)

## Helpful resources and data

- [Genetics and genomics](#)



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



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

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Preventing disease and injury before they occur is a core pillar of public health. The majority of Western Australians enjoy good health, but some people experience disadvantage, which can place them at greater risk of experiencing poorer health or suffering an injury. Priority groups includes Aboriginal people, people living in regional and remote areas of the state, people living in lower socio-economic conditions, people of CaLD backgrounds, people with disabilities, people with diverse sexual orientation, people with mental health conditions and older people. The proportion of older people is growing, and the burden of disease and injury in older age groups is increasing. Embedding prevention throughout the life course supports better health at all ages and stages, and healthier ageing for Western Australians.

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 primary prevention at the centre of strategies for reducing the burden of chronic disease, communicable disease, and injury. 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 strategies for the community at large, while also empowering priority groups and populations who may benefit from additional support to achieve positive 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 Organisations 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](#)
- [National Immunisation Strategy 2025–2030](#) (release in 2025)
- [Population-based screening framework – Australian Government](#)
- [Mental Health and Alcohol and Other Drugs Strategy 2025–2030](#) (in development, due release 2025)
- [Perinatal and Infant Mental Health Promotion and Prevention Plan 2023–2027](#)
- [Western Australia's Mothers and Babies summary information](#)
- [Mothers and Babies report, Western Australia](#)
- [The Early Years Strategy 2024–2034](#)
- [Australia's National Oral Health Plan 2015–2024](#)

### 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. 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>

Higher levels of tobacco use in some population groups contribute to significant health, social and financial inequalities. Priority population groups that have been known to present with high prevalence of smoking, include:

- 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 LGBTQI+SB community
- older people
- people who are dependent on alcohol and other drugs.<sup>55,56</sup>

While current smoking prevalence among WA secondary school students is historically low at 2 per cent,<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.

Despite a declining trend, smoking continues to be prevalent in some Aboriginal communities. Strengthening the cultural determinants of health and addressing the social determinants of health are both crucial to reducing smoking prevalence amongst Aboriginal people.<sup>91</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, vape and related control efforts are needed to reduce the serious impact of tobacco use and vaping now and into the future.

## Action areas

- ▶ Reduce tobacco use, vaping, and use of related products, particularly among people at greater risk of harm.
- ▶ Co-design and co-implement culturally responsive programs to reduce the prevalence of tobacco use for Aboriginal people.
- ▶ Eliminate exposure to second-hand smoke and vape aerosol where the health of others can be affected.
- ▶ Strengthen regulation and ensure effective compliance 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](#)
- [Tackling Indigenous Smoking](#)
- [Clear the Air](#) – Healthway and Cancer Council WA
- [Tobacco control in Western Australia](#) – WA Health
- [Smoking and vaping cessation resources](#) – WA Health
- [Medicines and poisons](#) – WA Health
- [E-cigarettes and vaping](#) – HealthyWA
- [Chronic disease and injury prevention](#) – WA Health



## 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 a major cause of preventable disease and death in WA.<sup>49</sup> Our current food environment promotes excess energy intake from cheap, energy dense, nutrient poor, and/or highly processed products which should be limited or avoided in a healthy diet. These products, known as discretionary food and drinks, are high in saturated fat, added sugar and/or salt, and tend to displace more nutritious and minimally or unprocessed foods from the 5 core good food groups, such as vegetables, fruit, and wholegrain cereals. Poor nutrition and physical inactivity contribute to 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 nutritious food and recreational facilities.

Food security is a fundamental human right however Aboriginal communities, especially those remote areas, are disproportionately affected. This can be due to several factors, such as limited access to affordable and nutritious food.<sup>61</sup> The paradox of abundant, cheap unhealthy food and unaffordable healthy options further worsens the health disparities.

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 nutritious 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 nutritious food and drinks.
- ▶ Encourage and support active living across the lifespan.
- ▶ Mobilise behaviour to achieve and maintain a healthy weight among adults.
- ▶ Prevent and reverse childhood obesity.
- ▶ Policy input into national food regulatory system.
- ▶ Partner with and advocate alongside Aboriginal Community-Controlled Organisations and Aboriginal communities to support food security for Aboriginal people.

## Related frameworks and strategies

- [WA Health Promotion Strategic Framework 2022–2026](#)
- [Sustainable Health Review](#)
- [National Obesity Strategy 2022–2032](#)
- [Western Australian Eating Disorders Framework 2025–2030](#)

## Helpful resources and data

- [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](#)
- [Australian Dietary Guidelines](#)
- [Physical activity and exercise guidelines](#)
- [LiveLighter®](#) and [LiveLighter®](#) resources
- [Health Star Rating System](#)
- [National Strategy for Food Security in Remote Aboriginal and Torres Strait Islander Communities](#)
- [Food Security for First Nations People](#)
- [Food Security in Australia NACCHO Submission](#)
- [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 are associated with 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 – impacting children, families and the wider community.

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 at-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](#)

## 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, and 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 3 emergency department presentations, one in 10 hospitalisations, and one in 5 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 several 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.

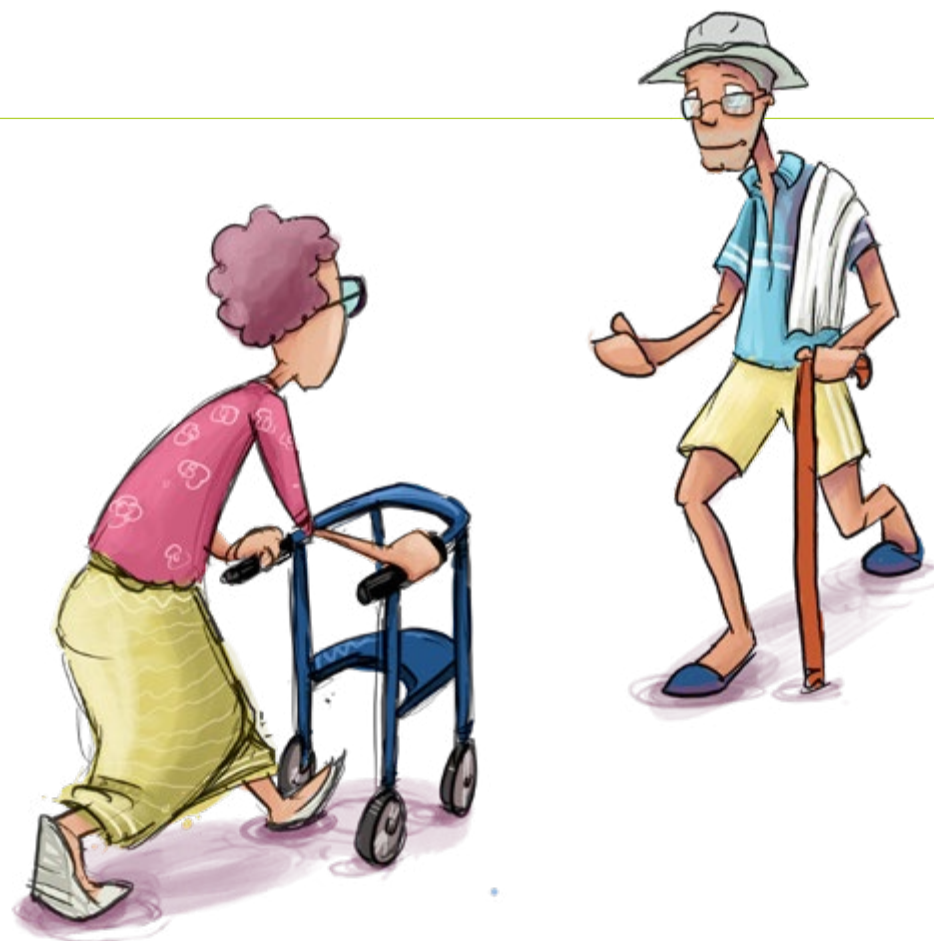
The provides a detailed approach to addressing these action areas.

## Related frameworks and strategies

- [National Strategy for Injury prevention 2020–2030](#) (under development)
- [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](#)



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

One in 5 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, and engagement with criminal justice, to 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 an 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

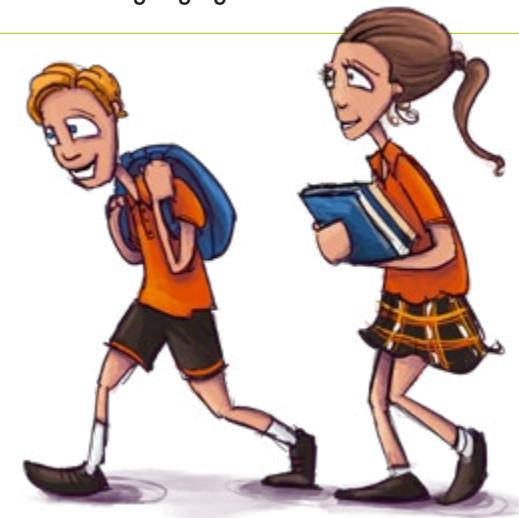
- ▶ Deliver programs and facilities to reduce harms such as overdose and blood-borne virus transmission.
- ▶ Sustain and expand evidence-based public campaigns and programs to raise awareness about the risks of drug use and misuse of pharmaceuticals and promote safer practices.
- ▶ Ensure legislation, 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](#)
- [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 5 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 balance the benefits, with the outcomes and costs of screening. Advances in screening technology are also enabling new potential screening programs and changes to existing programs that can improve effectiveness and efficiency.

Participation rates in population cancer screening programs are suboptimal, particularly for people living in rural areas, people living with socio-economic disadvantage, and CaLD populations.<sup>73</sup> There are opportunities to improve how the health system supports Aboriginal people to access the care they need. Initiatives are required to increase equity of access and participation in screening programs, particularly for priority populations.

Genomic sequencing is emerging as a transformative tool for population screening with potential to impact and expand all current population-based screening programs and create opportunities for health conditions not targeted by existing programs.<sup>74 75</sup> Currently genomic screening applications are at various stages of readiness for population-level assessment and implementation. There are also complex issues associated with the increasing use of genomics in population-based screening, including identifying individuals at higher risk of a disease before symptoms appear, 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.
- ▶ Improve access 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](#)
- [Population-based screening framework](#) – Australian Government Department of Health and Aged Care
- [Australian Cancer Plan](#) – Cancer Australia
- [Newborn Bloodspot Screening](#) – National Policy Framework

## 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
- [WA Newborn Bloodspot Screening Program](#)

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

Immunisation is known to be one of the most effective public health measures, saving millions of lives worldwide every year. Thanks to the availability of safe and effective vaccines, many serious diseases can be prevented. In WA, however, coverage is suboptimal in some areas due to service disruption and vaccine hesitancy following the COVID-19 pandemic.<sup>76-78</sup> These challenges can lead to absences from work and school, increased visits to primary care providers, increased 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 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.

Enhancing immunisation coverage and improving access to immunisation programs are important to ensure equitable health outcomes for Aboriginal people as well as CaLD and socially diverse groups, who may be disproportionately affected by the burden of disease. 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. For Aboriginal people, addressing barriers whilst supporting their strengths and resilience can play a key role in improving health and wellbeing outcomes.

## 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.
- ▶ Co-design and co-implement culturally safe immunisation programs for Aboriginal people that are culturally responsive.
- ▶ 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](#) (in development)
- [World Health Organisation Immunization Agenda 2021–2030](#)
- WA Immunisation Strategy 2024–2028 (to be released in 2025)

## 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, reduce disaster impacts, and lessen the health impacts of climate change



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

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The health of the environment, and the health of animals and humans, are deeply interconnected. Recognising and addressing these links is crucial for ensuring community safety and wellbeing. 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, 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 address issues such as antimicrobial resistance and ecosystem health. This cross-sector collaboration is essential in addressing the complex factors contributing to public health risks.

While progress has been made, evolving challenges continue to impact public health. Increasing antimicrobial resistance limits treatment options for infectious diseases. Climate change compounds these risks, with rising temperatures, altered precipitation patterns, and extreme weather events contributing 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 adds pressure to healthcare systems, often coinciding with other public health emergencies. Additionally, greater reliance on digital infrastructure for communication and service delivery highlights the importance of strong cybersecurity and resilient emergency systems. These interconnected challenges reinforce the need for comprehensive strategies to safeguard public and environmental health.

# 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, floods, 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.

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 per cent 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 outlines targeted actions and innovative approaches to support the transition towards a more sustainable and climate-resilient health system.

The WA government has committed to reducing carbon emissions by 80 per cent from 2020 levels by 2030 across all government sectors.<sup>83</sup> The WA government has also announced a [climate-adaptation 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, their effectiveness has limits, highlighting the opportunity for comprehensive action that both strengthens health resilience and reduces our carbon footprint.

### Action areas

#### Mitigation

- ▶ Deliver high quality, low carbon, and environmentally sustainable healthcare.
- ▶ Invest in sustainable infrastructure such as energy efficient buildings and wastewater recycling.
- ▶ Build workforce capacity to integrate climate action into healthcare practices.
- ▶ 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

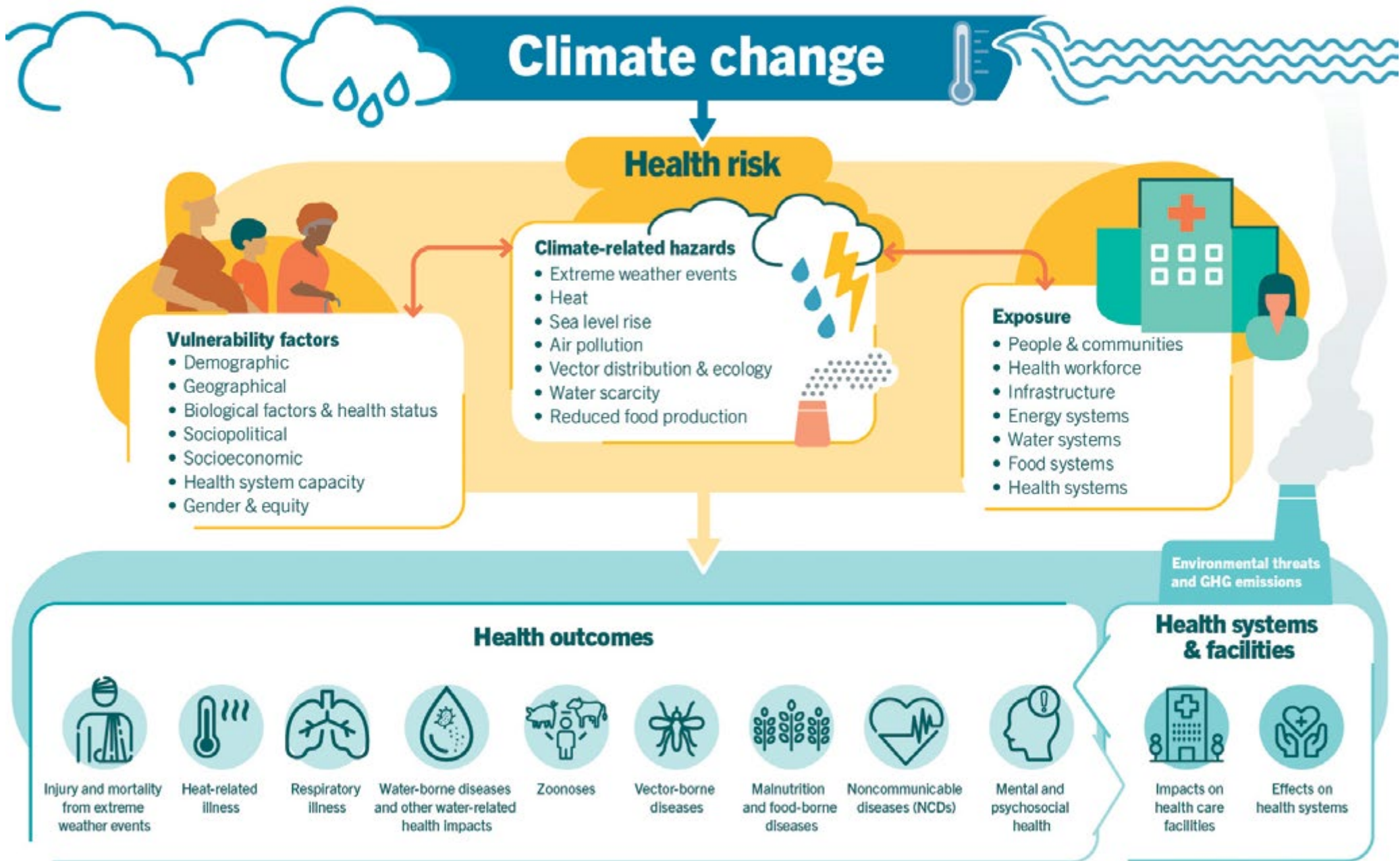
- ▶ Strengthen public health surveillance for climate-sensitive health outcomes.
- ▶ Implement the Strategy for environmentally sustainable, low carbon and climate-resilient healthcare system 2024–2030.
- ▶ Enhance research and community campaigns on the health impacts of climate change, with a focus 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](#)
- [Strategy for environmentally sustainable, low carbon and climate-resilient healthcare system 2024–2030](#)

## Helpful resources and data

- [WHO Operational framework for building climate resilient and low carbon health systems](#)
- Clinical Senate 2022 – [Environmentally sustainable healthcare: Delivering planetary health through low carbon care](#)
- [Climate change and environmental health indicators: reporting framework \(AIHW\)](#)
- [Western Australian climate projections: summary](#)
- [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](#)



This is an adaptation of an original work [Climate change factsheet]. Geneva: World Health Organization (WHO); [2023]. Licence: CC BY-NC-SA 3.0 IGO

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

Infectious diseases remain an important public health concern, with the potential to cause illness and long-term complications, highlighting the value of prevention, early detection and effective treatment. Priority populations, including Aboriginal communities, CaLD groups, and other vulnerable individuals, often face disproportionate impacts from infectious diseases. Aboriginal communities have unique cultural and historical contexts which need to be considered when preventing and treating the impacts of 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](#)
- [Infectious disease data resources](#)
- [One Health](#)
- [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 phases

WA faces a wide variety of natural and man-made hazards that can significantly impact health and 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.

Aboriginal representatives should be engaged before, during and after disaster and emergency responses. Community groups that face heightened risks of inequity are more greatly affected by disasters. This includes people with a CaLD background, low socio-economic disadvantage, those living in rural and remote areas, people with disabilities, mental health conditions, the elderly and children. 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 2 of the state's 16 hazards: [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. The department 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. It 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 Prevention, Preparedness, Response and Recovery 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.
- ▶ Addressing 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](#)
- [Environmental Health Directorate Strategic Plan 2024–2027](#)

## Helpful resources and data

- [State Emergency Management Committee](#)
- [Mosquitoes, cyclones and flooding](#)
- [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](#)

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.



## 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 exacerbate 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 near 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 2024–2027](#) – Australian Government Department of Health and Aged Care

## Helpful resources and data

- [State Hazard Plan Human Biosecurity](#)
- [Administration and Management of Legislation related to Environmental Health Hazards](#)
- [Environmental Health – Determinants of health – Australian Indigenous HealthInfoNet](#)
- [Aboriginal environmental health program](#)
- [Basic emergency plumbing repairs in Aboriginal communities](#)
- [Safe Bathroom Checks](#)
- [Community Environmental Health Action Plan \(CEHAP\)](#)
- [Arbovirus surveillance program](#)
- [Mosquito management](#)
- [Fight the Bite campaign](#)
- [National Arbovirus and Malaria Advisory Committee](#) – Australian Government Department of Health and Aged Care
- [Environmental Health Trachoma Project – PHAI](#)
- [Guideline for concerts events and organised gatherings](#)
- [Safe and Healthy Crowded Places Handbook](#) – crowd management
- [Mould and dampness](#)
- [Code of practice – Prevention and control of Legionnaires' disease](#) – Department of Energy, Mines, Industry Regulation and Safety
- [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 address 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 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, comprehensive emergency management knowledge and skilled workforce will save lives, protect economies, and ensure societal resilience against 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.
- ▶ 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 health-related emergency communication protocols.
- ▶ Conduct a review of WA's public health operating model.
- ▶ 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](#) – Australian Veterinary Emergency Plan (AUSVETPLAN)
- [Emergency Animal Disease Response Agreement \(EADRA\)](#)

## 6. Ensure access to safe food and water

Access to safe water is crucial for preventing waterborne illnesses and ensuring community wellbeing. The department oversees safe water management in WA, including drinking water, wastewater, recycled water, and swimming pool and other recreational waters. Similarly, safe and nutritious 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) in agriculture, all of which may be exacerbated by climate change and other 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, Artificial Intelligence, 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

- ▶ Ensure safety of 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

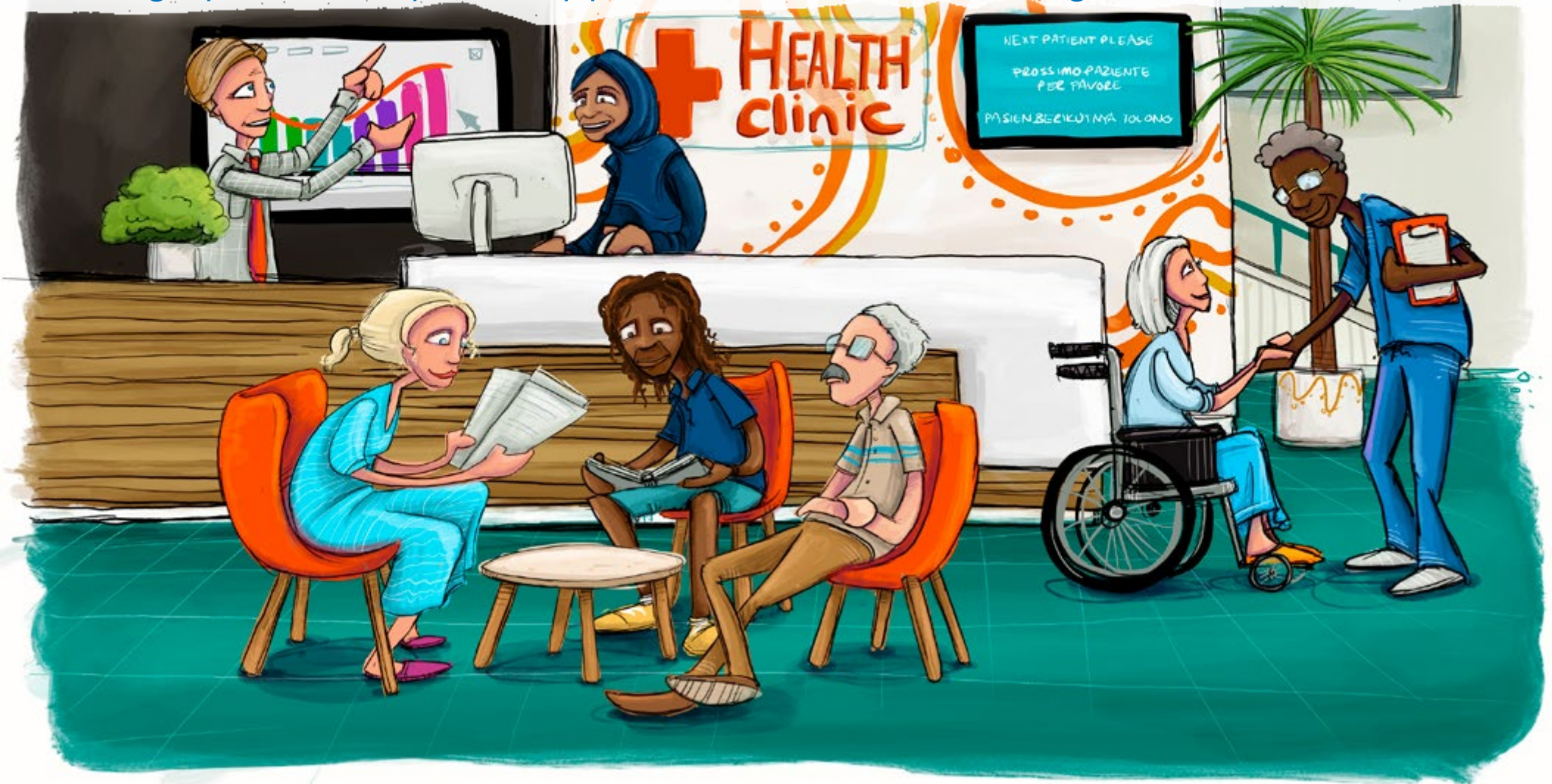
- [Environmental Health Directorate Strategic Plan 2024–2027](#)
- [WA Foodborne Illness Reduction Strategy 2023–2026](#)

## Helpful resources and data

- [Drinking water quality management](#)
- [Microbial water quality](#)
- [Algal blooms monitoring](#)
- [Guidelines for managing risks in recreational water](#) – NHMRC
- [Food](#)
- [Intergovernmental Agreement on Food Regulation](#)
- [Performance reporting under Food Act](#)
- [Government Sewerage Policy \(2019\)](#)
- [Australian Drinking Water Guidelines](#) – NHMRC
- [Water quality](#)



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



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

Strengthening public health systems is critical to safeguarding and promoting the health and wellbeing of all communities. An enabler is defined as something or someone that makes it possible for a particular thing to happen. In general enablers are the opposite of barriers; they are facilitating and supporting factors rather than detractors.

A robust public health system relies on high-quality data to build the evidence base and enable evaluation of actions. Research and innovation are critical to expanding our understanding of public health issues and providing us with the tools to make a difference.

Building meaningful collaborative partnerships enables us to develop and deliver public health services that 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.

Helpful resources and data to strengthen public health systems and workforce, and utilise partnerships for health and wellbeing:

- [Epidemiology Directorate](#)
- [Working with Consumers and Carers Toolkit](#)



# 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 and Aboriginal data governance, including data sharing with Aboriginal communities and Aboriginal Community-Controlled Organisations.
- ▶ 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 2023–2026](#)
- [Environmental Health Directorate Strategic Plan 2024–2027](#)
- [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. 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 public health 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 Non Government Organisations (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 2024–2027](#)
- [Communicable Disease Control Directorate Strategy 2023–2026](#)
- Western Australian Immunisation Strategy 2024–2028 (in development)
- [National Preventive Health Strategy 2021–2030](#)

## Helpful resources and data

- [Mapping preventive health policies, strategies and initiatives across the WA Public Sector](#)



## 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 with its workforce strategic plan.

Challenges include an ageing workforce nearing retirement, uneven distribution of workers, particularly in rural and remote areas, and competition for skilled professionals from other sectors. Strengthening the health workforce creates opportunities to better balance acute care with preventive services, while ensuring continued access to education and training supports a skilled and sustainable workforce. Investing in the public health workforce ensures that communities receive high-quality health services, supports the implementation of public health initiatives, and enhances 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 2024–2027](#)
- [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](#)
- [Health workforce](#)

# 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 adopted the WA Health Risk Management Policy (MP 006/16), which includes the department where HSP is referenced. This system-wide policy mandates all HSPs and the department to manage internal risks, risks faced as a system manager, and broader public health risks.

The department Risk Management Policy and Framework outlines 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 process meets the requirements of the Act to establish a framework for effectively identifying and responding to public health risks.

## Governance and oversight

The Director General, in conjunction with the department's 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's Executive Committee and Risk and Audit Committee (RAC).

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

# 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:

1. the promotion, improvement, and protection of public health in the state
2. 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 Federal, 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 HMM to deliver national work priorities. It is made up of the health department chief executive officers or Director 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 and Mental 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:

- 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 Mental Health Commission
- National Suicide Prevention Office.

#### National committees include:

- 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 statewide 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:

- 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 the 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
- Water Corporation
- 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 (contracted by WA Health)
- 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:

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

Each metropolitan HSP (NMHS, SMHS, EMHS and CAHS) 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 nutrition 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:

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

WACHS oversees 7 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 play 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 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.

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, vapes, 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 educational 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 Organisations (ACCOs)

Partnering with Aboriginal Community-Controlled Organisations (ACCOs) and Aboriginal Community-Controlled Health Services ensures public health initiatives are effective, community-driven and foster better health outcomes for Aboriginal people.

ACCOs are uniquely positioned to deliver culturally responsive services to Aboriginal people across a wide range of sectors, making them trusted partners in public health. Aboriginal Community-Controlled Health Services, such as the [Aboriginal Health Council of WA](#) and the member services they represent, have deep community connections and expertise in culturally responsive, holistic healthcare, addressing both medical and broader determinants of health. Partnering with ACCOs and Aboriginal Community-Controlled Health Services empowers Aboriginal people and communities to share decision-making authority with government agencies to accelerate policy and place-based progress. This is consistent with the [National Agreement on Closing the Gap](#), the [Whole-of-Government Aboriginal Community-Controlled Organisation Strategy](#) and the [Aboriginal Empowerment Strategy WA 2021–2029](#).

## 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.

The department partners with the [Health Consumer Council](#) to drive positive outcomes in health and healthcare. The Health Consumer Council advocates to senior decision makers in health to ensure the consumer voice is heard at the highest level and influences change.

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](#).

# 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. These indicators will be presented in the forthcoming publicly available **Public Health Indicator Set (PHIS) dashboard** which provides a high-level picture on a range of health determinants and outcomes in WA residents over time.

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 indicators and dashboards listed above are intended to be publicly available in the future.** Information on these can be obtained from the Epidemiology Directorate landing page.

The **WA Aboriginal Health Dashboard** is an internal dashboard that 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.

## 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 and research, evaluate interventions and programs, support health policy, service planning and development, and monitor emerging trends. 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 the 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](#).

In accordance with section 22 of the Act, local governments are required to report to the Chief Health Officer on the performance of functions under the Act. As part of this reporting process, the Chief Health Officer may require local governments to report on whether they have produced their public health plan.

## 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

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## Appendix 1: Health Status Report indicators

The Act requires that the SPHP include an examination of data relating to health status and health determinants in the State. Table 1 provides a snapshot of the current state of the health and wellbeing of Western Australians. It includes selected indicators for general health and wellbeing, health literacy and health care, risk factors, communicable and non-communicable diseases, and environmental health. The list is not intended to be exhaustive. For up-to-date, authoritative data on a range of public health indicators, please see [Epidemiology Directorate](#) landing page for the department's (forthcoming) PHIS dashboard.

Table 1: Health Status Report indicators

Indicator		Data	Source
<b>General</b>			
General health	<b>Expected life expectancy at birth</b>	In 2021–23, the overall life expectancy at birth in WA was 81.6 years for males and 85.7 years for females.	<sup>2</sup> ABS
	<ul style="list-style-type: none"> <li>Male and female</li> <li>Aboriginal and non-Aboriginal</li> </ul>	In 2020–22, life expectancy at birth for Aboriginal people in WA was 68.9 years for males and 72.6 years for females.	<sup>3</sup> ABS
	<b>Self-assessed health status</b>	In 2023, 50.2% of Western Australians 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>			
Health determinants	<b>Health literacy</b> Selected domains relevant to public health	In 2018, of the WA population: <ul style="list-style-type: none"> <li>98.3% 'agreed/strongly agreed' they 'have sufficient information to manage their health'.</li> <li>90.3% 'agreed/strongly agreed' they are 'actively managing their health'.</li> <li>90.1% indicated that they find it 'usually/always easy' to 'find good health information'.</li> <li>93.6% 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>	In 2021–22, potentially preventable hospitalisations (per 1,000 population) <ul style="list-style-type: none"> <li>Perth Metropolitan: North (20.0) and South (19.9)</li> <li>Country WA: (27.6)</li> </ul>	<sup>7</sup> AIHW

Indicator	Data	Source	
<b>Chronic disease and injury</b>			
<b>Risk factors</b>	<b>Potentially preventable disease</b>	In 2018, 38.0% 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>	In 2023, the prevalence of overweight and obesity among Western Australians aged 16 years and over was 37.7% and 38.2%, respectively. In 2023, the prevalence of overweight and obesity among children aged 5–15 years was 17.5% and 11.1%, respectively.	<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>	In 2023, the proportion of Western Australians aged 16 years and over in WA who consumed adequate daily serves of fruit and vegetables was 36.3% and 5.1%, respectively. In 2023, the proportion of children aged 2–15 years in WA who consumed adequate daily serves of fruit and vegetables was 73.1% and 9.3%, respectively.	<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> <li>• Children aged 5-15 years (according to the 24-Hour Movement Guidelines)</li> </ul>	In 2023, 66.2% of adults aged 16 years and over, did at least 150 minutes of moderate physical activity per week. In 2023, 37.1% of children aged 5 to 15 years completed sufficient physical activity.	<sup>4</sup> WA DoH  <sup>9</sup> WA DoH
	<b>Alcohol consumption</b> 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):	In 2023, 35.5% of Western Australians aged 16 years and over drank alcohol at levels that placed them at risk of harm from alcohol-related disease or injury. Female were less likely (25.5%) than male (46.4%) to drink alcohol at levels that placed them at risk of harm. In 2022/23, 41.9% of WA secondary school students aged 12 to 17 years reported having 'never' consumed alcohol; an almost five-fold increase from 1984 (8.8%).	<sup>4</sup> WA DoH  <sup>10</sup> WA MHC

Indicator	Data	Source
<b>Risk factors (cont.)</b>	<p><b>Tobacco and e-cigarette 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>	<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><sup>4</sup> WA DoH</p> <p><sup>10</sup> WA MHC</p>
<b>Non-communicable diseases Burden of disease</b>	<p><b>Cancer screening participation rate</b></p> <ul style="list-style-type: none"> <li>Bowel: eligible persons aged 45–74</li> <li>Breast: eligible females 50–74 years</li> <li>Cervical: eligible females and persons with cervix 25–74 years</li> </ul>	<p><sup>12</sup> AIHW</p>
	<p><b>Prevalence of health conditions</b></p> <p>Prevalence (%) of the WA population who reported having a long-term health condition*, a chronic condition**, or a mental or behavioural condition.</p>	<p><sup>13</sup> ABS</p>
<p>*Conditions which were current at the time of the ABS National Health Survey interview and had lasted, or were expected to last, for 6 months or more.  **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>		

Indicator	Data	Source
<p><b>Non-communicable diseases</b> Burden of disease (cont.)</p> <p><b>Burden of disease</b></p> <ul style="list-style-type: none"> <li>• Top 5 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. <i>*2023 burden of disease data for this measure is forthcoming.</i></li> </ul>	<p>In WA in 2018:</p> <ol style="list-style-type: none"> <li>1. Cancer and other neoplasms accounted for 17% of total disease burden (42% of which is potentially preventable).</li> <li>2. Mental health and substance disorders use accounted for 14% of total disease burden (36% of which is potentially preventable).</li> <li>3. Musculoskeletal conditions accounted for 13% of total disease burden (17% of which is potentially preventable).</li> <li>4. Cardiovascular conditions accounted for 12% of total disease burden (69% of which is potentially preventable).</li> <li>5. Injuries accounted for 11% of total disease burden (46% of which is potentially preventable).</li> </ol> <p>In WA in 2023*:</p> <ol style="list-style-type: none"> <li>1. Mental and substance use disorder accounted for 16% of total disease burden.</li> <li>2. Cancer and other neoplasms accounted for 15% of total disease burden.</li> <li>3. Musculoskeletal conditions accounted for 13% of total disease burden.</li> <li>4. Cardiovascular conditions accounted for 11% of total disease burden.</li> <li>5. Injuries accounted for 8% of total disease burden.</li> </ol>	<p><sup>8</sup> WA DoH</p>
<b>Communicable diseases</b>		
<p><b>Immunisation</b></p> <p><b>Childhood immunisation* coverage</b> 1, 2 and 5 years old</p> <p>*To be considered fully immunised, a child should have completed the number and type of vaccinations listed in the National Health and Medical Research Centre's (NHMRC) standard childhood vaccination schedule.</p>	<p>In 2023–24, immunisation coverage in WA was 91.5% for children aged 1, 89.2% for children aged 2, and 92.7% for children aged 5.</p>	<p><sup>14</sup> Australian Government DHAC</p>

Indicator		Data	Source
Immunisation (cont.)	<b>Human Papillomavirus (HPV) immunisation coverage</b> 15 years old	In 2023, immunisation coverage in WA for HPV was 84.9% for adolescent females and 84.0% for adolescent males aged 15.	<sup>15</sup> Australian Government DHAC
	<b>Influenza immunisation coverage</b> 65 years old	In 2024, immunisation coverage for influenza of Western Australians aged 65 years and over was 58.5%.	<sup>16</sup> NCIRS Australia
Infectious diseases	<b>Infectious diseases</b> Leading infectious diseases reported in the notifiable infectious diseases dashboard.	In 2024, the leading notifiable infectious disease reported in WA were: <ul style="list-style-type: none"> <li>• Influenza (628 cases per 100,000 population in 2024)</li> <li>• Chlamydia (472 cases per 100,000 population in 2024)</li> <li>• Respiratory Syncytial Virus (RSV) (341 cases per 100,000 population in 2024)</li> <li>• Gonorrhoea (192 cases per 100,000 population in 2024) Campylobacter (178 cases per 100,000 population in 2024).</li> </ul>	<sup>17</sup> WA DoH
	<b>Infectious diseases</b> Total number of cases (and 5-yearly average) notified for groups of diseases, based on likely source and transmission type, including: <ul style="list-style-type: none"> <li>• blood borne viruses</li> <li>• enteric diseases</li> <li>• sexually transmitted infections</li> <li>• vaccine-preventable diseases</li> <li>• vector-borne diseases</li> <li>• zoonotic diseases</li> <li>• other diseases</li> <li>• COVID-19.</li> </ul>	For the 5-year period 2020–24 in WA, there were on average: <ul style="list-style-type: none"> <li>• 1,431 cases of blood borne viruses per year</li> <li>• 6,210 cases of enteric diseases per year</li> <li>• 16,328 cases of sexually transmitted infections per year</li> <li>• 17,161 cases of vaccine-preventable diseases per year</li> <li>• 708 cases of vector-borne diseases per year</li> <li>• 11 cases of zoonotic diseases per year</li> <li>• 6,787 cases of other diseases per year.</li> </ul> <p>Between 2020–24, there were an average of 282,135 cases of COVID-19 per year in WA.</p>	<sup>17</sup> WA DoH <sup>18</sup> WA DoH

Indicator		Data	Source
<b>Environmental health</b>			
Food safety	Number of foodborne outbreaks investigated (TBD)	In 2023–24, 38 food recalls and 5 foodborne disease outbreak responses were coordinated.	<sup>19</sup> WA DoH
Vector-borne diseases	<b>Mosquito operations</b> Number of mosquito traps managed and total mosquitoes trapped in the Southwest	In 2023–24, 484 mosquito traps were managed across WA's South West trapping a total of 69,983 mosquitoes.	<sup>19</sup> WA DoH
Water safety	<b>Water safety and security</b> Number of health responses to water safety incidents.	In 2023–24, there were 1,108 health responses to wastewater overflows and sewage spills, and 46 health responses to algal blooms, fish kills, and bacteria in recreational water bodies.	<sup>19</sup> WA DoH
Climate	<b>Heat-related mortality and hospitalisations, and projections</b>	<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	<b>Air Quality</b>	<ul style="list-style-type: none"> <li>• Between 2018 and 2022, there were a total of 162 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 peaked in 2020 and is since declining – 19 days in 2018, 24 days in 2019, 47 days in 2020, 38 days in 2021, and 34 days in 2022.</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	State Public Health Plan	Department of Health WA
	<a href="#">Sustainable Health Review</a>	Department of Health WA
Promote	<a href="#">Environmental Health Strategic Plan 2023–2027</a>	Department of Health WA
	<a href="#">Perinatal and Infant Mental Health Promotion and Prevention Plan 2023–2027</a>	North Metropolitan Health Service
	<a href="#">National Statement on Health Literacy</a>	Australian Commission on Safety and Quality in Healthcare
	<a href="#">Health Promotion Strategic Framework 2022–26</a>	Department of Health WA
	<a href="#">Western Australian Suicide Prevention Framework 2021–2025</a>	Mental Health Commission
	<a href="#">National Mental Health and Suicide Prevention Plan</a>	Department of Health and Aged Care
	<a href="#">National Preventive Health Strategy 2021–2030</a>	Department of Health and Aged Care
	<a href="#">National Children's Mental Health and Wellbeing Strategy</a>	National Mental Health Commission
	<a href="#">WA Health Digital Strategy 2020–2030</a>	Department of Health WA
	<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

Objective	Name of document	Source
Prevent (cont.)	<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</a> (currently under development)	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
	WA Immunisation Strategy (in development)	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</a>	Department of Health WA
	<a href="#">Australia’s National Oral Health Plan 2015–2024</a>	Department of Health and Aged Care
	<a href="#">Western Australia’s Mothers and Babies summary information</a>	Department of Health WA
	<a href="#">Mothers and Babies report, Western Australia</a>	Department of Health WA
	<a href="#">The Early Years Strategy 2024–2034</a>	Australian Government
	<a href="#">Population-based screening framework</a> – Australian Government	Department of Health and Aged Care
	<a href="#">Perinatal and Infant Mental Health Promotion and Prevention Plan 2023–2027</a>	WA Health
	<a href="#">Western Australian Eating Disorders Framework 2025–2030</a>	Mental Health Commission
	<a href="#">WA Sexual Health and BBV strategy 2024–2030</a>	Department of Health WA
	<a href="#">Newborn Bloodspot Screening – National Policy Framework</a>	Department of Health and Aged Care

Objective	Name of document	Source
Protect	<a href="#">Climate Health Inquiry 2020</a>	Department of Health WA
	<a href="#">Strategy for environmentally sustainable, low carbon and climate-resilient healthcare system 2024–2030</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
	<a href="#">Climate Adaptation Strategy – Western Australian Government</a>	WA Government
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
	<a href="#">WA Genomics Strategy 2022–2032</a>	Department of Health WA
	<a href="#">WA Health Workforce Strategy 2034</a>	Department of Health WA
	<a href="#">Environmental Health Directorate Strategic Plan 2024–2027</a>	Department of Health WA

Objective	Name of document	Source
Aboriginal health and wellbeing	<a href="#">WA Aboriginal Health and Wellbeing Framework 2015–2030</a>	Department of Health WA
	<a href="#">Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015–2030</a>	Department of Health WA
	<a href="#">Build the foundations – An evaluation of the first five years of 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="#">Closing the Gap Implementation Plan 2023–2025 Western Australia</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
Equity and inclusion	<a href="#">State Disability Strategy 2020–2030</a>	WA Government
	<a href="#">WA Disability Health Framework 2015–2025</a>	Department of Health WA
	<a href="#">WA Disability Access and Inclusion Plan 2020–2025</a>	Department of Health WA
	<a href="#">Western Australian Lesbian, Gay, Bisexual, Transgender, Intersex Health Strategy 2019–2024</a>	Department of Health WA

# Glossary

<b>ACCOs</b>	Aboriginal Community-Controlled Organisations
<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>COAG</b>	Council of Australian Government
<b>DFES</b>	Department of Fire and Emergency Services
<b>DLGSC</b>	Department of Local Government, Sports and Cultural Industries
<b>DWER</b>	Department of Water and Environmental Regulation
<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

<b>LGBTQI+SB</b>	Lesbian, gay, bisexual, trans/transgender, intersex, queer, sistergirls, brotherboys and other sexuality, gender, and bodily diverse people and communities
<b>MHC</b>	Mental Health Commission
<b>NMHS</b>	North Metropolitan Health Service
<b>PAHD</b>	Public and Aboriginal Health Division
<b>PHIS</b>	Public Health Indicator Set
<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 6 Health Service Providers; North, South and East Metropolitan Health Services, the WA Country Health Service, the Child and Adolescent Health Service, and PathWest
<b>WALGA</b>	WA Local Government Association
<b>WAMAT</b>	Western Australian Medical Assistance Team
<b>WHO</b>	World Health Organization

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