



Shire of Brookton

Public Health Plan

2026-2031

Growing the Future

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Message from the Shire President

It is my pleasure to present the Shire of Brookton Public Health Plan 2026–2031, a five-year plan that sets out our priorities for creating a healthier, safer and more connected community.

Good health and wellbeing are important to everyone in Brookton. While health services play an important role, many of the factors that influence our health are shaped by where we live, work and connect with others. As a local government, the Shire has an important role to play in creating environments and opportunities that support people to live healthy and active lives.

The development of this Plan has been informed by local health data as well as the views and experiences of our community. More than 160 residents and ratepayers participated in consultation, providing valuable insight into the issues that matter most to our community. Residents highlighted the importance of a safe community, access to health and mental health services, active public spaces, healthy food and opportunities for physical activity.

The Plan recognises some significant challenges facing our community. Brookton has an ageing population and experiences higher rates of obesity, alcohol-related harm, tobacco-related hospitalisations and road trauma than the State average. These challenges reinforce the importance of prevention, early intervention and creating supportive environments for good health.

Our approach to supporting improved public health is structured around four areas of action - Promote, Prevent, Protect and Enable. The actions identified in this Plan recognise what the Shire can realistically influence through its services, facilities, planning, advocacy, communication and partnerships.

This Plan is not about doing everything ourselves. It is about identifying where the Shire can make a meaningful difference, supporting local initiatives, advocating for services and infrastructure, and ensuring health and wellbeing are considered in the decisions we make.

I thank everyone who contributed to the development of the Plan and shared their ideas, experiences and priorities. Your input has helped ensure that this is a plan for Brookton, shaped by the people who live, work and participate in our community.

Cr Rod Wallis

President

Shire of Brookton

1. Executive summary

The Shire of Brookton Public Health Plan 2026–2031 is a five-year strategic document developed to meet the Shire's statutory responsibilities under Part 5 of the *Public Health Act 2016*. The Plan aligns with the WA State Public Health Plan 2025–2030 and has been tailored to the health needs, priorities and circumstances of the Brookton community.

Located 138 kilometres south-east of Perth in the Wheatbelt, the Shire of Brookton has an estimated resident population of 962 people. The community has an older population, with a median age of 50 years compared with 38 years across Western Australia, and experiences higher levels of socio-economic disadvantage than many other local government areas in the state.

Analysis of local health data identifies several areas where the Shire's health profile differs from state averages:

49.3% **Adult Obesity** rate (State: 37.3%)	**21.5** **Transport accident deaths** per 100,000 (State: 7.2)	**945.3** **Alcohol related hospitalisations** per 100,000 (State: 665.4)
431.6 **Tobacco hospitalisations** per 100,000 (State: 366.8)	**35.9** **Vector-borne disease** rate per 100,000 (State: 21.1)	**50** **Median Age** (State median: 38)

Community consultation undertaken in August 2026 engaged 161 residents and ratepayers through a survey and workshops. Participants identified a safe community, access to mental health and general health services, active public spaces, access to healthy food and opportunities for physical activity as important factors contributing to a healthy and happy life. When asked to identify the most important public health issues facing the community, an ageing population was ranked highest, followed by mental health, and unhealthy lifestyles.

The Plan brings together the findings from the health profile and community consultation to establish six public health priorities for the Shire. These priorities provide a clear focus for action over the next five years and recognise the important role local government can play in creating environments and communities that support good health and wellbeing.

Actions are organised under four domains consistent with the WA State Public Health Plan: Promote, Prevent, Protect and Enable. Together, these domains provide a framework for creating a healthy, connected and inclusive community; reducing preventable illness, injury and premature death; protecting the community from public and environmental health risks; and strengthening the systems, partnerships and environments that enable good health.

The actions in this Plan reflect the role, responsibilities and resources of local government and will be delivered in partnership with state agencies, health services, community organisations, local businesses and the community. Progress will be reported to Council annually, with a formal mid-term review in 2028 and a full review at the conclusion of the five-year planning period.

2. Introduction

2.1 What is Public Health

The *Public Health Act 2016* defines public health as the health and wellbeing of the community, together with the policies, programs and safeguards that protect, maintain, promote and improve health while preventing illness and disability.

Public health planning is a proactive process that identifies community health needs, sets priorities and implements evidence-based actions to improve health and wellbeing. It aims to ensure all members of the community have equitable access to the conditions and services that support good health.

Public health includes a broad range of activities, including:

- health promotion and health literacy
- disease prevention and control
- environmental health
- emergency preparedness and response
- health equity and addressing the social determinants of health
- policy development and advocacy
- community engagement and access to health and wellbeing services.

2.2 Determinants of Health

There are many factors or 'determinants' that influence health, most of them non-medical. Importantly, there is a close relationship between people's health and the circumstances in which they grow, live, work, play and age[1]. These determinants can affect a person's ability to lead a healthy life, their likelihood of becoming unwell and their overall life expectancy[2].

Health determinants include general socioeconomic, cultural and environmental conditions; living and working conditions; social and community networks; psychological factors, and individual behavioural and biological factors (refer to Figure 1).



Figure 1. Determinants of Health. Source: State Public Health Plan for Western Australia 2025-2030

[1] What are determinants of health? - Australian Institute of Health and Welfare
[2] State Public Health Plan for Western Australia 2025-2030

2.3 Requirements for Public Health Planning

The Department of Health and local governments share a statutory responsibility for public health. The Shire of Brookton has developed this Public Health Plan to meet statutory responsibilities under Part 5 of the *Public Health Act 2016*. The Shire's Public Health Plan is a five-year strategic document that aims to identify public health priorities and future planning to work toward a healthier community.

2.4 State Government Public Health Plan

Local Public Health Plans are required to align with the State Public Health Plan but be tailored to local needs.

The State Public Health Plan provides overarching objectives and policy priorities for Western Australia, offering a framework for local governments to adapt according to their unique community needs. The vision, objectives and guiding principles of the State Public Health Plan are shown in Figure 2.

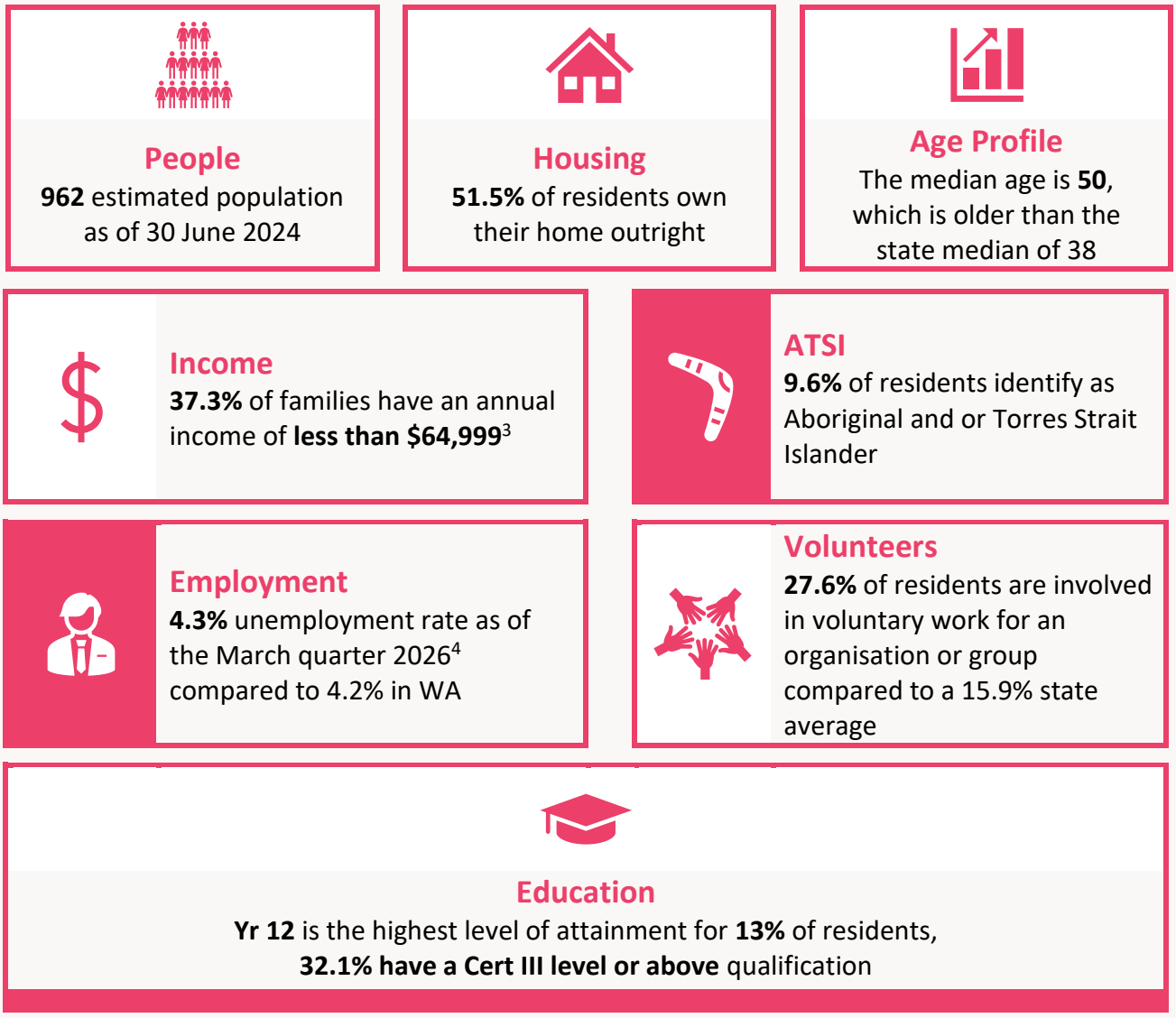
<table>
<tr><th colspan="4">Vision</th></tr>
<tr><td colspan="4">To achieve the best possible health, wellbeing and quality of life for all Western Australians, now and into the future.</td></tr>
<tr><th colspan="4">Cross-cutting priorities</th></tr>
<tr><td colspan="4">All public health actions are underpinned by a commitment to:
Aboriginal health and wellbeing
Equity and inclusion</td></tr>
<tr><th colspan="4">Objectives</th></tr>
<tr><td>Promote</td><td>Prevent</td><td>Protect</td><td>Enable</td></tr>
<tr><td>Foster strong, connected communities and healthier environments</td><td>Reduce the burden of chronic disease, communicable disease and injury</td><td>Protect against public and environmental health risks, effectively manage emergencies, reduce impacts of disaster, and lessen the health impacts of climate change.</td><td>Bolster public health systems and workforce and leverage partnerships to support health and wellbeing.</td></tr>
<tr><th colspan="4">Guiding Principles</th></tr>
<tr><td>Partnerships</td><td>Sustainable</td><td>Proportionate</td><td>Precautionary</td></tr>
</table>

Figure 2. Western Australian Public Health Plan Framework. Source: State Public Health Plan 2025-2030

3.Shire Snapshot

The Shire of Brookton is located 138km south-east of Perth in the Wheatbelt region of Western Australia. The Shire covers an area of 1,626 square kilometres. The estimated resident population as of 30 June 2024 is 962.

The information presented in the infographic below, provides a community snapshot in time with most data being taken from the most recent Census night (2021 ABS Census of Population and Housing). It contains a sample of the many different social determinants which collectively shape people's health and wellbeing outcomes.



[3] Epidemiology Directorate (2026). *Health and wellbeing profile: Shire of Brookton.* WA Department of Health: Perth.
[4] Department of Employment and Workplace Relations. Small area labour market data March Quarter 2026

4. Health & Wellbeing Profile

The data presented in this section provides an overview of the health and wellbeing status of residents in the Shire of Brookton. Unless otherwise stated, the data presented in this section is sourced from the Department of Health, Epidemiology Directorate Health and Wellbeing Profile for the Shire of Brookton.

4.1 Health Conditions

Chronic diseases, including heart disease, stroke, diabetes, cancer and respiratory diseases, are among the leading causes of death in Australia and represent a significant public health challenge[5]. Their prevention and management remain important priorities due to their impacts on individuals, families and carers, as well as the substantial costs to the health system.

Health data for the Shire of Brookton indicates higher rates of several chronic health conditions compared with Western Australia. The most significant differences are seen in arthritis, dementia and kidney disease, while rates of asthma, cancer, diabetes, heart disease, lung conditions and mental health conditions are also higher than state averages. These findings highlight the importance of supporting healthy behaviours, early intervention, access to health services and environments that enable people to maintain good health as they age.

The Australian Cancer Atlas[6] identifies that, within the Brookton SA2, the incidence of head and neck cancers is 22% higher than the Australian average, representing a statistically significant difference. Key risk factors for the most common head and neck cancers include tobacco smoking, alcohol consumption and exposure to human papillomavirus (HPV) [7]. This reinforces the importance of prevention and health promotion activities targeting modifiable risk factors within the community.

Table 1 compares the prevalence of self-reported long-term health conditions in the Shire of Brookton with Western Australia. Overall, the data suggests that chronic disease prevention should remain an important focus for the Shire, particularly through initiatives that promote healthy lifestyles, support healthy ageing, reduce exposure to risk factors and improve community awareness of available health services and preventative health programs.

Health Condition (self-reported)	Shire of Brookton	Western Australia
Arthritis	16.1%	7.6%
Asthma	9.3%	7.3%
Cancer	5.0%	2.7%
Dementia	3.2%	0.7%
Diabetes	5.9%	4.4%
Heart Disease	5.5%	3.6%
Kidney Disease	1.5%	0.8%
Lung Condition	2.5%	1.6%
Mental Health Condition	10%	8.3%
Stroke	0.8%	0.8%
Other long-term health condition	6.9%	7.4%

Table 1 Self-Reported Health Conditions in the Shire of Brookton. Source: ABS 2021 Census of Population and Housing

*Note. Calculated percentages represent a proportion of the number of people in the area including those who did not answer the long-term health conditions question.

[5] Chronic disease and injury prevention
[6] Australian Cancer Atlas
[7] Head and neck cancers symptoms and risks | Cancer Council Australia

4.2 Behaviour Risk Factors

Unhealthy diets, overweight, and obesity are the leading risk factors for death, disease and disability in Western Australia (WA), after tobacco use[8].

The Shire of Brookton's behavioural risk profile (refer to Table 2) is broadly characterised by higher levels of several key risk factors compared with Western Australia, particularly physical inactivity, obesity, sugar-sweetened drink consumption, alcohol-related harm, illicit drug-attributable hospitalisations and tobacco-related harm.

Obesity: Overweight and obesity rates are notably higher among children in Brookton, with 15.9% classified as overweight and 13.5% as obese, compared with 15.0% and 10.2% respectively across WA. Among adults, the prevalence of overweight is similar to the state (36.8% compared with 37.4%), while obesity is substantially higher at 49.3%, compared with 37.3% across WA. The high prevalence of adult obesity is an important public health concern and highlights the need for a continued focus on healthy eating, physical activity and supportive environments that make healthy choices easier.

Nutrition: Dietary behaviours present a mixed picture. Children in Brookton are less likely than the WA average to consume the recommended daily serves of fruit (66.8% compared with 75.4%), while vegetable consumption is similar to the state. Among adults, the proportion consuming the recommended serves of fruit and vegetables is also broadly similar to WA. Fast-food consumption is lower than the state average for both children and adults, however, consumption of sugar-sweetened drinks is higher in Brookton, particularly among adults.

Physical inactivity: The proportion of children not meeting recommended physical activity levels in the Shire of Brookton is 67.6%, compared with 62.3% across WA, while 48.9% of adults do not meet recommended activity levels compared with 39.1% statewide. Given the strong relationship between physical inactivity, overweight and obesity, increasing opportunities for residents to be physically active is likely to be an important component of addressing Brookton's elevated obesity rates.

Alcohol: Alcohol-related harm emerges as a significant public health concern. While the proportion of adults reporting alcohol consumption at levels associated with long-term harm is similar to the WA average (31.1% compared with 29.1%), short-term high-risk drinking is higher in Brookton (14.7% compared with 11.9%).

More significantly, the health impacts associated with alcohol are substantially higher than the state average. The age-standardised rate (ASR) of alcohol-attributable hospitalisations among Brookton residents is 945.3 per 100,000 population, compared with 665.4 per 100,000 across WA. Similarly, the ASR of alcohol-attributable deaths is 36.6 per 100,000, compared with 26.0 per 100,000 statewide.

These findings indicate that alcohol is contributing to a disproportionate level of illness, hospitalisation and premature mortality within the Brookton community, despite reported long-term high-risk drinking being relatively similar to the state average.

Illicit drugs: Illicit drug-attributable hospitalisations are substantially higher in Brookton, with an ASR of 323.1 per 100,000 compared with 181.8 per 100,000 across WA. This indicates a significant health burden associated with illicit drug use.

[8] Evidence brief: food, built environments and obesity

Tobacco and vaping: Tobacco use is higher in Brookton than the WA average, with 19.0% of adults reporting smoking compared with 13.5% statewide. This is reflected in higher tobacco-attributable health outcomes, with an ASR of tobacco-attributable deaths of 66.3 per 100,000 compared with 48.7 per 100,000 across WA. Tobacco-attributable hospitalisations are also higher, at 431.6 per 100,000 compared with 366.8 per 100,000 statewide.

Key implications

Collectively, these findings support a focus on prevention and health promotion initiatives that increase opportunities for physical activity, improve access to and uptake of healthy food choices, reduce consumption of sugar-sweetened drinks, and address alcohol, tobacco and illicit drug-related harm. Given the range of risk factors identified, initiatives that create supportive environments and target the underlying determinants of health are likely to provide the greatest long-term benefit for the Brookton community.



	Shire of Brookton	Western Australia	Comparison to WA
Overweight			
Children (5-15 years)	15.9%	15%	Higher
Adults (16+)	36.8%	37.4%	Similar
Obese			
Children (5-15 years)	13.5%	10.2%	Higher
Adults (16+)	49.3%	37.3%	Higher
Ate recommended serves of fruit daily			
Children (2-15 years)	66.8%	75.4%	Lower
Adults (16+)	34.0%	33.4%	Similar
Ate recommended serves of vegetable daily			
Children (2-15 years)	10.2%	10.9%	Similar
Adults (16+)	5.4%	4.7%	Similar
Do not meet recommended physical activity levels			
Children (5-15 years)	67.6%	62.3%	Higher
Adults (16+)	48.9%	39.1%	Higher
Eat fast-food more than twice a week			
Children (1-15 years)	5.0%	6.2%	Lower
Adults (16+)	5.7%	6%	Lower
Drink sugar-sweetened drinks more than twice a week			
Children (1-15 years)	12.6%	8.5%	Higher
Adults (16+)	23.0%	16.8%	Higher
Drink alcohol at high risk levels for long term harm*			
Adults (16+)	31.1%	29.1%	Similar
Drink alcohol at high risk levels for short term harm**			
Adults (16+)	14.7%	11.9%	Higher
ASR of alcohol attributable hospitalisations			
Adults (all ages)	945.3 per 100,000	665.4 per 100,000	Higher
ASR of alcohol attributable deaths			
Adults (all ages)	36.6 per 100,000	26.0 per 100,000	Higher
ASR of illicit drug-attributable hospitalisations			
Adults (16+)	323.1 per 100,000	181.8 per 100,000	Higher
ASR of illicit drug-attributable deaths			
Adults (16+)	9.1 per 100,000	9.4 per 100,000	Similar
Smoke tobacco (18+)			
Adults (18+)	19%	13.5%	Higher
ASR of tobacco attributable deaths			
Adults (16+)	66.3 per 100,000	48.7 per 100,000	Higher
ASR of tobacco hospitalisations			
Adults (16+)	431.6 per 100,000	366.8 per 100,000	Higher
Vape			
Adults (18+)	5.0%	7.9%	Lower

Table 2 Shire of Brookton Behavioural Risk Profile. Source: Department of Health WA[9]

* Drinks more than 2 standard drinks on any one day. **Drinks more than 4 standard drinks on any one day.

[9] Health and Wellbeing Profile for the Shire of Brookton provided by the Epidemiology Directorate, Public and Aboriginal Health Division, Department of Health WA

4.3 Socio-Economic Profile

Socioeconomic disadvantage can have profound effects on a community's health outcomes. Chronic conditions tend to be more common among people living in areas of most disadvantage (lowest socioeconomic areas) than among those living in areas of least disadvantage (highest socioeconomic areas)[10].

The Index of Relative Socio-economic Disadvantage (IRSD) is a general socio-economic index that summarises a range of information about the economic and social conditions of people and households within an area.

A low score and low rank indicate relatively greater disadvantage. For example, an area could have a low score if there are: many households with low income, or many people without qualifications, and many people in low skilled occupations. A high score and high rank indicate a relative lack of disadvantage. For example, an area may have a high score if there are: few households with low incomes, few people without qualifications, few people in low skilled occupations.

The IRSD for the Shire of Brookton in 2021 was 944 (compared to the state score of 1,002), and it ranked 28 out of 139 local government areas in Western Australia. This places Brookton within the most disadvantaged quarter of local governments in WA.

This level of socio-economic disadvantage is significant when considered alongside the Shire's health profile. It may contribute to barriers to accessing health services, healthy food, education, employment and other resources that support good health.

4.4 Mortality

The crude rate of deaths in the Shire of Brookton is higher than the state average. The leading cause of death at both a local and state level is coronary heart disease. The other leading causes of death in the Brookton Shire between 2020 and 2024 were dementia, other ill-defined causes, chronic obstructive pulmonary disease and lung cancer.

The life expectancy of people living in the Wheatbelt SA4 region is slightly lower than the state average.

	Shire of Brookton	Western Australia	Comparison to WA
Mortality[11]	14 deaths in 2024	17, 969	NA
Crude rate of deaths per 100,000	1,401.5	606.0	Higher
Leading cause of death	Coronary heart disease	Coronary heart disease	NA
Life expectancy[12]	80.9 (Wheatbelt SA4)	83.6	Lower

Table 3 Mortality Data for the Shire of Brookton. Source: Australian Institute of Health and Welfare and Australian Bureau of Statistics

[10] Chronic conditions - Australian Institute of Health and Welfare
[11] Mortality Over Regions and Time (MORT) books, Data visualisation - Australian Institute of Health and Welfare
[12] Australian Bureau of Statistics. Life expectancy at birth, by Statistical Areas level 4, 2022-2024

4.5 Mental Health

Mental health issues, such as anxiety-related conditions, mood disorders, and behavioural conditions, are among the leading causes of disability and morbidity in WA[13].

In 2024, 22.4% of Shire of Brookton residents aged 16 years and above were told by a doctor in the past 12 months that they had a mental health condition. This was similar to the state prevalence of 25%. The prevalence of stress-related conditions, anxiety and depression in the Shire of Brookton were all lower than the state prevalence. The prevalence of diagnoses across all conditions is higher amongst females than males.

While the data indicates that there is a lower prevalence of mental health conditions in the Shire of Brookton, it is important to note that this may not reflect the actual experience of mental health, rather it may be reflective of limited access to mental health services in the area or people not seeking help for mental health related conditions.

	Shire of Brookton	Western Australia	Comparison to WA
Mental health diagnosis*	22.4%	25%	Similar
Stress related conditions	10.9%	13.5%	Lower
Anxiety	14.2%	16.3%	Lower
Depression	11.6%	13.7%	Lower
Psychological distress**	18.3%	21.7%	Lower

Table 4 Prevalence of Mental Health Conditions. Source: Department of Health WA[14]

* People aged 16+ who were told by a doctor in the past 12 months that they had a mental health condition

**People aged 16+ with high or very high psychological distress

[13] State Public Health Plan 2025-2030

[14] Health and Wellbeing Profile for the Shire of Brookton provided by the Epidemiology Directorate, Public and Aboriginal Health Division, Department of Health WA

4.6 Injury

Injury data for the Shire of Brookton indicates that injury prevention should be a key public health priority, with several injury types occurring at significantly higher rates than across WA. The most significant concerns are transport accidents, falls, intentional self-harm, assault and neglect, and drowning.

Transport accidents are particularly concerning, with hospitalisations and deaths substantially above the state average:

- Hospitalisations: 434.6 per 100,000, compared with 236.9 across WA.
- Deaths: 21.5 per 100,000, compared with only 7.2 across WA.

The mortality rate is almost three times the WA rate, making transport safety one of the strongest areas of concern in the data.

The drowning hospitalisation rate is also particularly elevated (117.9 compared with 21.8 per 100,000). Because small populations can produce substantial fluctuations in rates, this should be interpreted cautiously. Nevertheless, the difference is large enough to warrant investigation.

The significantly higher rates of hospitalisation and, in the case of transport accidents and self-harm, mortality compared with WA indicate that targeted prevention and early intervention could provide meaningful health benefits. Actions should focus on creating safer environments, strengthening community awareness and connection, supporting vulnerable populations, and working in partnership with health, emergency services and other relevant agencies.

	Shire of Brookton	Western Australia	Comparison to WA
Injury related Hospitalisations (per 100,000 in 2024)			
Accidental falls	1,462.9	1,031.0	Higher
Assault & neglect	177.2	106.4	Higher
Transport accidents	434.6	236.9	Higher
Intentional self-harm	148.8	106.6	Higher
Accidental poisoning	55.1	52.3	Similar
Accidental drowning	117.9	21.8	Higher
Injury related harm*			
Adults (16+)	27.1%	26%	Similar
Children (0-15 yrs)	28.8%	29.6%	Similar
Injury related deaths (per 100,000 in 2021)			
Accidental falls	13.3	15.3	Similar
Assault & neglect	1.0	0.8	Similar
Transport accidents	21.5	7.2	Higher
Intentional self-harm	16.7	13.5	Higher
Accidental poisoning	6.8	7.8	Similar
Accidental drowning	1.4	1.5	Similar

Table 5 Prevalence of Injury. Source: Department of Health WA[15]

*Injury requiring treatment from a health professional.

[15] Health and Wellbeing Profile for the Shire of Brookton provided by the Epidemiology Directorate, Public and Aboriginal Health Division, Department of Health WA

4.7 Infectious Disease & Immunisation

Immunisation is known to be one of the most effective public health measures in preventing many serious diseases[16]. Childhood vaccination rates in the Wheatbelt South SA3 region, which includes the Shire of Brookton, are comparable with state rates.

Notifiable infectious diseases in the Shire of Brookton are lower or similar to the state age standardised rate, with the exception of enteric diseases and vector born disease. Vector-borne diseases are human illnesses caused by parasites, viruses and bacteria that are transmitted by vectors[17]. Common vectors include mosquitoes, ticks, fleas, sandflies.

Enteric diseases are gastrointestinal tract infections commonly resulting in gastroenteritis[18]. Gastroenteritis can be caused by the ingestion of a variety of microorganisms or toxins via microscopic amounts of faeces or contaminated food.

The elevated incidences of vector-borne and enteric diseases highlight the need for ongoing surveillance, public education and prevention measures, particularly those aimed at reducing exposure to disease-carrying insects and other vectors.

Public health planning should focus on ongoing disease surveillance, community education, food and water safety, and measures to reduce exposure to mosquitoes and other disease vectors.

	Shire of Brookton	WA	Comparison to WA
Notifiable infectious diseases (per 100,000 in 2022)			
Blood borne	34.6	44.1	Similar
Enteric disease	254.6	218.9	Higher
STIs	440.2	600.6	Lower
Vaccine Preventable diseases	433.5	714.1	Lower
Vector-borne diseases	35.9	21.1	Higher
Childhood immunisation (% fully vaccinated as of 30 September 2025)			
1 yr olds	94.85	90.33	Similar
2 yr olds	92.61	87.76	Similar
5 yr olds	93.90	91.95	Similar

Table 6 Infectious Diseases and Immunisation. Source: Department of Health WA[19] and Australia Government Department of Health, Disability and Ageing[20]

**Data is not available at a local government level, so the data represented here is for the Wheatbelt South SA3 region*

[16] State Public Health Plan 2025-2030
[17] Vector-borne diseases
[18] DoH Multi-page Template
[19] Health and Wellbeing Profile for the Shire of Brookton provided by the Epidemiology Directorate, Public and Aboriginal Health Division, Department of Health WA
[20] Current coverage data tables for all children | Australian Government Department of Health, Disability and Ageing

5. Community Engagement

Community consultation undertaken as part of the Shire of Brookton's Community Strategic Planning process, informed the development of this Public Health Plan. Engagement activities conducted in August 2026 included a residents and ratepayers survey and community workshops in Brookton, involving a total of 161 participants. A detailed summary of the community engagement activities is provided in Appendix 2.

The survey received 33 responses. Respondents identified that having a safe community, access to mental and general health services, active places and access to healthy food options are all important factors that contribute to a healthy and happy life.

The top three most important public health issues or concerns as identified by cross referencing input from both the survey and community workshops are:

1) An aging population
2) Mental health
3) Unhealthy lifestyles (including illicit drug use and alcohol consumption)

To help people live healthier lifestyles in Brookton residents identified more affordable healthy food options and greater awareness of healthy food options as ways that would help them eat healthier and more or different recreational activities and better or more sport and recreational infrastructure as ways that would help them be more active.

When asked what public health campaigns or initiatives would most benefit the community the top responses were mental health and wellbeing programs followed by injury prevention information and road safety campaigns.

6. Current Role of Local Government

The Shire of Brookton provides a range of services and programs to support the health and wellbeing of its community.

These include:

- Infrastructure and property services, including local roads, footpaths, drainage and waste collection and management.
- Recreation facilities such as parks, sports fields, swimming pools and recreation centres.
- Environmental health surveillance and education to prevent disease and control environmental health hazards, including water and food safety, noise and air pollution and mosquitoes.
- Planning and building approvals involving assessment of development proposals and review of designs.
- Community programs and events including support for community groups, workshops and events.
- Ranger and emergency services.
- Cultural facilities and services such as libraries and cemeteries.

7. Public Health Action Plan

7.1 Vision

A healthy, safe, connected and resilient Brookton community where people of all ages have the opportunity to live healthy and active lives, access the support they need, and participate fully in community life.

7.2 Public Health Priorities

The following health and wellbeing priorities for the Shire of Brookton have been identified through an assessment of local health data and community consultation.

Support healthy eating and active living
 Adult obesity, physical inactivity and sugar-sweetened drink consumption are all substantially higher than the state average. Community consultation also identified access to healthy food and opportunities for physical activity as important contributors to health and wellbeing.
Improve mental health and wellbeing
 Mental health was identified as one of the community's leading public health concerns and the most requested focus for future health campaigns.
Reduce tobacco and vaping-related harm
 Smoking prevalence and tobacco-attributable hospitalisations and deaths are higher than the state average.
Reduce alcohol-related harm
 Alcohol-attributable hospitalisations and deaths are substantially above state levels, and alcohol-related harm was raised as a public health priority in community consultation.
Reduce injury and road trauma
 Transport accident deaths are almost three times the state rate, and hospitalisations for falls, self-harm, assault and drowning are all elevated.
Support healthy ageing
 An ageing population was ranked the community's highest public health priority, and the Shire's older residents carry a disproportionate share of the chronic disease burden.

The Shire has also identified the need to continue to prioritise community safety, access to essential health services, social connection and inclusion, preparedness for emergencies and management of environmental health risks as underlying determinants of wellbeing. These cross-cutting priorities are addressed through the actions under the Promote, Prevent, Protect and Enable domains below.

7.3 Domains for Action

The following actions have been developed in response to the health data and community priorities identified for the Shire of Brookton. The actions focus on areas where the Shire can have a practical influence through its planning, facilities, programs, advocacy, communication and partnerships.

The Action Plan is structured around four key domains consistent with the WA State Public Health Plan:

- **Promote** – create a healthy, connected and inclusive community where people have opportunities to be active, eat well and participate in community life.
- **Prevent** – reduce preventable illness, injury and premature death by addressing the key risk factors contributing to poor health in the Brookton community.
- **Protect** – Protect the community from public and environmental health risks and strengthen local emergency preparedness and resilience.
- **Enable** – Strengthen the systems, partnerships and environments that enable good health, including access to services, healthy ageing, inclusive infrastructure and community participation.

7.4 Action Plan

Promote

Objective: Create a healthy, connected and inclusive community where people have opportunities to be active, eat well and participate in community life.

Priority	Actions
1. Support healthy eating and active living	**1.1** Improve opportunities for residents to participate in regular physical activity by supporting accessible, low-cost and locally appropriate activities. **1.2** Review existing recreation and community facilities to identify opportunities to increase use for informal physical activity, including walking, exercise and active recreation. **1.3** Promote local opportunities for physical activity, including sporting clubs, recreation programs and community activities, through Shire communications. **1.4** Explore opportunities to improve access to affordable, healthy and locally available food, particularly for residents experiencing transport or financial barriers. **1.5** Encourage healthy food and drink options at Shire run events and activities.
2. Improve mental health and wellbeing	**2.1** Improve awareness of local and regional mental health services by maintaining accessible and up-to-date information about available supports on the Shire website. **2.2** Work with local organisations and health providers to identify opportunities for community-based mental health and wellbeing initiatives. **2.3** Support initiatives that enable social connection through community events, volunteering, recreation and intergenerational activities. **2.4** Promote mental health and suicide prevention information through existing Shire communication channels and community networks.

Prevent	
Objective: reduce preventable illness, injury and premature death by addressing the key risk factors contributing to poor health in the Brookton community.	
Priority	**Actions**
1. Reduce tobacco and vaping-related harm	**1.1** Promote smoke-free and vape-free environments across Shire facilities, public spaces and events.
	1.2 Support awareness campaigns and cessation initiatives that encourage quitting smoking and vaping.
	1.3 Work with sporting clubs, community organisations and other local groups to encourage smoke-free and vape-free environments.
	1.4 Incorporate tobacco and vaping prevention messages into relevant youth, sporting and community initiatives.
2. Reduce alcohol-related harm	**2.1** Support the delivery of alcohol-free and family-friendly community events.
	2.2 Work with local sporting clubs, community groups and event organisers to encourage safer drinking environments and responsible alcohol management.
	2.3 Promote information about local alcohol support and counselling services through Shire communication channels.
3. Reduce injury and road trauma	**3.1** Identify local road safety and pedestrian safety issues through community feedback, incident data and regular assessment of Shire-managed infrastructure.
	3.2 Develop and maintain a prioritised list of road, pedestrian and traffic safety improvements for advocacy and future funding applications.
	3.3 Work with Main Roads WA, WA Police, RoadWise and other relevant agencies to advocate for improvements to high-risk roads and locations.
	3.4 Promote targeted road safety messages addressing local risks such as speeding, fatigue, drink driving and driving in rural conditions.
	3.5 Identify opportunities to improve pedestrian safety and accessibility around key community destinations, including the town centre, recreation facilities and community services.
	3.6 Support initiatives that reduce falls and other preventable injuries among older residents.

Protect

Objective: Protect the community from public and environmental health risks and strengthen local emergency preparedness and resilience.

Priority	Actions
4. Strengthen community resilience to health and environmental risks	**4.1** Identify the public health implications of local hazards, including bushfire, extreme heat, storms, power outages and other emergencies, and incorporate these into relevant Shire planning. **4.2** Strengthen community awareness of preparedness measures for heatwaves, bushfires, storms and other local hazards. **4.3** Consider the needs of older people and other residents who may be particularly vulnerable during emergencies when developing preparedness and response initiatives. **4.4** Promote practical information about protecting health during extreme weather events, including heat, smoke and poor air quality. **4.5** Work with the Local Emergency Management Committee to strengthen local resilience and emergency preparedness.
5. Maintain a healthy and safe local environment	**5.1** Continue to deliver the Shire's statutory environmental health responsibilities and maintain effective systems for identifying and responding to public health risks. **5.2** Use local environmental health information and community feedback to identify emerging risks and areas requiring additional education or intervention. **5.3** Promote food safety and safe food handling practices among local food businesses, community groups and event organisers. **5.4** Implement mosquito surveillance and control activities to minimise the risk of mosquito-borne disease transmission.

Enable

Objective: strengthen the systems, partnerships and environments that enable good health, including access to services, healthy ageing, inclusive infrastructure and community participation.

Priority	Actions
6. Improve access to health and well-being services	**6.1** Maintain a current directory of local and regional health, mental health, aged care and community support services and make this information readily accessible to residents.
	6.2 Advocate for the retention of essential local health services and access to visiting and outreach services.
	6.3 Work with regional health providers to identify service gaps affecting Brookton residents and advocate for appropriate responses.
	6.4 Improve community awareness of preventative health services, screening programs and other health supports available locally and regionally.
7. Support healthy ageing and independence	**7.1** Review Shire facilities, footpaths and public spaces against age friendly design principles and implement priority improvements to support mobility and independence.
	7.2 Improve opportunities for older residents to remain physically active, socially connected and involved in community life.
	7.3 Advocate for appropriate aged care, home support, respite and other services required to enable older residents to remain connected to the community.
	7.4 Promote falls prevention, home safety and healthy ageing information through local community networks and existing services.
8. Strengthen community infrastructure	**8.1** Audit and develop a priority list for upgrades to active recreation infrastructure.
	8.2 Identify opportunities to improve connectivity between residential areas, community facilities, recreation areas and key destinations.
	8.3 Incorporate universal design, accessibility, shade, seating, lighting and other age-friendly principles into the planning and renewal of public infrastructure.

8. Monitoring and evaluation framework

8.1 Integrated planning

The Public Health Plan forms part of the Shire of Brookton's Integrated Planning and Reporting (IPR) Framework and aligns with, informs and supports the Shire's broader strategic direction. Through this integrated approach, public health priorities are embedded into organisational planning, budgeting and service delivery, ensuring a coordinated and sustainable response.

8.2 Reporting

In accordance with Section 22 of the *Public Health Act 2016 (WA)*, local governments are required to report to the Chief Health Officer on the performance of functions under the Act.

The Shire will meet all statutory reporting requirements, including confirming the preparation and implementation of its Public Health Plan as requested by the Chief Health Officer.

Compliance reporting will be integrated into existing governance and reporting processes to ensure efficiency and transparency.



8.3 Implementation & Monitoring

Implementation of the actions contained within this Plan will be coordinated through the Shire's existing operational planning and reporting processes.

The Shire will:

- identify lead officers and partner organisations for priority actions;
- use existing programs and resources wherever possible rather than duplicating regional or State initiatives;
- pursue external funding opportunities to support priority projects;
- work with neighbouring local governments and regional organisations where a collaborative approach provides greater benefit;
- engage the community in the design and delivery of initiatives; and
- consider public health impacts when developing policies, infrastructure projects, events and services.

Progress against the Public Health Plan will be reviewed annually and reported through the Shire's existing planning and reporting processes.

Monitoring will focus on:

Implementation	Participation	Health and wellbeing outcomes
• The number of actions commenced and completed. • Activities and programs delivered. • Community organisations and partners engaged. • Funding applications and projects supported; and • Policy, infrastructure and environmental changes implemented.	• Community participation in health and wellbeing initiatives. • Participation in sport, recreation and physical activity programs. • Engagement with health promotion campaigns; and • Community participation in community and social activities.	Where data is available, the Shire will monitor trends in: • physical activity • overweight and obesity • smoking and vaping • alcohol-related harm • mental health and wellbeing • injury and road trauma • falls among older people • access to health and support services; and • population ageing and related health needs.

Health outcomes will generally be monitored over the longer term, recognising that many public health interventions require several years before measurable changes in population health indicators occur.

This Public Health Plan is intended to remain responsive and adaptable throughout its five-year lifespan. As new evidence, partnerships and funding opportunities emerge, additional initiatives may be incorporated to address evolving community needs and priorities.

A comprehensive review will occur at the midpoint of the Plan and inform development of the next Public Health Plan.

Appendix 1. Community Profile

As of 30 June 2024, an estimated 962 people lived in the Shire of Brookton. Around 53.2% were male and 46.8% were female (Figure 1). Other selected population measures are provided in Table 1.

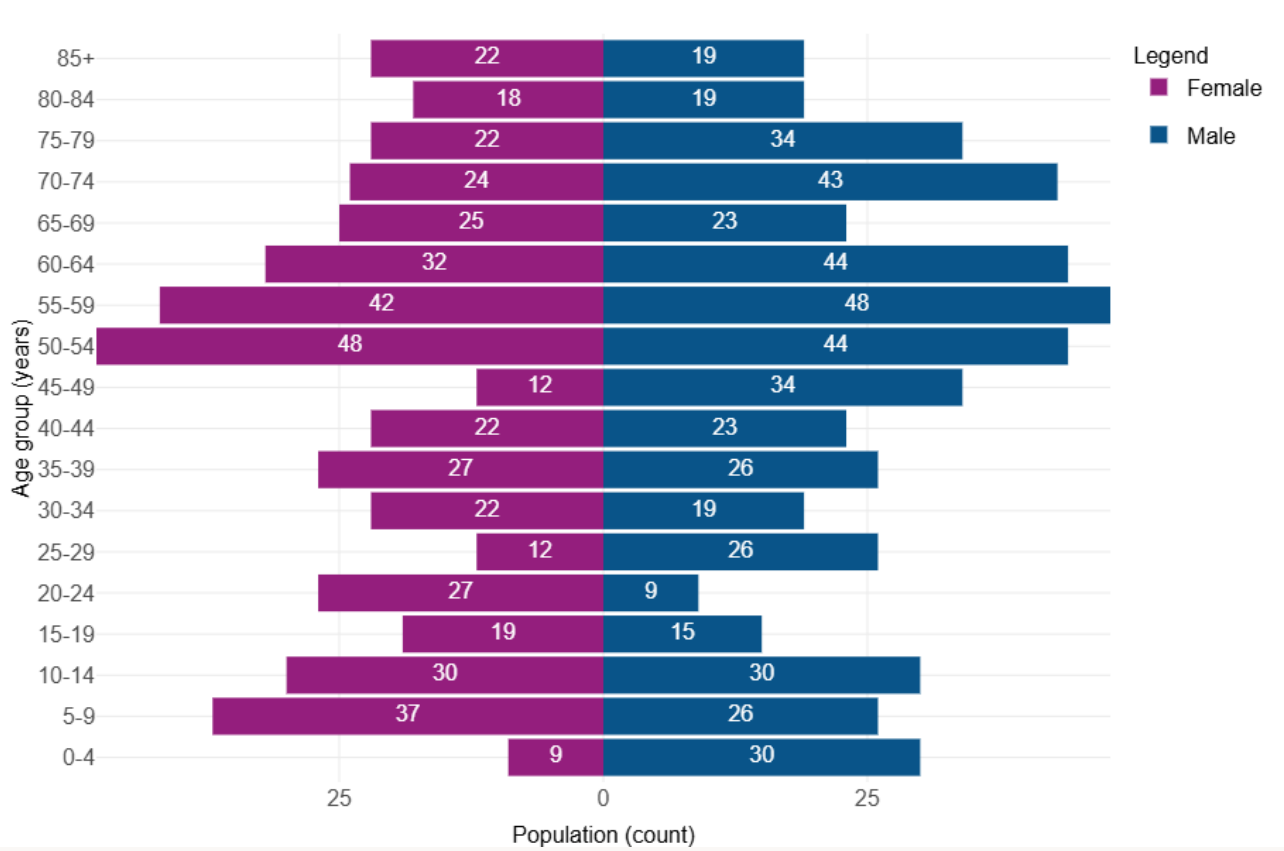


Figure 1. Population by age group and sex, Shire of Brookton (2024).

Source: 2024 Estimated Resident Population, Australian Bureau of Statistics.

General population	Brookton (LGA)	Western Australia
Geographic area (size)	1,626 square kilometres	~2.53 million square kilometres[21]
Population	962	2,965,000[22]
Population density	1.69 residents per km^2	0.85 residents per km^2
Residents born in Australia	78.4%	62%
Households where a non-English language is used	5.4%	21.2%
Median age of residents	50 years	38 years
Disability	22 National Disability Insurance Scheme (NDIS) participants (30 June 2026)[23]	
Average number of people per household	3.2	3.2
Aboriginal and or Torres Strait Islander	9.6% of residents identify as Aboriginal and or Torres Strait Islander	3.3%
Homeowners	51.5% of residents owned a home outright.	29.2%
Vehicle ownership	4.4% of residents do not own a vehicle	4.9%
Carers	12.9% of residents provided unpaid care to a person with a disability, health condition or due to old age	10.7%
Non-school qualification at Certificate III level or above	37.8% of residents have a Certificate III level qualification or above (9.7% of which had a bachelor's degree level or above)	50.9% (of which 23.8% had a bachelor's degree level or above)
Volunteers	27.6% of residents were involved in voluntary work for an organisation or group	15.9%
Year 12	Yr 12 was the highest level of attainment for 13% of residents	Yr 12 was the highest level of attainment for 15.5% of the population

Table 1. Shire of Brookton Population Data. Sourced from the ABS 2021 Census of Population and Housing unless otherwise stated

[21] Area of Australia - States and Territories | Geoscience Australia
[22] National, state and territory population, June 2024
[23] National Disability Insurance Scheme (NDIS) participant datasets. Participant count by Local Government area as of 30 June 2026.

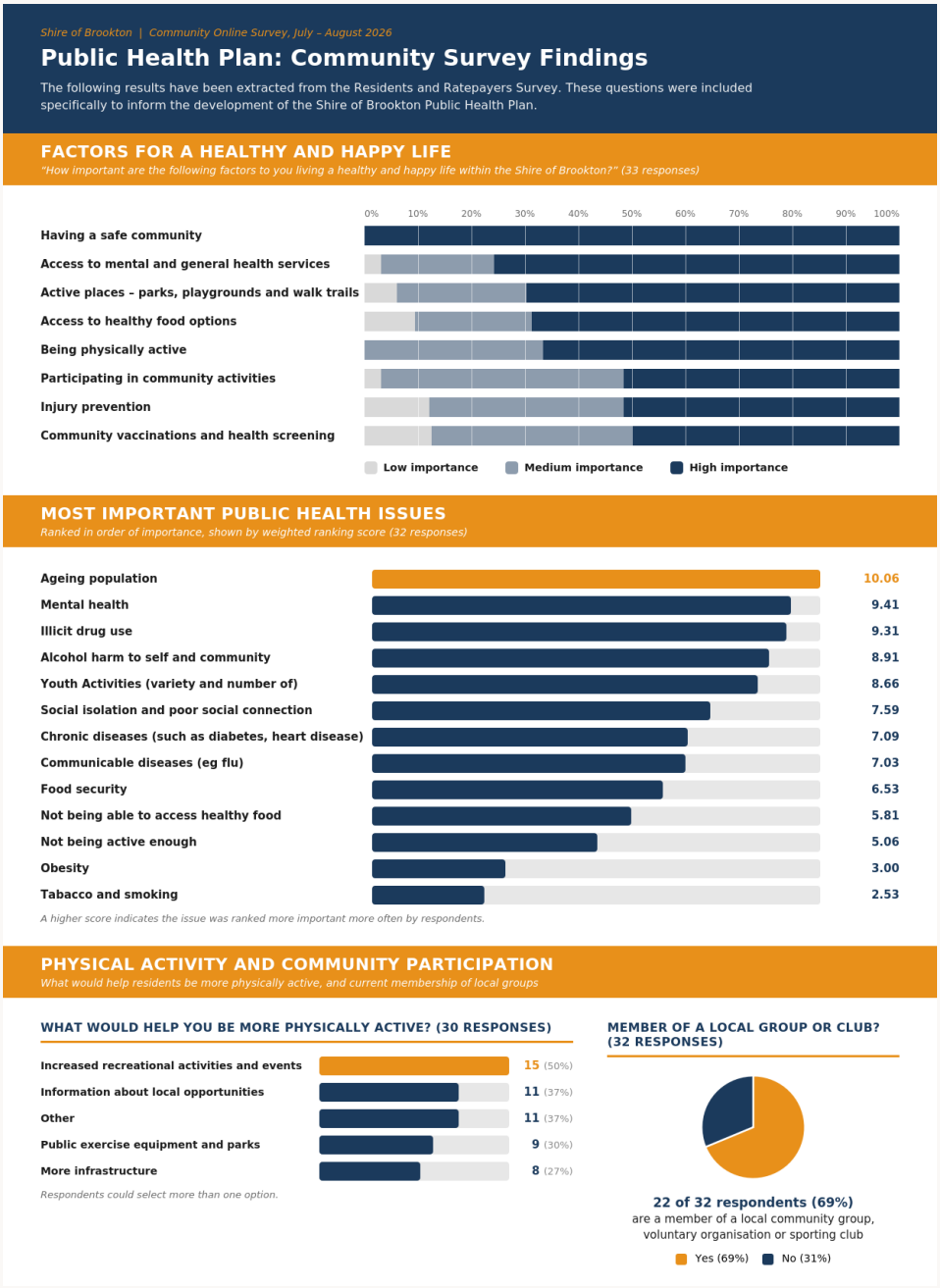
Appendix 2. Community Engagement Report

Input into the Shire of Brookton's Public Health Plan was sought from community members through a residents and rate payer survey and community workshops conducted in August 2026. A total of 161 people were engaged through this process.

Residents & Rate Payer Survey

The residents and rate payers survey asked respondents to rate the importance of various factors that contribute to a healthy and happy life. Having a safe community was rated as being of high importance to 100% of respondents. Other factors that were rated has highly important were access to mental and general health services, active places and access to healthy food options.

The top five most important public health issues as ranked by respondents are an aging population, mental health, illicit drug use, alcohol harm and lack of youth activities. Respondents indicated that having increased recreational activities and events would help them be more physically active.



Workshop Feedback

The top 3 public health issues or concerns identified by the community were ageing population, mental health and unhealthy lifestyles.

To help people live healthier lifestyles in Brookton residents identified more affordable healthy food options and greater awareness of healthy food options as ways that would help them eat healthier and more or different recreational activities and better or more sport and recreational infrastructure as ways that would help them be more active.

When asked what public health campaigns or initiatives would most benefit the community the top responses were mental health and wellbeing programs followed by injury prevention information and road safety campaigns.

