



12 JUNE 2026

Shire of Esperance

ORDINARY COUNCIL MEETING

23 JUNE 2026

ATTACHMENTS EXCLUDED FROM AGENDA



TABLE OF CONTENTS

12.1.1 Public Health Plan 2026-2031

Attachment A: Shire of Esperance Public Health Plan 2026-2031 – Building
Health and Wellbeing in Kepa Kurl, Esperance.....4

Front-page image showcasing Esperance's natural beauty and strong sense of community, highlighting green open spaces and the welcoming, connected spirit of the region.

Shire of Esperance Public Health Plan 2026-2031

Building Health and Wellbeing in Kepa Kurl, Esperance

Acknowledgment

The Shire of Esperance acknowledges the Kepa Kurl Wudjari people of the Nyungar nation and Ngadju people who are the Traditional Custodians of this Land and their continuing connection to land, waters and community. We pay or respect to their Elders past, present and emerging and we extend that respect to other Aboriginal Australians.

Message from the Shire President

It is my pleasure to present the Shire of Esperance Public Health Plan 2026–2031, outlining our commitment to supporting the health and wellbeing of our community.

This Plan recognises the important role local government plays in creating environments that promote healthy lifestyles, protect public health, and support community connection.

Developed with input from our community, stakeholders and staff, the Plan builds on existing work and sets a clear direction for future initiatives and partnerships.

On behalf of Council, I thank all those who contributed and look forward to the positive outcomes this Plan will deliver.

Cr Ron Chambers
Shire President

Foreword

The Shire of Esperance has a long history of prioritising health protection. As our understanding of health has broadened, so has our role in delivering programs and services that support community wellbeing and help Esperance thrive. As a Local Government, we recognise our responsibility in both promoting health and preventing illness across our community.

This second edition of the Public Health Plan 2026-2031 (the Plan 2026) formalises our commitment to creating environments that enable good health, wellbeing and quality of life. The Plan 2026 reflects our belief that empowering individuals and communities to make healthy choices begins with supportive surroundings.

Recognising health is shaped by social, cultural, economic, built and natural factors—many beyond an individual’s control—we adopted a holistic approach in developing the Plan 2026. From the food we eat to the way we design our neighbourhoods; everyday environments influence wellbeing.

By promoting healthy lifestyles, enhancing built environments that encourage physical activity, and celebrating our natural assets and open spaces as places for connection, recreation and wellness, we aim to foster a healthier, more active and resilient Esperance.

Executive Summary

In 2021, the Shire of Esperance endorsed the Public Health Plan 2021 – 2026 (current Plan) prior to the requirement to have one under the *WA Public Health Act 2016*. A public health plan is a strategic document designed to guide an integrated health and wellbeing planning process for the purpose of protecting, promoting and enhancing the health, wellbeing and quality of life for our community.

The current Plan development involved a process of data research and engagement with the community and stakeholders to identify the current health and wellbeing needs of our community, as a result, three priority public health focus areas were identified:

- **Healthy Active Lifestyle opportunities for all**
- **A Safe and Protected Community**
- **Inclusive, Resilient and Connected Community**

In May 2025 the Public Health Plan Working Group started meeting to review the current Plan and develop a plan for the next 5 years. The review and development process involved:

- Measuring the success of the implementation and delivery of the original Plan within the focus areas
- Identify how the Shire plans to further create environments to lead the protection, improvement and promotion of public health outcomes over the coming 5 years.
- Ensure the Plan 2026 aligns with the State Public Health Plan 2025-2030.

The Plan 2026 implementation will be undertaken in alignment with and in support of the Shire’s Council Plan 2022-2032. Plan 2026 will need to inform the next review of the Council Plan.

The Shire recognises that it is not possible to address every actual or potential public health issue affecting our community. However, through successful partnerships with local service providers, community organisations, businesses and other level of Governments, Council can create and maintain positive health and wellbeing outcomes while empowering the community to become more self-reliant and resilient.

The Plan 2026 includes performance measures and a reporting mechanism to evaluate its implementation over its first five years which will then be followed by a review process.

Graphic - (Insert Esperance pictures over WHO quote)

The World Health Organisation defines health as

“... a state of complete physical, mental, spiritual and social wellbeing, and not merely the absence of disease or infirmity ¹. “

Use of the term Aboriginal

Within Western Australia and, the Shire of Esperance, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. The term Aboriginal and Torres Strait Islander may be used in the national context, whilst Indigenous may be used in the international context. No disrespect is intended to any of our Torres Strait Islander community, staff or stakeholders.

What determines health and wellbeing?

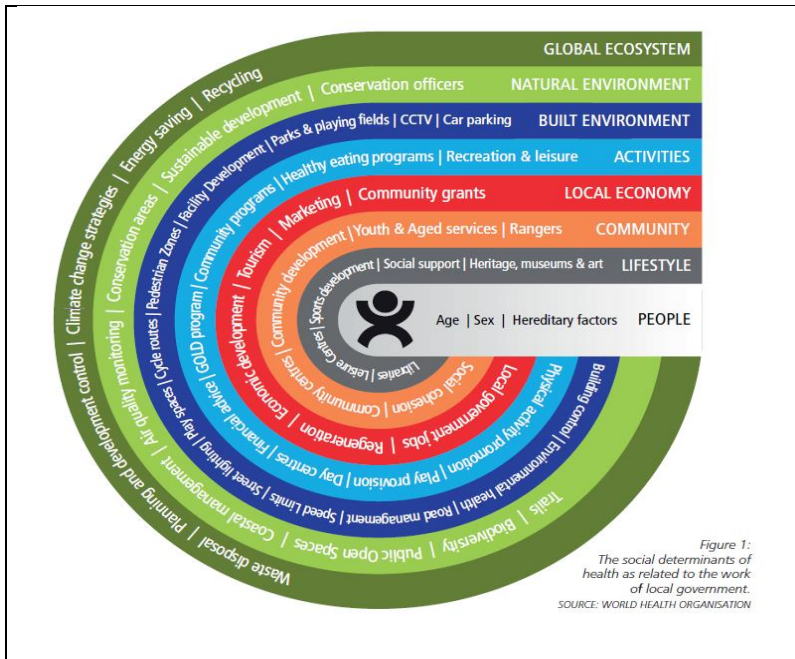
Although individuals ultimately make the decisions that shape their own health, local governments play an important role in creating environments that support healthy choices. To understand what actions and priorities will have the greatest impact, each Local Government must first understand its community—its current health status, and the barriers that may prevent people from living healthier lives. With this understanding, we are better positioned to identify public health needs and drive meaningful, positive change.

Many of the factors that influence health lie outside an individual's direct control. These are known as the social determinants of health, and they include socio-economic status, employment, income, education, housing, social support, access to health care, transport, food security, and community safety. The relationship between these determinants and the health and wellbeing of individuals and communities can be viewed through two lenses:

- Protective factors – conditions that support and promote good health and wellbeing
- Risk factors – conditions that undermine or jeopardise health and wellbeing

For these reasons, this Plan has been developed using a Social Model of Health, which encourages a holistic approach—recognising that health is shaped not only by individual choices, but also by the broader social, economic, and environmental context in which people live.

The social determinant of health and wellbeing – How local government can make a difference



Promoting community wellbeing is about intervening “to change those aspects of the environment which are promoting ill health, rather than 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 or support for making such changes.”

Public Health Advocacy Institute of WA and Stoneham and Associates (2011). Public Health Planning: A guide to developing a local government public health plan. Perth, Western Australia.

Figure 1: The social determinants of health as related to the work of local government. SOURCE: WORLD HEALTH ORGANISATION

The role of Local Government

Local governments have achieved huge gains in improving the health of communities by enforcing environmental health legislation and initiating surveillance and risk assessment programs. This work has led to significant reductions in many diseases, illnesses and injuries across WA. These fundamental programs have been documented as part of our health plan to ensure risks to the community continue to be identified and managed.

Changes to the way we live work and play have brought new health challenges. Chronic illness is now a leading cause of death with obesity, alcohol and smoking being key contributors. For this reason, Western Australian objectives focus on proactive and preventative approach.

The Shire of Esperance recognises that good health and wellbeing is essential to creating a healthy and vibrant community. This is not the role of a single agency, and it relies on good collaborative partnerships and will contribute to:

- Reducing duplication of programs and initiatives
- Increasing efficiency by collaborating and joining resources to develop common goals and actions
- Improving communication and increase understanding of the roles and expectations of others
- Achieving greater success by working together, and
- Sharing skills and knowledge

What does health and wellbeing mean to us?

Graphic – (Quotes Page)

“A public health plan is important for the Esperance community because it helps improve overall wellbeing by addressing local health needs in a coordinated way. It supports disease prevention, promotes healthy lifestyles and ensures better access to services. By planning ahead, the community can reduce health risks, improve quality of life, and respond more effectively to future challenges”

Shane Burge, Shire of Esperance, Chief Executive Officer

“Health is feeling safe, connected and able to thrive in everyday life, in an everchanging world. Health is about prevention, equity and creating environments that support well-being for everyone”

Leonie De Haas, Shire of Esperance, Councillor, Public Health Plan Working Group

“Public health means creating the conditions where everyone can live long, well and with dignity. It’s about prevention, equity, and making sure people have what they need to stay healthy, not just treating sickness after it happens. For us, it’s about listening to community voices, respecting culture, and making sure systems don’t leave people behind.”

Kara Murphy, Mudjar Aboriginal Corporation, Public Health Plan Working Group

“Public health for me is fostering the importance of strength training. Having strength (muscle & bone) means having the capacity to do the things in life we value/love/enjoy. Strength naturally declines after 40, but through strength training we delay the effect. In short, if we want an independent and enjoyable older age, we need to earn it through strength training. Public health can facilitate this at a community level.”

Dr Doug Cary PhD. FACP, Esperance Physio, Public Health Plan Working Group

“Public health in the Esperance community means having the foundations to live well and stay connected, safe work, a stable income, skills, housing, and support when needed. When people can access meaningful work locally, it strengthens everyday wellbeing, household stability and long-term health across the community”.

Andrea Wynne, Workforce Australia, Public Health Plan Working Group

“Health and wellbeing is the ability for individuals to thrive equitably, supported by systems and environments that enable them to be physically and mentally well, irrespective of the challenges and circumstances surrounding them.”

Carla Webster, Shire of Esperance, Public Health Plan Working Group

“To me, health and wellbeing means three simple things. Access, belonging and kindness.”

Emily Aarts, Community member

If you would like to provide a quote please send through to health@esperance.wa.gov.au.

The Plan 2026 Framework

The Plan 2026 is a strategic document that details how the Shire plans to protect, improve and promote public health amongst its residents. It aims to support all community members, across all life stages, to achieve positive health and wellbeing outcomes in priority health areas identified by the community and stakeholders. The Plan 2026 is intended to be an informing strategy to the Shire of Esperance Council Plan 2026 to 2036 and the community.

Integrating public health planning in this way provides the opportunity to bring together what are often regarded as unrelated activities across local government to focus on health and wellbeing outcomes for the community and enable a more cohesive use of resources.

Graphic (Integration Flow Chart – PHP and Council Plan)

The Plan 2026 supports the four core aspirations of the Shire of Esperance Council Plan 2026 – 2036. The vision, mission and themes were maintained from the current plan.

Graphic (Below to be made into an infographic)

<p>Shire Community Health and Wellbeing plan</p> <p>Vision: A healthy liveable engaged community</p> <p>Mission: Support the development of a healthy community by empowering people to have healthy lifestyles, be physically active and be socially engaged.</p>
<p>Themes</p> <p>Healthy Active Lifestyle opportunities for all A Safe and Protected Community Inclusive, Resilient and Connected Community</p>

Community engagement

The Plan 2026 has been informed by the ideas and feedback from the community, service providers, local organisations, businesses and government agencies.

Findings from the following community and State engagement opportunities were used in the development of the Plan 2026:

- The Big Survey 2026
- Tradies Talk- Asbestos in the Community
- Club Connect
- Kids in Esperance Survey 2025
- Internal Pulse Survey data
- 2023 Community Scorecard Survey
- 2025 MARKYT Community Scorecard Report
- Western Australia's LGBTIQ+ Inclusion Strategy 2025–2035

- WA Youth Action Plan 2024-2027
- At-Risk-Youth-Strategy-2022.pdf
- WA Health Promotion Strategic Framework (HPSF) 2022–2026
- Strategic Community Plan consultation - Community Scorecard report 2019 – 1650 respondents (February- March 2019)
- Esperance Suicide Prevention Action Plan (2021-2025) - Engagement process for agencies (July 2019)

Key Plans that shape the Public Health Plan

The following documents were used to inform and/or complement the Plan 2026. Some provided measurable health indicators while others provided a source of information to build on additional strategies to complement rather than duplicate existing ones.

- Shire of Esperance- Council Plan 2026-2036
- Communities for Youth Stage 2 report 2016
- Disability Access and Inclusion Plan 2025-2030
- Economic Development Plan 2025-2032
- 2025-2035 Playgrounds and Public Open Space Plan
- Mosquito-borne disease quarterly reports (Department of Health)
- Esperance Town Centre Revitalisation Master Plan 2015-2035

Implementation, Governance and reporting

To meet the requirement of Part 5 of the *Public Health Act 2016*, the Department of Health released the WA Plan objectives and priorities in 2024. This WA Plan provides guidance to State and Local Governments and other public health partners on how to work together to contribute towards influencing the health and wellbeing of all Western Australians.

The Plan 2026 has been developed to align with the *State Public Health Plan for Western Australia 2025-2030* with the following objectives considered to be relevant in a Local Government context.

- Aboriginal health and wellbeing
- Equity and inclusion
- Promote: foster strong communities and healthier environments
- Prevent: reduce the burden of chronic disease, communicable disease, and injury
- Protect: protect against public and environmental health risks, effectively manage emergencies, and lessen the health impacts of climate change

Implementation

The five-year Plan will be delivered through an action plan outlining specific strategies, responsibilities, and timeframes, with actions implemented across multiple service areas within the Shire of Esperance.

To support the successful delivery of the Plan 2026, the Shire will undertake the following actions:

- Engage with priority populations to improve health outcomes.
- Collaboration activities and goals of external stakeholders.
- Identify current initiatives and objectives across Shire teams.
- Align with broader health campaigns and identify funding opportunities.
- Use existing events and facilities to promote health initiatives.
- Listen to community feedback to identify linkages, and opportunities and future needs
- Identify barriers to delivering services, infrastructure, and equipment, and develop options to address them.

Governance

The Plan 2026's strategic and operational governance will be supported by two key groups:

Advisory Committee

The Shire recognises that influencing or addressing public health systems and workforces lies outside of the scope of Local Government responsibilities. However, the Shire will continue to strengthen existing partnerships and seek new partnerships to support community health and wellbeing under the objectives listed above through an Advisory Committee.

This committee will meet annually to provide strategic guidance on the development, implementation, and evaluation of the Public Health Plan. Membership will include representatives from key external agencies that influence community health and wellbeing, such as:

- Shire of Esperance
- WA Country Health Service
- WA Primary Health Alliance

Shire of Esperance Public Health Plan Working Group

This working group will include representatives from Shire teams and key stakeholders responsible for delivering the Plan 2026's strategies and actions. The group will meet quarterly to monitor progress, discuss emerging issues and opportunities, and embed health and wellbeing considerations across Shire services and decision-making.

Reporting and review

Every five years the Plan 2026 is evaluated and reviewed by the Working Group. The Action Plan will be reviewed annually to:

- Check the progress of the Plan 2026 actions and partnerships
- Identify any funding/partnership opportunities.
- Identify any budget/resource changes
- Identify any emerging public health issues.
- Amend/update the action plan for the following year.

Progress indicators

A noticeable shift in population health takes time, so a set of progress indicators will be used to track the Plan 2026's impact in the short, medium and long term.

Graphic – (Infographic to display below)

SHORT TERM	MEDIUM TERM	LONG TERM	
Actions from the PHP action plan have been implemented as planned.	Improved community perception of community health, wellbeing, and liveability issues and status.	Decrease or no change in prevalence of health risk factors in the community.	Decrease or no change in key Esperance LGA preventable death and hospitalisation rates.
Actions from the PHP have been an effective way for the Shire to focus on health and wellbeing.	Improved community perception and use of the Shire's health, wellbeing and liveability services and assets.	Increased prevalence of protective health factors in the community.	Changes in access to socio-economic resources within the community.
(Data source/s: Quarterly reporting on the progress of the action plan and individual project/action evaluation)	(Data source/s: Health, wellbeing, and liveability indicators from the Shire of Esperance community perception survey undertaken as determined by Council.	(Data source/s: Esperance population health data – death and hospitalisation rates, risk factor prevalence rates, and socioeconomic data from Australian bureau of statistics census).	

**Graphic - (To be made into an infographic)
Community Engagement**

To assess the progress of the current Plan and better understand community priorities, the Shire launched the Big Survey. The survey received 51 responses and comprised approximately 108 questions, including a locality question, many Likert-scale wellbeing and community statements, and several open-ended questions.

Some strong common themes emerged

“What do we need to focus on in the next 10 years to unlock a healthy future?”

Health & lifestyle

- reduce sedentary behaviour
- improve access to physical activity
- smoke/alcohol-free environments

- affordable housing
- inclusive activities

Community environment

- safe public spaces
- all-weather facilities
- better shared areas

Affordability & access

- affordable recreation

“One idea to make Esperance better”

Recurring ideas:

More community spaces

More affordable sporting, community activities
Better facilities (parks, CBD improvements)
Alcohol/smoke-free events
Social inclusion
Housing options (especially older residents)

What the Big Survey told us

Strengths identified

Community recognising what they need to improve their health outcomes.

Strong neighbour connection
Community-oriented mindset
Desire for healthy lifestyle environments

Emerging needs

Infrastructure for active living
Affordable and inclusive spaces
Support for ageing population
Substance-free social environments

Theme 1: Healthy Active Lifestyle opportunities for all

Aim: To inform and empower individuals to make positive health choices which enhance their physical and mental wellbeing by promoting healthier options, encouraging regular exercise and advocating against adverse behaviours.

<p>Key population health data</p> <ul style="list-style-type: none"> • A higher prevalence of sufficient physical activity and similar prevalence of spending more than recommended time in screen-based sedentary leisure time compared with WA State average; • 8% eat enough vegetables, 48.3% eat enough fruits; • Prevalence of overweight people below the State whereas prevalence of obesity above the State; • 40.1% eat fast food at least weekly; • Tobacco related hospitalisations, 628 is higher than the State 455.6 per 100,000 for 15 years and older • Alcohol related hospitalisations, 1142.3 higher than the State 944.2 per 100,000; • Top two causes of potentially preventable hospitalisations by external cause of injury: accidental falls (higher for elderly) and motor vehicle/motorcycles; and • Residents had a higher drug-attributable hospitalisation rate compared to the WA State average, 309.5 compared to 266.7 respectively. • Mental health and physical activity are closely connected, with objectives in Strategy 1 supporting those in Strategy 3. 	<p>Link to Community consultation feedback: Big Survey, Kids in Esperance Survey & 2025 MARKYT Community Scorecard Report 2025</p> <p>The leading responses highlighted what would help residents become more physically active and make healthier choices</p> <ul style="list-style-type: none"> • Keeping footpaths along beach maintained in a good condition. • Add shade to every playground, skate park where kids are playing and adults are watching. • Better mental health services or mental health services that accept people with AOD issues • Encourage and promote tolerance for everyone, with a disability, pregnant, status as an Esperance resident, on a VISA • More programs to focus on the reduction of drug and alcohol. • The dive platform is frequently used by fishers, creating safety and comfort issues for divers who must enter and exit the water there. Given that the jetty offers many alternative fishing spots but only one access point for diving, it would be safer and more practical to designate the final section of the jetty as a no-fishing zone with clear signage. • Affordable Leisure Centre membership and creche facilities. • Healthy food options and incentives for food vendors to operate at Shire events.
<p style="text-align: center;">Identified priority programs</p> <p style="text-align: center;">•Active living • Healthy eating & drinking • Healthy living • Mental health • Chronic disease prevention and protection</p>	

Strategy 1: Provide programs, events and facilities that support and promote physical activity and healthy eating.											
No	Objective	Action	Priority Level	Aspiration	Implementation Pillars	26/27 \$	27/28 \$	28/29 \$	29/30 \$	30/31 \$	Shire Leads
1.1	Delivery of programs designed to promote physical exercise and active living.	Develop and maintain a central, accessible register of community physical activity and active living opportunities.	Low	Place	Deliver Educate		*				Manager Community Development & Events
		Create programs that support social connection and learning opportunities for older adults, those with accessibility issues, new parents, and mums with young children, promoting mental wellbeing and active lifestyles.	Medium	Place	Deliver Educate	*	*	*	*	*	Manager Community Development & Events and Manager Recreation & Culture
		Implementation of the actions of the Bay of Isles Leisure Centre Management Plan.	Medium	Place	Deliver	*	*	*	*	*	Coordinator Sport & Recreation
		Identify which public open spaces are suitable for physical fitness and wellbeing activities, to guide the Traders Policy.	Low	Place	Deliver	*					Manager Development Services
		Investigate opportunities for incentives for service providers to provide free or discounted physical activity programs to the community.	Medium	Prosperity Place	Build knowledge		*	*	*	*	Manager Development Services & Manager Recreation and Culture

		Identify opportunities to partner with local, state and federal health promotion bodies and campaigns to facilitate and help promote physical exercise and active living.	Low	Place Performance	Advocate Partner	*	*	*	*	*	Coordinator Sport and Recreation, Coordinator Environmental Health & Manager Community Development & Events
1.2	Delivery of programs designed to promote healthy eating .	Provide or support community workshops, talks, events or programs through agency partnerships to promote healthy eating for priority groups.	Low	Place Performance	Deliver Advocate Partner	*	*	*	*	*	Coordinator Environmental Health
		Contribute to the WA Food Access and Cost Survey.	Low	Prosperity	Partner	-	-	-	-	-	Coordinator Environmental Health
		Encourage sporting clubs and community groups to provide healthy food choices by providing a 50% discount to food business registration fees when the menu is aligned with <u>WA Department of Education's Student Health in Public Schools Procedures</u> .	Medium	Prosperity Place	Deliver			*			Manager Development Services

Strategy 2: Work towards reducing alcohol (and other drug) related harm in the community.											
2.1	Delivery of programs designed to discourage excessive alcohol consumption.	Engage with key stakeholders to advocate for programs to discourage drink driving and risk behaviour.	Low	Place	Partner Advocate		*	*	*	*	Coordinator Environmental Health
		Engage with the community and local stakeholders to identify alcohol and other drug issues and inform locally relevant prevention and harm-reduction actions.	Medium	Place	Partnership Advocate	-	-	-	-	-	Coordinator Environmental Health & Manager Community Development & Events
		Engage with key stakeholders to develop an Alcohol Policy.	Medium	Place	Deliver Partnership		*	*			Supervisor Club and Community Development and Coordinator Environmental Health
		Encourage local groups to have a code of conduct which includes refraining from using alcohol/smoking (sport groups)	Medium	Place	Advocate Partnership	*	*	*	*	*	Supervisor Club and Community Development
		Deliver Shire alcohol-free events in partnership with health promotional agencies and encourage promoters to follow.	Medium	Place	Deliver	*	*	*	*	*	Manager Community Development & Events
2.2	Minimise community exposure to	Promote, encourage and enforce smoke/vape free public places/events.	Low	Place	Advocate	*	*	*	*	Manager Community Development & Events	

	tobacco and vaping.	Develop a smoke/vape free Policy for Shire owned land and buildings.	Medium	Place	Deliver		*					Manager Parks & Environment & Manager Development Services
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Strategy 3: Promote and support positive mental wellbeing within the community.													
3.1	Promote programs designed to inform and improve mental health issues within the community.	Partner with agencies for mental health promotion and support community networks and social inclusion.	High	Place	Partner Advocate	*	*	*	*	*	Coordinator Environmental Health & Manager Community Development & Events		
		Develop a referral/hardship policy and process to support individuals addressing rates, keeping of animals, hoarding and squalor concerns.	High	Place	Deliver		*	*			Director Corporate and Community Services & Director External Services		
		Undertake a homelessness needs assessment for the Shire, including data collection, stakeholder engagement and identification of service and housing gaps, to inform the development of a local Homelessness Strategy.	Medium	Place	Build Knowledge			*	*	*	\$	\$	Director External Services
		Provide Internal Crisis Support Guides, which outline key service providers available to assist in a range of issues- financial hardship, domestic violence, homelessness, mental health challenges.	High	Place Performance	Deliver	*	*	\$	\$				Coordinator Environmental Health

Theme 2: A Safe and Protected Community

Aim: To undertake a range of **actions and programs** designed to provide safeguard and enhance a **person’s health** in built and natural environments.

<p>Key population health data</p> <p>In the 2023/24 financial year, activities that aimed to reduce Esperance environmental health exposures included:</p> <ul style="list-style-type: none"> • 569 Inspections of registered businesses • 86 water monitoring samples collected from a variety of water sources (environmental waters, aquatic facilities, drinking water) to monitor compliance and to meet statutory requirements. • 8 adult mosquito traps were installed and 142 larval surveys were conducted including larvicide treatments to reduce mosquito activity and mosquito borne disease risks. • 276 public health service requests relating to, asbestos, noise, food recalls, dust, moulds, algal bloom, needles, disease notifications to name a few were provided with a health response. • 16 public health literacy opportunities including media releases, displays and broadcasted messages were released. • 67 temporary food permits were issued 	<p>The common themes related to public health by respondents were:</p> <p>Survey responses</p> <ul style="list-style-type: none"> • More information regarding services to be made clear via social media, newsletters etc • Asbestos FAQ’s on Website • Hoarding and Squalor guide on how to manage, contacts for support and FAQ’s. • Mental health services need to be more readily available. • Protection of the coastline • Affordable housing options - prefab homes easier access. Tiny homes. Less planning red tape
<p style="text-align: center;">Identified Priority programs</p> <p>Delivery of a suite of essential services & interventions to reduce exposure to environmental health risks and regulatory measures such as regulation of industries, wastewater management, infectious disease surveillance and outbreak responses, control of disease vectors and disaster management.</p>	

Strategy 1: Conserving natural environments to support ecological and community wellbeing.											
No	Objective	Action	Priority Level	Aspiration	Implementation Pillars	Timeframes					Shire Leads
						26/27	27/28	28/29	29/30	30/31	
1.1	Promote environmental protection initiatives in the community.	Create monitoring framework and sharing information across the Shire and key stakeholders.	Low	Performance	Partner Build Knowledge		*	*	*	*	Manager Development Services & Manager Parks and Environment
		Promoting best practice and education for commercial and industrial developments and operations.	Low	Place Performance	Educate	*	*	*	*	*	Manager Development Services
1.2	Support waste reduction and resource recovery through community education.	Provide education to the community on how to reduce waste and maximise resource recovery, decreasing reliance on landfill.	Low	Planet Place Performance	Educate Deliver	*	*	*	*	*	Manager Sustainability & Resource Recovery
		Reduce litter and illegal dumping through targeted prevention, education, enforcement and hot spot identification to protect	Medium	Planet Place	Educate Deliver	*	*	*	*	*	Manager Sustainability & Resource Recovery

		public health and amenity.									
1.3	Enhance and support natural recreational spaces for the community to enjoy.	Enhancing inclusive natural recreational spaces to ensure there is adequate shade, drinking water, access and seating.	High	Place	Deliver			*	*	*	Manager Parks and Environment
		Codesign public spaces to embed cultural narratives into spaces such as art, storytelling and native landscaping..	Medium	Place	Partner	-	-	-	-	-	Manager Parks and Environment
		Create a <i>Place to Space</i> Team to generate community led ideas into reality with Community ownership of the spaces	Medium	Place	Deliver	*	*	*	*	*	Manager Parks and Environment
1.3	Monitoring environmental conditions alongside planning, building and health trends to support evidence-based future planning.	Investigate and utilise available flood mapping for key development areas to support evidence-based decision-making.	Low	Performance	Deliver Build Knowledge			*	*	*	Director External Services
		Implement and integration of the <i>Esperance Coastal Hazard Adaption Strategy</i> to ensure sustainable	Low	Performance	Deliver	*	*	*	*	*	Director External Services

		development decision making.									
Strategy 2: Supporting business and the community to make decisions that protect community safety and the environment.											
2.1	Promote and support food businesses to establish a strong food safety culture.	Develop and promote a food safety newsletter for food businesses to access up to date information and food safety tips.	Medium	Prosperity	Deliver		*	\$			Coordinator Environmental Health
		Encourage and educate food businesses to establish a strong food safety culture.	Low	Prosperity	Educate	*	*	*	*	*	Coordinator Environmental Health
2.2	Promote and support the importance of protecting and conserving drinking water supplies.	Collaborate with the Water Corporation (WC) and DWER to educate and engage communities and businesses, ensuring drinking water supplies are protected and sustainable.	High	Planet Performance	Partner Educate	*	*	*	*	*	Director External Services
2.3	Undertake pest surveillance and	Review and engage with relevant parties to ensure constructed water bodies	Low	Planet	Deliver		*	*	*	*	Director Asset Management and Manager

	control programs.	are designed and maintained in accordance with the <i>Chironomid midge and mosquito risk assessment guide for constructed water bodies, DOH WA.</i>		Place							Development Services
		Engage with stakeholders to ensure there is an integrated approach to pest management when multiple parties are affected.	Medium	Planet Place	Partner	*	*	*	*	*	Coordinator Environmental Health
2.4	Asbestos containing materials are handled and	Deliver educational material advising on the correct identification, handling and	High	Planet Place		*	*	*	*	*	Coordinator Environmental Health

	maintained correctly.	maintenance of asbestos containing material.									Waste Management
		Participate in the annual asbestos awareness month.	Low	Planet Place	Educate	*	*	*	*	*	Coordinator Environmental Health
		Engage with stakeholders to ensure educational materials produced are relevant and applicable.	Medium	Place	Partner		*		*		Coordinator Environmental Health
Strategy 3: Supporting a connected and inclusive built environment.											
3.1	Ensure public open space is accessible, activated and attractive to the community for a variety of different uses.	Use a risk-based approach to implement and maintain connected walking and cycling networks for a safer, more connected community.	High	Place Place	Deliver		*	*	*	*	Director Asset Management
		Contribute to a safe and inclusive transport network that efficiently connects people to	Medium	Place	Advocate	*	*	*	*	*	Director Asset Management

		places, encourages active and sustainable travel, supports growth and vitality of the community									
		Strengthen collaboration with stakeholders to identify, prioritise and implement ongoing upgrades to major crossings – particularly high-risk railway crossings.	High	Place	Advocate	*	*	*	*	*	Director Asset Management
		Promote shade trees, water fountains, seating and other amenities that make walking appealing.	High	Place	Deliver	\$	\$	\$	\$	\$	Manager Parks and Environment
3.2	Ensure our built environment is designed for universal accessibility .	Implement the actions of the Disability Access and Inclusion Plan (DAIP).	High	Place	Deliver	\$	\$	\$	\$	\$	Director External Services and Director Asset Management

Theme 3: Inclusive, Resilient and Connected Community

Aim: To provide a range of **services and facilities** designed to meet the community wellbeing needs by promoting and **developing positive external factors** to a person's health.

<p>Key population health data</p> <p>Priority Populations</p> <p>The Plan 2026 applies to the health and wellbeing of all people. However, it is recognised that targeted interventions to reduce health inequities and to assist those in the community who have a higher risk of exposure to health risk factors is essential.</p> <ul style="list-style-type: none"> • Within the 2021 Census, 21.4% of the Australian population were identified as living with disability. Based on this National average it is assumed some 2,971 people are living with disability in the Shire of Esperance region. • Aboriginal people: Aboriginal people report a higher prevalence of most chronic conditions compared with non – Aboriginal people and are more likely to have poorer health than non-Aboriginal people. The <i>Health Inequities in Australia</i> report (September 2025) identifies persistent and preventable inequalities in health outcomes driven by socioeconomic disadvantage, geographic location and systemic inequities. • LGBTIQ+ is an acronym commonly used to describe lesbian, gay, bisexual, trans/transgender, intersex, queer and other sexuality, gender, and bodily diverse people and communities. LGBTIQ+ people face discrimination and disparities connected to their gender identification and/or sexuality that impact their physical and mental health and access to healthcare and other services (Equality Australia, 2020). • People with Socio-economic disadvantage: Around 14% of families are single-parent households, which can increase financial and caregiving pressures. Over one-fifth of households live on low incomes (defined as \$650 per week or less), and nearly one quarter of these low-income households experience rental stress, indicating housing affordability challenges. Socio-economic disadvantage is not evenly distributed — parts of Esperance are identified as areas of highest relative disadvantage, reflecting concentrations of financial and social vulnerability within the Shire. 	<p>Link to Community consultation feedback:</p> <p>The community feedback when asked the most important health risk factor by respondents were:</p> <p>Survey Results</p> <ul style="list-style-type: none"> • “A Lifestyle Village is imperative for Esperance, this would free up many houses & help with the rental problem & housing shortage in our area” • Need an exclusion zone around the beaches and lakes for smoking, so that cigarette butts etc don't end up in the ocean etc. Any cycle or walk paths etc that are created needs to be done with Phytosphthora dieback hygiene conducted at best practice <p>Priorities identified in the Disability Access & Inclusion Plan 2023-2030</p> <ul style="list-style-type: none"> • Advocate for improved aged care facilities and palliative care • Advocate for community and care services to support active aging in home • Advocate for local shops, hospitality and entertainment venues to improve access and employment opportunities for people with disability • Provide appropriate level of ACROD parking bays • Provide improved beach access for people with disability
<p style="text-align: center;">Identified Priorities</p> <p>By building a liveable community for all that is safe, connected and secure, affordable, offers supportive community features and services to enhance personal independence; allow residents to remain in their homes and communities as they age; and foster residents' engagement in the community's civic, economic, and social life.</p> <p>The yearly Shire budget also includes capital projects, maintenance programs, services and activities that all contribute to the safety and wellbeing of our community, Annual & Financial Reports » Shire of Esperance.</p>	

Strategy 1: Strengthen preventative and community-based care.											
No	Objective	Action	Priority Level	Aspiration	Implementation Pillars	Timeframes					Shire Leads
						26/27	27/28	28/29	29/30	30/31	
1.1	A range of health services designed to meet the health needs of the community.	Advocate and engage stakeholders to ensure consistent and accessible health services are available.	High	Place	Advocate	*	*	*	*	*	Chief Executive Officer & Environmental Health Coordinator
1.2	Engage the community through targeted health promotion activities that raise awareness, build knowledge and encourage positive health behaviours .	Develop partnerships with organisations as may be appropriate to provide disease prevention programs, such as, but not limited to, needle syringe program, fall prevention, health screening, immunisation and health and wellbeing programs.	Low	Place	Advocate Partner	*	*	*	*	*	Coordinator Environmental Health
		Assess staffing capacity and resourcing options to support improved engagement, proactive education and reduced compliance activity.	Medium	Performance	Advocate	*	*	*	*	*	Manager Development Services
		Connect with local advisory groups to guide health initiatives.	High	Performance	Partner	*	*	*	*	*	Coordinator Environmental Health

Strategy 2: Strengthen Community Preparedness											
2.1	A community prepared and able to manage risks associated with emergency events	Encourage fire-resilient building and landscape design through planning, policy and community education to reduce bushfire risk.	Medium	Place	Advocate Educate	*	*	*	*	*	Manager Ranger & Emergency Services
		Provide community education and information to build preparedness, resilience and health awareness for fire and flood response and recovery.	High	Place	Advocate Educate	*	*	*	*	*	Manager Ranger & Emergency Services
2.2	Increase community and visitor knowledge of coastal risks and safe behaviours to reduce preventable harm along high-risk coastlines.	Partner with agencies to support consistent coastal safety education.	High	Place	Advocate Educate	*	*	*	*	*	Manager Ranger & Emergency Services
		Promote clear, consistent coastal safety messaging through Council channels, including signage, social media, website and visitor information.	High	Place	Advocate Educate	*	*	*	*	*	Manager Ranger & Emergency Services

Appendix – Community Health Profile

Esperance Profile

Demographic snapshot



Estimated **population around ~13,883 (2021 Census)** 70-75% live in Esperance town.



Median age 42



725 km by road from Perth



Median Household
income \$1,521



Children Aged 0-14
Years: 22.2% of population



Area: Over 53,700
square kilometres



People Aged 65 and
Over: 14% of population



4.3% Aboriginal and/or
Torres Strait Islander



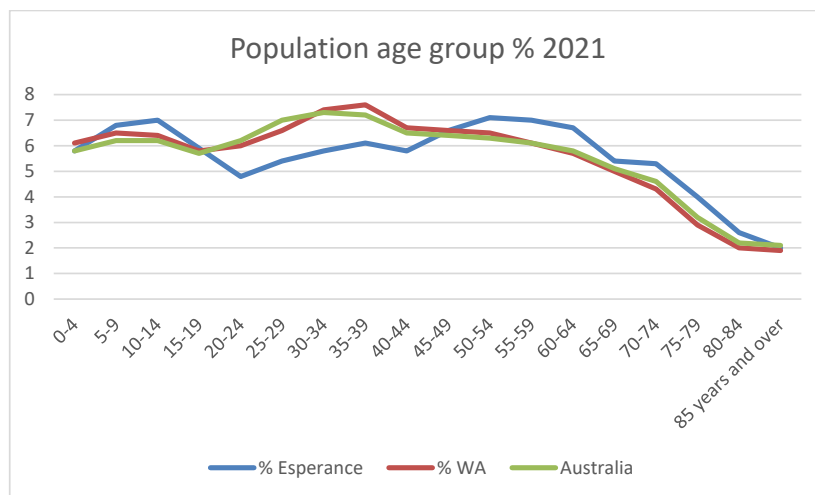
Length of Roads: 4,853
kilometres

The Shire includes a network of smaller localities integral to the region’s agricultural and rural economy. These include Gibson, Condingup, Grass Patch, Scaddan, Salmon Gums, Dalyup and Cascade among others.

These towns are small in population compared to Esperance but collectively support the surrounding agricultural industry. Our isolation contributes to our community resilience. Our community has a strong desire to help those in times of crisis from bush fires, floods to personal tragedies as its people have a strong volunteering commitment.

With over 100 sport and recreation clubs throughout the Esperance community, our community is a diverse and vibrant one, who actively gets involved in making things happen. Our National Parks, Ramsar wetlands and dramatic coastline provide several recreational and tourism opportunities.

Esperance has more school-aged children and fewer young adults than the State, reflecting the common regional pattern of young people leaving for study or work. The median age in Esperance is 52, slightly higher than the State median of 38 (ABS 2021 Census). Additionally, Esperance has a slightly higher aging population compared to both the State and National average (ABS 2021 Census).



Source: ABS 2021 Census

Population Forecast

The population forecast for the Shire of Esperance suggests steady, modest growth, with the potential for more noticeable expansion by 2041 of up to 18,000 if housing and economic conditions support incoming residents. Growth rates are influenced both by natural demographic factors and migration patterns, with housing supply currently seen as a key constraint on faster population increases.

Social – Economic Status

The Shire acknowledges lower median household income compared to WA average (ABS, 2021 Census). 23.8% of families have an annual income of less than \$64,999. Key issues include housing shortages affecting workforce and service delivery. Local economic planning highlights agriculture, logistics, and stable employment as core strengths as mentioned in the Shires Economic Development Plan 2025-2032.

Socio-Economic Indexes for Areas (SEIFA) scores can shed light on the type of disadvantage being experienced. Esperance had received a SEIFA score of 996 in the 2011 Census and this number declined again in the 2021 Census to 960. The score is below the national average of 1,000, which indicates the area has relatively more socio-economic disadvantage and/or less advantage compared with the national distribution of Australian local government areas (LGAs).

Aboriginal Health

There remains a discrepancy between the health status and life expectancy of Aboriginal people when compared to non-Aboriginal people which is commonly referred to as *the Gap*. Closing the Gap is a national commitment to reduce the long-standing inequalities between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. In health, it focuses on improving outcomes so that Aboriginal people can enjoy the same level of health, wellbeing, and life expectancy as the wider population. The WA Primary Health Alliance raises concerns regarding the accuracy of available data in some areas within the Goldfields – Esperance region (PHA, nd). They highlight the need for utilizing local intelligence when undertaking health needs assessments and planning, recognising some statistics may be underreported and should be used with caution (PHA, nd).

Aboriginal people in Esperance count for 4.3% which is higher than the State (3.3%), with a median age of 21. There were 601 Aboriginal and/or Torres Strait Islander people living in the Esperance region 2021 (ABS, 2021). Lower urgency emergency department presentations were slightly above the State rate of 6,167 per 10,000 with 6,573 per 10,000 (PHA, nd). Preventable hospitalisations were below the state level at 3,954 per 100,000 (PHA, nd).

Prevalence of avoidable deaths, Shire of Esperance WA per 10,000	
Circulatory system diseases	45.6
Ischaemic heart disease	35.1
Other external causes (transport accidents)	32.1
Cancer	29.4

Source: WA Primary Health Alliance (nd) Country WA PHN Needs Assessment 2025.2027. WA Primary Health Alliance.

Chronic Diseases

Chronic diseases are long-term, non-communicable conditions that significantly contribute to physical and mental ill health, disability, and premature death. Many people experience more than one condition at the same time (multi-morbidity), such as a physical illness alongside a mental health condition, creating complex health

needs and challenges for treatment. Aboriginal people experience 2.3 times the rate of disease burden (PHA, nd). Established risk factors for chronic disease include having high blood pressure, being overweight or obese, smoking, doing little or no exercise and having high levels of stress. Psychosocial factors such as social isolation and loneliness can also play a role in the prevalence of chronic disease.

- 18.9% of people living in the Shire of Esperance reported one long-term condition.
- 5.7% reported two.
- 2.7% reported three or more

Most chronic disease burdens in Esperance are slightly higher than the rest of Western Australia (ABS, 2021). Rates of clinical-diagnosed diabetes were higher than the state level of 7.9% in Esperance (9.0%) (PHA, nd).

Overweight and obesity in adults can be associated with cardiovascular diseases, type 2 diabetes, some cancers, musculoskeletal disorders, dementia and a range of other conditions (AIHW 2017). Obesity rates are higher for Esperance than the State, even though overweight rates were less than the State. 40.1% of people living in Esperance access fast food at least once weekly.

The 2009 Australian Physical Activity and Sedentary Behaviour Guidelines for adults recommends accumulating 2.5 to 5 hours of moderate intensity physical activity or 1.25 to 2.5 hours of vigorous intensity physical activity each week, this has since been superseded by the Australian 24-hour Movement Guidelines, for the purposes of keeping the standard relevant with the data provided the 2009 standard is being utilised. 54.6% of people living in Esperance complete the recommended amount of physical activity.

Prevalence of common health conditions for adults, Shire of Esperance WA, 2011-2020

	Estimate Esperance (S) %	Estimate WA %
Overweight	31.9	34.9
Obese	46.5	31.9
Any mental health condition	15.3	15.5

Prevalence of lifestyle risk factors for adults, Shire of Esperance WA, 2011-2020

Eats recommended serves of vegetables daily	8.0	8.4
Eat recommended serves of fruit daily	48.3	49.9
Eats fast food at least weekly	40.1	23.9
Does recommended amount of physical activity	54.6	48.0
Spends > recommended time in screen-based sedentary leisure activities	47.4	45.0
Drinks at high risk levels for long-term harm	21.2	24.0
Drinks at high risk for short-term harm	8.6	7.9
Currently smokes	14.0	10.7

Attended a primary health care service in last 12 months	87.1	90.2
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Prevalence of notifiable infectious diseases, Shire of Esperance WA, 2011-2020

	Esperance ASR per 100,000	WA ASR per 100,000
Blood-borne disease	63.7	54.5
Enteric disease	173.4	213.6
Sexually transmitted infections	493.7	611.6
Vaccine preventable disease	134.9	232.1
Vector-borne disease	36.2	24.0

Source: Department of Health Western Australia. (October 2024) Health and Wellbeing Profile, Shire of Esperance, 2011-2020

Causes of deaths and preventable hospitalisations - Esperance (S)

Five leading causes of death, Esperance,

	Esperance %
Coronary heart disease	15
Dementia (including Alzheimer's)	7
Lung cancer	6
Diabetes	5
Cerebrovascular disease	5

Source: WA Primary Health Alliance (nd) Country WA PHN Needs Assessment 2025.2027. WA Primary Health Alliance.

Mental Health- Esperance (S)

Mental health conditions can increase the risk of people experiencing other disorders including physical disorders and diabetes (AIHW 2017). In 2020, Esperance residents had a similar prevalence of anxiety, depression, stress and any mental health condition compared to the WA State prevalence.

Prevalence % of mental health conditions, Esperance, 2020

	Esperance %
Anxiety	10
Any mental health condition	15.3
Depression	8.5
Stress	8.9

Source: WA Primary Health Alliance (nd) Country WA PHN Needs Assessment 2025.2027. WA Primary Health Alliance

Despite the similar rate to the State, mental health was the third leading cause of disease burden in the Goldfields-Esperance region, contributing 15% to the total disease burden for the region (PHA, nd). The region also records the highest proportion of non-urgent emergency department presentations for psychosocial issues compared with regional WA.

There are low numbers of mental health professionals such as psychiatrists, mental health nurses and psychologists in regional and remote areas. In both the Goldfields and Esperance area the rate of psychologists per 10,000 people is below the state rate at 5.5 and 3.8. The availability of service providers in the Goldfields regions is important as many services are based within Kalgoorlie with outreach to localities such as Esperance.

Infographic for quote

"A lack of access to, and utilisation of, primary mental health care in rural areas not only costs the health system more in the long term but is likely to contribute to poorer outcomes for rural communities." The National Rural Health Alliance: Fact Sheet July 2021: Mental Health in Rural Australia, National Rural Health Alliance Inc.

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