Shire of Kellerberrin

Public Health Plan 2026 - 2031

Acknowledgment of Country

The Shire of Kellerberrin acknowledge the Ballardong Noongar people as traditional custodians of the land and skies on which we gather, and we pay our respects to their elders, past, present and emerging.

Council's Vision

To welcome diversity, culture and industry; promote a safe and prosperous community with a rich, vibrant and sustainable lifestyle for all to enjoy.

Core Drivers

Core Drivers identify what the Council will be concentrating on as it works towards achieving Council's vision. The core drivers developed by Council are:

1. *Relationships that bring us tangible benefits (to the Shire and our Community)*
2. *Our lifestyle and strong sense of community*
3. *We are prepared for opportunities and we are innovative to ensure our relevancy and destiny*

Revision History

Original adoption	15 September 2026	Resolution #	MIN120/26
Last Reviewed		Resolution #	
Amended		Resolution #	

1. Contents

2. Executive Summary

This Public Health Plan (PHP) provides a strategic framework to protect, improve and promote the health and wellbeing of people living in the Shire of Kellerberrin.

The plan has been developed to meet the Shires statutory responsibility under part 5 of the *Public Health Act 2016 (WA)* and aligns with the State Public Health Plan for Western Australia. The alignment ensures that local strategies contribute to the broader statewide vision of improving health and wellbeing of all Australians through coordinated, evidence-based actions.

The Shire of Kellerberrin, being closest to the community, plays a critical role in shaping environments that support healthy lifestyle, reduce risk factors for disease and injury, and respond effectively to emerging public health challenges.

The five-year Public Health Plan is informed by local health data provided by the Department of Health, 2015-2024 Health Profile and community feedback. The data identified key considerations for the health and wellbeing of residents.

1. Tobacco smoking
2. Healthy Eating & Nutrition
3. Overweight & Obesity
4. Physical Activity
5. Mental Health
6. Healthy Ageing
7. Chronic Disease prevention
8. Rural access to healthcare

From these community considerations, and feedback from the Public Health Plan Survey the plan identifies six public health priorities.

Actions to address these priorities identified are structured under four domains consistent with the WA State Public Health Plan:

1) Promote – Create environments that support healthy choices
2) Prevent – Reduce factors for disease and injury
3) Protect – Manage public health risks and emergencies
4) Enable - Strengthen partnerships and community capacity

3. Background and Health Profile

3.1 Public Health

The Shire of Kellerberrin has developed this plan as part of our shared commitment to creating a community where everyone can live well, feel safe, and be supported. The five-year plan compliments the Shires Strategic Community Plan 2022-2032 aligning with the vision that our community helped shape.

What is Public Health?

Public health is about creating the conditions that allow everyone to enjoy good health, not just through medical care, but by improving the environments in which we live, work, learn and play. It focuses on preventing illness, promoting wellbeing, and protecting our community from risks to health and safety. Public health includes things like access to safe food and water, clean air, waste management, healthy housing, active lifestyles, mental wellbeing, and social connection. At a local level, it also means designing neighbourhoods, facilities and programs that make healthy choices the easy choices for everyone.

The plan is underpinned by the social determinants of health, the broad range of non-medical factors that influence how people live, learn, work and play. These determinants are demonstrated in the graphic below.

Together, they shape the physical, social and economic conditions that affect health and wellbeing across the Shire.

By recognising and addressing these determinants, the Shire can focus its resources and partnerships on areas where local action can have the greatest impact. This approach supports long terms improvements to community wellbeing and ensures that local initiatives contribute to the broader objectives of the *State Public Health Plan* for *Western Australia 2025-2030.*

3.2 Alignment with the State Plan

The Shire of Kellerberrin Public Health Plan has been developed in accordance with the Public Health Act 2016, which requires local governments to ensure their public health planning aligns with the State Health Plan for Western Australia (2025-2030) where applicable.

This alignment ensures that local strategies contribute to the broader statewide vision of improving health and well-being of all Western Australians through coordinated, evidence-based action.

Objective	**Vision**	**The best possible health, wellbeing and quality of life for all Western Australians – now and into the future**		
	Aboriginal health and wellbeing			
	Equity and inclusion			
	Promote	**Prevent**	**Protect**	**Enable**
	Foster strong, connected communities and healthier environments	Reduce the burden of chronic disease, communicable disease, and injury	Protect against public and environmental health risks, effectively manage emergencies, reduce impacts of disaster, and lessen the health impacts of climate change	Bolster public health systems and workforce and leverage partnerships to support health and wellbeing
Priorities	• Ensure public health risks are considered and addressed in planning and development policies and approval processes to facilitate healthy living and minimise impacts from public health hazards. • Optimise mental health and wellbeing. • Improve health literacy by ensuring accessible and appropriate health information is effectively communicated to all Western Australians. • Improve understanding and use of genomic information to promote population health.	• Reduce use of tobacco, vapes and related products. • Encourage and support healthy eating and active living to halt the rise in obesity. • Reduce harm due to alcohol use. Prevent injuries and promote safer communities. • Reduce the harm due to illicit drug use, misuse of pharmaceuticals and other drugs of concern. • Improve access to and quality of population-based screening programs. • Expand immunisation program provision to prevent infectious disease.	• Manage the effects of climate change on people's health and reduce the health system's environmental footprint. • Prevent, monitor and control notifiable infectious diseases. • Provide sustainable disaster and emergency management across prevention, preparedness, response and recovery phases. • Reduce harm due to current and future health hazards, including environmental, radiation and biosecurity risks. • Enhance pandemic preparedness and response to emerging communicable disease threats. • Ensure access to safe food and water.	• Enhance population health data, collection, management, analysis and reporting capability. • Foster research and innovation to improve our understanding of, and ability to address, public health issues. • Develop partnerships with key agencies and communities to enable the delivery of public health services. • Attract, develop and retain a public health workforce for the future.
Guiding principles	Partnerships	Sustainable	Proportionate	Precautionary

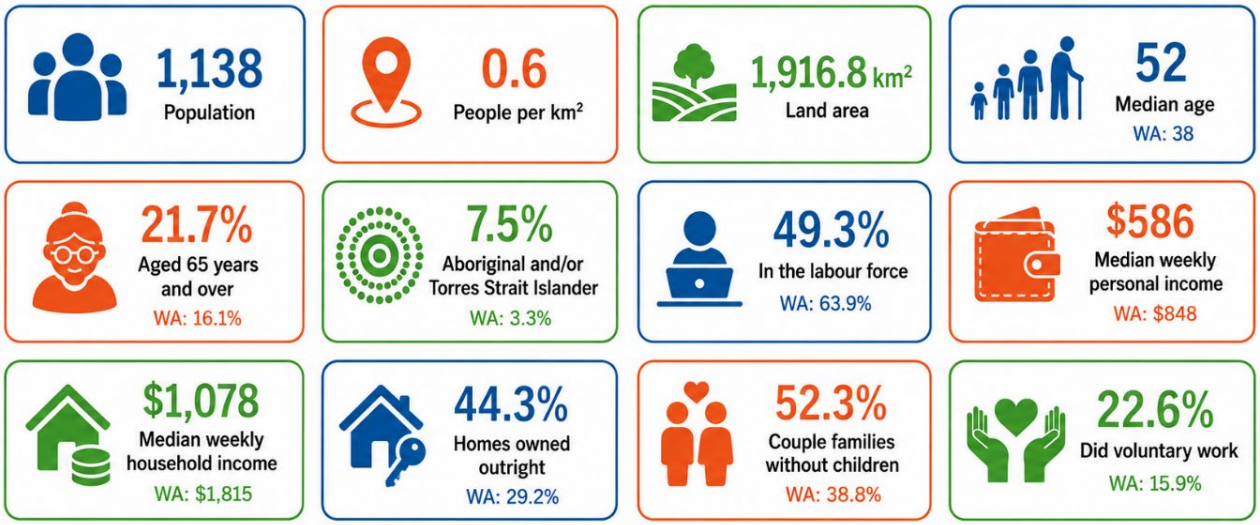
The State Public Health Plan provides overarching objectives and policy priorities for Western Australia, offering a framework for local governments to adapt according to their unique community needs. The vision, objectives and guiding principles of the State Public Health Plan are shown above.

4. Shire Snapshot

4.1 Our Shire

The Shire of Kellerberrin is located in the Wheatbelt region of Western Australia, approximately 200 kilometres east of Perth. The Shire covers an area of approximately 1,917 square kilometres and includes the main townsite of Kellerberrin, together with the smaller communities of Baandee and Doodlakine and surrounding rural localities. The resident population at the time of the 2021 ABS Census of Population and Housing was 1,138.

The information presented in the infographic below, provides a community snapshot in time as of the most recent Census night (2021 ABS Census of Population and Housing), based on place of usual residence.



5. Our Health & Wellbeing Profile

The data presented in this section provides an overview of the health and wellbeing status of residents in the Shire of Kellerberrin. The Health Profile 2015–2024 has been prepared by the Epidemiology Directorate, Department of Health, Western Australia (DOH WA), in collaboration with the Public Health Advisory Group, to inform the development of a local Public Health Plan as required under the *Public Health Act (WA) 2016* (PAHD, 2025).

This health profile provides an overview of the health status and determinants using the latest available data from multiple sources. It covers the following key areas:

- Population
- Lifestyle-related risk factors (nutrition, physical inactivity, tobacco use and alcohol use)
- Physiological risk factors (overweight and obesity)
- Alcohol, tobacco and illicit drug–attributable hospitalisations and deaths
- Mental health
- Injury-related prevalence, hospitalisations and deaths
- Notifiable infectious diseases

Although the overall level of health and wellbeing of Australians is relatively high compared with other countries, there are significant disparities in the health outcomes of different populations within Australia. In particular, people who live in areas of lower socio-economic condition tend to experience poorer health outcomes than those in more advantaged regions.

The Index of Relative Socio-economic Disadvantage (IRSD) is one of the indexes within the Socio-Economic Indexes for Areas (SEIFA), developed by the Australian Bureau of Statistics (ABS). It measures the relative level of socio-economic disadvantage across geographic areas in Australia.

SEIFA scores are standardised to a national average of 1,000. Areas with lower IRSD scores have relatively higher levels of socio-economic disadvantage, while areas with higher scores have relatively lower levels of disadvantage.

The IRSD considers a range of characteristics associated with disadvantage, including:

- Low household income
- Unemployment
- Lower levels of educational attainment
- Low-skilled occupations
- Poor English proficiency
- Unstable or overcrowded housing
- Other indicators of socio-economic disadvantage

The Shire of Kellerberrin recorded an Index of Relative Socio-economic Disadvantage (IRSD) score of 920.5 in the 2021 Census. This placed Kellerberrin in the second national decile and among the most socio-economically disadvantaged local government areas in the Wheatbelt. Of the 42 Wheatbelt local governments, Wyalkatchem, Pingelly and Trayning recorded lower IRSD scores.

LOCAL GOVERNMENT AREA	2021 POPULATION	IRSD SCORE (2021)	AUSTRALIAN DECILE (2021)
Wyalkatchem	470	899.0	2
Pingelly	1,037	907.0	2
Trayning	298	909.4	2
Kellerberrin (Shire of)	1,138	**920.5**	2
Northam	11,358	938.4	3
Merredin	3,119	971.0	5
Yilgarn	1,173	973.5	5
Bruce Rock	979	978.7	6
Quairading	961	963.5	4
Cunderdin	1,302	1,008.2	8
Narembeen	787	1,028.1	9
Dalwallinu	1,379	1,056.5	10

5.1 Nutrition

Diet has an important effect on health and can influence the risk of many chronic diseases, such as coronary heart disease, type 2 diabetes, stroke and some cancers. The Australian Dietary Guidelines outline the recommended daily serves of fruit and vegetables for adults and children (NHMRC, 2013). Vegetable consumption remains particularly low among both children and adults in Kellerberrin. Fruit consumption among children is below the WA rate, while consumption of sugar-sweetened drinks is higher, identifying healthy eating as an area for continued focus.

For Health and Wellbeing Surveillance System reporting, the minimum recommended daily serves of fruit are one serve for children aged 2–8 years and two serves for people aged 9 years and over. Recommended daily vegetable intake ranges from two serves for children aged 2–3 years, four serves for children aged 4–8 years, and five serves for people aged 9 years and over.

Children

In 2024, 67.1% of Shire of Kellerberrin children aged 2–15 years consumed the recommended daily serves of fruit. This was lower than the WA prevalence of 75.4%. An estimated 10.0% consumed the recommended daily serves of vegetables, which was similar to the WA prevalence of 10.9%.

Approximately 5.3% of children aged 1–15 years consumed fast food more than twice a week, which was lower than the WA prevalence of 6.2%. However, 11.9% consumed sugar-sweetened soft drinks or energy drinks more than twice a week, which was higher than the WA prevalence of 8.5%.

Adults

In 2024, 33.2% of Shire of Kellerberrin residents aged 16 years and over consumed the recommended daily serves of fruit. This was similar to the WA prevalence of 33.4%.

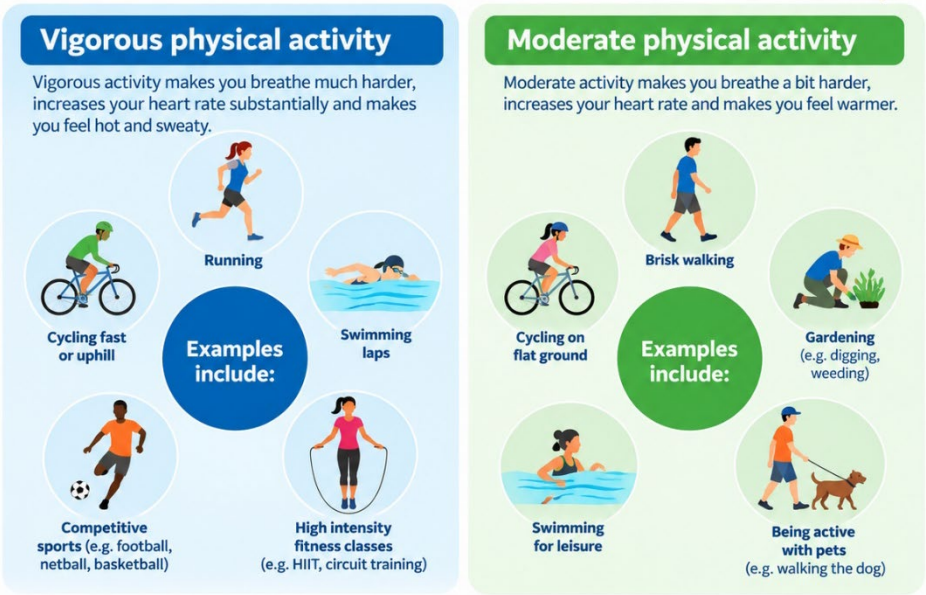
Only 5.1% consumed the recommended daily serves of vegetables, which was similar to the WA prevalence of 4.7%. Approximately 6.0% consumed fast food more than twice a week, while 19.5% consumed sugar-sweetened soft drinks or energy drinks more than twice a week.

Nutrition indicator	Children (2–15 years)		Adults (16 years and over)	
	Kellerberrin %	WA %	Kellerberrin %	WA %
Consume recommended daily serves of fruit	**67.1**	75.4	**33.2**	33.4
Consume recommended daily serves of vegetables	**10.0**	10.9	**5.1**	4.7
Consume fast food more than twice a week	**5.3**	6.2	**6.0**	6.0
Consume sugar-sweetened soft drinks or energy drinks more than twice a week	**11.9**	8.5	**19.5**	8.5

5.2 Physical Activity & Sedentary Behavior

Physical activity reduces the risk of cardiovascular disease, some cancers and type 2 diabetes. It also helps improve musculoskeletal health, assists in maintaining a healthy body weight and reduce symptoms of depression (WHO, 2009). Data for the prevalence of insufficient physical activity and sedentary behaviour was sourced from the WA Health and Wellbeing Surveillance System (HWSS). They were asked a range of questions on types and duration of physical activity undertaken weekly.

Adults aged 18–64 years should complete at least 75–150 minutes of vigorous physical activity or 150–300 minutes of moderate physical activity each week. Older adults should complete at least 30 minutes of moderate physical activity on most, preferably all days. Children aged 5–15 years should complete at least 60 minutes of moderate to vigorous physical activity each day.



Children

In 2024, 67.6% of Shire of Kellerberrin children aged 5–15 years did not complete the recommended amount of weekly physical activity. This was higher than the WA prevalence of 62.3%. Approximately 33.1% of children aged 0–15 years spent more than the recommended time participating in screen-based sedentary leisure activities. This was lower than the WA prevalence of 43.9%.

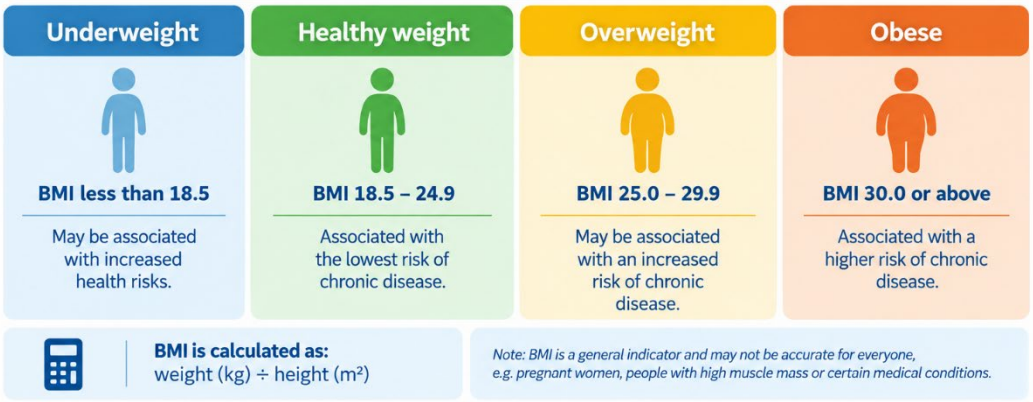
Adults

In 2024, 45.0% of Shire of Kellerberrin residents aged 18 years and over did not complete the recommended amount of weekly physical activity. This was higher than the WA prevalence of 39.1%. Insufficient physical activity was reported by 41.4% of males and 49.1% of females. An estimated 39.2% of residents aged 16 years and over also spent more than the recommended time participating in screen-based sedentary leisure activities.

Overweight and obesity can increase the risk of chronic health conditions, including cardiovascular disease, type 2 diabetes, some cancers, Musco skeletal disorders (osteoarthritis), dementia and a range of other health conditions. The prevalence of overweight and obesity is higher among Kellerberrin children than WA, with approximately 28.6% classified as overweight or obese. Among adults, approximately 80.7% are overweight or obese, indicating a significant local health consideration

The causes of overweight and obesity are complex and extend beyond individual food and physical activity choices. WA Health identifies a range of contributing factors, including the food and built environment, access to healthy food, opportunities for physical activity, income, education, housing, genetics, mental health, social circumstances and access to healthcare. Local governments can support healthy weight by creating environments that encourage active lifestyles, access to recreation and opportunities for healthy living.

Body Mass Index (BMI) is commonly used to monitor weight status at a population level and a useful indicator of health risk, with adults classified as overweight at a BMI of 25.0–29.9 and obese at 30.0 or above. Data for the prevalence of overweight and obesity was sourced from the (HWSS).



Children

In 2024, an estimated 16.1% of Shire of Kellerberrin children aged 5–15 years were overweight. This was higher than the WA prevalence of 15.0%. A further 12.5% of children were estimated to be obese, which was higher than the WA prevalence of 10.2%. Overall, approximately 28.6% of Kellerberrin children aged 5–15 years were either overweight or obese.

Adults

In 2024, an estimated 39.7% of Shire of Kellerberrin residents aged 16 years and over were overweight. This was similar to the WA prevalence of 37.4%. A further 41.0% were estimated to be obese, which was similar to the WA prevalence of 37.3%. Overall, approximately 80.7% of Kellerberrin adults were either overweight or obese.

The above figures for physical activity, sedentary behaviour and overweight and obesity are presented in the figure below.

Indicator		Children (5–15 years)		Adults (16 years and over)	
		Kellerberrin %	WA %	Kellerberrin %	WA %
Physical activity and sedentary behaviour	Did not complete recommended amount of physical activity	**67.6**	62.3	**45.0**	39.1
	Spent more than the recommended time in screen-based sedentary leisure activities	**33.1**	43.9	**39.2**	37.4
Overweight and obesity	Overweight	**16.1**	15.0	**39.7**	37.4
	Obese	**12.5**	10.2	**41.0**	37.3

5.3 Smoking related harm

Tobacco use, including previous and current use and exposure to second-hand smoke, increases the risk of cancer, respiratory disease and cardiovascular disease (AIHW, 2018). Kellerberrin experiences a higher tobacco-related health burden than Western Australia overall, with rates of both tobacco-attributable hospitalisations and deaths above the State rates for males and females.

Tobacco-attributable hospitalisations

Tobacco-attributable hospitalisations are hospital admissions for diseases and conditions that are estimated to have been caused by tobacco use, such as lung cancer, chronic respiratory disease and cardiovascular disease.

In 2024, the rate of tobacco-attributable hospitalisations among Shire of Kellerberrin residents was 585.0 per 100,000. This was higher than the WA rate of 366.8 per 100,000. Among male residents, the rate was 620.4 per 100,000, compared with the WA male rate of 399.1. Among female residents, the rate was 553.4 per 100,000, compared with the WA female rate of 339.1.

Tobacco-attributable deaths

Tobacco-attributable deaths are deaths from diseases and conditions where tobacco use is estimated to have contributed to the death. In 2021, the rate of tobacco-attributable deaths among Shire of Kellerberrin residents was 72.7 per 100,000. This was higher than the WA rate of 48.7. Among male residents, the rate was 87.4 per 100,000, compared with the WA male rate of 61.4. Among female residents, the rate was 58.7 per 100,000, compared with the WA female rate of 37.7.

In 2024, an estimated 21.3% of Shire of Kellerberrin residents aged 18 years and over currently smoked. This was higher than the WA prevalence of 13.5%. Approximately 24.7% of males and 17.7% of females were current smokers, with both rates higher than the corresponding WA prevalence. An estimated 4.1% of residents currently vaped. This was lower than the WA prevalence of 7.9%.

5.4 Alcohol related harm

Alcohol use increases the risk of stroke, high blood pressure, liver and pancreatic disease. It can also increase the risk of violence, antisocial behaviour, accidents and mental illness (AIHW, 2017). For children and young people under 18 years, not drinking alcohol is the safest option. The 2023 WA HWSS data measures are based on the National Health and Medical Research Council (NHMRC) 2009 alcohol guidelines

- Short-term harm: consuming more than four standard drinks on any one occasion. This reflects increased immediate risks such as injury, accidents, falls, violence and alcohol poisoning.
- Long-term harm: consuming more than two standard drinks per day. Regular consumption above this level increases the longer-term risk of conditions such as liver disease, cardiovascular disease and some cancers.

In 2023, approximately 11.6% of Shire of Kellerberrin residents aged 16 years and over consumed alcohol at levels considered to increase the risk of short-term harm. This was similar to the WA prevalence of 11.9%. Approximately 26.0% consumed alcohol at levels considered to increase the risk of long-term harm. This was similar to the WA prevalence of 29.1%. Among males, 35.6% consumed alcohol at levels associated with long-term harm and 16.8% at levels associated with short-term harm. Among females, the corresponding prevalence was 15.8% and 6.1%.

Measure	Shire of Kellerberrin	Western Australia	Kellerberrin Males	WA Males	Kellerberrin Females	WA Females
Consumed alcohol at levels that increase the risk of short-term harm (aged 16+ years)	**11.6%**	11.9%	**16.8%**	17.5%	**6.1%**	6.8%
Consumed alcohol at levels that increase the risk of long-term harm (aged 16+ years)	**26.0%**	29.1%	**35.6%**	38.7%	**15.8%**	20.4%

Alcohol-attributable hospitalisations

In 2024, the rate of alcohol-attributable hospitalisations among Shire of Kellerberrin residents was 847.6 per 100,000. This was higher than the WA rate of 665.4. Among male residents, the rate was 999.2 per 100,000, compared with the WA male rate of 816.5. Among female residents, the rate was 671.0 per 100,000, compared with the WA female rate of 517.4.

Alcohol-attributable deaths

In 2021, the rate of alcohol-attributable deaths among Shire of Kellerberrin residents was 40.3 per 100,000. This was higher than the WA rate of 26.0. Among male residents, the rate was 59.1 per 100,000, compared with the WA male rate of 38.2. Among female residents, the rate was 20.4 per 100,000, compared with the WA female rate of 14.5.

While Kellerberrin rates are not significantly elevated compared with WA, reducing harmful alcohol consumption remains important for preventing alcohol-related disease, injury and other community impacts.

5.5 Illicit drug-related harm

Data for illicit drug-attributable hospitalisations were sourced from the Western Australian Hospital Morbidity Data Collection (HMDC), with population estimates sourced from the Australian Bureau of Statistics (ABS). Ten drug groups contribute to estimates of illicit drug-attributable hospitalisations, including opioids, sedatives, antidepressants, psychostimulants and cocaine, hallucinogens, cannabis, volatile substances, analgesics and other adverse drugs.

Illicit drug-attributable hospitalisations

In 2024, the rate of illicit drug-attributable hospitalisations among Shire of Kellerberrin residents was 170.7 per 100,000. This was similar to the WA rate of 181.8.

Among male residents, the rate was 162.2 per 100,000, compared with the WA male rate of 175.8. Among female residents, the rate was 181.4 per 100,000, compared with the WA female rate of 188.4.

Illicit drug-attributable deaths

In 2021, the rate of illicit drug-attributable deaths among Shire of Kellerberrin residents was 11.7 per 100,000. This was similar to the WA rate of 9.4.

Among male residents, the rate was 14.7 per 100,000, which was similar to the WA male rate of 12.2. Among female residents, the rate was 8.4 per 100,000, which was higher than the WA female rate of 6.6.

Data represented in the below table.

Measure	Shire of Kellerberrin	Western Australia	Kellerberrin Males	WA Males	Kellerberrin Females	WA Females
Hospitalisations (2024)						
Illicit drug-attributable hospitalisations	**170.7**	181.8	**162.2**	175.8	**181.4**	188.4
Deaths (2021)						
Illicit drug-attributable deaths	**11.7**	9.4	**14.7**	12.2	**8.4**	6.6

Illicit drug-attributable hospitalisation rates in Kellerberrin were similar to WA overall, with comparable rates for both males and females. The data indicates that illicit drug-related harm remains an important public health consideration, supporting continued prevention, early intervention and access to appropriate support services.

5.6 Mental Health

People with a mental health condition are at increased risk of experiencing other disorders, including physical health conditions and diabetes (AIHW, 2017). Data for the prevalence of mental health conditions were sourced from the HWSS for persons aged 16 years and above. Respondents were asked if a doctor had advised them if they had a mental health condition in the past twelve (12) months including anxiety, depression, stress related condition, or other mental health conditions.

In 2024, an estimated 19.9% of Shire of Kellerberrin residents aged 16 years and over had been told by a doctor during the previous 12 months that they had a mental health condition. This was lower than the WA prevalence of 25.0%.

The prevalence of specific conditions was:

- Stress-related condition – 10.3%, compared with 13.5% across WA
- Anxiety – 11.6%, compared with 16.3% across WA
- Depression – 11.6%, compared with 13.7% across WA.

Psychological distress

In 2024, approximately 19.5% of Shire of Kellerberrin residents aged 16 years and over experienced high or very high psychological distress. This was similar to the WA prevalence of 21.7%. High or very high psychological distress was experienced by an estimated 17.5% of males and 21.7% of females.

Measure	Shire of Kellerberrin	Western Australia
Told by a doctor they have a mental health condition (in the previous 12 months) (2024)		
Any mental health condition	**19.9%**	25.0%
Specific mental health conditions (told by a doctor in the previous 12 months) (2024)		
Stress-related condition	**10.3%**	13.5%
Anxiety	**11.6%**	16.3%
Depression	**11.6%**	13.7%
High or very high psychological distress (2024)		
Psychological distress (high or very high)	**19.5%**	21.7%

The prevalence of diagnosed mental health conditions in Kellerberrin was lower than WA overall, including stress-related conditions, anxiety and depression. However, almost one in five residents experienced high or very high psychological distress, at a rate similar to WA.

This highlights the ongoing importance of supporting mental wellbeing, social connection and access to appropriate mental health services within the community.

5.7 Injury

Data for the prevalence of injury was sourced from the HWSS. In 2024, 28.3% of Shire of Kellerberrin children aged 0–15 years reported an injury during the previous 12 months that required treatment from a health professional. This was similar to the WA prevalence of 29.6%. Among residents aged 16 years and over, 29.0% reported an injury requiring treatment. This was similar to the WA prevalence of 26.0%.

Injury-related hospitalisations

- **Accidental falls:** Accidental falls were the leading cause of injury-related hospitalisations, at 1,995.0 per 100,000. This was considerably higher than the WA rate of 1,031.0.
- **Transport accidents:** The hospitalisation rate was 411.4 per 100,000, which was higher than the WA rate of 236.9. The rate was particularly high among males at 542.8 per 100,000.
- **Assault and neglect:** The hospitalisation rate was 103.8 per 100,000, which was similar to the WA rate of 106.4.
- **Intentional self-harm:** The hospitalisation rate was 99.0 per 100,000, which was similar to the WA rate of 106.6.
- **Accidental drowning, submersion or threats to breathing:** The hospitalisation rate was 82.6 per 100,000, which was higher than the WA rate of 21.8.
- **Accidental poisoning:** The hospitalisation rate was 58.6 per 100,000, which was similar to the WA rate of 52.3.

Injury-related deaths

The rate of deaths from intentional self-harm was 21.7 per 100,000, which was higher than the WA rate of 13.5. The transport accident death rate was 21.6 per 100,000, which was also higher than the WA rate of 7.2. Other reported injury-related deaths included accidental falls at 13.7 per 100,000, accidental poisoning at 8.4, accidental drowning or threats to breathing at 1.4, and assault and neglect at 1.3.

Injury-related hospitalisations (rate per 100,000 population, 2024)	Shire of Kellerberrin	Western Australia
Accidental falls	1,995.0	1,031.0
Transport accidents	411.4	236.9
Assault and neglect	103.8	106.4
Intentional self-harm	99.0	106.6
Accidental drowning, submersion or threats to breathing	82.6	21.8
Accidental poisoning	58.6	52.3

Injury-related deaths (rate per 100,000 population, 2021)	Shire of Kellerberrin	Western Australia
Intentional self-harm	21.7	13.5
Transport accidents	21.6	7.2

Injury-related hospitalisations in Kellerberrin were particularly high for accidental falls, and transport accidents, with both rates considerably above WA. Accidental drowning and threats to breathing were also notably higher than the State rate.

Intentional self-harm and transport accidents were the leading causes of injury-related deaths, with both occurring at higher rates than WA, highlighting injury prevention, community safety and road safety as important local public health priorities.

5.8 Infection Disease & Immunisation

Notifiable infectious disease data was sourced from Western Australian Notifiable Infectious Diseases Database (WANIDD) which supports the monitoring, prevention and control of communicable diseases across Western Australia. The Kellerberrin Health Profile groups these notifications into five key disease categories to provide an overview of infectious disease trends within the community.

- **Blood-borne diseases (e.g. Hep B,C, HIV)**
  The notification rate was 38.3 per 100,000, which was similar to the WA rate of 44.1.
- **Enteric diseases (e.g. Gastrointestinal illnesses commonly spread through contaminated food or water, including bacterial and parasitic gastro)**
  The notification rate was 154.4 per 100,000, which was lower than the WA rate of 218.9.
- **Sexually transmitted infections (e.g. Chlamydia, Gonorrhoea)**
  The notification rate was 202.7 per 100,000, which was lower than the WA rate of 600.6.
- **Vaccine-preventable diseases (e.g. Influenza, COVID-19, Whooping Cough)**
  The notification rate was 458.4 per 100,000, which was lower than the WA rate of 714.1.
- **Vector-borne diseases (e.g. Ross river virus)**
  The notification rate was 41.0 per 100,000, which was higher than the WA rate of 21.1. Rates were higher than WA among both male and female residents.

Notifiable infectious diseases (notification rate per 100,000 population)	Shire of Kellerberrin	Western Australia
Blood-borne diseases	38.3	44.1
Enteric diseases	154.4	218.9
Sexually transmitted infections	202.7	600.6
Vaccine-preventable diseases	458.4	714.1
Vector-borne diseases	41.0	21.1

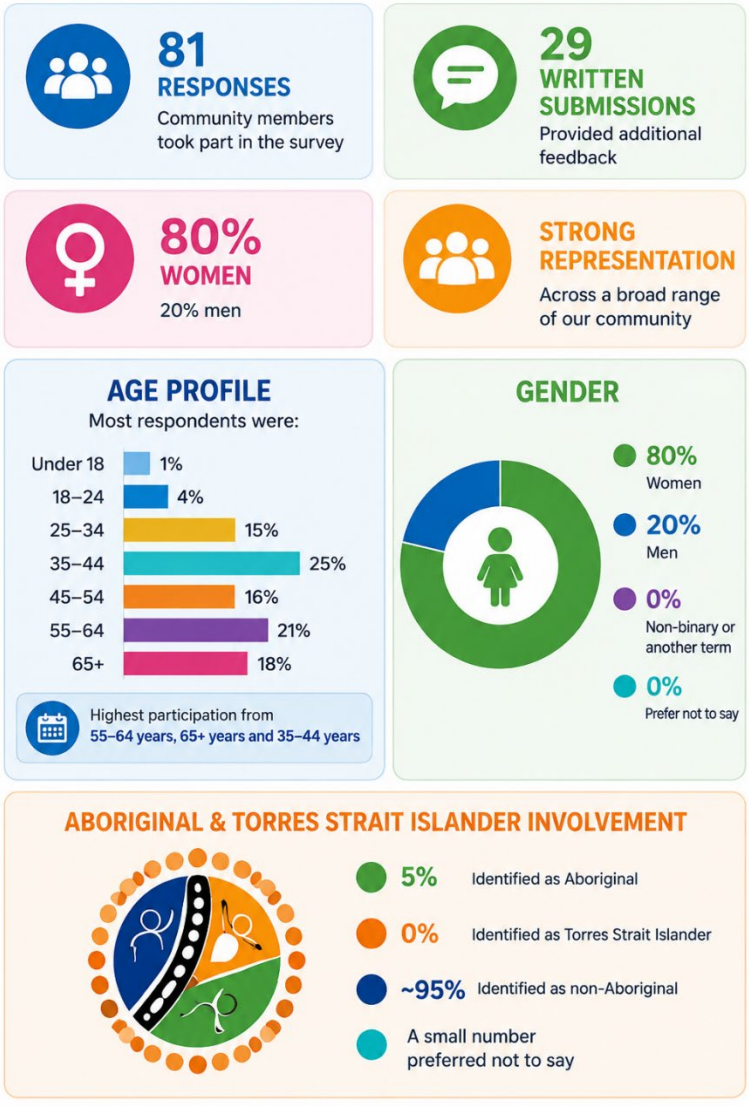
Notification rates for most infectious disease categories in Kellerberrin were lower than or similar to WA overall. Vector-borne diseases were the exception, with the Kellerberrin rate almost twice the WA rate, highlighting the importance of mosquito management, community awareness and prevention of mosquito-borne disease.

6. Community Engagement

The Shire of Kellerberrin Public Health Plan was informed by direct community engagement through public survey and desktop review. This data and research is fundamental to developing an effective Public Health Plan that reflects the needs, priorities and aspirations of the local community.

The survey invited residents to identify the health issues affecting the community, rank public health priorities, and identify the services and facilities they considered most important for supporting health and wellbeing.

Participation is represented in the below graphic. A total of 81 community members participated in the consultation. Participants represented a broad range of age groups, with the highest participation from residents aged 55–64 years, 65 years and over, and 35–44 years. Approximately 80% of respondents identified as women, and Aboriginal community members were also represented in the consultation.



The survey respondents were asked to rank several key public health issues in order of importance and highest priority services and facilities, displayed below.

These findings demonstrate a strong community desire to improve health outcomes through disease prevention, increased opportunities for healthy lifestyles and initiatives that support positive mental wellbeing and healthy ageing. The consultation also identified the services and facilities residents believe the Shire should continue to invest in and support. These results reinforce the importance of accessible health services, quality community infrastructure, active recreation opportunities and programs that encourage social connection and healthy living.

In addition to the survey responses, 29 participants provided written comments highlighting additional opportunities and concerns for the Shire to consider. These comments provided valuable local context and have assisted in shaping the priorities and actions within this Public Health Plan.

The findings from the community consultation have been considered alongside the Kellerberrin Health Profile, Australian Bureau of Statistics data, the WA State Public Health Plan 2025–2030, and local knowledge of emerging health issues. Together, these sources have informed the strategic priorities, objectives and actions contained within this Plan.
The Shire acknowledges the valuable contribution made by community members and thanks everyone who participated in helping shape a healthier future for Kellerberrin.

7. Action Plan

The Action Plan is structured around the key domains to align with the State Public Health Plan, promote, prevent, protect and enable.

PROMOTE **Objective: Promote healthy living in Kellerberrin through accessible open spaces, safe infrastructure and inclusive environments that support physical activity, social connection and positive mental wellbeing.**	
Priority	**Actions**
1. Promote healthy eating and active living to support healthy weight and improve community wellbeing.	1.1 Promote healthy eating, active living and healthy lifestyle initiatives through Shire communication channels and community activities. 1.2 Actively support and promote local sporting clubs and community groups to provide accessible opportunities for physical activity for people of all ages and abilities. 1.3 Actively promote and support informal sport and active recreation (walking, running, swimming, gym and fitness classes). 1.4 Maintain and enhance parks, playgrounds, footpaths, sporting facilities and public spaces that encourage active recreation and community participation. 1.5 Promote healthy food and drink choices at community events and activities. 1.6 Support and promote health initiatives and campaigns. 1.7 Seek partnerships and funding opportunities that support healthy eating, physical activity and healthy weight initiatives.
2. Improve awareness of and access to mental health and wellbeing services and support.	2.1 Promote and support regional mental health and wellbeing services and pathways through Shire communication channels. 2.2 Promote and support local mental health awareness events and initiatives (e.g. R U OK Day, Mental Health Week) 2.3 Partner with health providers and community organisations to improve access to mental health and wellbeing information, programs and education. (e.g. Holyoake, WACHS Health Promotion) 2.4 Support community activities and opportunities that strengthen social connection, inclusion and a sense of belonging. 2.5 Advocate for accessible and improved mental health and wellbeing services that respond to the needs of the community.
3. Support healthy ageing, independence and social connection.	3.1 Support activities and programs that encourage older people to remain physically active, socially connected and engaged in community life.

	3.2 Promote awareness of health, wellbeing and support services available to older residents and their carers. 3.3 Maintain and enhance accessible, age friendly community facilities, public spaces and infrastructure that support independence and participation. 3.4 Work with advocate community organisations and service providers to support access to activities, services and programs that promote healthy ageing.
4. Support Aboriginal health and cultural wellbeing	4.1 Support activities that celebrate and promote local Aboriginal culture and history (e.g. NAIDOC Week) 4.2 Support partnerships and engage with Aboriginal community members to identify local health and wellbeing priorities and opportunities for action. 4.3 Consider Aboriginal cultural needs and perspectives in the planning and delivery of relevant Shire facilities, services, programs and community initiatives.

PREVENT ***Objective:*** **Improve health outcomes through early intervention and initiatives that reduce the risk of chronic disease and injury.**	
Priority	**Actions**
5. Reduce exposure to tobacco smoke, vape aerosols.	5.1 Promote and support smoke free and vape free Shire facilities, public spaces, events and community activities. 5.2 Support community education and awareness initiatives addressing the health impacts of smoking and vaping, particularly among young people.
6. Reduce alcohol-related harm and promote responsible alcohol consumption.	6.1 Support and promote community education and awareness initiatives that encourage responsible alcohol consumption and increase awareness of alcohol-related harm. 6.2 Support alcohol free and responsible alcohol management at Shire facilities, events and community events. 6.3 Promote awareness of alcohol support, treatment and counselling services available to community members and families.
7. Prevent injuries, particularly those related to transport, and promote safer communities.	7.1 Advocate for improved road safety in collaboration with Main Roads. 7.2 Collaborate with relevant agencies to deliver and support injury prevention campaigns and training opportunities (e.g. Road Safety Week, Farm and workplace safety training). 7.3 Support initiatives that aim to reduce falls and injuries among older and vulnerable community members (e.g. Business Assistance Grants for improved shopfronts).

	7.4 Partner with health services, emergency services and community organisations to support injury prevention and community safety initiatives (e.g. Speed, fatigue and driving under the influence).
8. Reduce the risk and impact of chronic disease through prevention, early intervention and health awareness.	8.1 Advocate access to regular health checks, screening and early detection initiatives within the community (e.g. skin checks, breast screening van). 8.2 Support community education and awareness of chronic disease risk factors, prevention and available support services.

PROTECT ***Objective: Protect the community through effective environmental health practices and emergency preparedness to reduce the impact of disease, environmental hazards and disasters.***	
Priority	**Actions**
9. Protect and enhance Environmental Health.	9.1 Monitor and manage Environmental Health including water quality, wastewater, waste, pests and environmental hazards. 9.2 Monitor and manage Food Safety including inspections, permits, food handling and support food businesses and community organisations to meet relevant health requirements. 9.3 Undertake building inspections and monitoring to ensure compliance. 9.4 Monitor and respond to public health nuisances and environmental health concerns that may impact community health and amenity (e.g. mosquito surveillance)
10. Strengthen response to public health threats and emergencies.	10.1 Review and regular testing of emergency management arrangements in line with legislative requirements. 10.2 Participate in multi-agency emergency management planning, training and exercises. 10.3 Provide timely and reliable information to the community during public health threats and emergencies. 10.4 Support and improve community preparedness and resilience through education, awareness and emergency management initiatives.
11. Promote and build awareness of public health campaigns aimed at disease prevention.	11.1 Provide relevant community information and education in accordance with relevant legislation on environmental health risks and emerging public health issues (e.g. food handling, food recalls, communicable & infectious disease outbreaks)

ENABLE ***Objective: Strengthen partnerships. Infrastructure and community capacity.***	
Priority	**Actions**
12. Improve access to health services and resources.	12.1 Promote awareness of local and regional health services, programs and resources available to the community. 12.2 Advocate for retention and growth of health services that respond to identified community needs (e.g. allied health, visiting specialists). 12.3 Partner with health providers and community organisations to identify and address barriers to accessing health services.
13. Support healthy ageing, health places and lifestyle/	13.1 Maintain and promote accessible, age-friendly public spaces, facilities and infrastructure that support independence and participation. 13.2 Work in partnership with Aboriginal organisation's, health providers and other agencies to support improved health and wellbeing outcomes. 13.3 Work with community organisation's and service providers to support healthy ageing initiatives and activities (Community home support plan CHSP, Home care package HCP, Providers in the community Avivo, Right at Home, Catholic care).

8. Monitoring and Evaluation

The Public Health Plan forms part of the Shire of Kellerberrin Integrated Planning and Reporting (IPR) Framework and aligns with, informs and supports the Shire's broader strategic direction. The Plan is closely linked to the:

Strategic Community Plan – articulating the community's long-term aspirations and Council's vision for the future.

Corporate Business Plan – translating strategic priorities into operational actions, resource allocation and measurable outcomes.

Informing Strategies and Resourcing Plans – including asset management, workforce planning, waste management strategy, townscape plan that support Council's capacity to deliver services and infrastructure.

Through this integrated approach public health priorities are embedded into organisation planning, budgeting and service delivery, ensuring a coordinated and sustainable response.

8.1 Reporting, Implementation & Monitoring

The Shire of Kellerberrin is responsible for monitoring the implementation and effectiveness of the Public Health Plan and ensuring it remains responsive to the health and wellbeing needs of the community.

In accordance with the *Public Health Act 2016,* the Shire has responsibilities for the ongoing review and reporting of its public health functions. *Section 45* requires the Shire to review its local Public Health Plan annually and ensure it remains consistent with the State Public Health Plan.

As an enforcement agency, the Shire also has reporting obligations under *Section 22* of the Act in relation to the performance of its public health functions.
The Shire will monitor progress against the priorities and actions identified in this Plan through its existing planning and reporting processes. This will include consideration of:

- progress and completion of identified actions;
- available local and regional health data and trends;
- emerging public health issues and risks;
- community feedback and changing community needs; and
- opportunities for partnerships, funding and new initiatives.

The annual review will provide an opportunity to assess progress, identify areas requiring further attention and update actions where appropriate. Priorities and actions may be refined over the life of the Plan to reflect emerging evidence, changes in community needs and relevant State public health priorities. Following five years of implementation, this plan will undergo comprehensive review and evaluation.

The Shire will continue to work collaboratively with health service providers, government agencies and community organisations to support implementation and monitor public health outcomes for the Kellerberrin community.

Shire of Kellerberrin
110 Massingham Street
(PO Box 145)
Kellerberrin WA 6410

(08) 9045 4006

shire@kellerberrin.wa.gov.au

www.kellerberrin.wa.gov.au