



TOWN *of*
EAST FREMANTLE



Public Health Plan

2022-2027
Version 2 2026

Acknowledgement of Country

In preparation of this document, the Town of East Fremantle acknowledges the Whadjuk Nyoongar people, who are the traditional custodians of the land in the region and pay respect to their elders' past, present and emerging. The Town also acknowledges other Aboriginal language groups in the area.

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Introduction

This Public Health Plan (the Plan) was adopted plan in 2022 with minor revisions made annually to keep it current and reflective to local health needs. A new plan is implemented every five years to ensure thorough review and alignment with other council plans.

The Town of East Fremantle's Public Health Plan 2022-2027 (Version 2, 2026) has been updated to:

- align with the Town's Strategic Community Plan 2020-2030,
- align with the State Public Health Plan 2025-2030,
- reflect the most recent Health and Wellbeing data,
- recognise and include the global coronavirus pandemic,
- include mental health and wellbeing as a priority (following the advice from WA Health & Western Australian Local Government Association),
- address the public health challenges associated with obesity and other risk factors for chronic disease and injury, of which many are likely to increase over the next decade due to the aging population,
- include the addition of sun protection strategies (shade development) and
- recognise that public health emergencies could involve multiple casualties or cause significant reduction to patient care. These emergencies could include but are not limited to severe weather events, including heatwaves, and natural disasters such as floods, bushfires, infectious disease epidemics or pandemics, man-made emergencies such as major transport accidents, and chemical or radiation emergencies.

The Plan is guided by the Town's Strategic Community Plan 2020-2030 and meets the Town's legislative obligations for the development of a local Public Health Plan under the WA Public Health Act 2016. This Plan is intended to integrate with and 'value-add' to the Town's core functions rather than duplicate existing plans and strategies across the organisation.

Vision

To protect, promote and enhance the health, wellbeing and quality of life of our community.

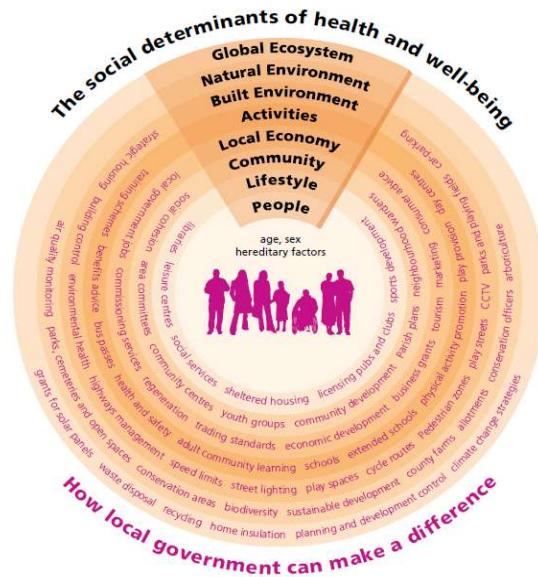
Mission

The Town aims to enhance the health, wellbeing and quality of life for the community through:

- Assessing, reviewing and responding to current and future public health and wellbeing needs, issues and emerging trends, based on best practice, sustainability and evidence-based decision-making processes.
- Developing collaborative partnerships with internal and external key stakeholders.
- Integrating public health and wellbeing into existing services and programs.
- Facilitating the vision for a healthy and sustainable community through greater community participation and development on health issues.
- Aligning with and providing strategic links and relationships with local, state and national strategic plans and policies that impact on health and wellbeing.

This Plan recognises local government as the tier of government closest to the community in supporting and influencing the health and wellbeing outcomes and actively promotes the range of services delivered by the Town which help to establish many of the necessary conditions upon which good health and wellbeing is determined.

Figure 1: How local government can make a difference in health and wellbeing

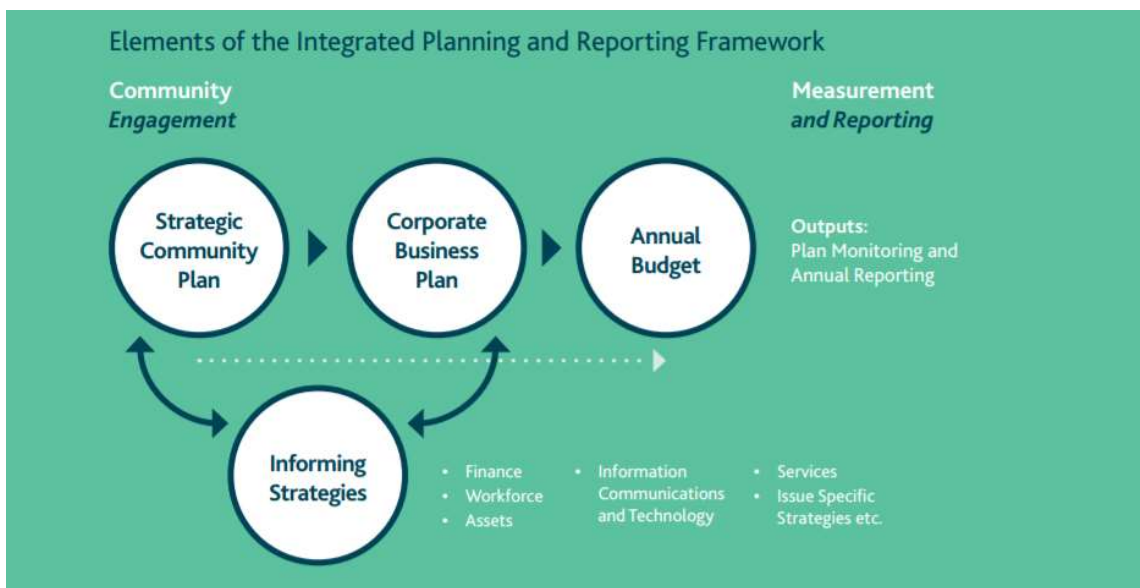


Source: Improvement and Development Agency. The social determinants of health and the role of local government, UK 2010.

Strategic Community Plan 2020-2030

The Plan aligns with and builds on the foundations of the Integrated Planning and Reporting Framework, as shown in the image below, and will operate as an informing strategy to the Town’s Strategic Community Plan 2020-30. The Strategic Community Plan outlines the vision for the Town of East Fremantle and identifies strategic priority areas (Social, Economic, Built Environment, Natural Environment, Leadership and Governance) for the ten year period. This plan is intended to integrate with and ‘value-add’ to the Town’s core functions rather than duplicate existing plans and strategies across the organisation. (see Figure 2 below)

Figure 2: Integrated Planning and Reporting Framework



About The Plan

This Plan meets the Town's legislative obligations under the WA Public Health Act 2016, which aims to establish an integrated health and wellbeing planning process that fits into existing planning frameworks and strategies within local government and can support a wider local vision for a healthier community.

The Plan identifies the health and wellbeing needs of the community and establishes priorities and strategies for a five-year period with a focus on the following key areas:

Key Areas

1. HEALTHY PEOPLE AND COMMUNITY: To guide and encourage our community to lead healthier lifestyles through the provision of lifestyle and educational opportunities.
2. HEALTHY PLACES AND SPACES: To provide healthy places and spaces to encourage and support healthy lifestyle opportunities.
3. HEALTHY PARTNERSHIPS: To develop collaborative partnerships with community, business, government, non-government and key stakeholders to improve health and wellbeing.

Community Consultation

This plan has been guided by the Town's Community Perception Survey, which identified a number of health and wellbeing priorities. Over 400 people were actively engaged in the review of the Town of East Fremantle' Strategic Community Plan, which is more than double the number of people who took part in previous years' community consultation on the Plan. The survey was made available online and in print. 159 people completed the general survey and 54 people completed the "We Need YOUth" survey. An in-person survey was also conducted with 7 senior patrons of Neighbourhood link. Community members were also invited to attend a number of workshops to discuss and provide their priorities for the reviewed Strategic Community Plan.

- the Business Breakfast workshop was attended by 22 representatives from local businesses;
- two broad-based Community workshops were attended by 48 residents;
- an in-class activity at Richmond Primary School gained the views of 103 upper primary students; and
- a Youth Think Tank explored priorities with 12 young people.

In addition to survey, this Plan is informed by the WA Health and Wellbeing Surveillance System (HWSS) from January 2010 – 2019 with information provided from adults aged 16 years and over for East Fremantle LGA, South Metropolitan Health Region and WA State from 2010-2019. Refer to the Health Profile section.

Our Health Profile

Population Overview

The Town of East Fremantle LGA covers an area of 3.2 square kilometres bordering the Swan River. The total resident population of East Fremantle was estimated at 7,819 (ABS, 2021), representing 0.30% of the State's population. Of the total population 48% are males and 52% are females, and the median age is 44 years. The life expectancy at birth (2016-2018) was 83.5 years for males, 84.3 years for females, and 83.9 years for all persons. Aboriginal and /or Torres Strait Islander people comprise 0.9% of the population.

Based on 2021 Census data, the forecast population projection is expected to increase by 1.7% per annum reaching 10,654 by 2036.

Socio-Economic Status

The socio-economic indexes for areas (SEIFA) scores are made up of four indices which summarise a variety of social and economic variables such as income, educational attainment, employment and number of unskilled workers.

A **low** score indicates relatively greater disadvantage in general. For example, an area could have a low score if there are:

- many households with low income,
- many people with no qualifications, or
- many people in low skill occupations.

SEIFA scores are based on a national average of 1000 and areas with the lowest scores are the most disadvantaged. Based on 2016 Census data, the Town of East Fremantle had a SEIFA Index of Disadvantage score of 1088. The SEIFA scores for LGA's within the South Metropolitan Health Service range from 948-1088.

Health and Wellbeing Snapshot

Health is impacted by a number of factors, often outside the control of the individual, these can include, socioeconomic position, early life, social exclusion, work, unemployment, social support, addiction, food and transportation. These factors are referred to as the social determinants of health are the conditions in which people are born, grow, work, live and age, and have a powerful influence on health.

The *Town of East Fremantle's Health and Wellbeing Profile Summary*, developed by the South Metropolitan Health Service, Health Promotion Team in 2021 contains health data specific to the Town of East Fremantle to support the development of the Town's Public Health Plan.

The information in the Health and Wellbeing Profile Summary was taken from the WA Health and Wellbeing Surveillance System (HWSS) from January 2010 – 2019. The data collected was weighted to represent the age and sex distribution of the WA population using the 2018 Estimated Resident Population.

Estimated population refers to the estimated number of people with the risk factor/ condition. It is derived by multiplying the Estimated Resident Population by the persons prevalence estimate. Information provided was for adults aged 16 years and over for East Fremantle LGA, South Metropolitan Health Region and WA State from 2010-2019.

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Life expectancy

Life expectancy at birth estimates represent the average number of years that a newborn could expect to live, assuming current age-specific death rates are experienced throughout his/her lifetime. In this report, estimates of life expectancy at birth were calculated by the Epidemiology Directorate using the Chiang II method (Chiang 1984). The Chiang II method computes estimates of life expectancy using life tables which are based on five-year age groups sourced from the Australian Bureau of Statistics. Life tables are used to measure mortality.

In its simplest form, a life table is generated from age-specific death rates and the resulting values are used to measure mortality, survivorship and life expectancy. Life expectancy does not address non-fatal health outcomes such as disability except through the proxy of mortality risks.

The life expectancy for the Town of East Fremantle are below:

Table 1. Life expectancy at birth by gender, East Fremantle, LGA and Western Australia (WA) 2016-2018.			
LGA	Males	Females	Persons
East Fremantle	83.5	84.3	83.9
WA	81.8	86.1	83.9

Source: Department of Health WA. (2020) EpiCalc. Epidemiology Branch, Public and Aboriginal Health Division, Department of Health WA. Life Expectancy, 2016-2018.

Notes: Estimates have been calculated for LGA population using Chiang's methodology, using abridged life tables up to 85+ years, and therefore are not comparable to life expectancy estimates reported by the ABS.

Health and Wellbeing Snapshot

Health is impacted by a number of factors, often outside the control of the individual, these can include, socioeconomic position, early life, social exclusion, work, unemployment, social support, addiction, food and transportation. These factors are referred to as the social determinants of health in which people are born, grow, work, live and age, and have a powerful influence on health.

The *Town of East Fremantle's Health and Wellbeing Profile Summary*, developed by the South Metropolitan Health Service, Health Promotion Team in 2021 contains health data specific to the Town of East Fremantle to support the development of the Town's Public Health Plan.

The WA HWSS is managed by the Epidemiology Directorate, DOH WA. The main objectives of the HWSS are to monitor the health status of the WA population and inform and support planning, implementation and evaluation of health services and policies in WA.

The data collected was weighted to represent the age and sex distribution of the WA population using the 2018 Estimated Resident Population. Estimated population refers to the estimated number of people with the risk factor/ condition. It is derived by multiplying the Estimated Resident Population by the persons prevalence estimate. Data from the HWSS reports period prevalence, measuring the proportion of the population who have a condition within a specified period of time.

The following topics are taken from the HWSS and relate to chronic health conditions, lifestyle risk factors, protective factors and socio-demographics.

Lifestyle-related risk factors

The data for lifestyle risk factors (nutrition, physical activity, overweight and obesity, tobacco use, alcohol use and injury) shown in the tables below are based on responses to HWSS from adults (aged 16 years and older) in the Town of East Fremantle and adults within the state, who were surveyed over the period.

Making smoking history

Smoking increases the risk of developing a number of health conditions and disease as well as of dying prematurely. Respondents were asked about their smoking status (including cigarettes, cigars and pipes). Current smoking status was re-categorised into those who smoke (daily or occasionally), ex-smokers and those who have never smoked regularly. Respondents who had tried cigarettes and had smoked 100 or more cigarettes in their lifetime were classified as ex-smokers, whilst those who had smoked less than 100 cigarettes were classified as having never smoked.

Healthy eating

Eating fruit and vegetables is important for health and protects against the risk of various diseases, including coronary heart disease, type 2 diabetes, stroke and some cancers. It is recommended that Australian adults eat two serves of fruit and five serves of vegetables daily.

Survey respondents were asked the following questions:

- How many serves of fruit do you usually eat each day? A serve of fruit is equal to one medium piece, two small pieces of fruit or one cup of diced fruit.
- How many serves of vegetables do you usually eat each day? A serve of vegetables is equal to half a cup of cooked vegetables or 1 cup of salad.
- How many times a week on average, do you have meals or snacks such as burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut or Red Rooster?

Reducing harmful levels of alcohol use

The relationship between alcohol consumption and a range of mental and behavioural disorders, including alcohol dependence, noncommunicable conditions such as liver diseases, some cancers, cardiovascular diseases, as well as injuries resulting from violence and road accidents is well documented.

Respondents were asked about their alcohol consumption, including how many days a week they usually drink and how many drinks they usually have. The information was categorised into risk levels based on the 2009 National Health and Medical Research Council guidelines (any drinking by children and young people under 18 years of age as risky drinking).

Lifetime risky drinking is the potential for alcohol-related harm over a lifetime of drinking, for healthy men and women drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol related disease or injury.

Single-occasion risky drinking is the risk of harm due to a single occasion of drinking and for healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

For women who are pregnant, planning a pregnancy or breastfeeding not drinking is the safest option. (National Health and Medical Research Council, 2009)

Note: A revised version of the national alcohol guidelines was released in December 2020, and recommends that healthy adults drink no more than 10 standard drinks a week and no more than 4 standard drinks on any one day (National Health and Medical Research Council, Australian Research Council and Universities Australia 2020). Data for alcohol risk in this report are measured against the 2009 guidelines. The HWSS survey instrument requires new questions that allow measurement against the new guidelines and will be implemented in the 2022 survey. HWSS data relating to the updated guidelines will be released following the 2022 survey.

A more active East Fremantle

Physical inactivity is associated with several chronic health conditions, including coronary heart disease, stroke and diabetes. It is common for us to spend large amounts of time being sedentary when at school, at work, when travelling or during leisure time. Being physically active reduces the risk of developing such conditions and improves general physical and mental wellbeing. The Australian Physical Activity and Sedentary Guidelines for adults aged 18 to 64 years recommend accumulating 150 to 300 minutes of moderate intensity physical activity or 75 to 150 minutes of vigorous intensity physical activity, or an equivalent combination of both moderate and vigorous activities, each week.

To determine the prevalence of sedentary behaviour, respondents were asked this question: Excluding work time, how many hours per week do you spend watching TV or DVDs, or using the computer, iPad or tablet device (for the Internet, to play games etc)?

Table 2. Prevalence of lifestyle risk factors for adults (aged 16 years and over), East Fremantle LGA, South Metropolitan Health Region and Western Australia (WA), 2010-2019.

Risk Factors	East Fremantle	South Metro		WA	
	Prevalence estimate Persons (%)	Prevalence estimate Persons (%)	Significant differences	Prevalence estimate Persons (%)	Significant differences
Currently smokes	9.2*	11.6	-	12.7	-
Eats < than two serves of fruit daily	47.0	49.3	-	49.4	-
Eats < than five serves of vegetables daily	89.0	89.1	-	89.0	-
Eats fast food at least weekly	32.4	35.3	-	34.1	-
Risky/high risk drinking for long term harm (a)	26.5	29.5	-	30.5	-
Risky/high risk drinking for short term harm (b)	-	12.1	-	12.6	-
Insufficient physical activity (c)	30.1	36.2	-	37.1	-
Spends 21+ hours per week in sedentary leisure time	27.9	35.4	-	33.6	-

Source: WA Health and Wellbeing Surveillance System, Epidemiology Branch, DoH WA.

Notes:

* Result has an RSE between 25% and 50% therefore should be used with caution

(a) As a proportion of all adult respondents 16 years and over. Drinks more than two standard drinks on any day. Any alcohol consumption by persons 16 or 17 years classified as high risk.

(b) As a proportion of all adult respondents 16 years and over. Drinks more than four standard drinks on any day. Any alcohol consumption by persons 16 or 17 years classified as high risk.

(c) Completes less than 150 minutes of physical activity per week (adults 18+ years). Refers to moderate minutes with minutes spent in vigorous physical activity doubled.

Alcohol-attributable hospitalisations and deaths

Data for alcohol-attributable hospitalisations and deaths (Table 3 and 4) were sourced from the WA Hospital Morbidity Data Collection and the Cause of Death Unit Record File, respectively.

Population estimates were obtained from the Australian Bureau of Statistics. Hospitalisations and deaths attributable to alcohol use were estimated using alcohol-attributable aetiological fractions for WA developed by the Epidemiology Branch, DOH WA.

Table 3. Estimated number and rates of alcohol-attributable hospitalisations, East Fremantle, LGA and WA 2016-2020 (combined)

Sex	Estimated number of hospitalisations	Percent	ASR	SRR	Comparison with the WA State rate
Females	120	40	508.6	0.88	Similar
Males	177	60	921.2	0.94	Similar
Persons	298	100	701.5	0.81	Similar

All rates are per 100,000 population

ASR = Age-standardised rate;

SRR = Standardised rate ratio;

N/A - Rates are not provided when number of hospitalisations are less than 20 because the derived rates are unreliable. The indirect SRR method only requires a minimum of 6 cases and therefore allows comparison between LGA and WA rates.

Estimated numbers less than 6 have been suppressed to protect privacy and data confidentiality. Other numbers have also been suppressed to prevent back-calculation.

Table 4. Estimated number and rates of alcohol-attributable deaths, East Fremantle, LGA and WA 2016-2020 (combined)

Sex	Estimated number of hospitalisations	Percent	ASR	SRR	Comparison with the WA State rate
Females	-	-	-	-	N/A
Males	-	-	-	0.82	Similar
Persons	16	100	-	0.71	Similar

All rates are per 100,000 population

ASR = Age-standardised rate;

SRR = Standardised rate ratio;

N/A - Rates are not provided when number of hospitalisations are less than 20 because the derived rates are unreliable. The indirect SRR method only requires a minimum of 6 cases and therefore allows comparison between LGA and WA rates.

Estimated numbers less than 6 have been suppressed to protect privacy and data confidentiality. Other numbers have also been suppressed to prevent back-calculation.

Illicit drug-attributable hospitalisations and deaths

Data for illicit drug-attributable hospitalisations and deaths (Table 5 and 6) were sourced from the WA Hospital Morbidity Data Collection and the Cause of Death Unit Record File, respectively. Population estimates were obtained from the Australian Bureau of Statistics. Hospitalisations and deaths attributable to illicit drug use were estimated using illicit drug-attributable aetiological fractions for Australia developed by the Australian Institute of Health and Welfare.

Table 5. Estimated number and rates of illicit drug-attributable hospitalisations, East Fremantle, LGA and WA 2016-2020 (combined)

Sex	Estimated number of hospitalisations	Percent	ASR	SRR	Comparison with the WA State rate
Females	38	47	212.3	0.79	Similar
Males	44	53	265.3	1.08	Similar
Persons	83	100	234.5	0.93	Similar

All rates are per 100,000 population

ASR = Age-standardised rate;

SRR = Standardised rate ratio;

N/A - Rates are not provided when number of hospitalisations are less than 20 because the derived rates are unreliable. The indirect SRR method only requires a minimum of 6 cases and therefore allows comparison between LGA and WA rates.

Estimated numbers less than 6 have been suppressed to protect privacy and data confidentiality. Other numbers have also been suppressed to prevent back-calculation.

Table 6. Estimated number and rates of illicit drug-attributable deaths, East Fremantle, LGA and WA 2016-2020 (combined)

Sex	Estimated number of hospitalisations	Percent	ASR	SRR	Comparison with the WA State rate
Females	-	-	-	-	N/A
Males	-	-	-	1.97	Similar
Persons	11	100	-	1.60	Similar

All rates are per 100,000 population

ASR = Age-standardised rate;

SRR = Standardised rate ratio;

N/A - Rates are not provided when number of hospitalisations are less than 20 because the derived rates are unreliable. The indirect SRR method only requires a minimum of 6 cases and therefore allows comparison between LGA and WA rates.

Estimated numbers less than 6 have been suppressed to protect privacy and data confidentiality. Other numbers have also been suppressed to prevent back-calculation.

Curbing the rise in overweight and obesity

Being overweight or obese can contribute to the development of chronic conditions, such as cardiovascular disease, type 2 diabetes, osteoarthritis and some cancers. As excess body weight increases so does the risk of chronic disease and mortality. Respondents were asked about their height and weight. Body mass index (BMI) was derived from these figures by dividing weight in kilograms by height in metres squared, after adjustment for underestimation of self-reported height and weight. Each respondent's adjusted BMI was then classified as not overweight or obese (BMI less than 25), overweight (BMI from 25.0 to 29.9), or obese (BMI of 30.0 and above).

Table 7. Prevalence of overweight or obese adults, (aged 16 years and over), East Fremantle LGA, South Metropolitan Health Region and Western Australia (WA), 2010-2019.

Risk Factors	East Fremantle	South Metro		WA	
	Prevalence estimate Persons (%)	Prevalence estimate Persons (%)	Significant differences	Prevalence estimate Persons (%)	Significant differences
Overweight (a)	39.2	40.0	-	39.1	-
Obese (a)	13.0*	27.5	Lower	28.2	Lower

Source: WA Health and Wellbeing Surveillance System, Epidemiology Branch, DoH WA.

Notes:

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

(a) BMI of 25 to < 30 = overweight; BMI of 30+ = obese. Self-reported height and weight have been adjusted for under-reporting (i.e. over-estimating of height and under-estimating of weight).

Mental health

Data for the prevalence of mental health conditions were sourced from the WA Health and Wellbeing Surveillance System and population estimates from the Australian Bureau of Statistics. Survey respondents were asked these questions:

- In the last 12 months have you been told by a doctor that you are depressed?
- In the last 12 months have you been told by a doctor that you had a stress-related problem?
- In the last 12 months have you been told by a doctor that you had an anxiety problem?
- In the last 12 months have you been told by a doctor that you had any other mental health problem?

Table 8. Prevalence of psychosocial risk factors for adults (aged 16 years and over), East Fremantle LGA, and Western Australia (WA), 201-2019

Risk Factors	East Fremantle	South Metro		WA	
	Prevalence Estimate Persons (%)	Prevalence estimate Persons (%)	Significant differences	Prevalence estimate Persons (%)	Significant differences
High or very high psychological distress	-	8.4	-	8.1	-
Mental health problem (a)	21.8*	15.0	-	14.8	-
Stress related problem (b)	14.8*	9.7	-	9.3	-
Anxiety (b)	11.7*	8.3	-	8.3	-

Depression (b)	11.8*	8.1	-	8.3	-
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Source: WA Health and Wellbeing Surveillance System, Epidemiology Branch, DoH WA.

Notes:

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

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

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

Injury

Data for the prevalence of injury were sourced from the WA Health and Wellbeing Surveillance System and population estimates from the Australian Bureau of Statistics. Respondents was asked this question: In the past 12 months how many injuries have you had that required treatment from a health professional?

Table 9. Prevalence of physiological risk factors for adults (aged 16 years and over), East Fremantle LGA, South Metropolitan Health Region and Western Australia (WA), 2010-2019.					
	East Fremantle	South Metro		WA	
Risk Factors	Prevalence estimate	Prevalence estimate	Significant differences	Prevalence estimate	Significant differences
	Persons (%)	Persons (%)		Persons (%)	
Current high blood pressure (a)	9.9*	17.1	Lower	16.3	Lower
Current high cholesterol (b)	10.4*	18.8	Lower	18.2	Lower
Arthritis	18.8	19.9	-	19.4	-
Injury (c)	25.8*	22.4	-	22.8	-
Current asthma	11.2*	8.5	-	8.4	-

Source: WA Health and Wellbeing Surveillance System, Epidemiology Branch, DoH WA.

Notes:

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

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

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

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

Table 10. Number of hospitalisations due to injury and poisoning by injury category and age group, East Fremantle, WA 2015-2019

Injury Category	Age- group						Total
	0-14	15-24	25-44	45-64	65-84	85+	
Transport accidents	7	8	16	33	17	<5	84
Accidental falls	43	12	17	57	143	144	416
Exposure to mechanical forces	22	22	37	27	13	<5	123
Accidental drowning, submersion, threats to breathing	<5	<5	0	<5	<5	<5	5
Exposure to smoke, fire, hot substances, nature forces	<5	0	6	<5	0	0	10
Accidental poisoning	<5	<5	<5	6	<5	0	15
Other external causes of accidental injury	10	31	33	69	24	5	172
Intentional self-harm	<5	9	9	8	7	<5	35
Assault and neglect	0	<5	11	5	0	0	20
Event of undetermined intent	<5	<5	<5	<5	0	0	6
Exposure to allergens	<5	-	0	0	0	0	<5
Complications of surgical & medical care	<5	<5	<5	7	<5	<5	18
Abnormal reaction following procedure	10	9	33	68	68	15	203
Total	103	100	172	284	277	172	1108

Source: Data was generated in October 2021 from the WA Hospital Morbidity Data System (2015-2019) and the WA dataset from ABS and the Registry of Births, Deaths and Marriages (2014-2018) by the Epidemiology Branch, Department of Health WA.

Table 11. Number of hospitalisations due to injury and poisoning by injury category, gender and Indigenous status, East Fremantle, LGA, WA 2015-2019

Injury Category	Number by gender		Number by Indigenous status	
	Male	Female	Non-Indigenous	Indigenous
Transport accidents	49	35	82	<5
Accidental falls	177	239	413	<5
Exposure to mechanical forces	85	38	121	<5
Accidental drowning, submersion, threats to breathing	<5	<5	5	0
Exposure to smoke, fire, hot substances, nature forces	<5	7	8	<5
Accidental poisoning	11	<5	13	<5
Other external causes of accidental injury	97	75	171	<5
Intentional self-harm	9	26	34	<5
Assault and neglect	14	6	12	8
Event of undetermined intent	<5	<5	5	<5
Exposure to allergens	<5	0	<5	0
Complications of surgical & medical care	6	12	18	0
Abnormal reaction following procedure	81	122	203	0
Total	539	569	1086	22

Source: Data was generated in October 2021 from the WA Hospital Morbidity Data System (2015-2019) and the WA dataset from ABS and the Registry of Births, Deaths and Marriages (2014-2018) by the Epidemiology Branch, Department of Health WA.

Table 12. Cost of hospitalisations (\$) due to injury and poisoning by injury category, East Fremantle LGA, WA, 2015-2019	
Injury Category	Cost
Transport accidents	\$859,055
Accidental falls	\$3,826,888
Exposure to mechanical forces	\$596,870
Accidental drowning, submersion, threats to breathing	\$56,492
Exposure to smoke, fire, hot substances, nature forces	\$101,192
Accidental poisoning	\$57,686
Other external causes of accidental injury	\$1,097,073
Intentional self-harm	\$259,105
Assault and neglect	\$106,494
Event of undetermined intent	\$19,534
Exposure to allergens	\$1,401
Complications of surgical & medical care	\$55,082
Abnormal reaction following procedure	\$2,237,015
Total	\$9,273,889

Table 13. Perth Children's Hospital Emergency Department, presentations for Injuries Town of East Fremantle, (0-16 Years) July 2016- June 2021						
Injuries	2016/17	2017/2018	2018/19	2019/2020	2020/2021	Total
Total Presentations	17,939	17,720	18,708	18,912	22,115	95,394
Town of East Fremantle	55	35	58	39	75	262
Percentage of total	0.3	0.2	0.3	0.2	0.3	0.3

Table 14: Perth Children Hospital Emergency Department Presentations for Injuries, Town of East Fremantle by Sex and age breakdown 2016-2021

Gender		0-4	5-9	10-14	15+	Total
Males	127	-	-	-	-	127
Females	135	-	-	-	-	135
Total	262	81	80	89	12	262

Table 15: Perth Children Hospital Emergency Department Presentations for Injuries, Town of East Fremantle by cause, 2016-2021

Cause	Total	Percentage
Bites and Stings	5	1.91
Bicycle Related Injury	14	5.34
Blunt Force	75	28.63
Cutting and Piercing	7	2.67
Falls	95	36.26
Pedestrian	12	4.58
Poisoning	5	1.91
Other Cause	49	18.70
Total	262	100

Table 16: Perth Children Hospital Emergency Department Presentations for Injuries, Town of East Fremantle by location of injury, 2016-2021

Cause	Total	Percentage
Home or Farm	19	7.25
Open Nature Area	8	3.05
Other Place	200	76.34
Public Building, Recreational or Cultural	6	2.29
School or Residential Institution	29	11.07
Total	262	100

Action Plan

The State Public Health Plan for Western Australia 2025–2030 outlines a clear vision supported by defined objectives, priorities, and guiding principles. The Town acknowledges these directions and remains committed to aligning our own Public Health Plan with the objectives and priorities set out in the State Plan.

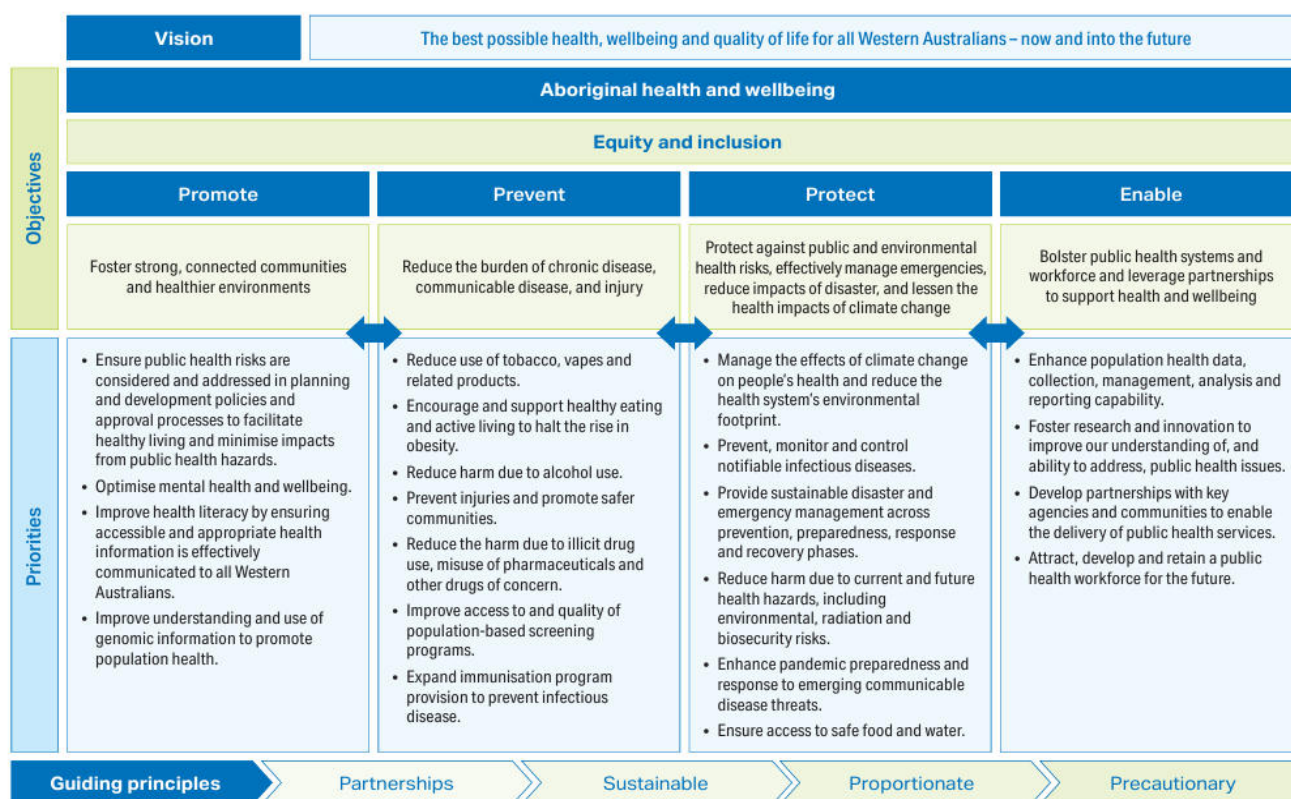


Table 1. Vision, objectives, priorities and guiding principles of the SPHP.

Action Plan

Key Area 1: Healthy People and Community				
Objective: To guide and encourage our community to lead healthier lifestyles through the provision of lifestyle and educational opportunities.				
Strategies	Actions	Programs		Lead Department
		Ongoing	New (priority)	
Programs, events and facilities that support and promote a physically active lifestyle	Deliver and support facilities and programs that encourage the uptake of physically active lifestyles.	○		Community Development
	Promote and support festivals and events throughout the Town that promote active living, healthy eating and mental health and wellbeing.		Low	Community Development
Reduced alcohol related harm in the community.	Provide a safe environment for patrons and community through the Fremantle Alcohol Accord and other network meetings support related initiatives.	○		Environmental Health Services
	Support low alcohol and no alcohol events and activities both internally and in conjunction with event organisers.		High	Community Development
	Identify, promote and showcase evidence-based alcohol harm reduction and management strategies.		Low	
	Support State-wide campaigns and resources such as Alcohol. Think Again.		Low	
	Maintain collaborative partnerships with Good Sports.		Low	
	Increase the number of Good Sports accredited clubs.		Low	
Reduced exposure to tobacco smoke in public areas.	Consider the creation of more smoke free precincts in the Town.		Low	Operations Services
	Maintain smoke free signage at Town facilities, playgrounds and foreshore.	○		Operation Services



	Develop initiatives to reduce tobacco related litter in public places.		Low	Operations Services
	Support State-wide legislation, campaigns and resources such as Make Smoking History.		Low	
	Advocate for a reduction in the number of licensed tobacco outlets within the Town, including those outlets which sell e-cigarettes and vaping products.		Low	
Access to safe, sustainable and healthy food.	Create opportunities that support businesses to offer healthy food options.	○	High	Environmental Health Services
	Investigate actions to reduce the availability of sugar-sweetened beverages at Town facilities and events.	○		Environmental Health Services
	Provide safe, healthy, good quality and culturally unique food at unique locations	○		Environmental Health Services/ Community Development
	Support and promote the establishment of community gardens.	○		Operations Services/ Community Development
	Investigate urban agriculture initiatives to support planting of edible gardens (fruit trees and vegetables) in the community.		High	Operations Services Community Development
	Encourage and promote healthy food vendors at festivals and events.			

Optimise mental health	Encourage active, sociable, meaningful lives to optimise mental health and wellbeing.		High	Community Development
	Maintain existing partnership with Act, Belong and Commit. i.e. Memorandum of Understanding.		High	Community Development
A resilient, inclusive and happy community.	Support and facilitate programs and services for young people and minority groups that promote inclusiveness, participation and recognition within the community including CALD, Aboriginal	○		Community Development



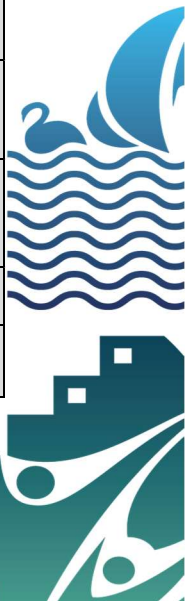
	people and the LGBTQIA+ community.			
	Support and celebrate Aboriginal culture and heritage.		High	Community Development
	Support State-wide campaigns such Strong Spirit Strong Mind.			
	Deliver programs that support disability access and inclusiveness	○		Community Development/CHSP
	Deliver programs for seniors and promote senior focused events.	○		HACC services
	Acknowledge, support and promote senior focused events.		Low	Community Development/Regulatory Services
	Investigate options to deal with and facilitate support for the homeless.	○		Community Development and HACC Services
	Support the delivery and promotion of volunteers in East Fremantle.			
Reduced preventable communicable diseases	Promote strategies to prevent and manage the spread of preventable notifiable diseases.	○		Environmental Health Services
	Support and promote the WA Immunisation Schedule to increase vaccination rates for children.	○		Environmental Health Services
Support the prevention of avoidable injuries	Partner with Injury Matters to prevent falls in older people.	○		Environmental Health Services
	Maintain and improve local roads to reduce road crashes and road trauma.	○		Operations Services
	Promote safety in, on and around water and private swimming pools.	○		Operations Services/Regulatory Services
	Support public campaigns aimed at reducing interpersonal violence.		Low	Community Development
	Reduce the number of dog attacks and promote responsible dog ownership	○		Ranger Services



Key Area 2: Healthy Places and Spaces

Objective: To provide healthy places and spaces to encourage and support healthy lifestyle opportunities.

Strategies	Actions	Programs		Lead Department
		Ongoing	New	
Create great spaces for people through innovative urban and suburban design.	Identify, develop and improve the built environment and facilities to support active lifestyles for pedestrians, cyclists and public transport users. This includes the footpath, cycleway connectivity plan and shade protection strategies in public places.	○	High	Community Services
	Partner with stakeholders to actively protect, conserve and maintain the Swan River Foreshore. Plan for improved streetscapes, parks and Reserves.	○	High	Operations Services
Conserve, maintain and enhance the Town's open spaces.	Partner with stakeholders to actively protect, conserve and maintain the Swan River Foreshore. Plan for improved streetscapes, parks and reserves.	○		Operations Services
	Provide initiatives to deliver increased safety and security within Town.	○		All Departments
A safer community	Provide regular surveillance patrols by Rangers in daylight hours	○		Community Services
	Ensure the Town is appropriately prepared to mitigate any local community emergencies through the Local Emergency Management Committee (LEMC).	○		Environmental Health Services
Acknowledge the change in our climate and understand the impact of these changes	Maintain street planting, utilise thermal imaging data to address less hot spots and develop Urban Forest Strategy.	○		Regulatory Services Services/Operations Services
	Continue to be a Waterwise Council.		Low	Operations Services
	Improve recycling rates and reduce landfill rates to reduce greenhouse gas emissions i.e FOGO	○		Operations Services



	<p>Continue to support the Climate Action Reference Group (CARG) to provide community education on the impacts of Climate Change.</p> <p>Implement the Climate Emergency Action Plan to support the Climate Emergency Strategy.</p>		High	Regulatory Services
	Continue to implement actions arising out of the Coastal Hazard Risk Management and Adaptation Plan (CHRMAP)		High	Regulatory Services
A diverse and friendly community	Foster a diverse and family friendly inner Town environment and the night time economy.	○		Community Development
Protect and enhance environmental health	Implement environmental health strategies and relevant legislation to protect and enhance the health of our community.	○		Environmental Health Services



Key Area 3: Health Partnerships

Objective: To develop collaborative partnerships with community, business, government, non-government and key stakeholders to improve health and wellbeing.

Strategies	Actions	Programs		Lead Department
		Ongoing	New	
Collaborative partnerships with businesses, government and service providers.	Support a local network of service providers to encourage greater collaboration and partnerships for continued growth, economic prosperity and health.	○		All Departments
A healthy workplace	<i>Provide a full package of support, training and engagement mechanisms to foster staff development and to support equality in the workplace.</i>	○		Human Resources
A sustainable local economy	<i>Provide a broad range of support and incentive mechanisms to support new and existing local business including forums, development of hubs and shared office space.</i>	○		Community Services
Strong leadership and good governance	Provide strong leadership through good governance to ensure health and wellbeing is central to the Town's organisational culture.	○		All Departments



Implementation, Evaluation of the Plan, Review and Reporting

Ongoing programs will continue to be implemented and evaluated throughout the term of the Plan.

Interim evaluation of the programs, outcomes and performance measures for each priority areas will be held in each financial year.

The Town's staff will review the Plan annually and update every five years to ensure it remains relevant and effective. A combination of surveys, reports, indicators, and dashboards will be used to monitor the health and well being of the community. Insights gained from this information will inform the ongoing development, planning, implementation, and evaluation of the public health initiatives outlined in this plan.

The Environmental Health Officer will coordinate the annual review in partnership with the South Metropolitan Health Service, Health Promotion.

The Town supports the State Public Health Plan 2025-2030 and partners with a range of organisations and public health partners to assist in the implementation of the plan, including;

- South Metropolitan Health Service.
- Cancer Council WA.
- Act Belong Commit.
- Injury Matters.
- Good Sports.

An evaluation will occur at the end of the Plan cycle, in 2027, consisting of:

- Assessment of progress against outcomes for each goal within the Plan;
- Assessment of performance measures for each priority area;
- Review of key data for the Town including the social profile, health status, health risk factors, health behaviours and population risk groups; and
- Review of implementation mechanisms for the Plan including partnership terms and arrangements with key stakeholders.

The Environmental Health Officer will prepare and submit an annual report on progress and evaluation findings to the Chief Health Officer of the Western Australian Department of Health.

