Public Health and Wellbeing Plan
2014 – 2016
The *City of Perth Public Health and Wellbeing Plan 2014 – 2016* identifies the health and wellbeing needs of the community and defines the Council’s key priority areas for the next three years.

Life expectancy in Australia continues to be among the best in the world, largely due to better infectious disease control measures, improvements in hygiene and sanitation, advances in medical care, safer living and working conditions and reductions in smoking.\(^1\) However, the dynamics of protecting public health have changed with chronic diseases such as heart disease, stroke and cancers now major contributors to the total of burden of disease,\(^2\) and the leading cause of avoidable deaths for Western Australian’s.\(^3\)

This shift means that local governments can no longer approach public health in a regulated and prescriptive manner; rather they must look beyond to the complex social influences and determinants that ultimately affect the health of a local community.

While the City is the lead facilitator of the Plan, it is important to recognise that successful implementation depends on working closely with all sectors of government, local organisations, service providers and the broader community in an effort to positively influence health and wellbeing outcomes for residents, visitors and workers across the city.
1.0 Executive Summary

The City of Perth Public Health and Wellbeing Plan 2014 – 2016 (COP PH&WP) will direct the City’s health agenda for the next three years. Based on a social model of health, the plan has been developed to protect, promote and improve public health and wellbeing in the community.

The COP PH&WP development involved a process of research and community and stakeholder consultation to identify local health and wellbeing needs, issues and concerns. As a result, four key priority areas were identified including:

- environment and health;
- healthy lifestyles;
- social health; and
- emergency management.

The resulting strategies and actions underpinning these priority areas provide a framework for the Council to progress health and wellbeing at the local level.

It is recognised that a whole of council approach, together with partnerships with stakeholders and the community are essential for successful implementation of the plan. Ultimately, ensuring the Council can contribute to positive outcomes for residents, visitors and workers in line with the City of Perth’s (COP) strategic vision of a healthy and vibrant Perth community.
2.0 City of Perth Community Profile

The City of Perth is the economic, cultural and entertainment mecca for the greater Perth metropolitan area and is the capital city of Western Australia.

Over recent years the city has experienced dramatic changes in both the physical landscape and the social fabric of the city. Comprising of the suburbs of Perth, East Perth, West Perth, Northbridge and Crawley, the local government authority encompasses 8.1 square kilometres.

A snapshot of the City of Perth Community Profile and SEIFA index is provided in Figure Two and Figure Three.

Residential
- Perth has grown significantly from 11,416 persons in 2006 to 16,720 persons in 2011, with an estimated population of 19,043 persons in 2012.

Workforce
- Perth is home to a highly skilled and innovative workforce, with almost 124,697 workers descending upon the city each day. This represents an increase of 14% or an addition of 14,988 workers since 2006.

Household
- Major growth in population has been in households consisting of couples and lone persons; with the predominant age profile of the city's residents being people aged between 20 and 34.
- A smaller but growing number of households containing children is evident, with these households now making up 8.3% of all households in the city (still significantly lower than the Perth region average).
- Perth has an ageing population. Residents aged over 60 are predicted to more than double (230%) from 1,761 persons in 2006 to 4,062 persons in 2016, slowing down to a 46.6% growth between 2016 and 2026, resulting in 5,956 people 60 plus in 2026.

Figure Two – City of Perth Community Profile

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- Perth has an ageing population. Residents aged over 60 are predicted to more than double (230%) from 1,761 persons in 2006 to 4,062 persons in 2016, slowing down to a 46.6% growth between 2016 and 2026, resulting in 5,956 people 60 plus in 2026.
Recognised as the ‘government closest to the people’, it is widely acknowledged that local governments have the capacity to positively influence health and wellbeing outcomes in the local community.

This important relationship between a local government authority and the local community is recognised in the draft ‘Public Health Bill’. The Bill is anticipated to be tabled in parliament and adopted as Western Australian legislation in the near future. A key component of the Bill requires all local government authorities in Western Australia to develop, implement, sustain and evaluate comprehensive public health plans which address identified health risks and issues within a local authority.

In preparation for the introduction of this Bill, the City has undertaken a proactive approach to addressing public health at the local level and the resulting COP PH&WP has been developed.

“Many would be surprised to learn that that greatest contribution to the health of the nation over the past 150 years was made, not by doctors or hospitals, but by local government - Parfit, 1987.6”
4.0 Development of the City of Perth Public Health and Wellbeing Plan

The development of the COP PH&WP involved data analysis and research, extensive community and stakeholder consultation and strategic and priority setting. An outline of the key steps can be seen in Figure Four.

**Figure Four - COP PH&WP Development Pathway**

**Data Analysis and Strategic Review**
- Review of demographic and SEIFA data
- Review of City of Perth plans and policies
- Review of current and emerging health priorities and issues (global, national and state).
- Analysis of City of Perth complaint data

**Project Planning**
- Formation of a City of Perth Project Working Group
- Engagement of a consultant to provide advice and assist with specific components (i.e. consultation and evaluation/monitoring strategies)

**Consultation**

**Community survey**
- Distributed to 5,500 residents and available online through the City of Perth website; 1,596 completed surveys were returned.

**Focus groups**
- Five community focus groups – 78 participants in total.

**Stakeholder survey**
- Distributed to a range of non-Government and Government agencies who deal with public health, community wellbeing and social health. Responses were received from seven organisations including:
  - National Heart Foundation (WA division).
  - Cancer Council of Western Australia.
  - Department of Sport and Recreation.
  - Diabetes WA.
  - Public Health Advocacy Institute of Western Australia.
  - Department of Health.
  - Western Australian Local Government Association.

**Priority setting**
A risk matrix was developed which determined the plan’s priority areas and key issues.

The COP then set corresponding strategies and actions for the plan. These were informed by research and consultation as outlined above and were developed in line with the City of Perth strategic community vision.

**Development of a draft plan**
Presented to the Executive Leadership Group for consideration and the City of Perth Council for consideration for release for public comment.

**Stakeholder, community and council feedback collated and incorporated**

COP PH&WP 14 – 2016 adopted by Council
5.0 Social Determinants of Health and Wellbeing

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.

The City understands that the context of people’s lives has an influence on their health and wellbeing and many factors determine if people are healthy or not. As a result, the underpinning ‘Action Plan’ has been developed utilising a ‘Social Model of Health’, which is a conceptual framework in which health and wellbeing improvements are achieved through addressing these determinants including:

- the social and economic environment;
- the physical environment (natural and built); and
- the person’s individual characteristics and behaviours.

The City of Perth acknowledges 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 the local level as depicted in Figure Five.

There are many positive changes that individuals and families can make, but if the environment in which they exist – where they live, work and play, interact and experience life – is not conducive to health, the impact on individuals’ behaviours may be severely limited.

- National Preventative Health Taskforce.

“Wellbeing relates to the desire for optimal health, for better living conditions and improved quality of life”.

Figure Five - The Social Determinants of Health and Wellbeing (Local Government Association UK)
6.0 Links to the City of Perth Community and Business Plans

The City of Perth has recently adopted a Strategic Planning Framework in line with the requirements of the Department of Local Governments Integrated Planning and Reporting Framework, as outlined in the Local Government Act 1995. The Framework consists of a Strategic Community Plan, Corporate Business Plan and a suite of Informing Strategies (Long Term Financial Plan, Workforce Plan and Asset Management Plan).

Vision 2029+ Strategic Community Plan
The Vision 2029+ Strategic Community Plan outlines the community’s aspirations and vision for the future of the district of Perth and was informed by a consultation process. The plan contains a series of community outcomes under the headings of:

- Getting Around Perth
- Perth as a Capital City
- Living in Perth
- Perth at Night
- Healthy and Active in Perth
- Capable and Responsive Organisation.

Corporate Business Plan 2013/2014 – 2017/18
The Corporate Business Plan has been developed in parallel with the Strategic Community Plan and sets out the City’s commitments to achieving the community’s aspirations and vision. The Corporate Plan is a four year rolling plan that will be reviewed and updated annually for the next four year period. The Corporate Business Plan 2013/14 – 2017/18 identifies a series of Implementation Priorities for the City of Perth linked to the community outcomes contained within the Vision 2029+ Strategic Community Plan.

How the COP PH&WP links with the strategic framework
The development of the COP PH&WP is identified in the Corporate Business Plan as a key strategy which will contribute to achieving a number of community outcomes in the Vision 2029+ Strategic Community Plan.
A review of global, national and state health priorities and issues was undertaken to assist in informing the priority areas for the COP PH&WP.

A summary of the research in relation to these key priority areas is provided below.

**Global, National, State – Responsibilities**

Globally, the World Health Organisation (WHO) is the directing and coordinating authority for health within the United Nations system. The WHO is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.12

Nationally, the Australian Government has a broad policy leadership and financing role in health matters, while the state is largely responsible for the delivery of public sector health services.13

Nationally, the Environmental Health Committee (enHealth) has responsibility for providing agreed health policy advice, implementation of national strategies, consultation with key players, and the development and coordination of research, information and practical resources on environmental health matters.16

At the state level, the Department of Health (WA) is concerned with management of environmental risks, and focuses mainly on the aspects of the natural and built environment which can influence community health and wellbeing including:

- food safety;
- water quality;
- asbestos;
- tobacco control;
- safe chemical and pesticide use;
- communicable disease;
- health and safety, and emergency management; and
- mosquito and pest control.17

In addition, the Department of Environment and Conservation (WA) is concerned with the management of other environmental risks that can impact public health and wellbeing, including:

- noise pollution;
- air quality;
- waste management; and
- environmental factors including climate change, sustainability and biodiversity.
The global burden and threat of non-communicable diseases is a major public health challenge, undermining social and economic development throughout the world. The WHO’s Global Action Plan for the Prevention and Control of NCDs 2013-2020 focuses primarily on heart disease, cancer, chronic respiratory diseases and diabetes which collectively make the largest contribution to death and illness throughout the world, and in many incidences, are the direct result of behavioural risk factors including tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol.\(^{18}\)

At the national level, nine health priority areas have been endorsed by the government. These include diseases and conditions that contribute significantly to illness and injury across the Australian community and are listed below:

- arthritis and musculoskeletal conditions;
- asthma;
- cancer control;
- cardiovascular health;
- diabetes mellitus;
- injury prevention and control;
- mental health;
- obesity; and
- dementia.\(^{1}\)

At the state level, key trends identified for the Western Australian population are highlighted in Figure Six.

The ‘Health Promotion Framework 2012 – 2016’ has been developed to respond to these trends, by facilitating improvements in health behaviours and environments across Western Australia. The framework identifies six priority areas for action including:

- maintaining a healthy weight;
- eating for better health;
- a more active WA;
- making smoking history;
- reducing harmful drinking; and
- creating safer communities.\(^{20}\)

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- arthritis and musculoskeletal conditions;
- asthma;
- cancer control;
- cardiovascular health;
- diabetes mellitus;
- injury prevention and control;
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- maintaining a healthy weight;
- eating for better health;
- a more active WA;
- making smoking history;
- reducing harmful drinking; and
- creating safer communities.\(^{20}\)
7.3 Priority Area Three - Social Health

“Housing satisfies the essential needs of people for shelter, security and privacy. Shelter is recognised throughout the world as a basic right”. 21

Globally, housing is recognised as a key social determinant of health. There is a complex relationship between housing and health, with poor health often contributing to poor housing. At the state level, affordable living is recognised as a key component of sustainable and resilient communities.22

“Social inclusion” is often referred to as a ‘human right or moral imperative’.24 The Australian Social Inclusion Board, established in 2008, defines a socially inclusive society as one where people feel valued and have the opportunity to participate fully in community life. They are equipped with the resources, opportunities and capability to learn, work and engage in society.25

At the state level, the importance of both ‘hard’ and ‘soft’ elements of infrastructure required to facilitate social connectedness and social inclusion is recognised. ‘Hard’ elements include health facilities and centres, education facilities, recreation grounds, police stations, fire and emergency service buildings, art and cultural facilities and other community facilities. ‘Soft’ elements include programs, resources and services, as well as public art and cultural events that complement these ‘hard’ elements, contributing to the formation of a community.22

“Humans are social animals: relationships are critical to our wellbeing. A lack of social connection leads to loneliness and isolation, experiences far more harmful than previously realised”.23
7.4 Priority Level Four - Emergency Management

Globally, the WHO’s ‘Emergency Response Framework’ clarifies the organisation’s roles and responsibilities, and provides a common approach for work in emergencies with public health consequences.26

Nationally, the ‘Australian Emergency Management Arrangements’ relate to all spheres of government, acknowledging that the impact of some emergencies can be particularly severe or widespread, possibly exceeding the capability of a single state or territory. Australia’s emergency management arrangements bring together the efforts of all governments, and private and volunteer agencies, to deliver coordinated emergency management across all hazards.27

At the state level, the ‘State Emergency Management Committee’ is Western Australia’s peak emergency management body, organising and overseeing the coordination and continuous improvement of emergency management.28 In particular, the Western Australian Health Department is tasked with playing a key role in mitigating any public health risks to the community.29
8.0 The Issues – Local Context

In order to develop the COP PH&WP, extensive community and stakeholder consultation was undertaken to determine local health issues and concerns. This included 1597 survey responses and input from seven service providers. Questions were asked around a range of issues relating to environment, healthy lifestyles, social health, and emergency management.

The key public health concerns as depicted by the community and stakeholders are outlined in Figure Seven and Figure Eight.

Key Health Issues
- Access to fresh and healthy foods
- Drug and alcohol misuse
- Sustainable transport
- Homelessness

Ideas to better develop neighbourhoods and environments that promote health
- Provision of more cycle paths and walkways
- Provision of better access to fresh food markets and gardens
- Improvements to sustainable transport
- Addressing homelessness in the city
- Better maintenance of existing cycle and pathways.
- Addressing safety and security in the city

What people value most about living or working in the COP?
- It is a great place to live and work
- Job opportunities provided
- The well maintained public open space

The cities key roles in protecting and enhancing communities’ health
- Ensuring community safety
- Addressing alcohol and drug use in the community
- The provision and improvement of community and public transport
- The provision and maintenance of walking and cycle paths
- The provision and maintenance of public open spaces
- Advocating for healthy food options in the form of fresh food and community gardens

How can the COP support a healthy community?
- Improving the built environment
- Encouraging cycling and safe cycling/walking environments
- Ensuring access to fresh food
- Addressing homelessness in the city
- Provision of/continuation of healthy lifestyle campaigns and education programs

Figure Seven - What the community said...
Self-assessed health behaviours and perceptions were also investigated. 85% of COP residents surveyed ranked their general health status as good, very good or excellent. A comparison of the COP data collected (386 residents) compared to the state aggregated data (2003 – 2012) for key health risk factors for chronic disease can be seen in Figure Nine.

<table>
<thead>
<tr>
<th>Health Risk Factors for Chronic Disease</th>
<th>City of Perth LGA (386 residents)</th>
<th>State (WA aggregated average data 2003 – 2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smokes</td>
<td>9.8 %</td>
<td>16.7 %</td>
</tr>
<tr>
<td>Insufficient physical activity</td>
<td>44.6 %</td>
<td>43.5 %</td>
</tr>
<tr>
<td>Insufficient fruit consumption</td>
<td>44.3 %</td>
<td>52.3 %</td>
</tr>
<tr>
<td>Insufficient vegetable consumption</td>
<td>91.0 %</td>
<td>86.4 %</td>
</tr>
<tr>
<td>High alcohol consumption</td>
<td>30.3 %</td>
<td>35.4 %</td>
</tr>
<tr>
<td>Obese</td>
<td>No data available</td>
<td>25.2 %</td>
</tr>
</tbody>
</table>

Figure Nine – Health Risk Factors for Chronic Disease - Comparison of City of Perth LGA and State (WA) average profiles.

In summary, the data collected indicates that compared to the aggregated state data, the City of Perth has:

- less smokers;
- more people eating 2 or more servings of fruit per day;
- less people with a high alcohol consumption;
- less people undertaking regular physical activity; and
- less people eating 5 or more servings of vegetables per day.

9.0 Action Plan

The Action Plan has been developed to align with health priorities at the global, national and state level, ensuring consistency with other key strategies and policies relating to public health.

The purpose of the Action Plan is to capture existing initiatives, while also identifying innovative and proactive strategies for the City to progress. As the COP ‘community’ extends beyond residents with large numbers of workers and visitors, the Action Plan primarily undertakes a ‘whole of population’ approach, however will focus on ‘high risk’ population groups for certain programs and initiatives.

The plan is divided into four sections addressing four key health and wellbeing priority areas. Strategies and actions have been developed to address each priority area, with responsible COP business/service units identified (outlined in Figure Ten) and timeframes for implementation specified. An internal advisory group will be established to guide implementation of the Action Plan. Expected outcomes and potential indicators of success are also defined.

<table>
<thead>
<tr>
<th>City of Perth – Business/Service Units</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval Services</td>
<td>APS</td>
</tr>
<tr>
<td>City Design</td>
<td>CD</td>
</tr>
<tr>
<td>Community Services</td>
<td>CS</td>
</tr>
<tr>
<td>Compliance Services (Environmental Health)</td>
<td>CLS (EH)</td>
</tr>
<tr>
<td>Compliance Services (Parking)</td>
<td>CLS (Parking)</td>
</tr>
<tr>
<td>Compliance Services (Security and Surveillance)</td>
<td>CLS (SS)</td>
</tr>
<tr>
<td>Governance</td>
<td>G</td>
</tr>
<tr>
<td>Economic Development</td>
<td>ED</td>
</tr>
<tr>
<td>Human Resources</td>
<td>HR</td>
</tr>
<tr>
<td>Marketing, Communications and Events</td>
<td>MKT</td>
</tr>
<tr>
<td>Off Street Parking</td>
<td>OS – Parking</td>
</tr>
<tr>
<td>Parks and Landscapes Services</td>
<td>PALS</td>
</tr>
<tr>
<td>Sustainable City Development</td>
<td>SCD</td>
</tr>
<tr>
<td>Works and Services</td>
<td>W&amp;S</td>
</tr>
</tbody>
</table>
9.1 Priority Area One

“Environment and Health”

“Protect public health through the delivery of risk based initiatives to manage current and emerging environmental health hazards. Undertake a proactive and innovative role in educating and building capacity within the COP community to address environmental health issues”.

Rationale
Traditionally, the City has undertaken a health protection role through regulation and compliance of issues such as food safety, water quality and communicable disease control. While these regulatory functions are important, the City has identified the need to progress more proactive and innovative strategies, with a greater focus on education and capacity building, in order to strengthen the knowledge and skills of the community to manage environmental health issues.

Issues
Food Safety
Pest and Vector Control
Built Environment
Asbestos Management
Air Quality
Noise Management
Waste Management
Safe Water
Adaption to Climate Change
Resourcing and Workforce Development
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Action</th>
<th>Timeline</th>
<th>Unit responsibility</th>
<th>Additional Resource Implications</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Food Safety</td>
<td>Implement a risk based food safety program with a strong focus on community education and capacity building</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Expand the current food safety education program and provide food proprietors with a range of tools and training options to increase skills, knowledge and understanding of ‘best practice’ food safety management techniques through: <em>face to face onsite training;</em> <em>group workshops;</em> <em>information/educational brochures;</em> <em>online training courses.</em> <em>(Ensure culturally appropriate training is available for food proprietors with English as a second language)</em></td>
<td>Yr 1 – 2</td>
<td>CLS (EH)</td>
<td>No resource implications</td>
<td>Outcome: Food premises in the city are educated in regards to best practice food safety techniques through a number of training options</td>
<td></td>
</tr>
<tr>
<td>1.2 Investigate innovative ways to introduce a food safety performance system which links food safety management practices and training(as above) with a star rating system, with performance reviewed on an annual basis and results available to the public.</td>
<td>Yr 1 – 2</td>
<td>CLS (EH)</td>
<td>No resource implications</td>
<td>1.2 &amp; 1.3 Outcome: Development of a star rating system for food premises to enable patrons to make an informed choice</td>
<td></td>
</tr>
<tr>
<td>1.3 Investigate options to link a sustainability component to the food safety performance system outlined in 1.2</td>
<td>Yr 1 – 2</td>
<td>SCD</td>
<td>No resource implications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4 Expand the current food sampling program and continue to ensure foods are safe, labelled correctly and meet consumer expectations.</td>
<td>Yr 1 – 2</td>
<td>CLS (EH)</td>
<td>No resource implications</td>
<td>Outcome: Comprehensive food sampling scheme action plan developed annually, with an evaluation at the end of each calendar year</td>
<td></td>
</tr>
<tr>
<td>1.5 Continue to provide advice on the review of the “National Food Safety Plan”.</td>
<td>Yr 1 – 3</td>
<td>CLS (EH)</td>
<td>No resource implications</td>
<td>Outcome: Strategic advice related to the local government sector provided to the review panel</td>
<td></td>
</tr>
</tbody>
</table>

**Indicators of success:**
- Number of training sessions/workshops delivered
- Number of enquiries for onsite training
- Number of resources distributed
- Successful development of online course
- Level of uptake of and completion rates of online courses
- Increase in positive relationships with food premises proprietors
- Interest from other local governments

**Indicators of success:**
- Investigation carried out, report developed and recommendations made
- Star rating system ratified
- Communication plan and information packages for food premises developed and disseminated
- Level of interest from food premises and public
- Number of star ratings awarded (annual tally)
- Level of movement of food premises between stars
- Integration of a sustainability component within system
- Level of interest from media
- Interest from other local governments

**Indicators of success:**
- Chemical, microbiological sampling schemes developed based on risk (proactive approach rather than using sampling as an end point)
- Sampling used to ratify success of strategy 1.1
- Analysis of complaints to monitor progress in sampling scheme

**Indicators of success:**
- Level of advice provided and evidence it was considered
### 2. Pest and Vector Control

**Strategy:** Coordinate an effective pest and vector control program with a focus on community education and capacity building.

<table>
<thead>
<tr>
<th>Action</th>
<th>Timeline</th>
<th>Unit responsibility</th>
<th>Additional Resource Implications</th>
<th>Evaluation</th>
</tr>
</thead>
</table>
| 2.1 Commence offering a consultative and advisory service to educate and build capacity of business owners to effectively manage pest/vector issues. | Yr 1 | CLS (EH) | No resource implications | **Outcome:**
The COP offering an innovative pest and vector control program to local businesses

**Indicators of success:**
- Annual trend analysis of complaints and notifications conducted to inform practice
- Reduction in the number of complaints
- City premises categorised in levels of service (e.g. Red, orange and green) based on past performance and risk principles
- Investigation completed of appropriate methods to provide information to businesses including online, hard copy, skills based workshops etc. This will have included asking businesses what they prefer
- Feedback from business owners

| 2.2 | Yr 1 – 2 | CLS (EH) | No resource implications | **Outcome:**
A COP ratified ‘Mosquito Management Plan’ that addresses local risks to prevent disease and nuisance

**2.2 Indicators of success:**
- Notifications mapped, and complaints analysed to enable trend analysis and identification of “at risk” localities
- Stakeholders consulted to provide input to the development of the plan
- Mosquito management and treatment strategies specifically described in the plan and aligned with KPIs
- Review of Mosquito Management Plan on annual basis
- Number of complaints and notifications reduced
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Action</th>
<th>Timeline</th>
<th>Unit responsibility</th>
<th>Additional Resource Implications</th>
<th>Evaluation</th>
</tr>
</thead>
</table>
| 3. Built Environment | Ensure public health, safety and wellbeing in public spaces and events in the city | Yr 1 – 2 | CLS (EH) CLS (S&S) | No resource implications | Outcome: A COP ratified ‘Internal Events Management Guide’ that addresses local risks ensuring a consistent internal public health and safety approval process. Indicators of success: - All risks associated with event management identified and prioritised based on past performance and experience, complaints and injuries - Management strategies for identified risks developed in a proforma style to enable translation into individual event health and safety approvals. Each event assessed case by case and relevant approvals issued - Process of managing unforeseen risks developed following events - Individual risk management plans relevant to each event evaluated - Annual reporting process for the Council’s ‘Internal Events management Guide’ introduced |}
| 3.1 Develop and implement an ‘Internal Events Management Guide’ which includes a health, safety and wellbeing checklist applicable to all events within the city (i.e responsible service of alcohol, noise requirements, emergency exits, food safety/hygiene requirements, healthy food options, smoke free environments, sustainability and accessibility). | Yr 1 – 2 | CLS (EH) CLS (S&S) | No resource implications | Outcome: A COP ratified ‘Internal Events Management Guide’ that addresses local risks ensuring a consistent internal public health and safety approval process. Indicators of success: - All risks associated with event management identified and prioritised based on past performance and experience, complaints and injuries - Management strategies for identified risks developed in a proforma style to enable translation into individual event health and safety approvals. Each event assessed case by case and relevant approvals issued - Process of managing unforeseen risks developed following events - Individual risk management plans relevant to each event evaluated - Annual reporting process for the Council’s ‘Internal Events management Guide’ introduced |}
| 3.2 In conjunction with key stakeholders, develop a ‘External Events Management Guide’ to ensure event organisers understand their role and responsibilities in relation to health, safety and wellbeing when holding an event within the city (i.e responsible service of alcohol, noise requirements, emergency exits, food safety/hygiene requirements, healthy food options, smoke free environments, sustainability and accessibility). | Yr 1 – 2 | CLS (EH) CLS (SS) CLS (Parking) MKT PALS APS OLParking | No resource implications | Outcome: A COP ratified ‘External Events Management Guide’ that addresses all aspects related to holding an event within the City of Perth developed by an internal steering group. Indicators of success: - Clear information relating to the event approval process being delivered to external stakeholders - Clear information relating to the City’s reserves, including any facilities (toilets, power etc) being delivered to external stakeholders - All risks associated with event management identified and prioritised based on past performance and experience, complaints and injuries - Management strategies for identified risks developed in a proforma style to enable translation into individual event public health and safety approvals - Process of managing unforeseen risks developed following events - Individual risk management plan relevant to each event evaluated |}
| 3.3 Investigate the provision of a public building requirements training/educational program for delivery in identified high risk venues operating in the city (i.e licensed venues). | Yr 1 – 3 | CLS (EH) | No resource implications | Outcome: Development of a public building training package to reduce injury and increase community wellbeing. Indicators of success: - Investigation carried out to identify the portfolio of risks associated with public buildings including how they affect community health and wellbeing - Review of past complaints and public health risks analysed to inform practice and education - Investigation into preferred types of training conducted as well as documenting needs from public building operators - Successful development of training package - Communication plan and information packages for businesses developed and disseminated - Number of training opportunities delivered (annual tally) - Level of uptake of and completion rates of training - Reduction in number of injuries and/or complaints relating to public buildings health and safety - Interest from other local governments |}

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<tr>
<th>Strategy</th>
<th>Action</th>
<th>Timeline</th>
<th>Unit responsibility</th>
<th>Additional Resource Implications</th>
<th>Evaluation</th>
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<tr>
<td><strong>4. Asbestos Management</strong>&lt;br&gt;Review and refine asbestos management practices</td>
<td>4. In conjunction with key stakeholders, review current asbestos management processes and ensure advice provided to the public and practices undertaken are in line with national and state asbestos requirements.</td>
<td>Yr 1</td>
<td>CLS (EH)</td>
<td>No resource implications</td>
<td><strong>Outcome:</strong>&lt;br&gt;The COP is perceived as a point of reference for asbestos management in the local community&lt;br&gt;&lt;br&gt;<strong>Indicators of success:</strong>&lt;br&gt;- Key stakeholders identified and consulted to guide development and implementation of management guidelines/advice&lt;br&gt;- Identification of priority asbestos settings and targets conducted e.g. home handymen&lt;br&gt;- Investigation of how other local governments manage local asbestos management issues conducted&lt;br&gt;- Decision made on how best to influence asbestos management in priority settings&lt;br&gt;- Asbestos management strategies implemented&lt;br&gt;- Reduction of asbestos related complaints</td>
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<tr>
<td><strong>5. Air Quality</strong>&lt;br&gt;Investigate coordinating air quality projects with key stakeholders</td>
<td>5. In conjunction with key stakeholders, investigate the possibility of implementing air quality monitoring projects to collect baseline data to inform future air quality management decisions.</td>
<td>Yr 1 – 2</td>
<td>CLS (EH)</td>
<td>No resource implications</td>
<td><strong>Outcome:</strong>&lt;br&gt;The COP is a point of reference for air quality management in the local community&lt;br&gt;&lt;br&gt;<strong>Indicators of success:</strong>&lt;br&gt;- Key stakeholders identified and consulted to guide development and implementation of management guidelines/advice&lt;br&gt;- Identification of air quality problem points based on past complaints and monitoring&lt;br&gt;- A trial of GIS mapping air quality hot spots in collaboration with DoH, DEC and UWA conducted&lt;br&gt;- Investigation of how other local governments manage local air quality management issues conducted&lt;br&gt;- Number of air quality management strategies implemented&lt;br&gt;- Reduction of air quality related complaints</td>
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<tr>
<td><strong>6. Noise Management</strong>&lt;br&gt;Provide the City with a range of locally relevant noise control strategies</td>
<td>6. Continue to implement the ‘COP Noise Action Strategy 2013 – 2016’, ensuring competing demands from business, retail, culture, entertainment and residential activity can be managed to sustain a liveable noise environment.</td>
<td>Yr 1 – 3</td>
<td>CLS (EH)</td>
<td>No resource implications</td>
<td><strong>Outcome:</strong>&lt;br&gt;The COP is a point of reference for noise management in the local community&lt;br&gt;&lt;br&gt;<strong>Indicators of success:</strong>&lt;br&gt;- All strategies in the COP Noise Action Strategy 2013 – 2016’ implemented and evaluated&lt;br&gt;- Reduction of noise complaints</td>
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<td>Strategy</td>
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<td>Timeline</td>
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<td>Additional Resource Implications</td>
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<td><strong>7. Waste Management</strong></td>
<td>Provide leadership and resources to ensure the safe and environmentally considerate collection and disposal of solid waste thereby protecting the public health of the city’s community.</td>
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<td>7.1 Review the City’s waste management practices to ensure best practice service delivery which meets the community’s expectations, with a focus on remaining contemporary over the next 10 years.</td>
<td>Yr 1 – 2</td>
<td>W&amp;S</td>
<td>No resource implications</td>
<td>Outcome: Development of a 10 year waste management strategy for the COP</td>
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<td></td>
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<td>CLS [EH]</td>
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<td>Indicators of success: - Adoption by the Council and implementation of actions within the strategy</td>
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<td>Indicators of success: - The understanding and acceptance of waste issues by developers including source separation, recycling, effective handling, alternative technologies, education packages and local laws</td>
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<td>7.2 Develop waste management planning guidelines for land developers and permit applicants associated with land use changes.</td>
<td>Yr 1 – 2</td>
<td>CLS [EH] W&amp;S</td>
<td>No resource implications</td>
<td>Outcome: An ability to encourage and where necessary insist that new or redeveloped private buildings are designed and built to account for and align with the City’s 10 year waste management strategy</td>
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<td>Indicators of success: - Education package/s and resources developed and distributed to the community</td>
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<td>7.3 Work with the Mindarie Regional Council to develop and deliver an effective education program to achieve a positive change in the community’s attitude and acceptance of waste as a resource.</td>
<td>Yr 1</td>
<td>CLS [EH] W&amp;S</td>
<td>No resource implications</td>
<td>Outcome: Develop a waste education plan which integrates with and compliments the waste management strategy</td>
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<td>MKT</td>
<td></td>
<td>Indicators of success: - Education package/s and resources developed and distributed to the community</td>
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<td><strong>8. Safe Water</strong></td>
<td>Ensure safe water provision in natural and urban settings</td>
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<td>8.1 Expand the current water sampling program for both permanent and temporary facilities (i.e incorporate public drinking fountains).</td>
<td>Yr 1</td>
<td>CLS [EH]</td>
<td>No resource implications</td>
<td>Outcome: A comprehensive water sampling scheme is developed, implemented and evaluated</td>
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<td>Indicators of success: - Existing water sampling to identify gaps, duplication reviewed</td>
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<td>- Key water sampling settings based on risk of water-borne disease/ community nuisance identified</td>
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<td>- Number of new and innovative water sampling strategies to address risk implemented</td>
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<td>- Number of complaints reduced</td>
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<td>8.2 Incorporate an educational component into routine pool sampling and safety inspections, building the capacity of pool managers to better self-manage issues (i.e promote the Building Commissions ‘Rules for Pools and Spas’ document).</td>
<td>Yr 1</td>
<td>CLS [EH]</td>
<td>No resource implications</td>
<td>Outcome: Swimming pool education program developed, implemented and evaluated</td>
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<td>Indicators of success: - Public health purpose of swimming pool inspections (reduce drowning, reduce WB diseases, etc.) clearly identified by team</td>
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<td>- Existing resources reviewed to identify how best to target needs of managers of public pools</td>
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<td>- New resources developed if required</td>
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<td>- Number of education sessions/one on one sessions provided to pool managers</td>
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<td>- Reduction in complaints regarding pool safety/water quality</td>
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<td>- Increase in self-management of facilities resulting in a reduction in the number of times pools are audited</td>
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<td>Strategy</td>
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<td>Additional Resource Implications</td>
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<td>9. Adaptation to Climate Change</td>
<td>9.1 Within the City, and in conjunction with key stakeholders, raise awareness and understanding of the actual and predicted impacts of climate change and commence active planning to mitigate identified risks.</td>
<td>Yr 1 – 3</td>
<td>SCD</td>
<td>No resource implications</td>
<td>Outcome: The COP is a point of reference for climate change information within the local community.</td>
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<td></td>
<td>CLS (EH)</td>
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<td>Indicators of success:</td>
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<td>- Community engagement campaign on climate change resilience.</td>
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<td>- Commence review of planning framework to integrate climate change considerations.</td>
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<td>- Support of local environmental initiatives (through sponsorship etc).</td>
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<td>10. Resourcing and Professional Development</td>
<td>10.1 Within the City, ensure adequate resourcing of Environmental Health Services to reflect increasing demands from a growing residential and business sector.</td>
<td>Yr 1 – 3</td>
<td>CLS (EH)</td>
<td>No resource implications</td>
<td>10.1 and 10.2 Outcome: The COP retains a highly skilled EH workforce that is satisfied, motivated and innovative and able to adequately promote environmental health.</td>
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<td>HR</td>
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<td>Indicators of success:</td>
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<td>- Skills matrix within existing officers to meet specific needs of stakeholders and clients completed.</td>
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<td>- Training or skill gaps identified.</td>
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<td>- Number of training and professional development opportunities afforded to EH staff.</td>
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<td>- Retention rate of staff.</td>
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<td>- Satisfaction of staff.</td>
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<td>- Number of new staff joining the EH team.</td>
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<td>10.2 Within the City, ensure ongoing learning and professional development opportunities for all Environmental Health services staff (i.e train the trainer course).</td>
<td>Yr 1 – 3</td>
<td>CLS (EH)</td>
<td>No resource implications</td>
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<td>10.3 In conjunction with key stakeholders, continue to advocate to external bodies, associations and tertiary institutions in an effort to strengthen Environmental Health as a profession.</td>
<td>Yr 1 – 3</td>
<td>CLS (EH)</td>
<td>No resource implications</td>
<td>Outcome: To successfully and actively advocate for environmental health profession.</td>
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<td>Indicators of success:</td>
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<td>- Partnerships to support/align with EH developed.</td>
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<td>- Number of advocacy strategies employed.</td>
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<td>10.4 Commit to regular student placements or traineeships.</td>
<td>Yr 1 – 3</td>
<td>CLS (EH)</td>
<td>No resource implications</td>
<td>Outcome: To contribute to the ongoing professional learning of students.</td>
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<td>HR</td>
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<td>Indicators of success:</td>
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<td>- Number of students per year.</td>
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<td>- Satisfaction of students and their affiliated University/organisation.</td>
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<td>- Level of outcomes generated by student that contributes to the achievement of EH goals.</td>
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<td>- Number of students that apply for positions vacant with the City.</td>
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9.2 Priority Area Two

“Healthy Lifestyles”

Rationale
Non-communicable diseases including heart disease, cancer and diabetes are major contributors to death and ill health around the globe, across the nation and in the local community. These preventable, lifestyle related diseases can be greatly reduced by avoiding; being overweight or obese; poor diet and excessive energy intake; insufficient physical activity; tobacco use, and harmful levels of alcohol use. While there is no quick fix to this complex public health problem, the City is in a unique position to partner with a range of stakeholders and address these issues, working towards the vision of a healthy, active Perth community.

Issues
Active Living
Healthy Eating
Tobacco
Alcohol
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<tr>
<td>1. Active Living</td>
<td>Get more people active in the city and continue to utilise the evidence base available to support active living in the community</td>
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<tr>
<td>1.1 Facilitate a community wide increase in physical activity through continued implementation of the ‘COP Physical Activity Plan 2011 – 2014’ providing the community and workplaces with a range of opportunities to Get Active in the City.</td>
<td>Yr 1</td>
<td>CLS [EH] MKT CD APS W&amp;S CS HR PALS</td>
<td>Staff implications CLS [EH]</td>
<td>1.1 and 1.2 Outcome: To have a healthy and happy community who are participating in recommended levels of physical activity.</td>
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<td>1.2 Evaluate and review the COP Physical Activity Plan 2011 – 2014.</td>
<td>Yr 2</td>
<td>CLS [EH]</td>
<td>Staff implications CLS [EH]</td>
<td>Outcome: To have a healthy and active community who are confident and supported to cycle for transport and leisure.</td>
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<td>1.3 Implement the ‘COP Cycle Plan 2029’ and work towards the vision of cycling as an attractive, convenient and popular option for commuting and recreation, contributing to the vitality and vibrancy of the city.</td>
<td>Yr 1 – 3</td>
<td>CLS [EH] CD MKT CS W&amp;S</td>
<td>No resource implications</td>
<td>1.4 &amp;1.5 Outcome: An active and healthy community that chooses walking as the most convenient, comfortable and enjoyable mode of movement around the city.</td>
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<td>1.4 Continue to apply the principles and implement the projects identified in the ‘Urban Design Framework’ (UDF) to ensure quality pedestrian environments (streets and public places) that encourage and facilitate walking as the preferred mode of movement around the city.</td>
<td>Yr 1 – 3</td>
<td>CD</td>
<td>No resource implications</td>
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<td>2. Healthy Eating</td>
<td>Educate the community about the benefits of consuming a healthy diet and work towards developing environments that are conducive to healthy eating</td>
<td>CONSUMPTION</td>
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<td>2.1 Support state and federal ‘healthy eating’ campaigns and promotions and implement locally relevant initiatives and programs.</td>
<td>Yr 1 – 3</td>
<td>CLS [EH]</td>
<td>Staff implications CLS [EH]</td>
<td>Outcome: To have an educated community understanding the benefits of consuming a healthy diet.</td>
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<tr>
<td>2.2 Continue to apply for grant funding and partner with external stakeholders to implement ‘healthy eating’ community education initiatives and programs.</td>
<td>Yr 1 – 3</td>
<td>CLS [EH]</td>
<td>Staff implications CLS [EH]</td>
<td>Outcome: To ensure the promotion of healthy eating is core business for the COP.</td>
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Indicators of success:
- ‘COP Physical Activity Plan 2011 – 2014’ implemented and evaluated
- Evidence that physical activity is a whole of Council activity gathered
- Level of interaction between Council departments

Indicators of success:
- No. of city enhancement projects/initiatives implemented throughout the city
- Well maintained streetscapes (including provision of shade)
- Increase in pedestrian activity on the city’s streets

Indicators of success:
- Number of grants developed, submitted and success rate
- Number of initiatives implemented
|----------|--------|----------|-------------------------------|---------------------------------|------------|
| 2. Healthy Eating Continued... | 2.3 Develop and adopt ‘Healthy Food Choices’ policy at COP managed community and child care centres. | Yr 1 | CLS (EH) | Staff implications CLS (EH) | Outcome To ensure the promotion of healthy eating at COP managed facilities  
Indicators of success:  
- Review of existing catering/food security/food access policies and procedures to identify areas of improvement  
- Identification of appropriate healthy eating strategies for facilities conducted  
- Number of amendments/changes to policies/procedures  
- Level of acceptance of changes |
| | 2.4 Promote and increase awareness of existing community gardens and investigate opportunities to implement additional gardens in COP parks and reserves. | Yr 1 – 2 | CLS (EH)  
SCD  
MKT | Staff implications CLS (EH) | Outcome To have a range of community gardens coordinated within the COP  
Indicators of success:  
- Existing community gardens promoted more actively and into new settings  
- Increase in number of visits to community gardens  
- Increase in size/scope of existing gardens  
- Review of new community gardens and potential locations conducted  
- Number of new gardens operating  
- Number of positive media releases |
| | 2.5 Promote the regular weekend food market at Perth City Farm and support farmers markets in central CBD locations (focus on ensuring markets are affordable, accessible and have sustainably sourced produce options). | Yr 1 – 2 | CLS (EH)  
MKT | Staff implications CLS (EH) | Outcome To have active, popular and well stocked food markets accessible by COP residents and visitors  
Indicators of success:  
- Existing level of interest in existing market (baseline attendance) gathered  
- Consultation with market coordinators undertaken to identify additional marketing and promotional strategies  
- Identification of strategies to support and promote farmers markets identified  
- Number of farmers markets occurring in the City  
- Number of farmers markets delivering sustainably sourced fresh produce choices |
| | 2.6 Investigate the opportunity to link with corporate service providers to supply fresh fruit and vegetable options at various City locations on a regular basis. | Yr 1 – 2 | CLS (EH) | Staff implications CLS (EH) | Outcome To have a range of fresh fruit and vegetables available to residents and inner city workers  
Indicators of success:  
- Stakeholders with an interest identified  
- Level of support from stakeholders (corporate, external, sponsors, etc.)  
- Number of realistic options identified  
- Number of options delivered and evaluated  
- Level of media interest  
- Level of positive feedback from consumers and stakeholders |
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<td>3. Tobacco</td>
<td>Support initiatives aimed at smoking cessation and continue to create smoke free environments</td>
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<tr>
<td>CONSUMPTION</td>
<td>3.1 Support federal and state campaigns aimed at smoking cessation and deliver at the local level.</td>
<td>Yr 1 – 3</td>
<td>CLS [EH]</td>
<td>Staff implications CLS [EH]</td>
<td>Outcome To actively support initiatives aimed at smoking cessation and continue to create smoke free environments</td>
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<td></td>
<td>Indicators of success: Level of integration of existing campaigns into COP resources/programs</td>
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<td>3.2 Apply for grant funding to implement community based projects and initiatives addressing smoking cessation, linking with existing initiatives.</td>
<td>Yr 1 – 3</td>
<td>CLS [EH] MKT</td>
<td>Staff implications CLS [EH]</td>
<td>Outcome To ensure the promotion of smoke free settings is core business for the COP</td>
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<td>Indicators of success: Number of grants developed, submitted and success rate</td>
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<td></td>
<td>Number of initiatives implemented</td>
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<tr>
<td>ENVIRONMENT</td>
<td>3.3 Implement the ‘Smoke Free Malls’ initiative, enforcing a blanket smoking ban in the Murray and Hay Street Malls and Forrest Place.</td>
<td>Yr 1</td>
<td>CLS [EH] CLS [S&amp;S] MKT CD</td>
<td>Staff implications CLS [EH]</td>
<td>Outcome To ensure smoke free settings in the COP</td>
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<td>Indicators of success: ‘Smoke Free Malls’ initiative implemented</td>
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<td>Reduction in complaints regarding second hand smoke</td>
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<td>Level of signage to support smoke free zones installed</td>
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<td></td>
<td>Number of fines issued to smokers post June 1&lt;sup&gt;st&lt;/sup&gt; 2014</td>
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<td></td>
<td>Level of self-compliance post June 1&lt;sup&gt;st&lt;/sup&gt; 2014</td>
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<td>3.4 Conduct a community education campaign on the environmental effects of cigarette butt littering, building on the previously trialled ‘Bin your Butt’ campaign.</td>
<td>Yr 1 – 2</td>
<td>CLS [EH] SCD MKT</td>
<td>Staff implications CLS [EH]</td>
<td>Outcome To have a well-educated and informed community understanding the detrimental effects of cigarette butt littering</td>
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<td>Indicators of success: Community education packaged researched and developed</td>
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<td>Reduction in butt littering as reported by Rangers</td>
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<td>Reduction in number of infringement notices for butt littering</td>
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<td></td>
<td>Reduction in complaints regarding butt littering</td>
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<td></td>
<td>3.5 Continue to monitor and enforce compliance of the Tobacco Control Amendment Act 2009 (i.e. alfresco areas, enclosed public spaces) and investigate further use of Local Laws to expand designated smoke free areas in the city.</td>
<td>Yr 1 – 3</td>
<td>CLS [EH] CLS [S&amp;S]</td>
<td>Staff implications CLS [EH]</td>
<td>Outcome To provide a smoke free environment for COP residents, visitors and inner city workers</td>
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<tr>
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<td>Indicators of success: Number of new smoke free environments/settings developed</td>
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<td>Number of infringement notices issued for smoking in a public place</td>
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<td>Number of Local Law amendments relating to tobacco</td>
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<tr>
<td>4. Alcohol</td>
<td>CONSUMPTION 4.1</td>
<td>Yr 1 – 3</td>
<td>CLS (EH) CLS (S&amp;S) MKT</td>
<td>Staff implications CLS (EH)</td>
<td>Outcome To actively support initiatives aimed at alcohol misuse and continue to promote alcohol-free environments. Indicators of success: Level of integration of existing campaigns into COP resources/programs.</td>
</tr>
<tr>
<td>Environment</td>
<td>ENVIRONMENT 4.4</td>
<td>Yr 1 – 3</td>
<td>CLS (EH) CLS (S&amp;S) ED</td>
<td>No resource implications</td>
<td>Outcome Ensure the COP is an active and key player in the Accord. Indicators of success: Number of meetings chaired, level of integration of Accord decisions into Council core business.</td>
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</table>
| 4. Alcohol Continued... | 4.5 Undertake a coordinated approach to the development, delivery and promotion of ‘night time’ initiatives and activities ensuring diversification of the night time economy. | Yr 1 – 3 | ED CLS (S&S) CLS (EH) MKT | No resource implications | Outcome  
To have a diverse night time economy, with a wide range of initiatives and activities on offer  
**Indicators of success:**  
- Level of integration in determining appropriate night time strategies amongst COP units  
- Number of initiatives developed, implemented and evaluated  
- Level of integration and support from the Alcohol Accord  
- Increase in visitors and residents’ perceptions that the City is a safe place |
| | 4.6 Evaluate and review the ‘Safe City Community Safety and Crime Prevention Plan 2010 - 2013’ | Yr 1 | CLS (S&S) | No resource implications | Outcome  
‘Safe City Community Safety and Crime Prevention Plan 2010 - 2013’ is implemented as a whole of Council responsibility  
**Indicators of success:**  
- ‘Safe City Community Safety and Crime Prevention Plan 2010 – 2013’ evaluated to identify successes, challenges and opportunities |
| | 4.7 Continue to be involved in the ‘National Local Government Drug and Alcohol Advisory Committee’ and a range of research opportunities to ensure the City is building on its existing evidence base around the impact of alcohol use in the local community. | Yr 1 – 3 | CLS (S&S) | No resource implications | Outcome  
COP is an active contributor to the ‘National Local Government Drug and Alcohol Advisory Committee’  
**Indicators of success:**  
- Level of participation in the National Local Government Drug and Alcohol Advisory Committee  
- Number of research opportunities identified  
- Level of participation in research projects  
- Research findings disseminated to the community in user friendly manners |
| | 4.8 Investigate developing an ‘Alcohol Management Plan’ for the City. | Yr 1 – 2 | CLS (S&S) CLS (EH) APS | Staff implications CLS (EH) | Outcome  
Investigate innovative alcohol management strategies for inclusion in a whole of City ‘Alcohol Management Plan’  
**Indicators of success:**  
- Risky areas mapped, and complaints analysed to enable trend analysis and identification of “at risk” localities  
- Investigate appropriate alcohol management strategies for the COP community  
- Stakeholders consulted to provide input to the development of the Plan including WALGA |
9.3 Priority Area Three

“Social Health”

“Establish a strong sense of community by facilitating opportunities for social inclusion and participation in city life”.

Rationale

Strong personal and social networks have been found to be associated with better physical and mental health, higher educational achievement, better employment outcomes, lower crime rates and an increased capacity for communities to work together and solve their own problems. The City understands that in order to build a healthy, vibrant community the underlying infrastructure (hard and soft) to facilitate social inclusion and connectedness is essential.

Issues

Homelessness
Social Inclusion and Participation
Affordable Housing
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</thead>
<tbody>
<tr>
<td><strong>1. Homelessness</strong>&lt;br&gt;Develop effective interventions to reduce levels of homelessness in the city</td>
<td>1.1 Continue to implement the annual ‘Homeless Connect Perth’ event in partnership with key stakeholders.</td>
<td>Yr 1 – 3</td>
<td>CS&lt;br&gt;CLS (EH)&lt;br&gt;CLS (S&amp;S)</td>
<td>No resource implications</td>
<td>Outcome&lt;br&gt;To support stakeholders in the delivery of initiatives which service the homeless in Perth&lt;br&gt;&lt;br&gt;Indicators of success:&lt;br&gt;- Annual Homeless Connect events planned based on local needs, and evaluated to identify successes, challenges and opportunities&lt;br&gt;- Number of stakeholders involved</td>
</tr>
<tr>
<td></td>
<td>1.2 Maintain and update the ‘City of Perth Homeless Services in the Inner City Information Directory’.</td>
<td>Yr 1 – 3</td>
<td>CS</td>
<td>No resource implications</td>
<td>Outcome&lt;br&gt;Provide support strategies and information to the community in relation to homelessness&lt;br&gt;&lt;br&gt;Indicators of success:&lt;br&gt;- COP Homeless Services directory updated as required&lt;br&gt;- Update and maintain distribution database on a regular basis</td>
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<td></td>
<td>1.3 Continue to facilitate research and use the evidence base to advocate for services and housing to better target the needs of rough sleepers and the socially disadvantaged. In particular, work in partnership with key stakeholders to annually count the number of homeless people and utilise this data to inform future decisions around strategies to deal with the issue.</td>
<td>Yr 1 – 3</td>
<td>CS</td>
<td>No resource implications</td>
<td>Outcome&lt;br&gt;The COP continues to monitor the homelessness issue in the city, expanding the evidence base to assist in the development of effective intervention and advocacy strategies&lt;br&gt;&lt;br&gt;Indicators of success:&lt;br&gt;- Gaps in local research and data collection identified&lt;br&gt;- Level of research conducted&lt;br&gt;- Participation in initiatives such as ‘Registry Week’</td>
</tr>
<tr>
<td><strong>2. Social Inclusion and Participation</strong>&lt;br&gt;Facilitate opportunities for social inclusion and participation in city life</td>
<td>COMMUNITY EVENTS AND PROGRAMS&lt;br&gt;&lt;br&gt;2.1 Continue to provide and seek new opportunities for COP led initiatives and support external stakeholders through sponsorship and partnership opportunities to deliver an extensive range of community events and programs within the COP which appeal to people from a diverse range of ages, backgrounds, lifestyles and cultures.</td>
<td>Yr 1 – 3</td>
<td>MKT&lt;br&gt;CLS (EH)&lt;br&gt;CS&lt;br&gt;SCD</td>
<td>Staff implications&lt;br&gt;CLS (EH)</td>
<td>Outcome&lt;br&gt;The COP to actively facilitate opportunities for social inclusion and participation in city life&lt;br&gt;&lt;br&gt;Indicators of success:&lt;br&gt;- Audit of current community events [baseline] and level of partnership support and sponsorship available&lt;br&gt;- Number of new community events identified&lt;br&gt;- Number of new events implemented or sponsored&lt;br&gt;- Level of satisfaction and support from stakeholders&lt;br&gt;- Number of new partnerships established</td>
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<tr>
<td>2. Social Inclusion and Participation</td>
<td>Facilitate opportunities for social inclusion and participation in city life</td>
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<td>2.2 Ensure information relating to community events and programs is available and easily accessible to stakeholders and the community.</td>
<td>Yr 1 – 3</td>
<td>MKT, CLS (EH), CS, SCD</td>
<td>No resource implications</td>
<td>Outcome - Have contemporary information accessible to all residents and visitors regarding upcoming community events</td>
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<td>Indicators of success: - Information in different formats to reflect the social media trends developed for each event - Number of information sources developed (consideration of information in different languages) - Number of website hits, shares, likes and tweets - Intercept survey data collected at events to identifying where they found about the event</td>
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<tr>
<td>2.3 Promote the ‘Age Friendly City’ project across the organisation. Continue to support older persons through the Citiplace Community Centre programmes and Rod Evans Centre programming. Take into account older persons participation in other city programming – events and health.</td>
<td>Yr 1 – 3</td>
<td>SCD, CS, CLS (EH), MKT</td>
<td>No resource implications</td>
<td>Outcome - The COP to actively facilitate opportunities for social inclusion by older Australians that support participation in city life</td>
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<td>Indicators of success - Number of older persons involved in City programmes</td>
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<tr>
<td>2.4 Apply the principles and implement the projects identified in the ‘Urban Design Framework’ to provide a high quality public realm that facilitates interaction and invites people to engage in city life.</td>
<td>Yr 1 – 3</td>
<td>CD</td>
<td>No resource implications</td>
<td>Outcome - The COP to actively facilitate opportunities for social inclusion and participation in city life</td>
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<td>Indicators of success - The implementation of projects to improve the city’s streets and open spaces to create a safe and welcoming public realm that increases opportunities for interaction with others, both planned and incidental. - Well maintained and accessible public spaces</td>
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</tr>
<tr>
<td>2.5 Investigate linking to existing health promotion campaigns such as “Act-Belong-Commit” to promote the benefits of social health, facilitating community social interaction and participation</td>
<td>Yr 2</td>
<td>CLS (EH)</td>
<td>Staff implications CLS (EH)</td>
<td>Outcome - The COP to actively facilitate opportunities for social inclusion and participation in city life</td>
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<td>Indicators of success - Decision on whether to participate in ABC - Number of mental health/social participation interventions developed by the City</td>
<td></td>
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</tbody>
</table>
### FACILITIES AND INFRASTRUCTURE

#### 2.5 Utilising the evidence and recommendations provided in the COP 'Draft Strategic Community Infrastructure Plan for the Central Perth Area 2031', work collaboratively with key stakeholders and partners to plan for the provision of community infrastructure required by the growing and diversifying Perth population.

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Responsibility</th>
<th>Additional Resource Implications</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yr 1 – 3</td>
<td>SCD, APS, CS, W&amp;S, CD</td>
<td>No resource implications</td>
<td>Outcome The COP to actively facilitate opportunities for social inclusion and participation in city life through coordinated planning for appropriate infrastructure.</td>
</tr>
</tbody>
</table>

**Indicators of success:**
- Number of stakeholders involved and level of support
- Progress towards provision of recommended infrastructure items

#### 2.6 Implement actions in the COP 'Disability Access and Inclusion Plan 2011 - 2015'.

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Responsibility</th>
<th>Additional Resource Implications</th>
<th>Evaluation</th>
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<tbody>
<tr>
<td>Yr 1 – 3</td>
<td>All units</td>
<td>No resource implications</td>
<td>Outcome The COP to actively facilitate opportunities for social inclusion by all community members that support participation in city life.</td>
</tr>
</tbody>
</table>

**Indicators of success:**
- Number of recommendations from DAIP implemented and evaluated
- Improvement in supportive environments for people with a disability

### SAFETY AND TRANSPORT

#### 2.7 Work with key stakeholders to ensure a network of sustainable and active transport options are readily available, easily accessible and offer an efficient, convenient and safe way for the community to access and move around the city.

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<tr>
<th>Timeline</th>
<th>Responsibility</th>
<th>Additional Resource Implications</th>
<th>Evaluation</th>
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<tbody>
<tr>
<td>Yr 1 – 3</td>
<td>CLS (S&amp;S), SCD, ED, CLS (EH), CD</td>
<td>Staff implications CLS (EH)</td>
<td>Outcome To have a connected city where all residents and visitors can easily transfer from setting to setting using a variety of sustainable and active transport options.</td>
</tr>
</tbody>
</table>

**Indicators of success:**
- Number of sustainable transport strategies developed, implemented and evaluated
- Level of support and interest from stakeholders

### Affordable Housing

#### 3.1 Consider and develop mechanisms to enable different and appropriate housing options.

<table>
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<tr>
<th>Timeline</th>
<th>Responsibility</th>
<th>Additional Resource Implications</th>
<th>Evaluation</th>
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<tbody>
<tr>
<td>Yr 1 – 3</td>
<td>SCD</td>
<td>No resource implications</td>
<td>Outcome A greater diversity of housing that promotes/supports/facilitates social diversity and inclusion.</td>
</tr>
</tbody>
</table>

**Indicators of success:**
- Increased availability of affordable housing options for low and moderate income households.
- Reduced housing stress for existing low and moderate income households.
- Greater diversity of housing options – types, prices and tenures.
9.4 Priority Area Four

“Emergency Management”

“Comprehensively plan and prepare for local emergency and disaster situations ensuring adequate response and recovery processes can be facilitated minimising the public health risk to the community”.

Rationale
The City plays a key role and undertakes a number of responsibilities in the event of a local emergency or disaster situation. Preparation and planning in conjunction with all stakeholders is essential to ensure the response and recovery processes are adequate, and any public health risks to the community are mitigated or contained.

Issues
Planning and Coordination
Workforce Capacity
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<tbody>
<tr>
<td><strong>1. Planning and Coordination</strong>&lt;br&gt;Develop a clear position in relation to the COP’s role and responsibilities in the event of a local emergency or disaster situation, ensuring any public health risk to the community is mitigated or contained.</td>
<td><strong>1.1 Work in conjunction with key stakeholders including government, non-government, emergency services and industry to review and refine the following plans to ensure a coordinated response in the event of a local emergency or disaster situation;</strong>&lt;br&gt;- Perth CBD Emergency Management Arrangements (PCMEMA)&lt;br&gt;- City of Perth/Kings Park Local Emergency Management Plan</td>
<td>Yr 1 – 2</td>
<td>CLS (S&amp;S) CLS (EH)</td>
<td>No resource implications</td>
<td>Outcome 1.1 and 1.2&lt;br&gt;The COP is proactive in planning and preparing to respond to a local emergency or disaster situation, ensuring any public health risk to the community is mitigated or contained&lt;br&gt;&lt;br&gt;<strong>Indicators of success:</strong>&lt;br&gt;- Number of and level of support from partnerships&lt;br&gt;- Audit of previous emergency management strategies to ensure future options are based on best practice and risk&lt;br&gt;- Number of strategies successfully implemented and evaluated under PCMEMA and City of Perth/Kings Park Local Emergency Management Plan&lt;br&gt;- Reduction in complaints associated with emergency management response and management practices</td>
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<td><strong>1.2 Utilising a risk based approach, develop macro level operational plans for major emergencies and disaster scenarios which underpin the following plans;</strong>&lt;br&gt;- Perth CBD Emergency Management Arrangements (PCMEMA)&lt;br&gt;- City of Perth/Kings Park Local Emergency Management Plan</td>
<td>Yr 1 – 2</td>
<td>CLS (S&amp;S) CLS (EH)</td>
<td>No resource implications</td>
<td>Outcome 1.1 and 1.2&lt;br&gt;The COP is proactive in planning and preparing to respond to a local emergency or disaster situation, ensuring any public health risk to the community is mitigated or contained&lt;br&gt;&lt;br&gt;<strong>Indicators of success:</strong>&lt;br&gt;- Number of and level of support from partnerships&lt;br&gt;- Audit of previous emergency management strategies to ensure future options are based on best practice and risk&lt;br&gt;- Number of strategies successfully implemented and evaluated under PCMEMA and City of Perth/Kings Park Local Emergency Management Plan&lt;br&gt;- Reduction in complaints associated with emergency management response and management practices</td>
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<td></td>
<td><strong>1.3 Continue to have a COP representative as a nominated member on relevant emergency management committees</strong></td>
<td>Yr 1 – 3</td>
<td>CLS (S&amp;S) CLS (EH)</td>
<td>No resource implications</td>
<td>Outcome 1.1 and 1.2&lt;br&gt;The COP is proactive in planning and preparing to respond to a local emergency or disaster situation, ensuring any public health risk to the community is mitigated or contained&lt;br&gt;&lt;br&gt;<strong>Indicators of success:</strong>&lt;br&gt;- COP representative on committee&lt;br&gt;- Reporting back of meeting outcomes throughout Council</td>
</tr>
<tr>
<td><strong>2. Workforce Capacity</strong>&lt;br&gt;Develop the COP’s workforce capacity to protect the community from adverse public health outcomes in the event of a local emergency or disaster situation.</td>
<td><strong>2.1 Develop the capacity of the COP’s workforce through professional development and training to ensure COP staff can adequately manage and respond to public health issues resulting from a emergency or disaster situation.</strong></td>
<td>Yr 1 – 3</td>
<td>CLS (S&amp;S) CLS (EH)</td>
<td>No resource implications</td>
<td>Outcome 1.1 and 1.2&lt;br&gt;The COP is proactive in planning and preparing to respond to a local emergency or disaster situation, ensuring any public health risk to the community is mitigated or contained&lt;br&gt;&lt;br&gt;<strong>Indicators of success:</strong>&lt;br&gt;- Number of and level of support from partnerships&lt;br&gt;- Audit of previous emergency management strategies to ensure future options are based on best practice and risk&lt;br&gt;- Number of strategies successfully implemented and evaluated under PCMEMA and City of Perth/Kings Park Local Emergency Management Plan&lt;br&gt;- Reduction in complaints associated with emergency management response and management practices</td>
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*City of Perth - Public Health and Wellbeing Plan 2014 – 2016*
10.0 Evaluation and Monitoring

The COP PH&WP will be reviewed annually. Progress reports will be prepared in line with the evaluation framework outlined within the ‘Action Plan’ and submitted to Council.
Burden of disease
The burden of disease is a measurement of the gap between a population’s current health and the optimal state where all people attain full life expectancy without suffering major ill-health.32

Capacity Building
Developing sustainable skills, organisational structures, resources and commitment to health improvement in health and other sectors (to) prolong and multiply health gains many times over. Capacity building not only can occur within programs, but also more broadly occurs within systems and leads to greater capacity of people, organisations and communities to promote health. This means that capacity building activity may be developed with individuals, groups, teams, organisations, inter-organisational coalitions, or communities.33

Community
A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, are arranged in a social structure according to relationships which the community has developed over a period of time. Members of a community gain their personal and social identity by sharing common beliefs, values and norms which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them.34

Determinants of Health
The range of personal, social, economic and environmental factors which determine the health status of individuals or populations.34

Environmental Health
Environmental health addresses all the physical, chemical, and biological factors external to a person, and all the related factors impacting behaviours. It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments. This definition excludes behaviour not related to environment, as well as behaviour related to the social and cultural environment, and genetics.14

Health
Health is the state of complete physical, mental and social wellbeing and not the merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief or economic and social condition.8

Health Outcomes
A change in the health status of an individual, group or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status.34

Lifestyle
Lifestyle is a way of living based on identifiable patterns of behaviour which are determined by the interplay between an individual’s personal characteristics, social interactions, and socioeconomic and environmental living conditions.34

Network
A grouping of individuals, organizations and agencies organized on a non-hierarchical basis around common issues or concerns, which are pursued proactively and systematically, based on commitment and trust.34

Risk Factor
Social, economic or biological status, behaviours or environments which are associated with or cause increased susceptibility to a specific disease, ill health, or injury.34

Public Health
The science and art of promoting health, preventing disease, and prolonging life through the organised efforts of society.35

Social Networks
Social relations and links between individuals which may provide access to or mobilisation of social support for health.34

Social View of Health
A social view of health implies that we must intervene to change those aspects of the environment which are promoting ill health, rather than continuing to simply deal with illness after it appears, or continuing to encourage individuals to change their behaviours and lifestyles, when in fact, the environment in which they live and work gives them little or no choice for making such changes.36


This document is available in alternative formats on application to the City

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