SHIRE OF York

Wellbeing Plan

2024 - 2028

Health and wellbeing is vital to a liveable and safe community.

Acknowledgement of Country

The Shire of York acknowledges the Ballardong people of the Noongar Nation who are the Traditional Owners of this country and recognise their continuing connection to land, water, sky and culture. We pay our respects to all these people and their Elders past, present and emerging.

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PRESIDENT'S MESSAGE

Health and wellbeing is vital to a liveable and safe community. For this reason, we have chosen to enhance our commitment to our community's wellbeing through developing this Wellbeing Plan 2024-2028 (the Plan).

The Plan is the leading mechanism that provides a framework to achieve our vision for our residents to enjoy high standards of good health, wellbeing and participation at every age. The Plan is required under the Western Australian Public Health Act 2016 and aligns with the State Public Health Plan for Western Australia 2019-2024, the Shire of York's Strategic Community Plan 2020 - 2030 and relevant State and Federal strategies and policy documents.

Developed in consultation with our community, the Plan recognises the most significant health and wellbeing issues and outlines the actions we will undertake to address them. Five public health pillars have been identified as the key areas of focus to deliver improved public health and wellbeing outcomes for all people living in our growing community. These incorporate the many things which can affect our health and wellbeing such as physical needs including food, safety, absence of disease, and physical exercise. Equally important are access to services and facilities, opportunities in early life, employment and our sense of community.

Council has functions across all these areas and is committed to continuing to positively influence the community's health and wellbeing. By working together with our community and other stakeholders, I am confident we can create a healthy future for all who live and play within the Shire of York.

Thank you to all those who took the time to provide input into the development of this Plan.

Cr Kevin Trent
SHIRE PRESIDENT

INTRODUCTION

The Shire of York's Wellbeing Plan 2024-2028 (the Plan) provides a framework for the health and wellbeing of our local community. This Plan is the Shire's roadmap to continue to enable our community to enjoy healthy, happy and connected lives in a supportive environment.

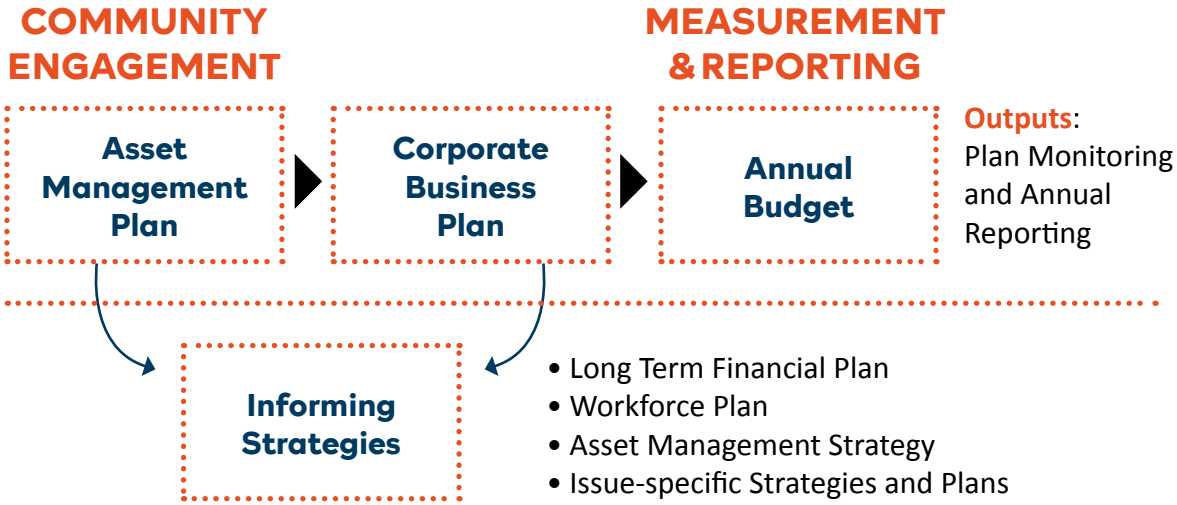
Health and wellbeing is influenced by the built, natural, social and economic environments in which we live, work and play. The Shire has a role to ensure these environments are healthy, safe, clean, green and accessible.

Local governments are often considered to be 'closest to the people' not only because of the range of services we provide to the community, but because of the effect that these services have on community health and wellbeing.

Public Health is defined as *"the health and wellbeing of the community and the combination of safeguards, policies and programmes designed to protect, maintain, promote and improve the health of individuals and their communities to prevent and reduce the incidence of illness and disability"* (Public Health Act 2016 (the Act)).

With local public health planning a requirement of the Act, the Shire has collaboratively developed the Wellbeing Plan 2024–2028. The Plan provides a framework to support the healthy lifestyle and wellbeing of our community, enhancing the Shire's proactive service delivery approach and focuses efforts and resources on creating communities that support health. It identifies deliverables to support public health and encourages the community to practice healthy behaviours which prevent chronic disease.

The Plan forms part of the Shire's suite of informing strategies as shown below:




SHIRE OF
York

OUR CURRENT HEALTH ROLE

The Shire of York provides a range of services and programs to support the health of our community. These include:

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

A SNAPSHOT OF YORK VS WA

According to the most recent data available from the Australian Bureau of Statistics, the 2022 estimated residential population for York LGA is 3567 people. The population density is 1.7 persons/km2 which is considerably more sparse in contrast to the greater Perth metropolitan areas which has 346.9 persons/km2. York LGA covers an area of 213,159.2 ha, with just under half that area comprised of agricultural land (128,148 ha). It has 2 national parks, 6 nature reserves and a total of 10 protected land areas. *Source data and demographics for York is included in Appendix 1 & 2.*

3,567
Population
(WA approx 2.8 million)

1.7
People/km2
Perth Metro (346.9)

213,159
Hectares of land area

1/2
Land area used for agriculture

10
Protected land areas

56.2
Median age
↑ WA (38.3 years)

1 in 3
Over 65 years (33.5%)
↑ WA (16.1%)

1.8
Children per family
WA (1.8)

4.2%
Aboriginal or Torres Strait Islander
↑ WA (3.3%)

3.1%
Speaks langage other than English
↓ WA (21.2%)

1 in 3
Has 1 or more long term conditions (35.3%)
↑ WA (26.1%)

5.7%
Need help with core activities
↑ WA (4.6%)

50.5%
In the labour force
↓ WA (63.9%)

1 in 5
Volunteer (21.9%)
↑ WA (15.9%)

2X
As many veterans (5%)
↑ WA (2.6%)

12.7%
With university qualification
↓ WA (23.8%)

39.4%
With Cert.3 qualification or above
↓ WA (50.9%)

23.8%
Year 10 or below, highest level of education
↑ WA (16.7%)

$1,127
Median household Income
↓ WA ($1,815)

47.9%
Outright home ownership
↑ WA (29.2%)

COMMUNITY CONSULTATION & ENGAGEMENT

As Things Are Now

Three most serious health risks are:

1. Being overweight
2. Using illegal drugs
3. High blood pressure

Three most serious mental health & social issues are:

1. Anxiety
2. Loneliness
3. Depression

Top three volunteering activities are:

1. Community groups/services
2. Public events
3. Sports

Sport and recreation facilities we use most are:

1. Peace Park
2. Avon River Walk Trail
3. Library

- 78% I feel like my life has a sense of purpose
- 62% I feel like I belong in my local community
- 57% There is strong community spirit in our Shire
- 44% I feel the Shire cares about our welfare
- 76% I am proud of the community where I live
- 50% I know where to get help when I need it
- 72% I enjoy interacting with my neighbours

Change For The Future

Top five programs to improve community health are:
- Routine screening for health issues
- Programs for seniors/aged people
- Programs for children
- Programs for teens
- Programs for disabled people

Top four programs to help be more physically active are:
- Free fitness classes
- Public exercise equipment which is free to use
- More hikes, walks, cycle paths and maps
- Public exercise equipment that caters for all abilities

Top four facilities or resources for good community health are:
- Safe roads
- Parks and public open spaces
- Recreation facilities
- Disability access to buildings and recreation for all abilities

Top three priorities to encourage healthy eating are:
- More health food options in takeaway/fast food outlets
- Healthy food options at sporting and community clubs and events
- Healthy foods being easier to identify in shops

VISION AND STRATEGIC PRIORITIES

Diverse Heritage. Vibrant Community. Prosperous Future.

	OUR COMMUNITY	OUR LOCAL ECONOMY	OUR NATURAL ENVIRONMENT	OUR BUILT ENVIRONMENT	LEADERSHIP & GOVERNANCE
GOALS	**The Place To Be**	**Driving the York Economy Forward**	**A Leader in Sustainable Environment**	**Built for Lifestyle and Resilience**	**Strong Leadership and Governance**
ASPIRATION	To be a close-knit community, full of life, in a welcoming and accessible place for all	To have a vibrant, diverse and prosperous local economy which creates local jobs, business opportunities and a positive image for the Shire	To be a place which is renowned for the quality of its natural environment, the astounding beauty of the landscape, and the care taken by the community	To have a built environment which supports community, economy and the environment, respects the past and creates a resilient future	To have effective and responsive leadership and governance, where a sense of collective purpose and shared direction combine to work together

5 PUBLIC HEALTH PILLARS

Five public health pillars have been created in response to the consultation, local demographics and health statistics. These pillars capture where the Shire can have the greatest influence in community health and wellbeing. Deliverables have been created under each pillar which link to the Corporate Business Plan. The deliverables will be supported by actions, resources, responsibilities and timeframes.

- **Minimise Harm**
- **Active & Healthy Lifestyle**
- **A Healthy & Sustainable Community**
- **Protection from Disease**
- **A Safe Environment**

STRATEGIC ACTION PLAN TABLE

WELLBEING PILLARS	PRIORITY WELLBEING OUTCOMES	SHIRE ROLE
Minimise Harm 6.1 Inform the community of the harm from unsafe use of alcohol, drugs solvents and tobacco. Improved infrastructure access for the older population.	6.1.1 Support education to reduce tobacco, alcohol, solvents and drug consumption	Promote; Partner
	6.1.2 Encourage smoke free zones around all Council buildings, playgrounds and public events	Policy & Planning; Promote
	6.1.3 Install disabled friendly footpaths and road entries in public places and investigate the provision of public conveniences in public spaces	Services; Policy & Planning
Active and Healthy Lifestyles 6.2 Provision of recreation services for active healthy lifestyles	6.2.1 Via the current Needs Assessment & Feasibility Study process, investigate the provision of an indoor heated swimming pool with disabled access ramp	Advocate; Partner
	6.2.2 Install free to use exercise equipment in selected public places	Services; Partner
	6.2.3 Support Livelighter or similar as a community campaign to raise community awareness in healthy eating and lifestyles	Promote; Partner
A Healthy and Sustainable Community 6.3 Servicing all demographics to encourage a healthy and sustainable community	6.3.1 Engage with government agencies to improve services to York Hospital e.g. palliative care	Advocate; Partner
	6.3.2 Encourage personal health screening services such as cervical and prostate cancer	Advocate; Promote
	6.3.3 Review smoke emission guidelines in the town area to reduce the burden of airborne smoke pollution	Advocate; Promote
Protection from Disease 6.4 Minimising disease transmission pathways	6.4.1 Minimise the incidence and community spread of infectious disease through education, food surveillance and vector control	Services; Promote
	6.4.2 Implement Safety Plans in consultation with emergency authorities	Services; Policy & Planning
	6.4.3 Develop risk management guidelines for public events	Policy & Planning
A Safe Environment 6.5 Better environmental health risk management	6.5.1 Maintain safe food standards by regular surveillance of food premises and food manufacture and hygiene practices	Services
	6.5.2 Monitor drinking and natural recreational waters and public swimming pools to minimise the risk of disease transmission	Services
	6.5.3 Maintain an active monitoring and education program to minimise mosquito nuisance	Services

PRIORITY POPULATION GROUPS

Aboriginal and Torres Strait Islander peoples; People living in low socioeconomic circumstances; People living with a disability; Youth; Seniors.

ROLE OF THE SHIRE (DEFINITIONS)

- Services: Provide services to people in the Shire that contribute to their health and wellbeing
- Policy & Planning: Prioritise and embed public health into the Shire's policies and planning processes
- Advocate: Be a local community leader for health and wellbeing of the community
- Promote: Actively raise awareness of health and wellbeing in the Shire through marketing, media, programs and events
- Partner: Work together with external stakeholders on health and wellbeing programs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HEALTHY TOWN VISION

Five pillars surrounding the social determinants of health and the Shire's roles under the community health and wellbeing plan: *"Building prevention-orientated partnerships, social and environmental conditions together, that support the people of York to experience the best possible health, wellbeing and quality of life across the lifespan."*

EVALUATION AND REPORTING

This Plan will be used to inform the Shire's Corporate Business Plan, Long Term Financial Plan and annual budgets. It is intended to be a flexible and living document, allowing new opportunities to be added as they arise over the life of the Plan.

Monitoring progress in reducing chronic disease and changes in health behaviours in a population is complex. There is also often a considerable delay between health promotion activity and changes in health behaviour and ultimately health outcomes.

Taking these factors into consideration, the Shire will monitor and track the success of the Plan over time. Our success will be measured through key performance indicators developed to support internal actions for each deliverable.

Reporting of the Plan will occur in the form of Corporate Business Plan updates. Our community will also be updated on the delivery of actions via the Shire's Annual Report and a range of communication methods including social media platforms, newsletters and relevant publications.

After five years, the Plan will be evaluated and reviewed including what worked well, what needs to be done differently and lessons learnt. A new Plan will be developed detailing existing and new opportunities into a revised Plan for 2029-2034.


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CONCLUSION

This Plan was developed over two years with extensive consultation with elected members and the local community. This is the first Wellbeing Plan that will require Council to consider the needs of the community when planning for better health outcomes.

Improving the health of individuals through exercise and nutrition was identified as a key message, as well as attention to mental health, the prevention of transport accidents, and increased screening for cancer-related illnesses in the longer term.

The Council will need to provide leadership to improve wellbeing health outcomes by:

- Leading the community by advocacy to provide better public health planning
- Having a whole of Council approach
- Encouraging partnerships and Government and non-Government organisations for health planning
- Elected members encouraging and mentoring to promote healthy lifestyles

This Plan was developed by including:

- Extensive analysis of health data (a well-development Health Profile Report)
- Participation in an electronic and hard copy Health and Wellbeing Survey
- Consultation with elected members and senior officers

Information used in the research phase of this Plan was principally drawn from the ABS Census material, SEIFA Index, AEDC (Education) data, Health Department hospital admissions data (2018-2020), and the Shire of York Community Survey.

APPENDIX 1.

Shire of York
Health and Wellbeing
DATA SUMMARY

A collation of granular demographic and epidemiological information to support local public health planning and associated municipal activities.

21st November 2023

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SCOPE AND OVERVIEW

The following summary was collated in response to a request for current statistical and epidemiological information specific to the Shire of York Local Government Area. The purpose of the data requests was to aid in informing the final draft iteration of the Shire of York's Community Health and Wellbeing Plan, prior to publication.
This request was facilitated through liaison with staff from the Wheatbelt Public Health Unit who were able to provide documentation of the previous data request form and data provided to the York Shire in 2021. In addition, the Wheatbelt Public Health Unit is able to submit a request for more recent data through the WA Department of Health, Epidemiology Branch if required. The 'Public Health Planning in the Wheatbelt Region' Information Sheet, is a resource outlining the unit's capacity to provide support throughout the process and review draft public health plans.
In addition to facilitating connection to existing localised epidemiological data and support channels, this summary provides a collation of current granular statistics based on ABS data sources. This provides an insight of demographic, social and economic determinants specific to York which may serve to tailor public health objectives as well as aid in future strategic planning and municipal activities.

*Further information and support for public health planning in the Wheatbelt region, including comprehensive data requests, best practice advice and resources, can be obtained by contacting the Wheatbelt Public Health Unit, Northam. Please see the 'Public Health Planning in the Wheatbelt Region' information sheet for contact details.

To help foster a coordinated approach to priority regional health needs and assist in knowledge and capacity building surrounding local public health planning, the unit also facilitates a free online Wheatbelt LGA and Health Partners Collaborative once a month, which is open to interested Local government and CRC staff.

***Note;** Please refer to original documents supplied and contact the Wheatbelt Population Health Unit for further information on statistics, interpretation and comparison as well as priority health areas for the region.

DATA SOURCES

Summaries are predominantly derived from the most recent Census data from the Australian Bureau of Statistics (ABS), unless otherwise specified, including:

- 2021ABS Census all person QuickStats, summary statistic for areas.
- 2021ABS Census community profiles, time series profiles.
- 2022 ABS Data by region.
- 2022 ABS Life tables.
- 2023 Department of Planning LGA forecast.

Documents provided by the Wheatbelt Public Health Unit (via WA Department of Health: Epidemiology branch, public and Aboriginal health division) specific to York LGA, are HealthTracks and Epidemiological datasets 2021 Including:

- Demographics and health overview.
- Leading avoidable causes of deaths.
- Leading avoidable deaths.
- Leading cause of hospitalisations
- Leading external cause of hospitalisations.
- Leading potentially preventable hospitalisations.
- Mental health - outpatient occasions of service.
- Overview - mental disorders hospitalisations.
- WA Health and Wellbeing Surveillance System 2015-2019.

Additional data sources for possible consideration:

- SEIFA map by LGA by - Australian Bureau of Statistics
- LGA population projection data - WA Department of Planning
- Rental and housing market - REIWA
- Local crime statistics - WA Police
- Road fatalities & serious injury information Road Safety Commission
- LGA information on developmental outcomes for children - Australian Early Development Census
- Falls information - Injury Matters

A SNAPSHOT OF YORK VS WA

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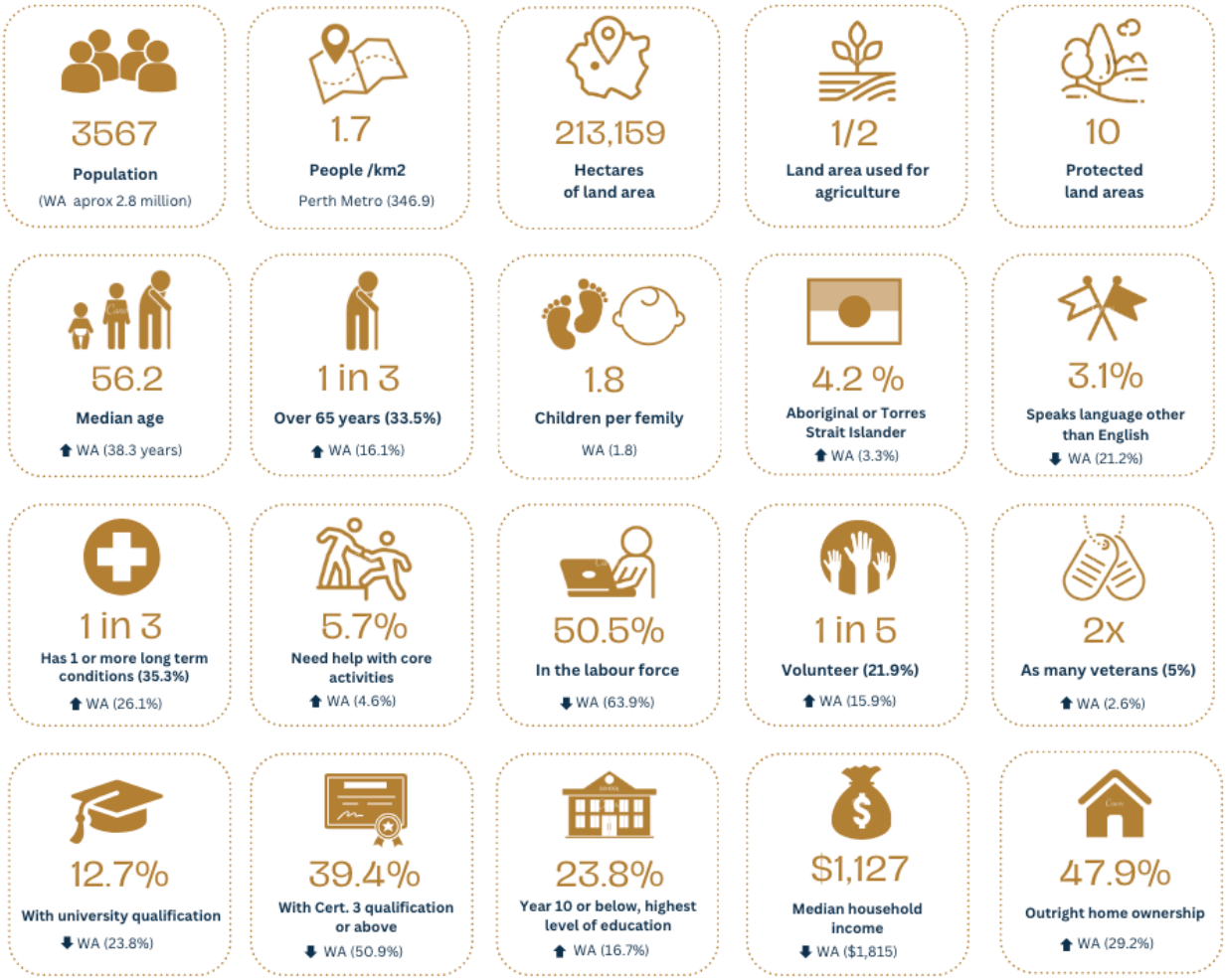


Reference: Australian Bureau of Statistics. *(2023). York 2021 Census All person QuickStats.* *https://www.abs.gov.au/census/find-census-data/quickstats/2021/LGA59370*

UPDATED YORK DEMOGRAFIC PROFILE

The following is a collation of statistics for York LGA based on 2021 census data obtained from the Australian Bureau of Statistics (2023). The information provides a snapshot in time as at the most recent census night, based on place of usual residence. It contains many variables that reflect some of the social determinants which collectively shape health and wellbeing outcomes. Some of the data has been converted to graph format for ease of comparison (see page 7). Marked variations from state and national figures are highlighted for interest however have not been analysed as being statistically significant.

1. 2021 Census results for York (S) LGA in comparison to relevant geographical areas

Measure	York LGA	Metro	Country WA	WA State	Aust
Demographics					
Total Population (no.)	3459	2116647	534804	2660026	25422788
Female (%)	50	49.4	49	49.7	49.3
Male (%)	50	50.6	51	50.3	50.7
Aboriginal/Torres Strait Islander (%)	4.2	2	8.4	3.3	3.2
Born In Australia (%)	72.5	59.5	72.1	62	66.9
Born Overseas (%)	27.5	40.5	27.9	38	33.1
Households where non-English is used (%)	3.9	23.7	10.6	21.2	24.8
Median age (years)	56	37	40	38	38
Proportion aged 0-14 (%)	14.3	18.9	19.4	19	18.2
Proportion aged 65 and over (%)	33.5	15.8	17.5	16.1	17.2
Education & tertiary qualifications					
Attends primary school (%)	6.9	27.9	26.9	27.6	27
Attends secondary school (%)	4.9	22.4	20.1	21.8	21.2
Attends tertiary or vocational institution (%)	7.6	24	11.2	21.3	23.3
Persons with bachelor qualification or above (%)	12.7	26.5	13.5	23.8	26.3
Persons with Certificate 3 or above (%)	39.4	53.2	41.2	50.9	51.8
Highest attainment - Year 10 or below (%)	23.8	15.4	21.8	16.7	17.2
Health					
**Requires assistance with core activities (%)	5.7	4.6	3.4	4.6	5.8
*One or more selected long-term health conditions (%)	35.3	26	26.7	26.1	27.7
*(One condition %)	22.6	18.2	18.1	18.2	18.8
*(Two condition %)	8.3	5.3	5.7	5.3	5.9
*(Three or more conditions %)	4.4	2.5	2.9	2.6	3
Other long-term health condition (%)	8	7.6	6.7	7.4	8
No long-term health conditions (%)	49.8	62.4	56.9	61.2	60.2
Income					
Median personal income ($/week)	604	859	810	848	805
Median family income ($/week)	1,538	2,259	2,013	2214	2120
Median household income ($/week)	1,127	1,865	1,597	1815	1746
Dwelling					
Median rent ($/weekly)	260	350	265	340	375
Median mortgage repayment ($/month)	1,404	1,907	1,560	1,842	1,863
Average no. of bedrooms per dwelling	3.2	3.3	3.3	3.3	3.1
Average no. of people per household	2.2	2.6	2.5	2.5	2.5

Average no. vehicles per dwelling	2.2	1.9	2	1.9	1.8
Unoccupied private dwellings (%)	16.5	8.5	19.6	10.9	10.1
Proportion of family households (%)	64.9	71.5	69.8	71.2	70.5
Proportion of lone person households (%)	33	24.9	27.4	25.4	25.6
Home owned outright (%)	47.9	28.5	32.1	29.2	31
Home owned with mortgage (%)	29.7	41.9	31.7	40	35
Dwelling rented (%)	16.1	26.6	30.3	27.3	30.6
Family					
Average no. children per family with children	1.8	1.8	1.9	1.8	1.8
Couple families without children (%)	55.9	37.6	43.9	38.8	38.8
One parent families (%)	14.2	15.1	15	15.1	15.9
Employment & volunteering					
In the labour force (%)	50.5	65.2	59.4	63.9	61.1
Not in the labour force (%)	40.9	29.7	30.2	29.8	33.1
Unemployed (%)	5.9	5.3	4.2	5.1	5.1
Previously served in ADF (%)	5	2.5	2.9	2.6	2.4
Voluntary work for organization/group (%)	21.9	15.1	19.3	15.9	14.1
Provided unpaid assistance to person with disability, health condition or old age (%)	13.3	10.9	10.4	28.5	26.3

Key 2021 Census statistics specific to York, with implications for public health planning

Compared with the state of WA, York has:

- A higher proportion of people who are Aboriginal and/or Torres Strait Islander.
- A substantially older median age.
- Over a third of the population aged 65 or over (and a much lower younger population aged between 0-14).
- *A much higher proportion of people who have one or more selected long term health conditions (over one third in York compared to one quarter in WA).
- **Higher proportion of people who need assistance with core activities.
- Half as many people who provided unpaid assistance to person with disability, health condition or old age.
- Twice as many veterans.
- Lower proportion of people in the labour force.
- Higher proportion of volunteers.
- Lower levels of tertiary qualification attainment than all other areas compared.
- York has half as many people with a university degree.
- For almost one quarter of the population, year 10 was the highest level of education attained.
- Lower median income.
- Higher proportion of home ownership compared with renting.
- Lower median mortgage repayments but higher proportion of homes owned outright vs owned with a mortgage.

*__Note:__ *ABS specifies that "selected long-term health conditions include arthritis, asthma, cancer (including remission), dementia (including Alzheimer's), diabetes (excluding gestational diabetes), heart disease (including heart attack or angina), kidney disease, lung condition (including COPD or emphysema), mental health condition (including depression or anxiety) and stroke. other long-term health conditions are not included in this count." More information available at count of selected long-term health conditions (clthp).*

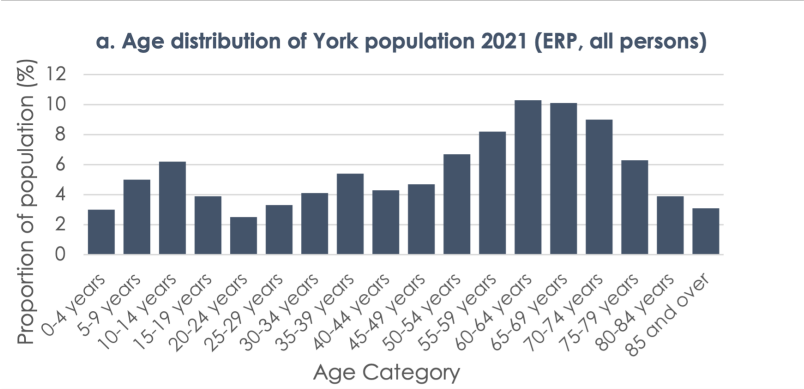
**__Disability:__ *Although 5.7 % need assistance with core activities, this is not a proxy for disability. According to the ABS, the 2018 modelled estimate of persons with a disability in York is 25%. According to NDIS data, there are 63 NDIS participants in York for Q1 2023/2024.*

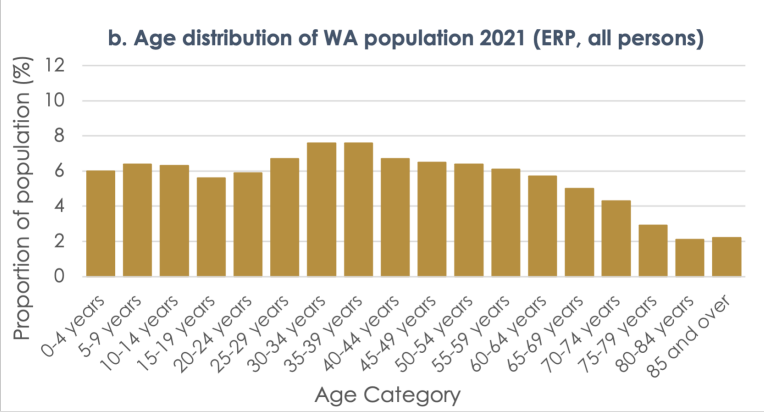
__Source (table1):__ *Australian Bureau of Statistics. (2023). York 2021 Census All person QuickStats. https://www.abs.gov.au/census/find-census-data/search-by-area*

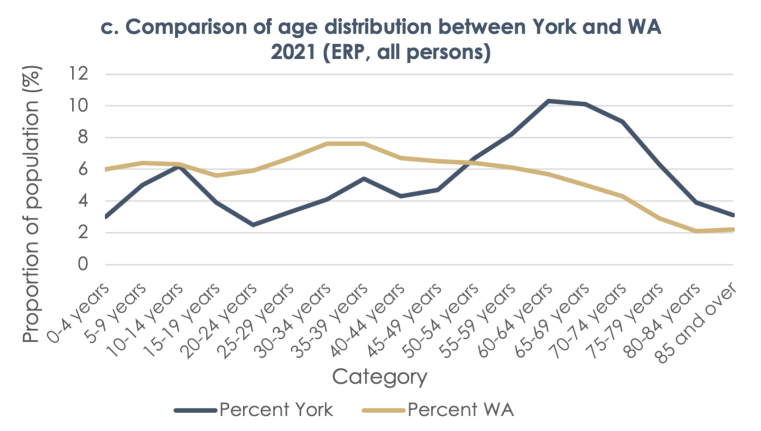
STATISTICAL DATA VISUALISATION

A defining feature of York's demographic which varies substantially compared to other geographical areas, is the age distribution of its population. Graph a. shows a significantly older population with more than a third over the age of 65 years, with the highest number of residents aged in the 60 – 64 cohort (males and females). The median age is 56 compared with 38 in WA (one of the highest in the Wheatbelt and higher than other geographic areas compared on page 5). This insight reveals a larger vulnerable subgroup, which has profound implications for future planning and public health considerations.

Age distribution comparison between York and WA







Source (MS Excel graphs a, b & c): *Data from* Australian Bureau of Statistics. *(2023). York LGA data by region 2022.* https://dbr.abs.gov.au/

CHANGES AND TRENDS OVER TIME

Table 2. is a snapshot of selected medians and averages for York based on census data between 2011 and 2021. Most notably, the median age increased by nine years over the decade in York compared to two years in WA.

Table 3. shows various geographic comparisons of life expectancy at birth between 2015 and 2021. Life expectancy for people living in York was slightly higher than Country WA but lower than the Perth metropolitan area, the state and Australia. While life expectancy increased for all areas within this time period, according to the ABS (2023), "life expectancy decreased in 2020-2022 for the first time since the mid 1990's." The most recent life expectancy estimate was 81.2 years for males and 85.3 years for females, which is a decrease of 0.1 years for both (ABS, 2023).

2. Trends in selected medians and averages for York (Census data 2011 – 2021)

Measure	2011	2016	2021	Trend	2011	2016	2021	Trend
	York				WA			
Median age of persons	47	51	56	↑	36	36	38	↑
Median total personal income ($/week)	477	540	604	↑	662	724	848	↑
Median total family income ($/week)	1,170	1,368	1,538	↑	1,722	1,910	2,214	↑
Median total household income ($/week)	914	1,024	1,127	↑	1,415	1,595	1,815	↑
Median mortgage repayment ($/month)	1,495	1,500	1,404	↓	1,950	1,993	1,842	↓
Median rent ($/week)	216	260	260	↑	300	350	340	↑
Average number of persons per bedroom	0.8	0.7	0.7	↓	0.8	0.8	0.8	≅
Average household size	2.4	2.2	2.2	↓	2.6	2.6	2.5	↓

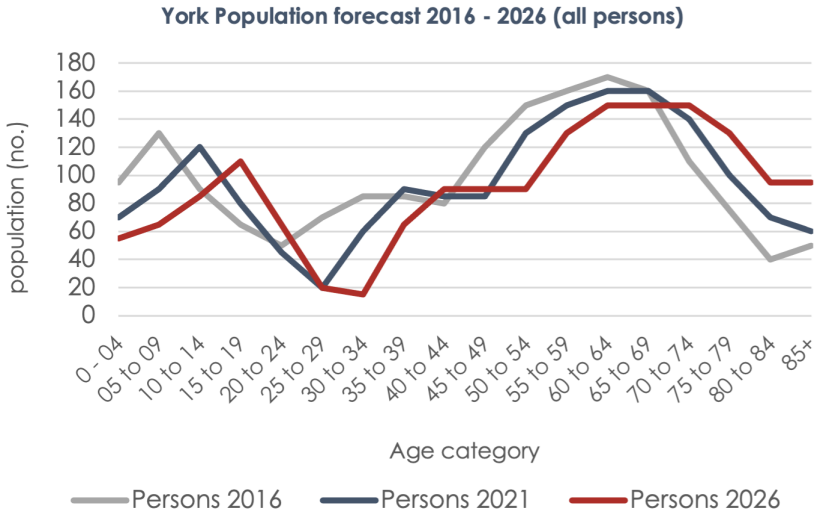
3. Geographic trends in life expectancy at birth (Census data 2015 – 2021)

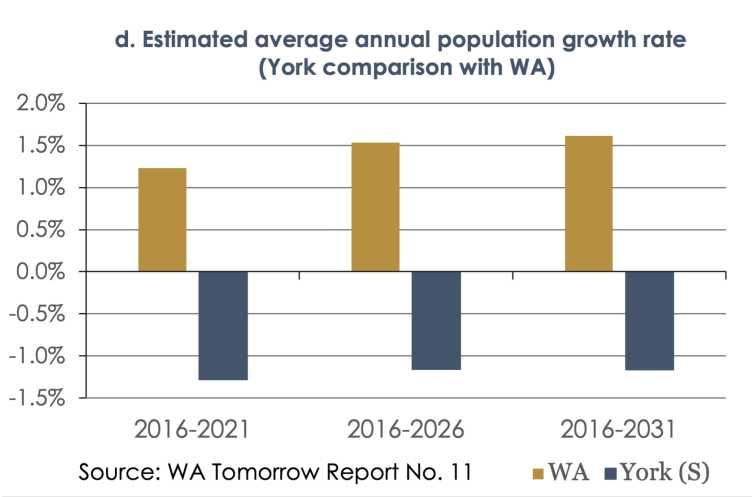
Measure	2015 - 2017			2019 - 2021			Trend
Life Expectancy at Birth	Male	Female	Persons	Male	Female	Persons	
Greater Perth	81.3	85.6	83.4	82.6	86.5	84.5	↑
Wheatbelt	78.6	84.4	81.5	79.4	86.0	82.6	↑
Country WA	78.9	83.6	81.2	79.3	84.2	81.7	↑
Total WA	80.3	84.9	82.5	81.7	85.9	83.8	↑
Australia	80.5	84.6	82.5	81.3	85.4	83.3	↑

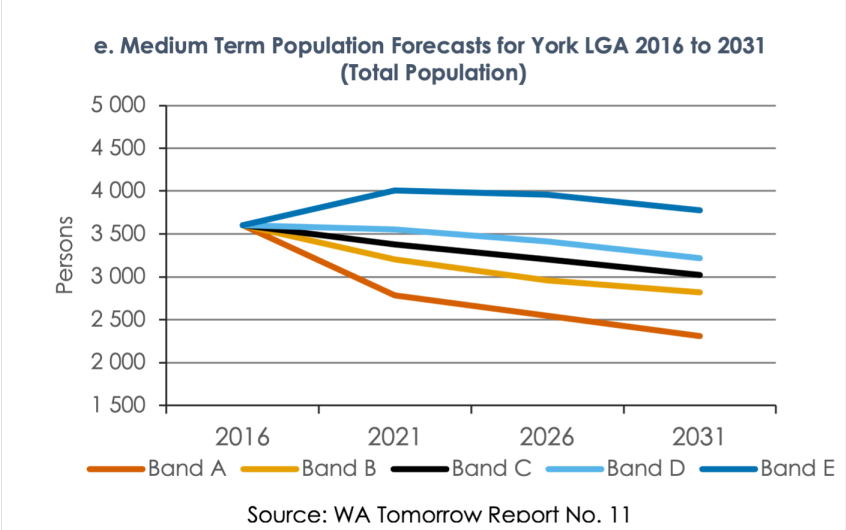
Source (table 2.): Australian Bureau of Statistics. *(2023). Census time series profile, selected medians and averages 2011 – 2021.* https://www.abs.gov.au/census/find-census-data/community-profiles/2021/LGA59370
Source (table 3.): Australian Bureau of Statistics. *(2022). Life tables, States, Territories and Australia.* https://www.abs.gov.au/statistics/people/population/life-expectancy/latest-release#key-statistics
Reference: Australian Bureau of Statistics. *(2023). Life expectancy.* https://www.abs.gov.au/statistics/people/population/life-expectancy/latest-release

FUTURE FORECASTS

Population forecasts for York vs WA







Source (top Excel graph): *Data from Australian Bureau of Statistics. (2023). Census time series profile, selected medians and averages 2011 – 2021. https://www.abs.gov.au/census/find-census-data/community-profiles/2021/LGA59370*
Source (Excel graphs d and e): *Data from Department of Planning. (2023). WA Tomorrow 2016-2031 sub State forecast by age and sex. https://www.wa.gov.au/government/document-collections/western-australia-tomorrow-population-forecasts*

KEY YORK EPIDEMIOLOGICAL STATISTICS

Below is a general summary of the key points analysed based on the initial epidemiological data requested through WACHS population health unit in 2020 which have implications for development of the York community wellbeing plan. Please refer to original documents supplied and/or the Wheatbelt Public Health Unit for further statistics, interpretation and comparison to metro and state figures. Also note that these are not the most recent data available and does also not reflect the period of time in which the COVID 19 pandemic was a major community health concern.

Documents: General health profile, hospitalisations by principal diagnosis & external cause. Potentially Preventable hospitalisations.

Public Health Indicators

Compared to both WA state and metro areas, York has:

- A higher proportion of early childhood immunizations (100%) [Sept, 2020].
- Higher proportion of teenage births (4.2%) and births to women over 35 (37.5%) [2019, 2020].
- Lower participation rate for cervical cancer screening (47.3%) [2015 - 2016] and significantly higher incidence of cervical cancer (42.4 per 100.000 persons) [2014 - 2018].
- Higher incidence of prostate cancer (186.9 per 100.000 persons) and melanoma (59.9 per 100.000 persons) [2014 - 2018].
- Higher proportion of hospitalization for accidental falls for population over 65 years (428.7 per 100.000 persons) [2015 - 2019].

Hospitalization (2015 – 2019).

- The top reason for hospital admission for residents of York in 2019 was factors influencing health status including chemotherapy and dialysis.
- Males living in York had significantly higher hospitalisation due to dialysis, chemotherapy, neoplasms, poisoning, and injury (including upper and lower limbs), abdominal/digestive symptoms and nervous system diseases than the WA rate.
- Accidents from machinery for males in York were 3 times the WA rate.
- Females living in York had significantly higher hospitalisation rates for abdominal/digestive symptoms, lower limb injuries and non-melanoma skin cancer diagnoses.
- The rate of female potentially preventable hospitalisations due to cellulitis was significantly greater than WA.

Major cause of death (2015 – 2019).

- Females: Dementia (comparable to state)
- Males: Ischaemic heart disease (comparable to sate)
- Deaths due to diabetes and intermediate hyperglycaemia and transport accidents were significantly higher for males in York compared to the state mortality rate.

Documents: Mental health occasions of service and Mental disorder hospitalisation by principal diagnosis.

Mental health (2015 – 2019).

- Number of occasions of service for people in York was significantly higher than the state for males and females, though total number was greater for males.
- This has risen significantly over the five-year period. The average annual percentage change in the rate was 14.8% for males and 6.5% for females.
- The age group most affected by mental health is 25-44 year old cohort (higher percentage of males than females).
- Hospitalisation rates for mental health conditions were **not** significantly greater for males or females compared to State rate.

Document: WA Health and Wellbeing Surveillance System 2015-2019

York health profile and risk factors, 16 years and over (2015 - 2019).

compared to WA state, York has a higher prevalence of people:

- Who currently smoke (16.1% compared to 11.2% in WA).
- Spends 21+ hours in sedentary leisure time.
- Gets less than 150 mins physical activity per week.
- Who have current high blood pressure.
- Who have current high cholesterol.
- Diagnosed with a stress or mental health problem.
- Diagnosed with depression and anxiety.

Of people living in York:

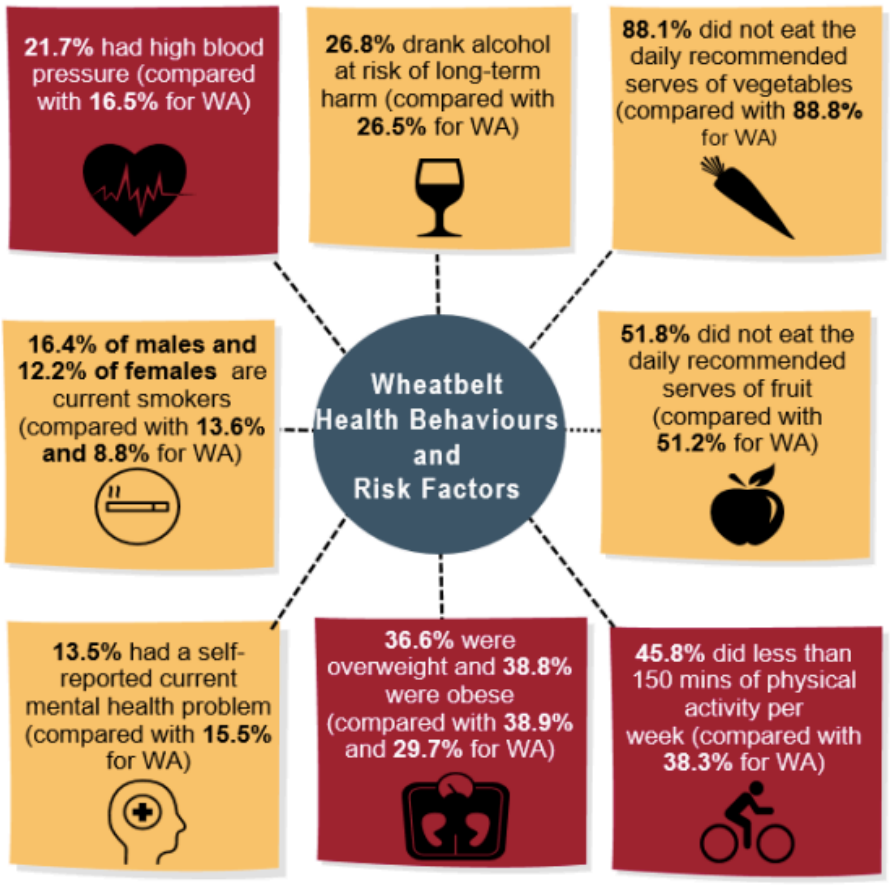
- 95.2% attended a primary health care service in past 12 months (protective factor, higher than state).
- 38% eat less than two serves fruit per day.
- 89.3% eat less than 5 serves of vegetable per day.
- 21.6% eat fast food weekly.
- 19.6% drink alcohol at high risk levels for long term harm.
- 76.4% live with overweight or obesity (higher than the state).

WIDER HEALTH & RISK FACTORS

Health outcomes for the Wheatbelt and beyond.

It is well documented that in Australia, people living in rural and remote areas often have poorer health outcomes, access barries to essential health care services and are twice as likely to die from preventable illness (National Rural Health Alliance [NRHA], 2023). Further, there is a correlation between distance lived from an urban centre and lower life expectancy (NRHA, 2023). People living in rural and remote Australia are considered a vulnerable demographic owing to the health-related disparities experienced and associated level of disadvantage (see appendix 1.). Figure 1 shows the prevalence of key regional health risk factors from the most recent Wheatbelt Health Profile. Several of the risk factors relevant to York are consistent with those of the wider Wheatbelt and are indeed priorities at state and national levels.

Figure 1.



Adults aged 16+, 2015-2019.
Source: Health and Wellbeing Surveillance System, Epidemiology Branch, Department of Health.
Note: Colour coding reflects where a rate is significantly different than the State rate. The State rate may still be at a level of concern .

Reference: *National Rural Health Alliance. (2023). Rural Australians twice as likely to die from preventable causes. https://www.ruralhealth.org.au/media-release/rural-australians-twice-likely-die-preventable-causes*
Reference: *National Rural Health Alliance. (2023). Rural Health Snapshot In Australia 2023. https://www.ruralhealth.org.au/rural-health-australia-snapshot*
Source (figure 1): *WA Country Health Service. (2022). Wheatbelt Health Profile. https://www.wacountry.health.wa.gov.au/~/media/WACHS/Documents/About-us/Publications/Health-profiles-and-service-plans/Wheatbelt-profile-2022.pdf*

SUMMARY OF PRIORITY AREAS FOR YORK

Based on a synthesis of available data listed in this document, below is a list of priority areas pertaining York LGA and its current population. Please also see the WA State public health plan in relation to alignment with the expectations and listed objectives.

Priority public health areas:

- Healthy ageing in place, for currently population and future planning for an increasing ageing cohort including:
  - Information on planning for older age (individual and families).
  - Dementia support.
  - Climate support e.g. awareness of extreme heat events and availability of cool community spaces to assist in prevention of heat stroke injury e.g. library, CRC).
  - Availability of home care services (aged care and disability).
  - Accessibility and transport.
  - Digital access (including My Gov/Centrelink hub) and technology support.
  - Telehealth appointment access and support.
- Prevention and/or living well in the community with chronic conditions. e.g. High blood pressure, heart disease, diabetes and chronic kidney disease (risks interrelated and increase with age):
  - Primary health care literacy.
  - Enabling healthy active environments with low/no cost exercise options.
  - Partnerships with health services and NGO's.
- Men's health.
- Strategies to address local modifiable risk factors: Inadequate physical activity, fruit and vegetables, obesity overweight, smoking and risky alcohol consumption (can influence health outcomes and the likelihood of developing a condition).
- Awareness and promotion of cancer screening programs and 'find cancer early' campaign.
- Supporting Aboriginal cultural connection, health and wellbeing.
- Mental health promotion and social connection opportunities, awareness of regional support services (especially in at-risk populations).
- Injury and accident awareness/prevention (falls, machinery and transport accidents).
- Enabling a walkable CBD, safe footpaths and road infrastructure.
- Support improved educational outcomes (linked to improved health outcomes).
- Supporting early childhood development youth and families.

Protective factors relating to York

- Social capital and sense of community
- Higher proportion of volunteers
- Many and varied interest groups
- Rural lifestyle & shared green spaces
- Agricultural prosperity
- Tourism potential
- LGA and CRC partnership with connection to community
- Higher childhood vaccination rates
- Higher attendance of primary care service

THE SOCIAL DETERMINANTS OF HEALTH

Factors that shape health and wellbeing across the lifespan

There are many factors that shape the trajectory and eventual outcomes of health and wellbeing at individual and population levels. These often lie beyond the impact of health care alone and depend on a complex interplay between social, structural and economic determinants.

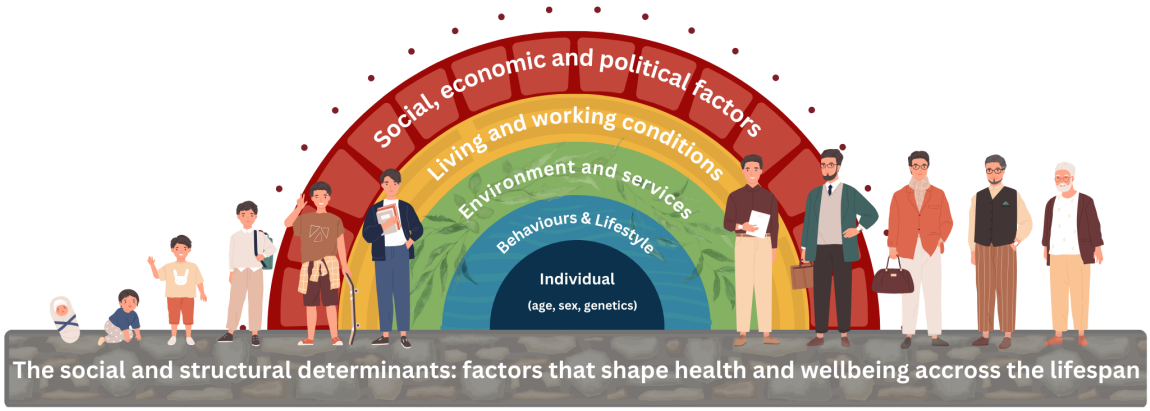
As the burden of heath care becomes more costly and given that people are living longer with chronic conditions, there is increasing recognition and commitment to taking a collaborative, preventative and whole of government approach. This requires coordination at community level, each party aligned with the tailored needs of local populations, working together within scope to achieve collective impact.

Partnerships including regional health service population health units, NGO's, community groups and advocates are important to facilitate broad reach towards health promotion goals and positively influence the social determinants.

Local governments are valuable partners whose proximity to the people and unique contribution is emerging as vital to enabling environments that protect, empower and support people to live healthy lives.

> *The social determinants of health are the "non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life… Research shows that the social determinants can be more important than health care or lifestyle choices in influencing health. For example, numerous studies suggest that SDH account for between 30-55% of health outcomes. In addition, estimates show that the contribution of sectors outside health to population health outcomes exceeds the contribution from the health sector" (World Health Organization, 2023).*

Figure 2.



Reference: *World Health Organization (2023). Social determinants of health. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1*

VISION

This graphic visually represents the integration of the York Community Wellbeing Plan locally. It shows diverse, connected, and active residents, some of the main geographic and cultural aspects of town as well as desired attributes of the built environment, such as shared green spaces, accessible walk paths, a thriving commercial hub and a balance of agriculture, tourism, and environmental protection. The sun represents the social determinants that shape health and wellbeing, from which five pillars radiate as identified under the YCWBP. The rain represents exposure to risk factors, (some of which are beyond control of the individual). The umbrella highlights the specified LGA roles under the plan which together, form a preventative health approach towards empowerment, and collective impact.

Figure 3.

APPENDIX 2.

National Rural Health Alliance

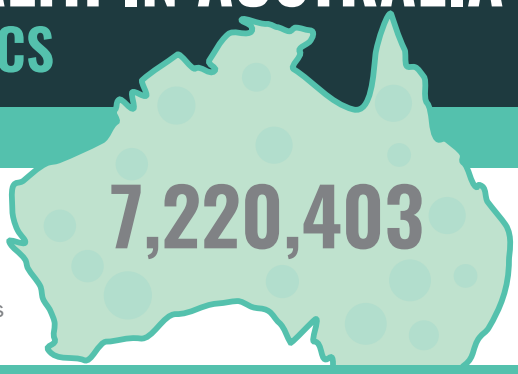
Rural health in Australia
SNAPSHOT 2023

RURAL HEALTH IN AUSTRALIA SNAPSHOT 2023

DEMOGRAPHICS

POPULATION

In 2022, 7,220,403 people[1] were spread across 12,670 rural, regional and remote (rural) localities[i], spanning 99.3% of Australia's land surface.



ECONOMIC CONTRIBUTION

Rural areas contribute at least 80% of Australia's exports[2] - valued at almost $500 billion a year[3,4], almost 50% of tourism revenue[5] and produce 90% of the food we consume.[6] The role of the National Rural Health Alliance (the Alliance) is to advance rural health reform to achieve equitable health outcomes for these people.

REMOTENESS CLASSIFICATIONS

ASGS-RA

Australian Statistical Geography Standard – Remoteness Area

Five classification groups based on service access.[7]

2022 Population[1]

MAJOR CITIES 18,785,137

INNER REGIONAL 4,623,207

OUTER REGIONAL 2,099,287

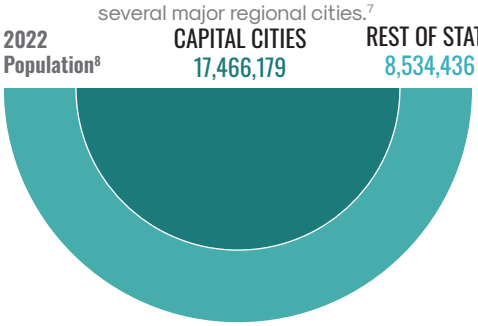
REMOTE 301,686

VERY REMOTE 196,223

GCCSA

Greater Capital City Statistical Areas

Two classification groups that define the functional extent of the eight capital cities and the 'rest of state', which encompasses several major regional cities.[7]



2022 Population[8]

CAPITAL CITIES 17,466,179

REST OF STATE 8,534,436

TOTAL POPULATION 26,005,540[1,8]

MMM

Modified Monash Model

Developed by the Australian Government Department of Health. Seven classification groups from 1 (major cities) to 7 (very remote), including regional centres, towns and smaller communities in between.[9]

2021 Population[10]

1	18,414,123
2	2,355,364
3	1,640,519
4	991,614
5	1,788,969
6	290,889
7	206,534

Population change

Between 2012 and 2022, major cities experienced the highest rate of population growth (+16.4%), followed by inner (+12.9%) and outer (+5.6%) regional areas. Over the same period, the population decreased in remote (-1.2%) and very remote (-7.7%) areas.

PEOPLE

More people outside major cities, as a percentage of the population, are

OLDER
IN REGIONAL AREAS

Percentage of men and women aged 65 and over
Major cities: 16.0% women and 13.8% men
Inner regional areas: 21.5% women and 20.1% men
Very remote areas: 9.5% women and 10.1% men[11,ii]

YOUNGER
IN VERY REMOTE AREAS

INDIGENOUS AUSTRALIANS

From 1.9% in major cities to 31.6% in remote areas (although the greatest Indigenous population is in regional areas).[12,iii]

SOCIAL DETERMINANTS OF HEALTH

UPSIDES

- Greator sense of belonging[13,14], less lonliness[14] and more volunteering.[15]
- Better work–life balance (including for health professionals).[16,17]
- Restorative environment due to rural scenery and natural sounds.[18,19]
- Shorter commute times for work.[20]
- More satisfied with relationships and secure in personal safety.[13]
- Lower levels of financial stress related to housing.[15]

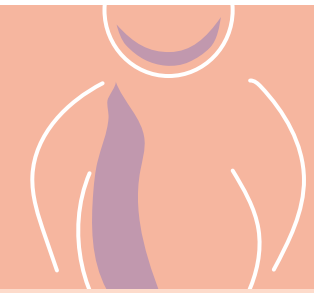
LIVING IN RURAL AREAS

DOWNSIDES

- The tyranny of distance-services and infrastructure[14]
- Poorer internet access[15,14] and mobile phone reception.[14]
- More people living with a disability.[21]
- Higher rates of unemployment in very remote areas.[15]
- Lower incomes.[11,22]
- Less people finish secondary school and participate in higher education[23,11]
- High levels of overcrowding[15], people living in social housing[15] and homelessness[24] in remote areas.

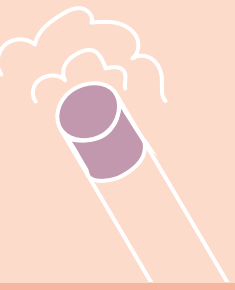
HEALTH RISK FACTORS

The health of rural Australians is impacted by disparities in rates of health and behavioural risk factors including: higher rates of **overweight and obesity**[25], **smoking**[26] (especially in Indigenous people[27]), **risky alcohol consumption**[26], some **illicit drug use**[26] and **psychological distress**[28,29]; poorer **diet**, including inadequate fruit consumption[30] and elevated consumption of sugar-sweetened drinks[30]; as well as lower levels of **physical activity**, particularly strength training[31]. Rural people experience higher rates of **family, domestic and sexual violence**.[32]
The health of rural mothers and babies, over their lifetime, is also negatively impacted by more women **smoking during pregnancy**, more **babies being born prematurely**, and **lower rates of exclusive breastfeeding** (except in Indigenous infants).[33,34,iv]

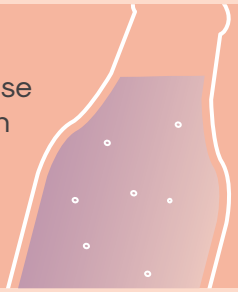


Over 70% of adults are **overweight or obese** in rural areas (compared with 65.1% in major cities).

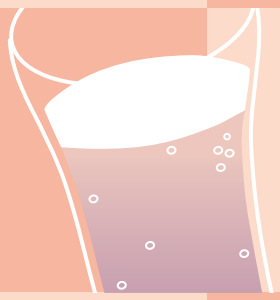
Daily **smoking** rates increase with remoteness from 9.8% in major cities to 14.2% in inner and 17.1% in outer regional areas, and 19.2% in remote areas.



Rates of daily **smoking in Aboriginal Australians** increase with remoteness from 30.1% in major cities, to 52.3% in very remote areas – 1.7 times higher.



Rates of **lifetime risky drinking** increase from 15.5% in major cities to 18.6% in inner and 22.7% in outer regional areas, and 25.0% in remote areas.[v]



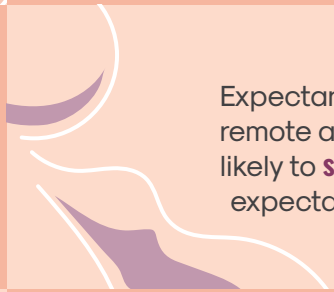
The rate of **lifetime risky drinking** in remote areas is 1.6 times that of major cities.

Over one third (37.7%) of people in remote areas engage in **risky single-occasion drinking** compared to 24.4% in major cities.[vi]

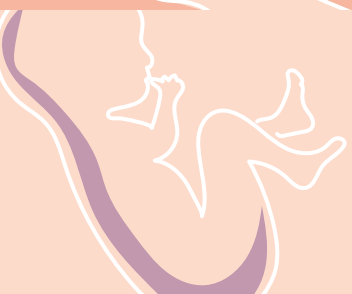
Non-medical use of painkillers, pain relievers and opioids is higher in outer regional (3.6%) and remote areas (4.0%) than in major cities and inner regional areas (both 2.6%).

The proportion of the Indigenous population experiencing high or very high levels of **psychological distress** is greatest in regional areas (34.5%) and lowest in remote areas (27.7%).

People living in rural areas are 24 times more likely to be **hospitalised due to domestic violence** than those in major cities.



Expectant mothers living in very remote areas are 5.6 times more likely to **smoke during pregnancy** than expectant mothers in major cities.



14% of **babies born** in very remote areas are **pre-term**, compared with 7.9% of babies born in major cities.[vii]

Indigenous infants in very remote Australia are **exclusively breastfed** to at least six months at the highest rate in the country (40.9% compared with 12% in major cities).

HEALTH OUTCOMES

LIFE EXPECTANCY AT BIRTH

Life expectancy at birth refers to the average number of years a newborn is expected to live.

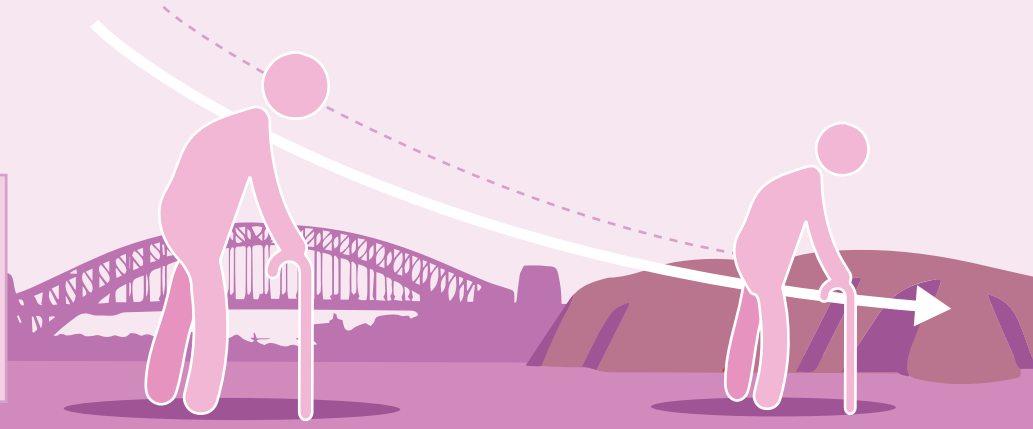
Life expectancy (years) is generally lower for people living in remote areas.[35,36]

It varies between geographic areas[viii] by **14.1 years** (**males**) and **12.4 years** (**females**).

The **highest** levels for both males (**85.7 years**) and females (**88.2 years**) are in metropolitan Sydney.

The **lowest** levels for both males (**71.6 years**) and females (**75.8 years**) are in the Northern Territory.

The **gap** in life expectancy between **Indigenous and non-Indigenous Australians** is lowest in regional areas (**6.8 years** for males and **6.5 years** for females) and highest in remote areas (**12.4 years** for both males and females).



BURDEN OF DISEASE

Burden of disease is a holistic measure of the impact of disease and injury in a population, taking both the effect of living with a disability, and death due to disease or injury, into account.

Total burden of disease increases with remoteness.[37,38] Major cities experience 173.7 disability adjusted life years (DALY) per 1000 population and remote areas experience 243.9 DALY. The burden of disease in remote areas is **1.4 times** that of major cities. This inequity remained static between 2015 and 2018.

When comparing **disease burden between remoteness categories by specific disease state**[39,40], there is a clear trend for increasing disease burden with increasing remoteness for coronary heart disease, chronic kidney disease, chronic obstructive pulmonary disease, lung cancer, stroke, suicide and self-inflicted injuries and type 2 diabetes.

Coronary heart disease burden in remote areas is **2.2 times** that of major cities. The disease burden due to suicide and self-inflicted injuries, along with type 2 diabetes in remote areas is **twice** that of major cities. Chronic kidney disease results in **3.2 times** the disease burden in remote areas compared to major cities.

Leading causes of disease burden vary with remoteness[39]

Back pain and problems and dementia are among the five leading causes of disease burden in all areas except remote/very remote.

Anxiety disorders and depressive disorders are among the top five in major cities, but not in regional, remote and very remote areas.

Coronary heart disease is the leading cause of disease burden in all remoteness areas.

Chronic obstructive pulmonary disease and lung cancer fill out the top five leading causes outside of major cities.

Type 2 diabetes and suicide and self-inflicted injuries are within the top five leading causes of disease burden in remote/very remote areas only.

DEATHS

Potentially avoidable deaths are deaths in people under 75 years of age from conditions considered preventable given the context of the current health system.

People die at a higher rate outside of major cities.[11,41] The overall **death rate** (from all causes) increases with remoteness, per 100,000 population, in both males (from **569 deaths** in major cities to **925 deaths** in very remote areas) and females (from **409 deaths** in major cities to **644 deaths** in very remote areas).

People die from potentially avoidable causes at higher rates the further away they reside from major cities.

When compared to the rate in major cities, potentially avoidable deaths in very remote Australia are **2.5 times higher** in males and **2.8 times higher** in females.

MORBIDITY AND MORTALITY BY DISEASE

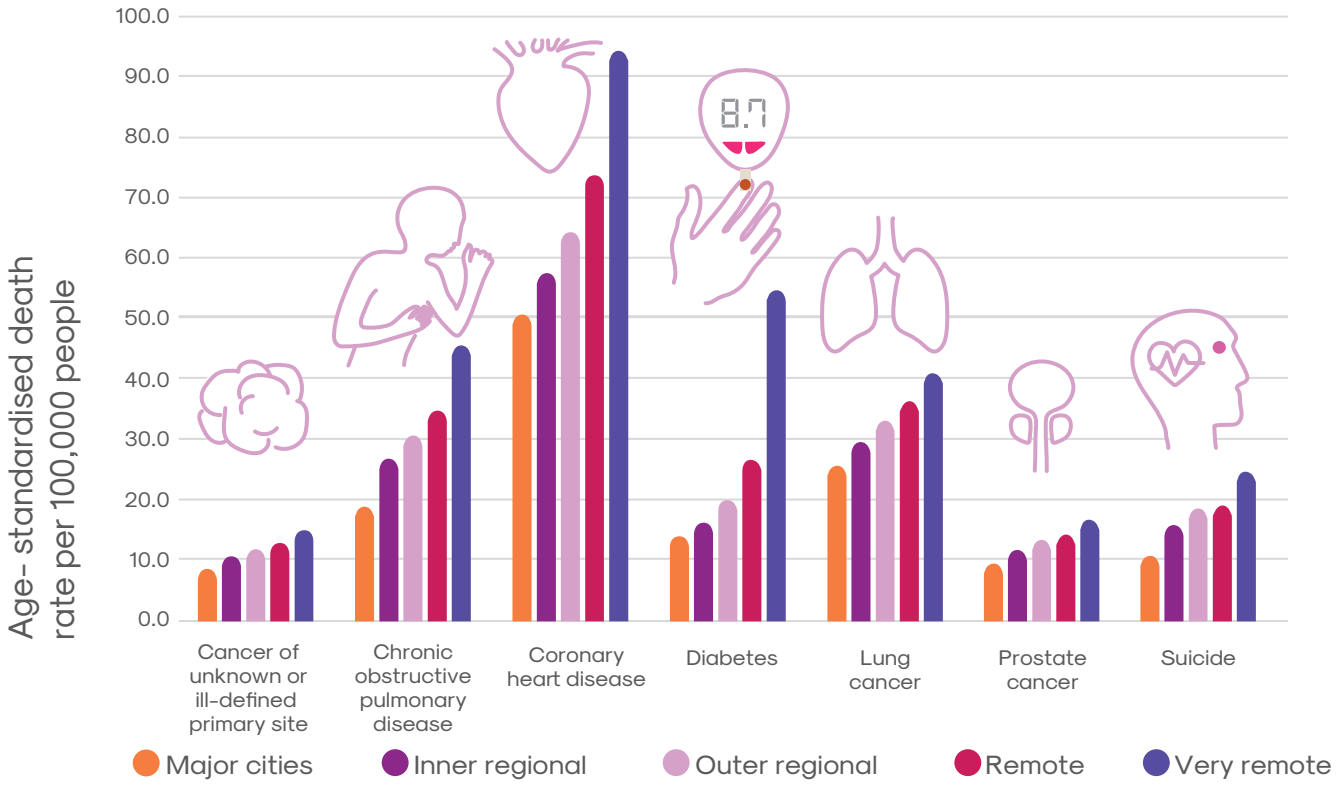
The **prevalence** of the following conditions is similar across remoteness areas: coronary heart disease[42], chronic obstructive pulmonary disease[43], back problems[44] and stroke.[42] The prevalence of diabetes is higher in outer regional and remote areas[45], asthma and mental and behavioural conditions in inner regional areas, and arthritis in all areas outside of major cities.[11]

The prevalence of people living with two or more long-term health conditions is highest in regional areas.[23]

The **incidence** of lung cancer is highest in remote and very remote areas and lowest in major cities.[46]

A strong relationship between **hospitalisation** for self-harm and remoteness is evident; hospitalisations increase from 96.7 in major cities to 193.5 in very remote areas, per 100,000 population.[47] Hospitalisations for coronary heart disease, diabetes and chronic kidney disease are **1.5, 2.7** and **3.1 times** higher, when comparing remote areas to major cities.[42,45,48]

Death rate by cause and ASGS remoteness for selected diseases, 2017–21



Chronic obstructive pulmonary disease, coronary heart disease and lung cancer are among the five **leading causes of death** in all remoteness areas.[49,41] Diabetes and suicide are among the top five in very remote areas alone, while dementia including Alzheimer's disease and cerebrovascular disease are among the top five in all areas except very remote.

In very remote Australia, the death rates due to the following conditions are notably higher when compared to major cities: chronic obstructive pulmonary disease (**2.4 times**), diabetes (**3.8 times**), kidney failure (**2.8 times**) and suicide (**2.3 times**).

HEALTH SYSTEM FUNDING

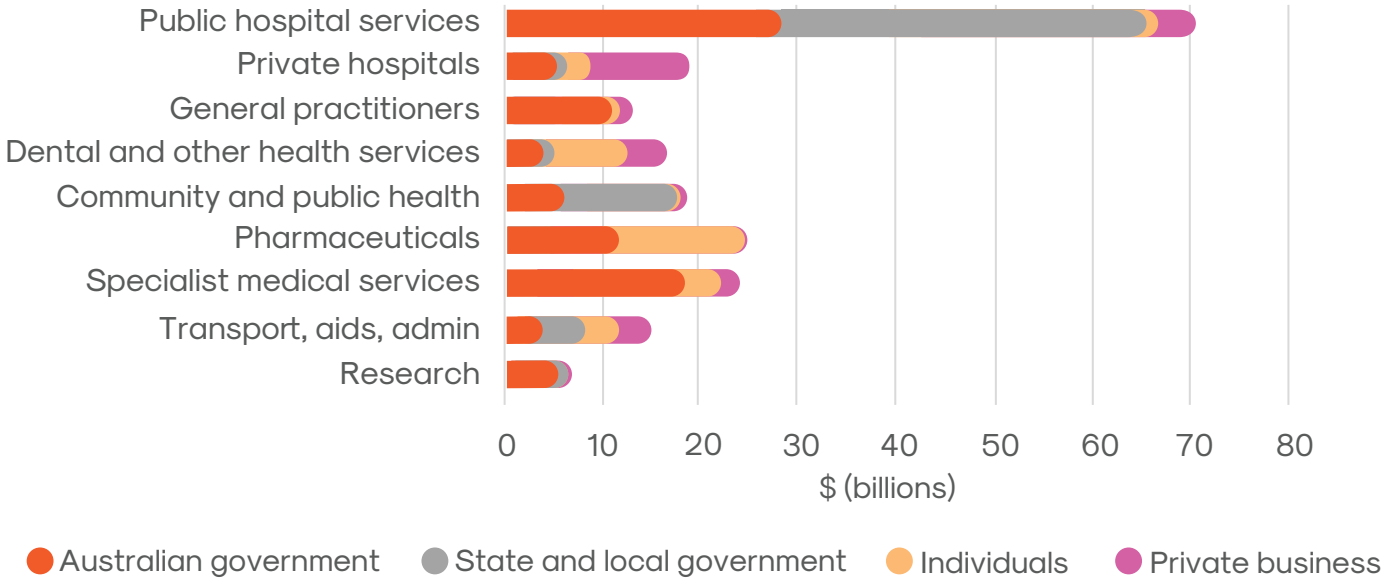
Australia has a complex public–private health system, with funding primarily from the federal and state or territory governments, as well as non-government funders such as private health insurers and individuals. Private for-profit and not-for-profit businesses also play an important role in filling gaps in health care.

In major cities and large regional centres, health services are primarily supported through activity-based funding in hospitals, and fee-for-service funding through Medicare. While block funding is provided to support small rural hospitals and Aboriginal health services, rural primary health care is reliant on Medicare billing and rurally-targeted incentive payments.

In 2020-21, **$220.9 billion** was spent on health care in Australia - **$8,617 per person**, from federal ($94.4 billion) and state and local government ($61.6 billion) funding, individuals ($33.2 billion) and private business ($31.8).[50]

In 2023, the Alliance commissioned a report that found there is a **$6.55 billion deficit** in health funding for rural Australian communities, equating to almost **$850 per person**, per year.[51] This includes funding for public hospitals, private hospitals, Medicare, pharmaceuticals, dental care, the NDIS, aged care, Aboriginal and Torres Strait Islander health care, primary health networks and the Royal Flying Doctor Service.

Health system expenditure 2020–21



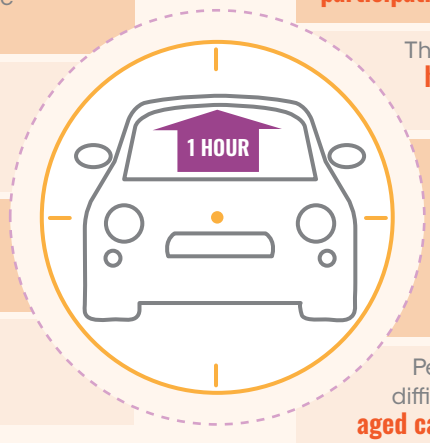
ACCESS TO HEALTH CARE SERVICES

44,930 people in remote Australia have **no access to primary healthcare services** within an hours drive time from their home (one way).[52]

People living in rural Australia **utilise Medicare** (such as for general practitioner (GP) visits) **up to 50% less** than those in major cities and inner regional areas.[11]

They are less likely to see a dental professional, medical specialist or after-hours GP.[53]

Those living in outer regional or remote areas experience **longer waiting periods** to see GPs and other medical specialists.[53]



People in very remote areas have **lower participation in cancer screening programs**.[11]

The proportion of people who have **private health insurance** is **lower** in rural and remote areas.[53]

The consequence of poorer access to primary health care in rural Australia is higher rates of potentially **preventable hospitalisations (PPHs)** in all areas outside of major cities. The rate is **2-3 times as high** in remote and very remote areas.[11]

People living outside of major cities also face difficulties utilising **disability** and **aged care services**.[54,55]

HEALTH WORKFORCE DISTRIBUTION

National Rural Health Alliance

For more information visit

ruralhealth.org.au

FOOTNOTES

i. Calculations by the National Rural Health Alliance based on the number of state suburbs (SSC) in Australian Government publications.

ii. Throughout this document, regional refers to both inner regional and outer regional areas, unless stated otherwise.

iii. Throughout this document, remote refers to both remote and very remote areas, unless stated otherwise.

iv. Throughout this document, data is age-standardised where accessible and appropriate and utilises the most recent source available prior to publication.

v. Lifetime risky drinking is an average of more than two standard drinks per day in the last 12 months.

vi. Risky single-occasion drinking is more than four standard drinks on one occasion at least monthly.

vii. Pre-term is less than 37 weeks gestation.

viii. When analysed by SA4. See Australian Bureau of Statistics for details.

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