

City of Kalamunda
Community Health and Wellbeing Plan
2018-2022

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Foreword

Local governments play a significant role in creating environments that allow communities to enjoy good health. The City of Kalamunda is committed to embracing this role in creating a happy, healthy and connected community to live, work and play in. To achieve this vision, the City of Kalamunda has developed an action plan titled the *Community Health and Wellbeing Plan 2018-2022*.

The World Health Organisation defines health as a “state of complete physical, mental and social well-being and not merely the absence of disease”. It is important to understand that health and wellbeing is shaped by a wide range of issues from our social networks, employment status, where we live and most importantly the opportunities we are presented with to live healthy lives.

The City is in a primary position to aid the community in leading healthier lives through the provision of social and environmental means.

Executive Summary

The *City of Kalamunda Community Health and Wellbeing Plan 2017-2021* (The Plan) is a review and update of the *Shire of Kalamunda Community Health and Wellbeing Plan 2013-2016*. The Plan is based on a social model of health and will continue to inform the way in which public health is managed within the City of Kalamunda. Additionally, the plan provides the framework for an integrated and collaborative approach that will support and enhance the community’s ability to lead healthy, productive and rewarding lives.

The Plans development involved a process of research and community and stakeholder consultation to identify current health and wellbeing needs of our community. As a result four key focus areas were identified:

- Healthy living
- Healthy communities
- Safe and healthy environments
- Healthy partnerships and healthy economy

A range of strategies and actions were developed to underpin these focus areas and demonstrate how the City plans to create a physical, social and cultural environment that supports and promotes health and wellbeing for the whole community.

Introduction

The City of Kalamunda recognises that good health and wellbeing is essential to creating a healthy and vibrant community. The City acknowledges its role in the promotion of community health and wellbeing as core business and recognises that a whole of council approach, along with partnerships with sectors of government, local organisation, service providers and the broader community are essential for the continued implementation of this Community Health and Wellbeing Plan (The Plan). The Plan is a five year strategic document that details how the City plans to improve public health and meets the City’s legislative obligations for public health planning under the *WA Public Health Act 2016*.

Our Vision

To create a happy, healthy, connected community to live, work and play.

Our Mission

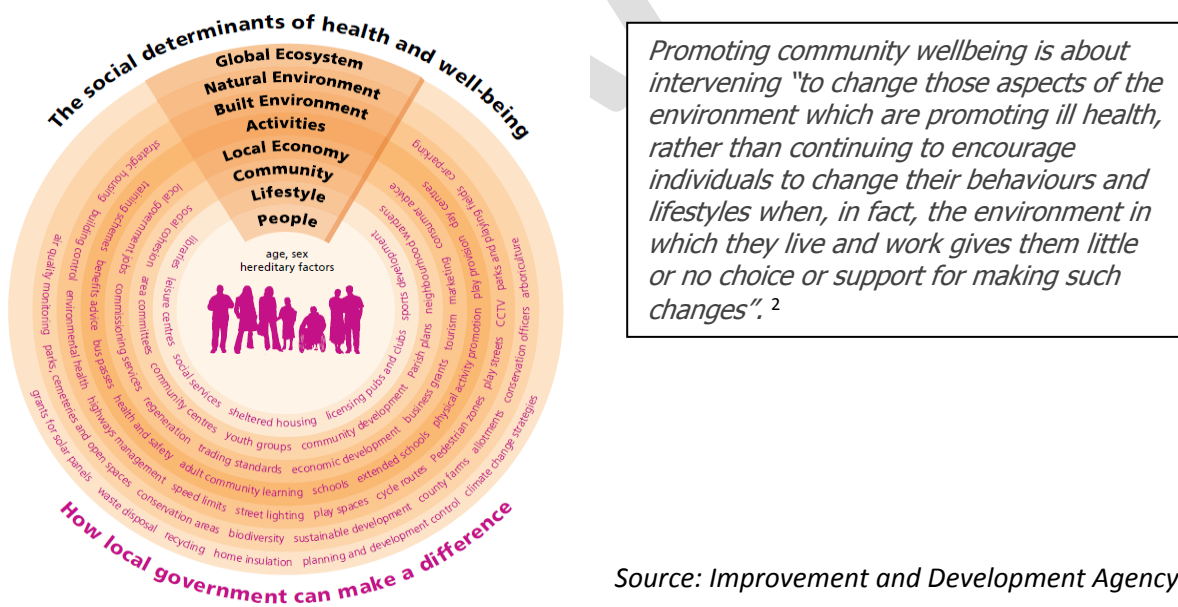
The City aims to enhance the health, wellbeing and quality of life for the community through:

- Assessing, reviewing and responding to current and future public health and wellbeing needs, issues and emerging trends, based on best practice and sustainability.
- 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 inclusion.
- Aligning with and providing strategic links and relationships with local, state and national strategic plans and policies that impact on health and wellbeing.

Recognised as the 'government closest to the people' it is widely acknowledged that local government have the capacity to positively influence health and wellbeing outcomes of the local community. ¹ The City of Kalamunda understands that a person's health is influenced by a range of factors, and goes beyond just the mere absence of disease. The Plan has been developed using a Social Model of Health, a conceptual framework for thinking holistically about health. The model helps to address the many social, cultural, environmental, biological, political and economic determinants of health that can affect the health of the community.

Figure 1 below highlights that as a provider of infrastructure, services, facilities and programs, the City is in a key position to influence these determinants and positively contribute to health and wellbeing outcomes at a local level.

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

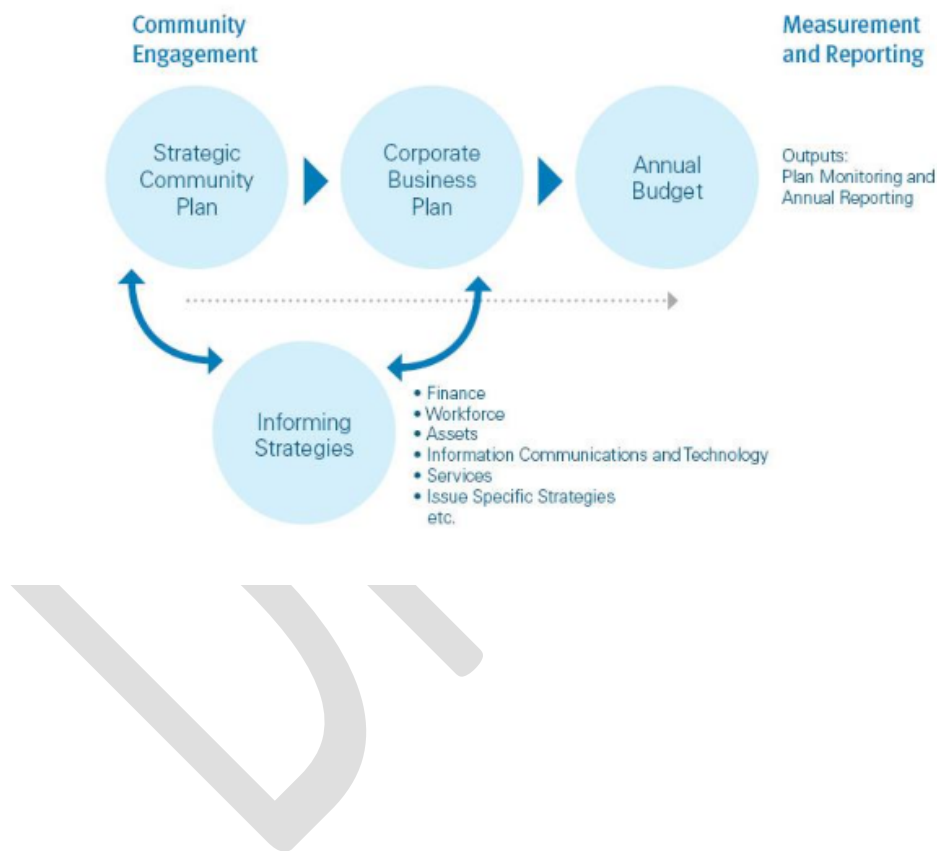


About The Plan

The Plan will meet the City’s legislative obligations under the *WA Public Health Act 2016* and will operate as an informing strategy to the *Kalamunda Advancing 2027 Strategic Community Plan*.

The Plan establishes an integrated health and wellbeing planning process that fits into the City’s corporate planning framework under the *Local Government Act 1995*. This framework sets out the statutory responsibilities of local government in Western Australia to plan for the future and understand the aspirations of residents. Figure 2 below outlines the expectation and interactions between the City’s Strategic Community Plan, Corporate Business Plan and informing strategies.

Figure 2: Elements of Integrated Planning and Reporting Framework

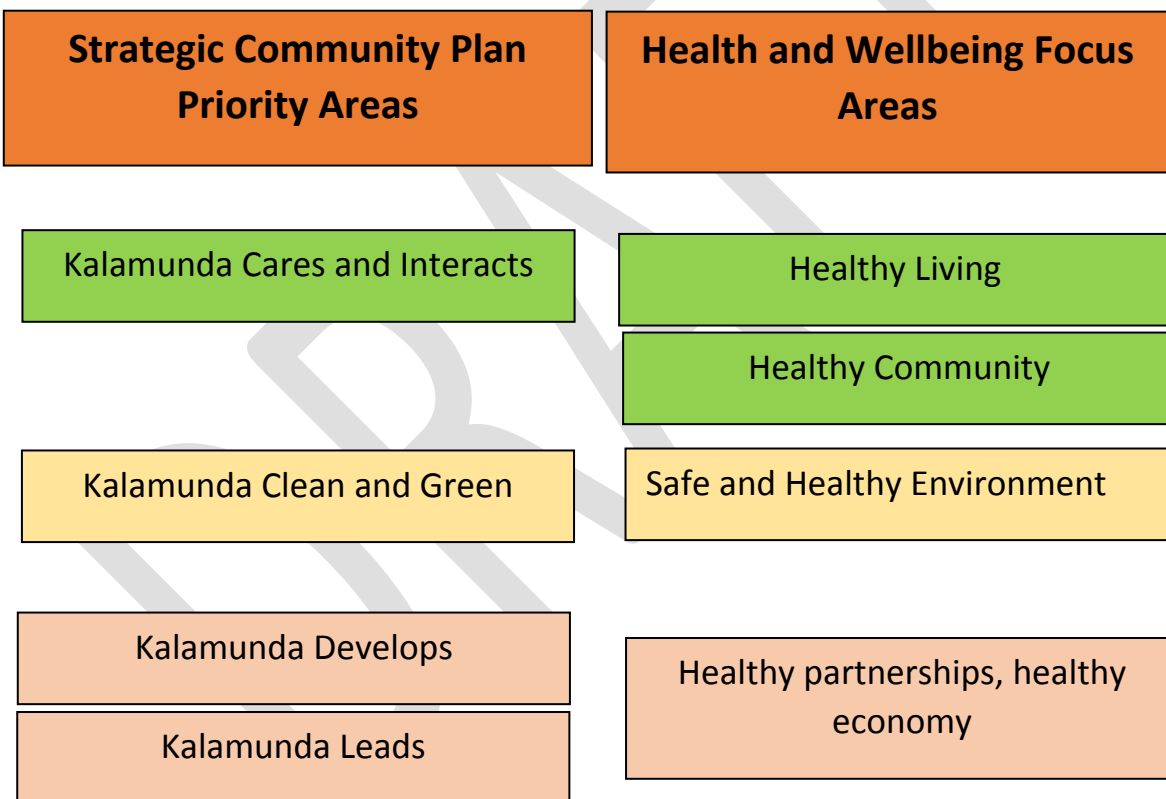


Key Areas

The Plan aims to address the physical, social, cultural and economic factors impacting people’s health especially those in the community at risk. Four key focus areas were identified which align with the community vision and priority areas identified in the City’s Strategic Community Plan.

"Connected Communities, Valuing Nature and Creating our Future Together"

Kalamunda Advancing 2027 – Vision Statement



Community Engagement

The Plan has been informed by the ideas and feedback gathered from the community, service providers, local organisations, businesses and government agencies.

Findings from the following community engagement opportunities were used in the development of The Plan:

- *Strategic Community Plan* consultation workshops and stakeholder forums (October 2016 – 96 attendees).
- 2016 Community Scorecard – (422 respondents).
- *Youth Plan 2017-2022* community consultation (March-May 2016 – 620 respondents).
- *Age Friendly Strategy and Action Plan* community consultation (July 2017 – Workshop, 50 attendees – survey, 289 respondents).

Consultation between the East Metropolitan Health Service, non-government organisations and City staff (Environmental Health Officers, Planners, Community Development and Public relations) took place through 2017 to identify opportunities to optimise the health and wellbeing of the City of Kalamunda community.

The Plan provides a framework for an integrated and collaborative approach that will support and enhance the community's ability to lead healthy, active and rewarding lives. It is designed to complement rather than duplicate Council's existing planning frameworks and strategies.

The following city documents were used to inform and/or complement the Plan.

- Youth Plan 2017 – 2022
- Age Friendly Strategy and Action Plan 2017-2021
- City of Kalamunda Aged Accommodation Strategy 2016
- Kalamunda Engages - Community Engagement Strategy 2017
- Community Safety and Crime Prevention Plan 2013-2018
- Disability Access and Inclusion Plan 2017-2020
- Bicycle Plan 2017
- Economic Development Strategy 2017-2022

Community Health Profile

Population Overview

The City of Kalamunda is located approximately 24 kilometres east of Perth, along the Darling Scarp. Geographically, the City has three distinct areas:

- The Foothills/Plains: Forrestfield, High Wycombe, Maida Vale and Wattle Grove
- The Escarpment: Lesmurdie, Kalamunda and Gooseberry Hill.
- The Eastern Rural Districts: Walliston, Bickley, Carmel, Pickering Brook, Piesse Brook, Paulls Valley, Hacketts Gully and Canning Mills.

The population of the City of Kalamunda is 57,449 with the proportion of males to females is similar, with 49.5% males and 50.5% females.⁴

The average age of residents in Kalamunda is 39 years, however the City has a higher than state average for people aged 50-85 year age group (3.2% above the stage average).⁴

There is a small Aboriginal and Torres Strait Islander population representing 1.8% of the population, with the average age of an Aboriginal or Torres Strait Islander resident being 19 years. ⁴

More than half of the Kalamunda population (64.9%) were born in Australia. Other common countries of birth include, England (9.1%), New Zealand (3.8%), India (1.8%), Philippines (1.3%) and South Africa (1.1). Census data revealed that 82.6% of Kalamunda residents speak only English at home. ⁴

Socio-Economic Status

The socio-economic indexes of areas (SEIFA) measures the relative level of socio-economic disadvantage based on a range of information including income, educational attainment and unemployment. The index provides an indication of how disadvantaged an area is compared with others in Australia, with research typically linking lower SEIFA's with poorer health outcomes. ⁵

Kalamunda as a Local Government Area (LGA) has a SEIFA score of 1039 which is higher than the standardised average of 1000 (a number above 1000 indicates higher socio-economic status). However socio-demographics characteristics between the suburbs are quite diverse, with some areas experiencing more disadvantage than others. SEIFA scores and other relative differences between suburbs are presented table 1 below.

Table 1: Suburb Socio-Economic Profile ⁵

| Suburb | Population | SEIFA 2016 | Other info |
|-------------------------|------------|------------|---|
| Forrestfield | 12,690 | 996 | <ul style="list-style-type: none"> • Medium age 37 • Median household income \$1,459 (per week) (lowest in the city) • Largest aboriginal population (2.8%) |
| High Wycombe | 12,308 | 1008.1 | <ul style="list-style-type: none"> • Medium age 35 • Median household income \$1,585 (per week) • High proportion of single parent's families (18%) • Highest rate of unemployment (8.0%) |
| Maida Vale | 4,499 | 1054.9 | <ul style="list-style-type: none"> • Medium age 40 • Median household income \$1785 (per week) |
| Eastern Rural Districts | 2,611 | 1056.1 | <ul style="list-style-type: none"> • Only suburb to report median income levels lower than the national median. • This area has the smallest proportion in the City (3264) • Higher representation of over 50s |
| Kalamunda | 6,970 | 1061 | <ul style="list-style-type: none"> • Median age 47 • Median household income \$1,509 (per week) • Highest representation of 65+ (26.1%) |
| Wattle Grove | 5,968 | 1063.3 | <ul style="list-style-type: none"> • Median age 32 • Median household income \$2,145 (per week) (highest in the city) • Has the highest representation of children 0-14 years (26.5%) • Lowest population of 65+ (5.5%) • Large percentage of Immigrants - 36.5% of the households don't speak English at home |
| Lesmurdie | 8,437 | 1072.4 | <ul style="list-style-type: none"> • Median age 42 • Median household income \$1,788 (per week) • Highest representation of secondary schoolers (9.3%) |
| Gooseberry Hill | 3,279 | 1095.9 | <ul style="list-style-type: none"> • Median age 48 • Median household income \$1,863 (per week) • Highest proportion of older workers and retirees (32.3%) • Substantially large representation of professional workers (26.4%) |

Health and Wellbeing Snapshot

From a community perspective, the health and wellbeing of residents contributes to social interaction and the vitality of a community. For example, good health and wellbeing enables participation in sports, volunteering, arts, culture and other activities that bring the community together.⁶ By contrast, poor health and wellbeing reduces this participation and brings with it the high costs of medical care and other community services.⁶

The following health and wellbeing snapshot identifies the prevalence of chronic diseases, injuries and mental health conditions within our community and demonstrates the commonness of lifestyle behaviours which contribute to the increased risk of chronic health conditions. The City's childhood immunisation rates are also presented with a comparison to state and national averages.

Prevalence of common health conditions

It is estimated that for WA in 2011, 435,000 years of healthy life were lost to premature death or living with disease or injury.⁷ Cancers, mental disorders and cardio vascular disease together accounted for almost half (45%) of the total health loss in WA.⁷ Injuries are also an important cause of death and disability and strategies to prevent chronic disease are often linked with injury prevention. Table 2 presents the prevalence of common health conditions within the Kalamunda LGA.

Table 2: Prevalence of common health conditions, Kalamunda LGA and WA 2013-2016

| Prevalence of Health Conditions | Kalamunda LGA (Persons %) Prevalence Estimate | Estimated population ^ | Western Australia (Persons %) Prevalence Estimate | Difference Kalamunda vs WA (+/-) |
|-----------------------------------|---|------------------------|---|----------------------------------|
| Type 2 Diabetes | 3.9% | 1159 | 4.7% | - 0.8% |
| Heart Disease | 8.3% | 3369 | 6.3% | + 2% |
| Stroke | 3.5% | 1406 | 2.0% | + 1.5% |
| Arthritis | 20.0% | 9 612 | 19.5% | + 0.5% |
| Osteoporosis | 3.2% | 1308 | 4.9% | - 1.7% |
| Current Asthma | 5.4% * | 2 582 | 8.4% | - 3% |
| Injury (a) | 21.6% | 10 380 | 22.8% | - 1.2% |
| Current mental health problem (b) | 11.2% | 5 386 | 14.6% | - 3.4% |
| Stress Related problem (b) | 7.5% * | 3623 | 9.5% | - 2% |
| Anxiety (b) | 4.8% | 2289 | 8.5% | - 3.7% |
| Depression (b) | 7.1% * | 3405 | 8.4% | - 1.3% |

Sources: Epidemiology Branch, 2017, Kalamunda (C) LGA Profile, 2013 – 2016, HWSS, WA Department of Health: Perth. Kalamunda (S) Population Profile, Health and Wellbeing Surveillance System (HWSS), 2006-2009

This information is based on responses from 467 adults with the Kalamunda Local Government Authority (LGA) and 25 535 adults with the State of Western Australia (WA).

*Result has a Relative Standard Error (ESR) between 25% and 50% therefore should be used with caution

- (a) Injury in the last 12 months requiring treatment from a health professional
- (b) Diagnosed with depression, anxiety, stress-related or other mental health condition in the past 12 months by a doctor)

Behavioural Risk factors

While the degree to which a condition can be prevented varies, chronic conditions have a number of modifiable behavioural risk factors in common, including dietary factors, obesity, physical activity, tobacco use and excess consumption of alcohol. ⁷ A focus on prevention and the promotion of healthy lifestyle choices and the creations of health-promoting environments is therefore very important to reduce the future impact of chronic disease. ⁷

Table 3 identifies the prevalence of behavioural risk factors within the Kalamunda (LGA) and compares to state averages.

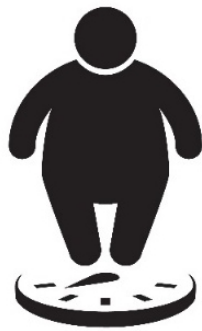
Table 6: Prevalence of lifestyle risk factors within the Kalamunda (LGA)

| Risk Factor | Kalamunda LGA Area % | Estimated Population | WA (%) | Difference Kalamunda vs WA (+/-) |
|--|-----------------------------|-----------------------------|---------------|---|
| Adults obese (BMI 30+) | 24.1% | 11 578 | 27.8% | - 3.7% |
| Adults overweight (BMI 25<30) | 38.5% | 18 495 | 38.8% | - 0.3% |
| Eat less than 2 serves fruit per day | 50.4% | 24 199 | 49% | + 1.4% |
| Eat less than 5 serves of vegetables per day | 88.6% | 42 597 | 89.1% | - 0.5% |
| Eats fast food at least weekly | 33.1% | 15 885 | 32.8% | + 0.3% |
| Drinks at high risk levels for long term harm (a) | 18.3% | 8 770 | 28.3% | - 10% |
| Drinks at high risk levels for short term harm (b) | 4.1% | 1 970 | 11.1% | - 7% |
| Less than 150mins of physical activity per week (c) | 33.3% | 15 393 | 36.4% | - 3.1% |
| Currently smokes | 7.7% | 3 709 | 12.2% | - 4.5% |
| Current high blood pressure | 17.4% | 8 349 | 16.1% | + 1.3% |
| Current high cholesterol | 18.3% | 8 787 | 17.9% | + 0.4% |

Source: Epidemiology Branch, 2017, Kalamunda (C) LGA Profile, 2013 – 2016, HWSS, WA Department of Health: Perth.

This information is based on responses from 467 adults with the Kalamunda Local Government Authority (LGA) and 25 535 adults with the State of Western Australia (WA).

- (a) Drinks more than 2 standard drinks on any one day
- (b) Drinks more than 4 standard drinks on any one day
- (c) Adults aged 18 years and over only. Refers to moderate minutes with minutes spent in vigorous physical activity doubled.



3 in 5 are overweight or obese



1 in 2 adults eat enough fruit and only 1 in 9 eat enough vegetables



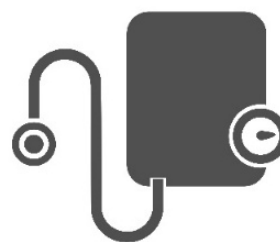
1 in 3 don't do enough physical activity



1 in 5 drink at risky levels



1 in 10 currently smoke



1 in 6 have high Blood pressure



1 in 5 have high Cholesterol

Immunisation rates

Immunisation is one of the most effective measures to improve the health of a community and is effective in reducing morbidity and mortality rates. ⁷ "Herd immunity" is the term used when a critical proportion of the community is immunised to prevent the spread of the disease. The Australian Government has estimated that coverage of 92-94% is required for herd immunity, particularly from highly infectious diseases such as measles ⁷.

Table 7 represents the most recent childhood immunisation data for the Kalamunda LGA and compares to the state and national averages.

Table 7: Immunisation DATA (National, Metro WA and, Kalamunda LGA).

| Area | 1yr-old Fully Immunised | 2yr - olds Fully Immunised | 5yr - olds Fully Immunised |
|---------------|-------------------------|----------------------------|----------------------------|
| National | 94.10% | 90.60% | 94.50% |
| Metro WA | 93.33% | 88.63% | 93.03% |
| Kalamunda LGA | 91.76% | 88.00% | 89.27% |

Source: North Metropolitan Health Service - Australian Immunisation Register Data (date calculated 30 September – date processed 31 December 2017).

Action Plan

The following action plan was developed to align with health priorities and objectives identified in the *Interim State Public Health Plan*⁹ along with data collected at the local level. The purpose of this action plan is to capture the successful strategies and initiatives from the original CHWP while identifying new, innovative strategies for the City to progress. The action plan is divided into four sections addressing key health and wellbeing focus areas. Objectives, strategies and actions have been developed to address each focus area, with a City of Kalamunda service area identified and implementation targets.

Focus Area 1 – Healthy Living

Objective: Guide, encourage and inspire the community to live healthier lifestyles and prevent disease and injury through the provision of lifestyle and educational opportunities.

| Strategies - What we can do for our community | Actions | Responsibility | Implementation target |
|---|--|---|-----------------------|
| 1.0 Provide programs, events and facilities that support and promote physical activity. | 1.0.1 Deliver and support facilities and programs that encourage physical activity. | Community Development (Recreation Services) | Ongoing |
| | 1.0.2 Support state and federal 'physical activity' campaigns and implement relevant initiatives locally. | Health Services (Health Promotion) | Commence year 1 |
| | 1.0.3 Continue working towards 'masterplans' for the development and upgrade of recreation/sports facilities and public open spaces (i.e. parks). | Community Development (Recreation Services) | Ongoing |
| | 1.0.4 Continue to implement the City's <i>Clubs for Life</i> program which incorporates a range of initiatives and strategies designed to engage, support and help develop local sport and recreation clubs within the City. | Community Development (Recreation Services) | Ongoing |
| 1.1 Provide healthy ways to get around the City. | 1.1.1 Implement actions outlined in the <i>City of Kalamunda Bicycle Plan 2017</i> . | Infrastructure Assets | Commence year 1 |
| | 1.1.2 Engage with the Department of Transport's <i>Your Move</i> program to promote active transport methods to schools, workplaces and the wider community. | Health Services (Health Promotion) | Commence year 4 |
| | 1.1.3 Provide and maintain paths, signage and street lights across the City. | Assets | Ongoing |

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| | 1.1.4 Explore opportunities to integrate 'healthy living by design' principles into urban design and increase awareness of principles by council staff, community members and key stakeholders. | Planning Health Services (Health Promotion) | Commence year 4 |
| 1.2 Provide access to relevant and topical information about healthy living. | 1.2.1 Maintain and monitor use of the City's website and social media pages to incorporate promotion of health and wellbeing information and messages. | Public Relations | Ongoing |
| 1.3 Provide access to safe, sustainable and healthy food. | 1.3.2 Investigate opportunities to support sporting clubs and city events to offer healthy food options. | Health Services (Health Promotion). Community Development | Commence year 2 |
| | 1.3.3 Support and promote both community and residential edible gardens. - Explore opportunities to educate and encourage residents to grow their own food. - Distribute food plants at the City's annual "plants for residents' events." - Promote and raise awareness of the City's existing community gardens. | Health Services (Health Promotion) | Ongoing |
| | 1.3.5 Promote safe food handling practice amongst the City's food businesses. - Educate food businesses on food safety topics through the City's Food News newsletter. - Sample food to ensure that relevant microbiological and chemical standards are met. - Explore opportunities to develop a voluntary "Scores on Doors" program that incentivises food safety. | Health Services | Ongoing |
| 1.4 Provide opportunities to learn about healthy eating. | 1.4.1 Deliver events, programs and initiatives that educate and encourage healthy eating (e.g. Food Sensations Nutrition and Cooking Program) | Health Services (Health Promotion) | Commence year 1 |
| | 1.4.2 Support state and federal 'healthy eating' campaigns and implement relevant initiatives locally. | Health Services (Health Promotion) | Commence year 1 |
| 1.5 Work towards reducing alcohol (and other drug) related harm in the community. | 1.5.1 Work in collaboration across service areas to develop an 'Alcohol Management Policy' for the City of Kalamunda. | Community Development (Recreation Services) Health Services (Health Promotion) | Commence year 2 |
| | 1.5.2 Monitor alcohol advertising across the city and raise awareness of alcohol advertising rules and regulations and the pathway to submitting complaints (i.e. via Alcohol Advertising Review Board). | Health Services (Health Promotion) | Commence year 1 |

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| | 1.5.3 Support state and federal 'alcohol awareness' campaigns and implement relevant initiatives/programs/messages locally. | Health Services (Health Promotion) | Ongoing |
| | 1.5.4 Explore the opportunity of joining the Alcohol and Drug Foundation's (ADF's) Local Drug Action Team (LDAT) program with the aim of identifying, responding to and preventing alcohol and drug related harm. | Health Services (Health Promotion) | Commence year 2 |
| 1.6 Work towards reducing exposure to second hand smoke in public areas. | 1.6.1 Support and promote East Metropolitan Population Health Unit 'Smoke Free Shopping Centre' project. | Health Services (Health Promotion) | Commence year 3 |
| | 1.6.2 Maintain no smoking signage at City facilities (i.e. playgrounds) | Assets | Ongoing |
| | 1.6.3 Promote smoke free public events, festivals and venues. | Events | Ongoing |
| | 1.6.4 Support state and federal campaigns that address smoking cessation and deliver messages at the local level. | Health Services (Health Promotion) | Commence year 2 |
| 1.7 Work towards the prevention in injuries. | 1.7.1 Support state and federal 'injury prevention' campaigns and implement relevant initiatives locally. | Health Services (Health Promotion) | Commence year 2 |
| 1.8 Be a local government that leads by example when it comes to being a 'healthy' workplace | 1.8.1 Continue to coordinate the City's Staff Wellness Committee "GLOW TEAM" and provide: <ul style="list-style-type: none"> - Opportunities to be more physically active (e.g. workplace challenges). - Education sessions/seminars. - Health screening options. - Healthy food options. - Promotion of the Employee Assistance Program (EAP). | GLOW TEAM | Ongoing |

Focus Area 2 – Healthy Community

Objective: Support and celebrate diversity and encourage community inclusion across all life stages while promoting positive mental health.

| Strategies - What we can do for our community | Actions | Responsibility | Implementation target |
|--|---|---|-----------------------|
| 2.1 Encourage and promote active participation in social and cultural events that celebrate diversity. | 2.1.1 Continue to provide and seek new opportunities for City led events and programs that appeal to people from a diverse range of ages, backgrounds, lifestyles and cultures. | Events Community Development | Ongoing |
| | 2.1.2 Support external stakeholders through sponsorship and partnership opportunities. | Events Community Development | Ongoing |
| 2.2 Facilitate the inclusion of the ageing population and people with a disability to have access to information, facilitates and services. | 2.2.1 Implement actions identified in the City's <i>Disability Access and Inclusion Plan 2017-2022</i> . <u>Focus areas include:</u> improving access to information, facilities and services. | Community Development | Ongoing |
| | 2.2.2 Implement actions identified in the City's <i>Age Friendly Strategy and Action Plan 2017-2021</i> . <u>Focus areas include:</u> transportation, housing, social participation and communication/information. | Community Development | Ongoing |
| 2.3 Provide opportunities for young people through recreation, social and education activities to reduce risk of anti-social behaviour and build a strong base to develop our future generation. | 2.3.1 Implement actions identified in the City's <i>Youth Plan 2017 – 2022</i> . <u>Focus areas include:</u> participation, wellbeing, communication and forming strong partnerships and involving youth in decision making. | Community Development | Ongoing |
| 2.4 Support families, early years' service providers and early childhood practitioners. | 2.4.1 Support the activities of the City of Kalamunda's Early Years Network, the Zig Zag Early Years Partnership. - | Community Development | Ongoing |
| 2.5 Provide opportunities to pursue learning. | 2.5.1 Continue to deliver the City's Library services, programs and activities. | Community Development (Library Services) | Ongoing |

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| 2.6 Provide opportunities to feel connected and supported within my community and promote positive mental wellbeing. | 2.6.1 Continue to encourage and support volunteering within City's programs and activities. | Community Development | Ongoing |
| | 2.6.2 Continue as site partner of Mentally Healthy WA ' <i>Act-Belong-Commit</i> ' campaign and work towards recruiting and supporting local community groups/service providers as community partners. - <u>Campaign aims to:</u> raise awareness of activities that promote good mental health, reduce stigma associated with mental illness and strengthen individual resilience. | Health Services (Health Promotion) | Ongoing |
| | 2.6.3 Support relevant 'mental wellbeing' initiatives and messages locally. (E.g. Mental Health Week, and R U OK Day). | Health Services (Health Promotion) Community Development | Ongoing |
| | 2.6.4 Explore opportunities to establish connection with NGO's concerned with people whom suffer from mental illness and provide opportunities for the community to attend seminars and workshops. | Health Services (Health Promotion) Community Development | Commence year 1 |
| | 2.6.5 Explore opportunities to implement programs and initiatives which encourage social inclusion, positive mindset and general health and well-being. These programs will aim to cater for a variety of interests including arts, sports and hobby activities. | Health Services (Health Promotion) Community Development | Commence year 1 |
| | 2.6.6 Provide Arts and Cultural Programs that support and promote arts activities and contribute to a sense of place, identity and well being | Health Services (Health Promotion) Events | Ongoing |

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| | 2.6.7 Provide opportunity for staff, volunteers and leaders within the community to be trained in mental health first aid. | Health Services (Health Promotion) Community Development | Commence year 2 |
| | 2.6.8 Explore opportunity to implement "Park Run" at parks in the city of Kalamunda, to provide opportunity for social inclusion, health and physical activity and community connectiveness. | Health Services (Health Promotion) Community Development | Commence year 3 |

Focus Area 3 – Healthy and Safe Environment

Objective: Provide a safe and welcoming environment and quality environmental health protection

| Strategies - What we can do for our community | Actions | Responsibility | Implementation target |
|---|--|---|-----------------------|
| 3.1 Provide a healthy environment to live, work and play. | 3.1.1 Implement and adhere to legislative requirements as defined in the Food Act 2008, Environment Protection Act 1986, Waste Avoidance & Resource Management Act 2007 and Emergency Management Act 2005. | Health Services Community Safety Services Assets | Ongoing |
| | 3.1.2 Carry out routine water sampling to ensure non-scheme drinking water provided to the public and recreational water bodies are safe for their intended use. | Health Services | Ongoing |
| | 3.1.3 Ensure on-site disposal of effluent and liquid waste is managed to minimise risk to public health and the environment. | Health Services | Ongoing |
| | 3.1.4 Inspect health premises in accordance with risk priority rating to ensure safety of City owned facilities in accordance with relevant laws. | Health Services | Ongoing |

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| | 3.1.5 Management of contaminated sites to reduce the risks to public health and the environment. | | |
| | 3.1.6 Keep the City's mosquito population to acceptable levels through education and project delivery. - Implement the City's Mosquito Management Program. - Provide educational information to City residents via press release, website and social media channels. | Health Services Public Relations | Ongoing |
| | 3.1.7 Increase awareness of Asbestos - Participate in the annual Asbestos Awareness Month. - Educate and advise residents on Asbestos issues through resolution of complaints and assessment of developments. | Health Services | Commence year 1 |
| | 3.1.8 Provide information and advice to the community on topics such as: - Vector and pest control - Domestic and commercial noise - Dust and pollution | Health Services | Ongoing |
| | 3.1.9 Explore opportunities to locally promote immunisations within the City. | Health Services (health promotion) | Ongoing |
| 3.2 Provide a safe and secure community. | 3.2.1 Continue to provide and monitor CCTV with the City. | Community Safety Services | Ongoing |
| | 3.2.2 Evaluate and review the City's <i>Community Safety and Crime Prevention Plan 2013-2018</i> to identify successes, challenges and new opportunities. | Community Safety Services | Commence year 1 |
| | 3.2.3 Provide a well-resourced and responsive ranger service to the community. Rangers to respond to community complaints and concerns relating to dogs, straying stock and animals, parking complaints and assist with the prevention and outbreak of bushfires. | Rangers | Ongoing |
| | 3.2.4 Continue to promote and participate in eWatch. | Community Safety Services | Ongoing |
| | 3.2.5 Continue to implement existing programs such as Eyes on the Street, Urban/Community Art programs and Constable Care. | Community Safety Services | Ongoing |
| | 3.2.6 Explore the opportunity of coordinating a City led a Crime and Safety Advisory Committee and engage relevant stakeholders. | Community Safety Services | |
| | 3.2.7 Maintain and monitor the implementation of the Graffiti Management Plan for the City. | Community Safety Services | Ongoing |

| | | | |
|---|---|---------------------------|---------|
| 3.3 Help the community prepare and manage risks associated with emergency events. | 3.3.1 Coordinate and support the ongoing functions of the Local Emergency Management Committee and the Local Emergency Management Arrangements. | Community Safety Services | Ongoing |
| | 3.3.2 Provide adequate resources to ensure the City is well prepared for a disaster or danger. | Community Safety Services | Ongoing |
| | 3.3.3 Continue to deliver a range of fire management services to the community in partnership with State and volunteer services. | Community Safety Services | Ongoing |

Focus Area 4 – Healthy partnerships and economy

Objective 1: To engage with business, partners and stakeholders to work collaborating for the benefit of the community

| Strategies - What we can do for our community | Actions | Responsibility | Implementation target |
|--|---|------------------------------------|------------------------------|
| 4.1 A sustainable local economy | 4.1.1 Implement the City's <i>Economic Development Strategy</i> . | Economic Development | Ongoing |
| 4.2 Collaborative partnerships | 4.2.1 Support local networks of service providers to encourage collaboration and partnership and sharing of information. | All | Commence year 3 |
| | 4.2.2 Develop and maintain effective partnerships with state and national health promotion bodies for assistance with funding, resources and project development. | Health Services (health promotion) | Commence year 2 |

Evaluation

The City of Kalamunda Community Health and Wellbeing Plan identifies how public health and wellbeing will be managed over the next five years. Implementation and monitoring of The Plan will be managed by the City's Health Services Department, but requires the execution of actions by relevant departments and support of senior management.

The establishment of an internal Public Health and Wellbeing Stakeholder Group will also assist with the review of the Plan. This group will be formed in 2018 and will meet on an annual basis to contribute to the assessment of progression and review of ongoing applicability of the Plan.

Conducting an annual review of the Plan will be a statutory requirement under section 45(5) of the Public Health Act. Under the same section The Plan can be amended or replaced at any time. An annual review of the Plan will take place aiming to:

- Ensure implementation is progressing to schedule;
- Confirm actions are producing the desired measures;
- Review key data (e.g. health status, risk factors, needs and demographics);
- Identify need for adjustments/amendments to meet any changes in community need (e.g. reduce or conclude activities no longer necessary and/or commence new activities in response to newly-identified needs);
- Report and celebrate achievements;
- Reconsider strategic direction and priorities;
- Influence resource allocation;
- Identify new networks and partnerships.

The progress of the Plan will be reported to the Ordinary Council Meeting every 12 months and reported in the City's Annual Report.

At the end of the five years, a full outcome evaluation will be undertaken and a new 5 year plan established.

It is important to note that once the State Public Health Plan is developed a detailed review of this Plan will be necessary to ensure consistency and the City's obligations are being met.

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