



Shire of Jerramungup

PUBLIC HEALTH PLAN

2026 - 2031

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MESSAGE FROM THE SHIRE PRESIDENT

I am pleased to present the Shire of Jerramungup Public Health Plan 2026 - 2031, which provides a strategic framework to support and improve the health and wellbeing of our community over the next five years.

The Shire of Jerramungup is a resilient and connected community with many strengths. High levels of volunteerism, strong community participation, low unemployment and a deep sense of local identity contribute significantly to the wellbeing of our residents and help make our Shire a great place to live, work and visit.

At the same time, our health data tells us there are areas where we must do better. Obesity rates exceed the state average. Alcohol-related harm is causing real and measurable impacts on hospitalisation and mortality, especially among men. Road trauma remains concerningly high for a community our size, with transport accident death rates more than four times the state average. And as our population ages, we need to ensure that older residents can continue to live well and remain connected.

This Plan has been informed by local health data and extensive community consultation. The valuable feedback received from residents has helped shape the priorities and actions contained within this document, reflecting a shared commitment to improving health outcomes and enhancing quality of life across the Shire.

Achieving these outcomes will require collaboration. Local government plays an important role in creating environments that support health and wellbeing; however, meaningful and lasting change depends on strong partnerships between government agencies, health services, community organisations, businesses and residents. This Plan provides a framework for working together to address identified priorities and strengthen the factors that contribute to a healthy community.

On behalf of Council, I thank everyone who contributed to the development of this Plan. I look forward to working alongside our community and partners to implement its actions and build a healthier, safer and more connected Shire for current and future generations.

Cr Nathan Brown

President

Shire of Jerramungup



1. EXECUTIVE SUMMARY

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

1.1 About the Shire

Located 440 kilometres southeast of Perth, the Shire of Jerramungup is the western gateway to the world-famous Fitzgerald River National Park. The Shire comprises of 645,110 hectares and incorporates the large towns of Jerramungup and Bremer Bay and the smaller towns and districts of Needilup, Jacup, Gairdner and Boxwood Hill.

The estimated resident population of the Shire as of June 2024 is 1,217. The community is characterised by low unemployment (1.6% compared to a state rate of 4.1%), high rates of volunteering (38% compared to a state average of 15.9%) and comparatively low levels of socioeconomic disadvantage.

1.2 Health Profile

A comprehensive review of local health data identified several areas where the Shire's health outcomes differ from state averages:

46.3% Adult Obesity rate (State: 37.2%)	778.0 Alcohol related hospitalisations per 100,000 (State: 665.4)	33.5 Transport accident deaths per 100,000 (State 7.2)
514.4 Tobacco hospitalisations per 100,000 (State: 366.8)	43.8 Vector-borne disease rate per 100,000 (State: 21.1)	40 Median Age (State median: 38)

1.3 Community Consultation

Consultation activities conducted between April and May 2026 involved 213 participants through a residents and ratepayers survey (138 responses) and community workshops held in Jerramungup and Bremer Bay. Residents identified the following as the most important factors for a healthy and happy life: a safe community, access to mental health and general health services, active public spaces, access to healthy food, and opportunities for physical activity.

When asked to rank the most important public health issues, the community identified an ageing population as the highest priority, followed by alcohol-related harm, mental health, illicit drug use and chronic disease.

1.4 Public Health Priorities

Six priorities have been identified through the integration of health data analysis and community consultation.

	Support healthy eating and active lifestyles		Improve mental health and wellbeing support
	Reduce tobacco and vaping related harm		Reduce alcohol-related harm
	Reduce injury and road trauma		Support healthy ageing

The Shire has also identified the need to maintain community safety and access to health services as underlying and cross-cutting determinants of wellbeing. Two priority populations have been identified: men (who experience disproportionate harm from alcohol, tobacco and road trauma) and older residents (who have heightened needs across chronic disease, mental health and healthy ageing).

1.5 Action Plan

Actions to address public health priorities in the Shire of Jerramungup are structured under four domains consistent with the WA State Public Health Plan:

Promote	<i>Create environments and opportunities that support healthy lifestyles, social connection and wellbeing.</i>
Prevent	<i>Reduce the incidence of preventable disease, injury and risk factors that contribute to poor health outcomes.</i>
Protect	<i>Protect the community from environmental, communicable disease and emergency management risks.</i>
Enable	<i>Strengthen partnerships, infrastructure and services that support long-term community health and wellbeing.</i>

Actions in this plan reflect the scope and resources of local government and are intended to be delivered in partnership with state agencies, health services, community organisations and local businesses. The Plan will be reported to Council annually and formally reviewed at the mid-term in 2028, with a full review upon conclusion of the five-year term.

2. INTRODUCTION

2.1 What is Public Health

The *Public Health Act 2016* defines public health as:

- the wider health and wellbeing of the community
- the combination of safeguards, policies and programs designed to protect, maintain, promote and improve the health of individuals and their communities and to prevent and reduce the incidence of illness and disability.

Public health planning is a proactive, systematic approach to enhancing the health and well-being of communities¹. It involves assessing health needs of the community, setting priorities, and developing evidence-based strategies to foster sustainable, equitable, and collaborative health improvements. Public health is about ensuring communities have fair access to the resources that support good health.

Public Health encompasses a wide range of activities and disciplines including:

- Health promotion and health literacy - encouraging healthy behaviours and providing access to healthier environments.
- Disease prevention - vaccination programs, screening and preventing the spread of infectious diseases.
- Environmental health - ensuring clean air and water, safe food and effective management of waste and pollution.
- Policy and advocacy – developing and recommending health policies and advocating for policies and laws that protect health (e.g. tobacco regulations).
- Emergency preparedness and response – planning for and responding to natural disasters, pandemics etc.
- Health equity and determinants of health – addressing disparities in health outcomes, and focusing on factors such as housing, education and other factors that influence health.
- Community engagement and services – working with local organisations to deliver health services and supporting mental health and wellbeing programs.

2.2 Determinants of Health

There are many factors or ‘determinants’ that influence health, most of them non-medical. Importantly, there is a close relationship between people's health and the circumstances in which they grow, live, work, play and age². These determinants can affect a person's ability to lead a healthy life, their likelihood of becoming unwell and their overall life expectancy³.

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



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

¹ Public health planning for local government

² What are determinants of health? - Australian Institute of Health and Welfare

³ State Public Health Plan for Western Australia 2025-2030

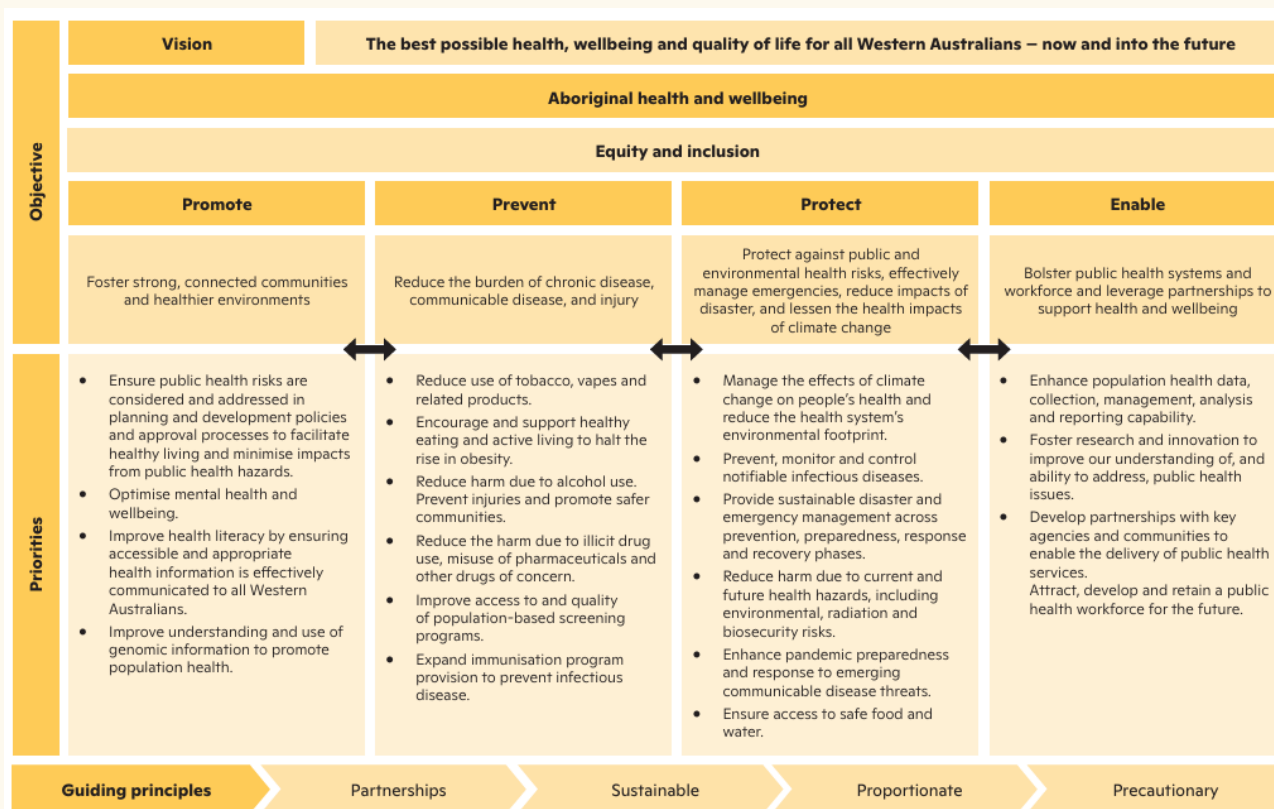
2.3 Requirements for Public Health Planning

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

2.4 State Government Public Health Plan


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

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



3. SHIRE SNAPSHOT


The Shire of Jerramungup is located in the Great Southern region of Western Australia, 180 kilometres northeast of Albany and 440 kilometres southeast of Perth. The Shire covers an area of 6,507 square kilometres and incorporates the townsites of Jerramungup and Bremer Bay. The estimated resident population as of June 2024 is 1,217.




People
1,217 estimated population as of June 2024




Housing
38.7% of residents own their home outright




Age Profile
The median age is 40, which is older than the state median of 38




ATSI
3.4% of residents identify as Aboriginal and or Torres Strait Islander




Education
Yr 12 is the highest level of attainment for 20.4% of residents, 37.8% have a Cet III level or above qualification



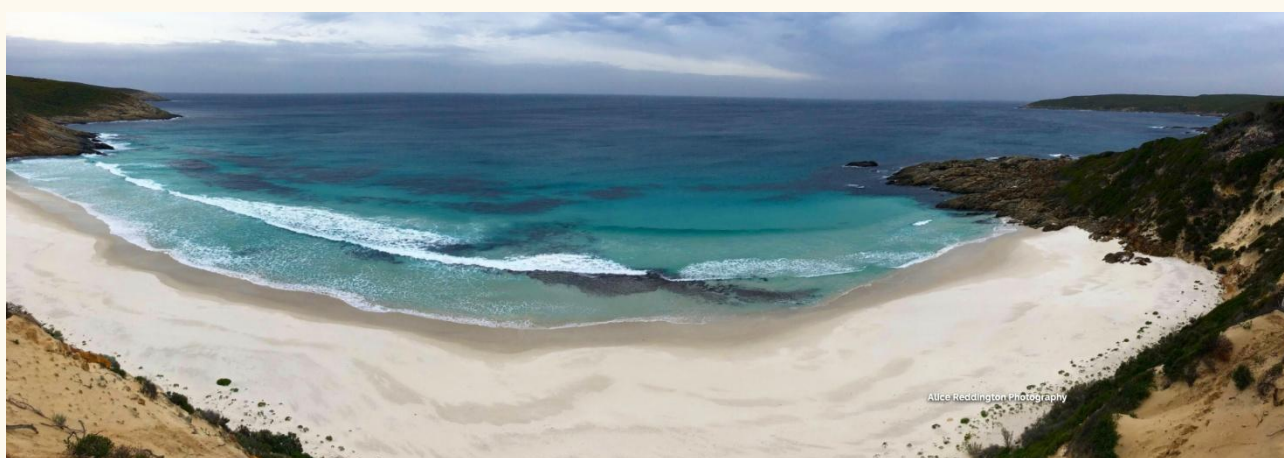
Employment
1.6% unemployment rate as of December quarter 2025⁴ compared to 4.1% in WA



Volunteers
38% of residents are involved in voluntary work for an organisation or group compared to a 15.9% state average



Income
5.4% of families (72) have an annual income of less than \$64,999⁵



⁴ Department of Employment and Workplace Relations. Small area labour market data December Quarter 2025

⁵ Epidemiology Directorate (2026). *Health and wellbeing profile: Shire of Jerramungup*. WA Department of Health: Perth.

4. HEALTH & WELLBEING PROFILE

Chronic diseases, such as heart disease, stroke, diabetes, some cancers and respiratory diseases, are the leading cause of death in Australia. Injuries are also common and have a profound impact on the Western Australian community⁶.

The prevention of chronic disease and injury remains one of Australia's most pressing public health priorities, given the substantial impact these conditions have on individuals, families and carers, as well as the considerable costs to the health system.

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

4.1 Health Conditions

In Jerramungup, rates of arthritis and asthma are higher than the state average. Rates of heart disease and lung conditions are also marginally higher.

The Australian Cancer Atlas⁷ identifies that in the Gnowangerup SA2 geographical area (which incorporates the Shire of Jerramungup) there is one type of cancer that is occurring at sufficiently higher rates than the Australian average to indicate a real difference. This is Mesothelioma (31% above the Australian average) which is primarily caused by exposure to asbestos.

Health Condition (self-reported)	Shire of Jerramungup	Western Australia
Arthritis	8.2%	7.6%
Asthma	7.9%	7.3%
Cancer	2.1%	2.7%
Dementia	0.3%	0.7%
Diabetes	3.4%	4.4%
Heart Disease	3.8%	3.6%
Kidney Disease	0.5%	0.8%
Lung Condition	1.8%	1.6%
Mental Health Condition	6.5%	8.3%
Stroke	0.4%	0.8%
Other long-term health condition	5.8%	7.4%

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

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

⁶ Chronic disease and injury prevention

⁷ Australian Cancer Atlas

4.2 Behaviour Risk Factors

Unhealthy diets, overweight, and obesity are the leading risk factors for death, disease and disability in Western Australia (WA), after tobacco use⁸.

The Shire of Jerramungup's behavioural risk profile (refer to Table 2) is broadly similar to Western Australia but with several areas of elevated concern.

Obesity: While overweight rates are similar to the Western Australian average, obesity rates are notably higher for both children (13.5% in Jerramungup compared to a state prevalence of 10.2%) and adults (46.3% compared to a state prevalence of 37.3%). Rates of overweight and obesity are similar for male and female residents.

Interestingly, residents report higher fruit and vegetable consumption than the state average, while consumption of fast food and sugar-sweetened beverages is similar to or below state levels. This suggests that dietary factors alone do not explain the higher prevalence of obesity and that physical inactivity and other environmental, social or behavioural factors may also be contributing.

Physical inactivity: Both children and adults in Jerramungup are less likely to meet recommended physical activity guidelines than their counterparts across WA. Given the strong relationship between physical inactivity and obesity, this is likely to be a key contributing factor to the Shire's elevated obesity rates.

Alcohol: Alcohol-related harm emerges as a significant public health concern. Although self-reported high-risk drinking is only marginally higher than the WA average, alcohol-attributable hospitalisation and mortality rates are substantially higher.

The age-standardised rate (ASR) of alcohol-attributable hospitalisations among male residents was 1,003.5 per 100,000 population, significantly exceeding the state rate of 816.5 per 100,000 and approximately double the rate observed among female residents. Similarly, alcohol-attributable deaths among men were almost three times higher than among women (57.9 per 100,000 compared to 19.9 per 100,000).

These findings indicate that alcohol is contributing to a disproportionate level of illness, hospitalisation and premature mortality within the community, particularly among men.

Tobacco: Smoking and vaping prevalence in Jerramungup are lower than the WA average. Despite this, tobacco-attributable hospitalisation and mortality rates exceed state levels. This discrepancy may reflect the long-term impacts of historical smoking behaviour, delayed diagnosis and treatment, or other factors that exacerbate tobacco-related disease outcomes.

As with alcohol-related harm, tobacco-attributable hospitalisations and deaths are higher among male residents than female residents.

Key implications

The burden of harm associated with alcohol and tobacco appears disproportionate to current self-reported levels of use. This may partly reflect limitations associated with self-reported behavioural data, but it also highlights the cumulative and long-term health impacts of these risk factors. Importantly, both alcohol and tobacco are translating into measurable health system impacts and higher rates of premature mortality within the Shire.

The significantly higher rates of alcohol and tobacco related hospitalisations and deaths among men suggest that targeted, gender specific prevention and health promotion strategies may be warranted.

⁸ Evidence brief: food, built environments and obesity

	Shire of Jerramungup	Western Australia	Comparison to WA
Overweight			
Children (5-15 years)	15.8%	15%	≈
Adults (16+)	37.6%	37.4%	≈
Obese			
Children (5-15 years)	13.5%	10.2%	≧
Adults (16+)	46.3%	37.3%	≧
Ate recommended serves of fruit daily			
Children (2-15 years)	74.3%	75.4%	≈
Adults (16+)	38.0%	33.4%	≧
Ate recommended serves of vegetable daily			
Children (2-15 years)	13.4%	10.9%	≧
Adults (16+)	7.7%	4.7%	≧
Do not meet recommended physical activity levels			
Children (5-15 years)	66.5%	62.3%	≧
Adults (16+)	41.1%	39.1%	≧
Eat fast-food more than twice a week			
Children (1-15 years)	5.3%	6.2%	≦
Adults (16+)	6.9%	6%	≧
Drink sugar-sweetened drinks more than twice a week			
Children (1-15 years)	9.2%	8.5%	≈
Adults (16+)	14.1%	16.8%	≦
Drink alcohol at high risk levels for long term harm*			
Adults (16+)	32.8%	29.1%	≧
Drink alcohol at high risk levels for short term harm**			
Adults (16+)	12.6%	11.9%	≈
ASR of alcohol attributable hospitalisations			
Adults (all ages)	778.0 per 100,000	665.4 per 100,000	≧
ASR of alcohol attributable deaths			
Adults (all ages)	41.1 per 100,000	26.0 per 100,000	≧
ASR of illicit drug-attributable hospitalisations			
Adults (16+)	149.4 per 100,000	181.8 per 100,000	≦
Smoke tobacco (18+)			
Adults (18+)	11.8%	13.5%	≦
ASR of tobacco attributable deaths			
Adults (16+)	54.8 per 100,000	48.7 per 100,000	≧
ASR of tobacco hospitalisations			
Adults (16+)	514.4 per 100,000	366.8 per 100,000	≧
Vape			
Adults (18+)	5.3%	7.9%	≦

Table 2 Shire of Jerramungup Behavioural Risk Profile. Source: Department of Health WA⁹

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

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

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

4.3 Socio-Economic Profile

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

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

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

The IRSD score for the Shire of Jerramungup in 2021 was 1,025 (compared to the state score of 1,002), and it ranked 104th out of 139 local government areas in Western Australia. This indicates that the Shire of Jerramungup experiences comparatively lower levels of socio-economic disadvantage than many other local governments across the state.

4.4 Mortality

The crude rate of deaths in the Shire of Jerramungup is higher than the state average. The leading cause of death at both a local and state level is coronary heart disease. The other top five leading causes of death in the Jerramungup Shire between 2019 and 2023 were chronic obstructive pulmonary disease, land transport accidents, suicide and diabetes.

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

	Shire of Jerramungup	Western Australia	Comparison to WA
Mortality	8 deaths in 2023 (6 males and 2 females)	17, 475	NA
Crude rate of deaths per 100,000	632.8	606.5	≥
Leading cause of death	Coronary heart disease	Coronary heart disease	NA
Life expectancy	80.9 (Wheatbelt SA4)	83.6	≥

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

¹⁰ Chronic conditions - Australian Institute of Health and Welfare

4.5 Mental Health

Mental health issues, such as anxiety-related conditions, mood disorders, and behavioural conditions, are among the leading causes of disability and morbidity in WA¹¹.

In 2024, 20% of Shire of Jerramungup residents aged 16 years and above were told by a doctor in the past 12 months that they had a mental health condition. This was lower than the state prevalence of 25%.

The prevalence of stress-related conditions, anxiety and depression in the Shire of Jerramungup were all lower than the state prevalence. The prevalence of diagnoses across all conditions is higher amongst females than males.

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

	Shire of Jerramungup	Western Australia	Comparison to WA
Mental health diagnosis*	20.0%	25%	≤
Stress related conditions	11.8%	13.5%	≤
Anxiety	13.0%	16.3%	≤
Depression	11.7%	13.7%	≤
Psychological distress**	17.1%	21.7%	≤

Table 4 Prevalence of Mental Health Conditions. Source: Department of Health WA¹²

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

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

4.6 Injury

Injury rates among Shire of Jerramungup residents were broadly similar to the Western Australian average, with 25.2% of adults reporting an injury requiring treatment from a health professional in the previous 12 months, compared with 26.0% across the state.

Hospitalisation and mortality rates due to transport accidents are substantially higher in the Shire of Jerramungup than the state average for both males and females but particularly elevated amongst males. In 2021 the ASR of male residents that died from a transport accident was 48.2 per 100,000 compared to the state ASR for males of 11.3 per 100,000. In comparison, among females, the ASR was 15.3 per 100,000, which was higher than the state ASR of 3.1 per 100,000.

Hospitalisations due to accidental poisoning were also higher in Jerramungup than across Western Australia. Deaths resulting from accidental drowning, submersion or threats to breathing were also slightly higher than the state rate.

Overall while injury prevalence is comparable to the state the Shire experiences disproportionately high rates of serious injury, hospitalisation and death, related to transport accidents. This highlights road safety as an important public health priority for the community.

¹¹ State Public Health Plan 2025-2030

¹² Health and Wellbeing Profile for the Shire of Jerramungup provided by the Epidemiology Directorate, Public and Aboriginal Health Division, Department of Health WA

	Shire of Jerramungup	Western Australia	Comparison to WA
Injury related Hospitalisations (per 100,000 in 2024)			
Accidental falls	758.5	1,031.0	≤
Assault & neglect	45.1	106.4	≤
Transport accidents	531.0	236.9	≥
Intentional self-harm	51.4	106.6	≤
Accidental poisoning	65.6	52.3	≥
Accidental drowning	18.3	21.8	≈
Injury related harm*			
Adults (16+)	25.2%	26%	≈
Children (0-15 yrs)	28.9%	29.6%	≈
Injury related deaths (per 100,000 in 2021)			
Accidental falls	13.8	15.3	≈
Assault & neglect	0.9	0.8	≈
Transport accidents	33.5	7.2	≥
Intentional self-harm	14.9	13.5	≈
Accidental poisoning	7.1	7.8	≈
Accidental drowning	2.2	1.5	≥

Table 5 Prevalence of Injury. Source: Department of Health WA¹³

*Injury requiring treatment from a health professional.

¹³ Health and Wellbeing Profile for the Shire of Jerramungup provided by the Epidemiology Directorate, Public and Aboriginal Health Division, Department of Health WA

4.7 Infectious Disease & Immunisation

Immunisation is known to be one of the most effective public health measures in preventing many serious diseases. In WA, however, coverage is suboptimal in some areas due to service disruption and vaccine hesitancy following the COVID-19 pandemic¹⁴. Childhood vaccination rates in the Albany SA3 region, which includes the Shire of Jerramungup, are comparable with state rates.

Notifiable infectious diseases in the Shire of Jerramungup are lower or similar to the state age standardised rate, with the exception of vector borne diseases. Vector-borne diseases are human illnesses caused by parasites, viruses and bacteria that are transmitted by vectors¹⁵. Common vectors include mosquitoes, ticks, fleas, sandflies.

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

	Shire of Jerramungup	Western Australia	Comparison to WA
Notifiable infectious diseases (per 100,000 in 2022)			
Blood borne	40.5	44.1	≈
Enteric disease (gastrointestinal)	229.1	218.9	≈
STIs	345.5	600.6	≤
Vaccine Preventable diseases	199.4	714.1	≤
Vector-borne diseases	43.8	21.1	≧
Childhood immunisation (% fully vaccinated in the Albany SA3 region as of 30 September 2025) *			
1 yr olds	89.16	90.33	≈
2 yr olds	85.45	87.76	≈
5 yr olds	87.80	91.95	≈

Table 6 Infectious Diseases and Immunisation. Source: Department of Health WA¹⁶ and Australia Government Department of Health, Disability and Ageing¹⁷

*Data is not available at a local government level

¹⁴ State Public Health Plan 2025-2030

¹⁵ Vector-borne diseases

¹⁶ Health and Wellbeing Profile for the Shire of Jerramungup provided by the Epidemiology Directorate, Public and Aboriginal Health Division, Department of Health WA

¹⁷ Current coverage data tables for all children | Australian Government Department of Health, Disability and Ageing

5. COMMUNITY ENGAGEMENT

Community consultation undertaken as part of the Shire of Jerramungup's Community Strategic Planning process, informed the development of this Public Health Plan. Engagement activities conducted between April and May 2026 included a residents and ratepayers survey and community workshops in Jerramungup and Bremer Bay, involving a total of 213 participants. A detailed summary of the community engagement activities is provided in Appendix 2.

The survey received 138 responses and included questions relating to health and wellbeing priorities. Respondents identified a safe community, access to mental health and general health services, active public spaces, access to healthy food options, and opportunities for physical activity as the most important factors supporting a healthy and happy life in the Shire.

When asked to rank the most important public health issues facing the community, respondents identified an ageing population as the highest priority, followed by alcohol-related harm, mental health, illicit drug use, and chronic disease.

Participants also identified several factors that would support healthier lifestyles. Increased recreational activities and community events were the most common suggestions for improving physical activity, alongside improved access to public exercise equipment, parks, walking trails and cycling infrastructure. Access to a wider range of affordable healthy food options was identified as the key factor that would support healthier eating habits.

Mental health and wellbeing discussions highlighted the importance of community connection, with participants from both Jerramungup and Bremer Bay identifying more community events and programs as the most effective way to support mental health and wellbeing.

6. CURRENT ROLE OF LOCAL GOVERNMENT

The Shire of Jerramungup provides a range of services and programs to support the health and wellbeing of its 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 water and food safety, noise and air pollution and mosquitoes.
- Planning and building approvals involving assessment of development proposals and review of designs.
- Community programs and events including support for community groups, workshops and events.
- Ranger and emergency services.
- Cultural facilities and services such as libraries and cemeteries.

7. PUBLIC HEALTH ACTION PLAN

7.1 Vision

A thriving Shire where every resident, at every stage of life, feels connected and supported to live well.

7.2 Public Health Priorities

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

- Support healthy eating and active lifestyles
- Support healthy aging
- Improve mental health and wellbeing support
- Reduce alcohol related harm
- Reduce tobacco and vaping related harm
- Reduce injury and road trauma

The Shire has also identified the need to continue to prioritise community safety and access to essential health services as underlying determinants of wellbeing.

7.3 Priority Populations

Data analysis highlights men as a group experiencing disproportionate harm from alcohol, tobacco, and road trauma. Older residents, given the Shire's ageing demographic profile, are a second priority population across chronic disease, mental health, and healthy ageing priorities.

7.4 Domains for Action

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

Promote	Create environments and opportunities that support healthy lifestyles, social connection and wellbeing.
Prevent	Reduce the incidence of preventable disease, injury and risk factors that contribute to poor health outcomes.
Protect	Protect the community from environmental, communicable disease and emergency management risks.
Enable	Strengthen partnerships, infrastructure and services that support long-term community health and wellbeing.

7.5 Action Plan

Promote	
<p>Objective: Create environments and opportunities that support healthy lifestyles, social connection and wellbeing.</p>	
Priority	Actions
1. Support healthy eating and active living	<p>1.1 Promote active transport opportunities through participation in the Your Move program.</p> <p>1.2 Promote KidSport and other financial assistance programs that support participation in sport and recreation.</p> <p>1.3 Encourage participation in local sport, recreation and physical activity programs through coordinated promotion and community partnerships.</p> <p>1.4 Support the delivery of community-based initiatives that increase participation in physical activity across all age groups.</p> <p>1.5 Use Shire communication channels to promote evidence-based healthy lifestyle campaigns like LiveLighter, Make Smoking History, and SunSmart.</p> <p>1.6 Encourage healthy food and beverage choices at community events and facilities.</p> <p>1.7 Investigate opportunities to improve access to healthy food through initiatives such as a community garden.</p> <p>1.8 Encourage local food businesses and community organisations to adopt the Healthy Options WA Food and Nutrition Policy.</p>
2. Improve mental health and wellbeing	<p>2.1 Promote regional mental health services and supports.</p> <p>2.2 Support local mental health awareness events and initiatives (e.g. Mental Health Week, RUOK Day, ACT, BELONG, COMMIT).</p> <p>2.3 Facilitate social connection through community events, volunteer opportunities and inclusive programs.</p> <p>2.4 Support initiatives that reduce social isolation among vulnerable groups (e.g., older adults).</p>

Prevent

Objective: Reduce the incidence of preventable disease, injury and risk factors that contribute to poor health outcomes.

Priority	Actions
3. Reduce tobacco and vaping-related harm	<p>3.1 Promote smoke-free and vape-free environments across Shire facilities, public spaces and events.</p> <p>3.2 Ensure compliance with relevant tobacco control legislation.</p> <p>3.3 Support awareness campaigns and cessation initiatives that encourage quitting smoking and vaping.</p>
4. Reduce alcohol-related harm	<p>4.1 Support the delivery of alcohol-free and family-friendly community events.</p> <p>4.2 Develop and implement policies that reduce exposure to alcohol promotion on Shire-owned assets and at Shire-supported events.</p> <p>4.3 Promote responsible service of alcohol practices among local organisations and event organisers.</p> <p>4.4 Partner with health and community organisations to deliver evidence-based alcohol harm reduction initiatives, with a focus on priority populations including men</p>
5. Reduce injury and road trauma	<p>5.1 Undertake regular assessments of local roads and implement priority safety improvements (e.g., line marking, signage, etc.).</p> <p>5.2 Advocate for road safety improvements in collaboration with Main Roads WA.</p> <p>5.3 Support road safety education campaigns..</p>

Protect

Objective: Protect the community from environmental, communicable disease and emergency management risks.

Priority	Actions
6. Maintain environmental health standards and regulatory compliance	<p>6.1 Undertake statutory environmental health functions in accordance with legislative requirements, including food premises inspections, public building inspections and recreational water monitoring.</p> <p>6.2 Investigate and respond to environmental health complaints and public health risks.</p> <p>6.3 Monitor emerging environmental health risks and implement appropriate mitigation measures</p>
7. Promote and build awareness of public health campaigns aimed at disease prevention	<p>7.1 Provide locally relevant information during outbreaks or public health alerts.</p> <p>7.2 Support disease prevention campaigns, including food safety, immunisation and infection prevention initiatives.</p> <p>7.3 Promote food safety training and resources to local food businesses.</p> <p>7.4 Implement mosquito surveillance and control activities to minimise the risk of mosquito-borne disease transmission.</p>
8. Strengthen emergency preparedness and resilience	<p>8.1 Maintain and test Local Emergency Management Plans in line with legislative requirements.</p> <p>8.2 Participate in multi-agency emergency management planning, training and exercises.</p> <p>8.3 Improve community preparedness for bushfire, heatwave, storm and other natural hazard events.</p>

Enable

Objective: Strengthen partnerships, infrastructure and services that support long-term community health and wellbeing.

Priority	Actions
1. Improve access to health services	<ul style="list-style-type: none">1.1 Advocate for the retention and expansion of local primary health, allied health and visiting specialist services.1.2 Support opportunities for residents to access preventative health programs, screenings and chronic disease management services.1.3 Advocate for innovative service delivery models, including outreach and telehealth services.
2. Support healthy ageing	<ul style="list-style-type: none">2.1 Review Shire facilities, footpaths and public spaces against age friendly design principles and implement priority improvements to support mobility and independence.2.2 Advocate for expanded provision of aged care and support services.2.3 Promote injury prevention initiatives targeting older adults, including falls prevention programs.2.4 Support initiatives that reduce social isolation and improve wellbeing among older residents.
3. Develop healthy and active community infrastructure	<ul style="list-style-type: none">3.1 Audit and develop a priority list for upgrades to active recreation infrastructure across Jerramungup and Bremer Bay.3.2 Apply for funding through the WABN Grants Program to support the development of a local bike plan to identify potential cycling infrastructure opportunities.3.3 Apply universal design principles to public spaces and community facilities to improve accessibility and inclusion.

8. MONITORING AND EVALUATION FRAMEWORK

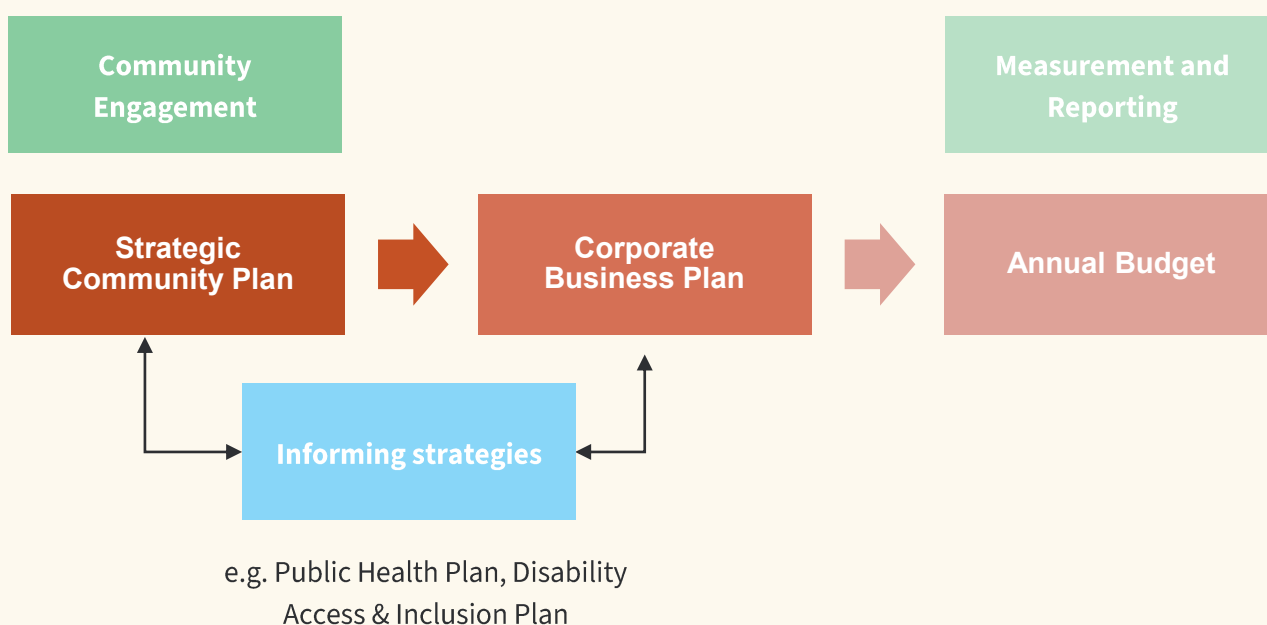
8.1 Integrated planning

The Public Health Plan forms part of the Shire of Jerramungup’s Integrated Planning and Reporting (IPR) Framework and aligns with, informs and supports the Shire’s broader strategic direction.

The Plan is closely linked to:

- **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 and financial planning documents that support Council’s capacity to deliver services and infrastructure.

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



8.2 Reporting

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

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

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

8.3 Implementation & Monitoring

Implementation of the actions contained within this Plan will be coordinated through the Shire's existing operational planning and reporting processes, with responsibility assigned to relevant officers across the organisation.

Progress will be monitored on an ongoing basis and reported to Council annually. To support effective implementation, the Shire will:

- Monitor the delivery and completion of actions through established performance measures and internal reporting mechanisms.
- Track trends in key public health indicators, including alcohol and tobacco use, overweight and obesity, chronic disease prevalence and other identified risk factors.
- Review available health data, community feedback and emerging evidence to inform decision-making and continuous improvement.
- Adapt actions and priorities, where appropriate, to respond to emerging public health issues, changing community needs and new opportunities.

The Shire acknowledges that improvements in population health outcomes are often achieved over the long term and may not be immediately measurable. For this reason, monitoring will focus on both the implementation of planned actions and longer-term changes in health and wellbeing indicators.

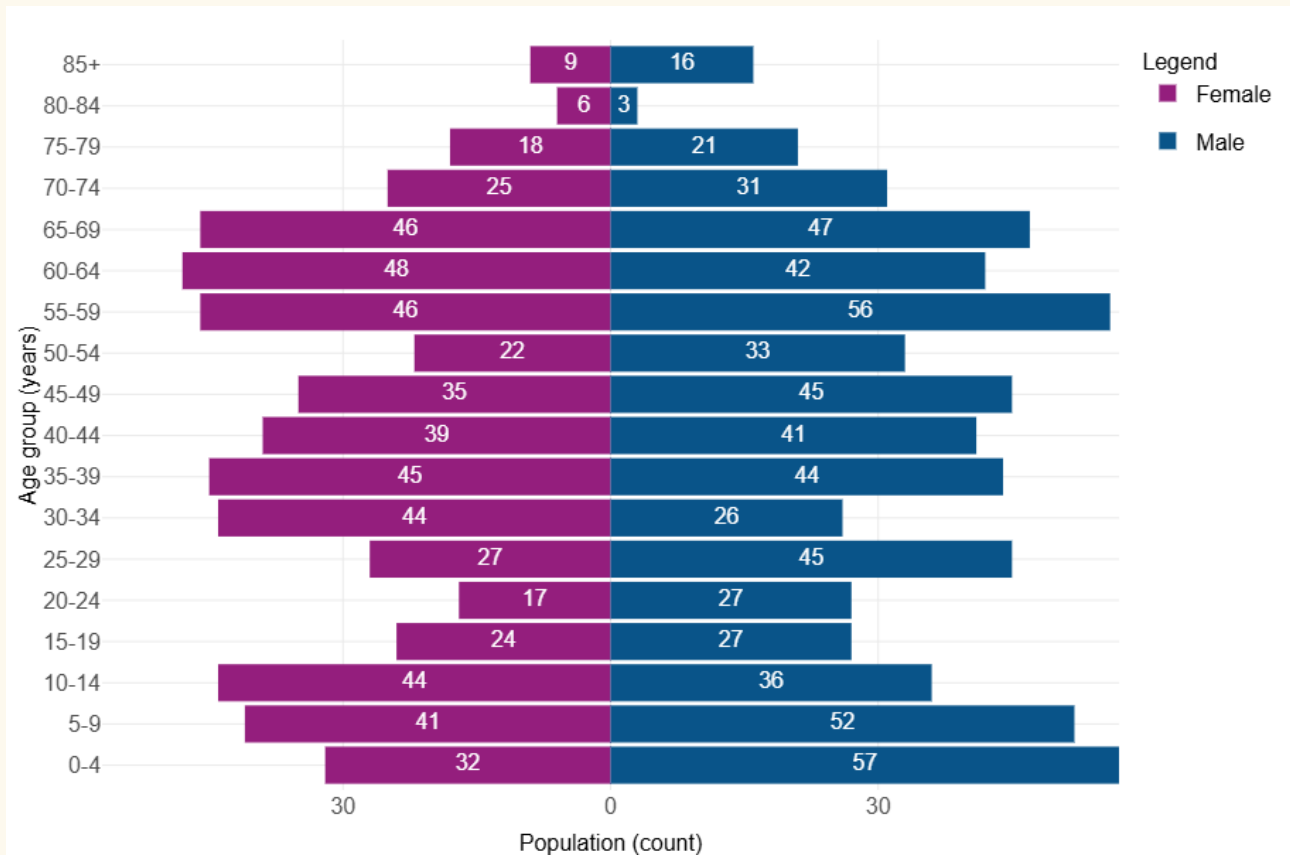
This Public Health Plan is intended to remain responsive and adaptable throughout its five-year lifespan. As new evidence, partnerships and funding opportunities emerge, additional initiatives may be incorporated to address evolving community needs and priorities.

A comprehensive review of the Plan will be undertaken at the end of the five-year period to evaluate its effectiveness and inform the development of the Shire's next Public Health Plan.

9. APPENDIX 1. COMMUNITY PROFILE

As of 30 June 2024, an estimated 1,217 people lived in the Shire of Jerramungup. Around 53.3% were male and 46.7% were female (Figure 1). Other selected population measures are provided in Table 1.

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



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

General population	Jerramungup (LGA)	Western Australia
Geographic area (size)	6,507 square kilometres	~2.53 million square kilometres ¹⁸
Population	1,217	2,965,000 ¹⁹
Population density	5.21 residents per km ²	0.85 residents per km ²
Residents born in Australia	78.4%	62%
Households where a non-English language is used	5.4%	21.2%
Median age of residents	40 years	38 years
Disability	20 National Disability Insurance Scheme (NDIS) participants (March 2026) ²⁰	
Aboriginal and or Torres Strait Islander	3.4% of residents identify as Aboriginal and or Torres Strait Islander	3.3%
Average family size	2.9 persons	3.2 persons
Homeowners	38.7% of residents owned a home outright.	29.2%
Vehicle ownership	1.9% of residents do not own a vehicle	4.9%
Carers	8.5% of residents provided unpaid care to a person with a disability, health condition or due to old age	10.7%
Non-school qualification at Certificate III level or above	37.8% of residents have a Certificate III level qualification or above (12.8% of which had a bachelor's degree level or above)	50.9% (of which 23.8% had a bachelor's degree level or above)
Volunteers	38% of residents were involved in voluntary work for an organisation or group	15.9%
Year 12	Yr 12 was the highest level of attainment for 20.4% of residents	Yr 12 was the highest level of attainment for 15.5% of the population

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

¹⁸ Area of Australia - States and Territories | Geoscience Australia

¹⁹ National, state and territory population, June 2024

²⁰ National Disability Insurance Scheme (NDIS) participant datasets. Participant count by Local Government area as of 31 March 2026.

10. APPENDIX 2. COMMUNITY ENGAGEMENT REPORT

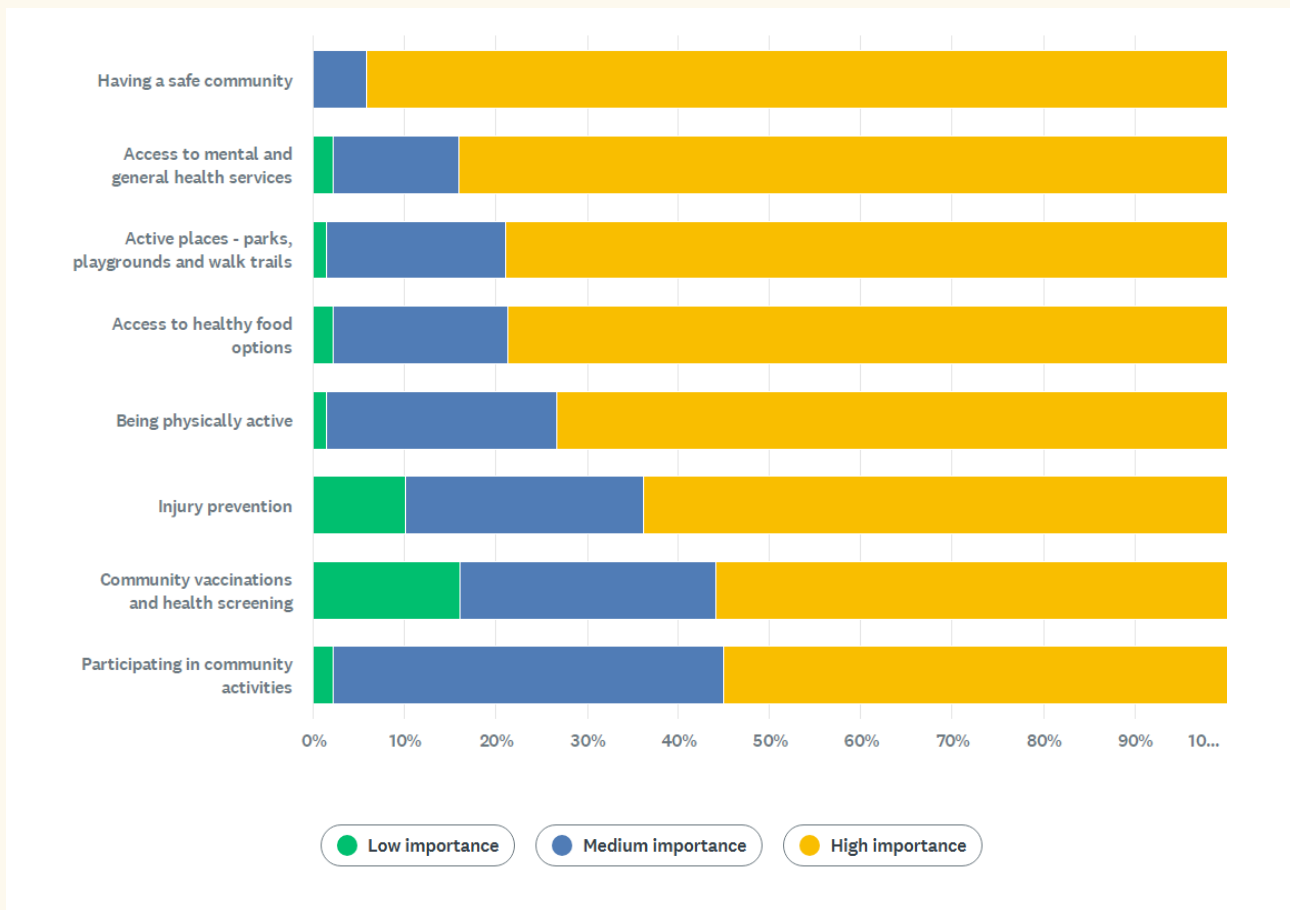
Input into the Shire of Jerramungup’s Public Health Plan was sought from community members through a residents and rate payer survey and community workshops conducted in April – May 2026. A total of 213 people were engaged through this process.

10.1 Residents & Rate Payer Survey

The residents and rate payers survey received 138 responses. Respondents were asked three questions related to public health.

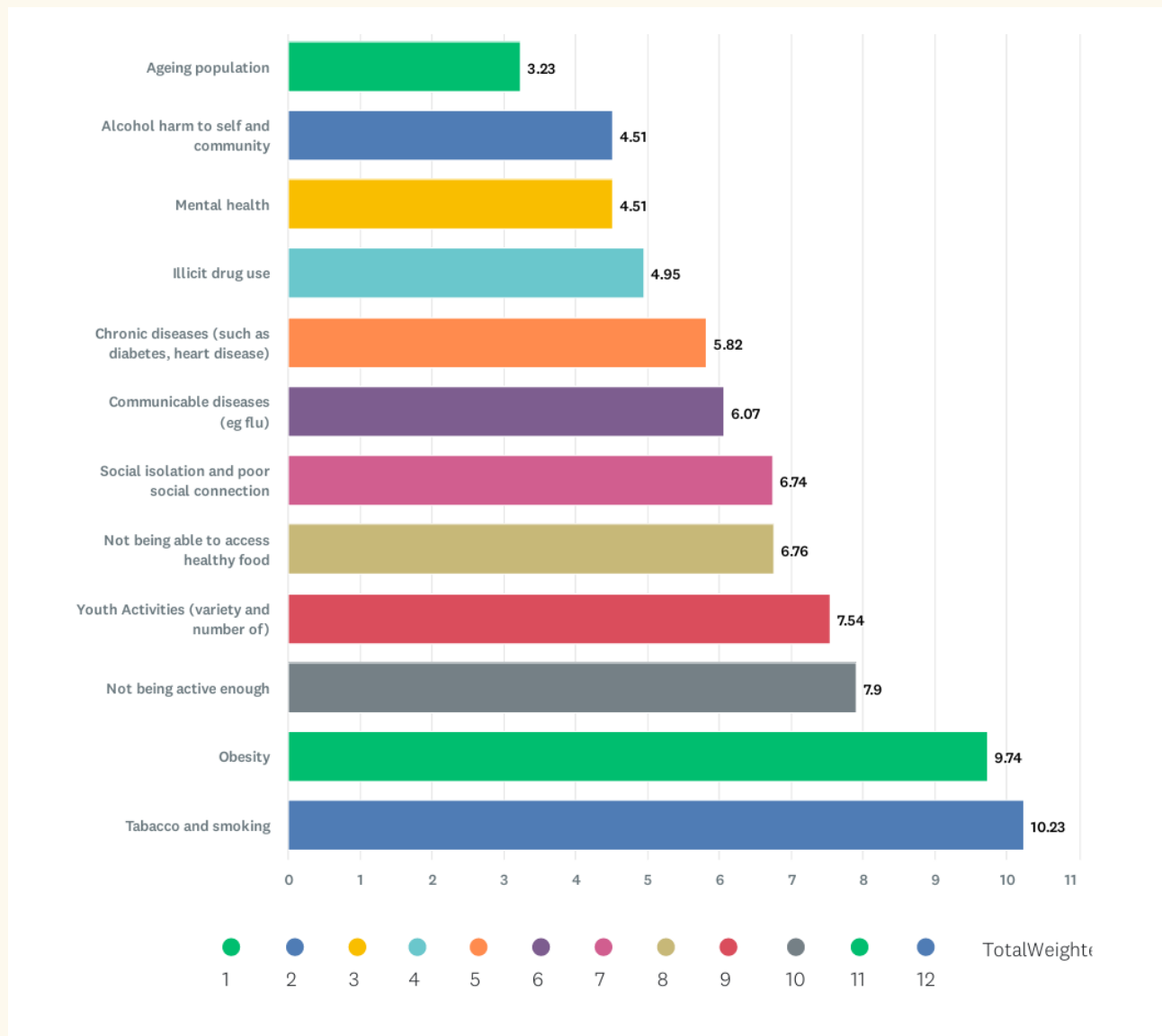
How important are the following factors to you living a healthy and happy life within the Shire of Jerramungup?

Having a safe community, access to mental and general health services, active places (parks, walk trails, etc.), access to health food options and being physically active were rated as the top five most important factors.



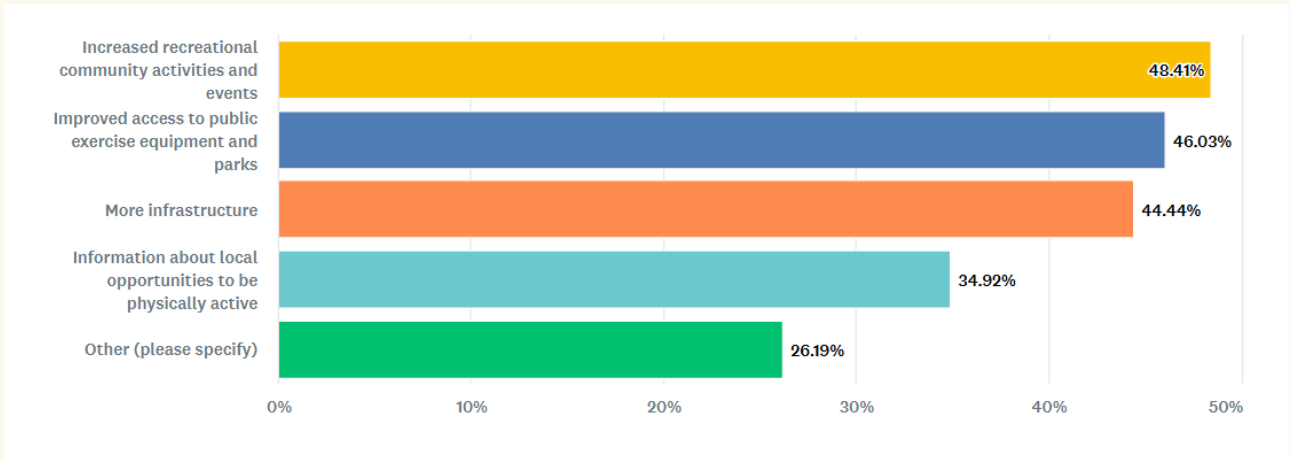
In your opinion, which of the following public health issues are the most important to address for the people living in the Shire of Jerramungup? Please rank them in importance with 1 being the most important and 12 being the least important.

The top five most important issues in order were aging population, alcohol harm to self and community, mental health, illicit drug use and chronic diseases.



What would help you be more physically active in the Shire of Jerramungup?

Increased recreational activities and events was the most common response followed by improved access to public exercise equipment and parks.



10.2 Community Workshops

During Community Strategic Planning workshops undertaken across the Shire of Jerramungup in April 2026, time was allocated to seek community feedback on three key public health focus areas. Workshops were held in both Jerramungup and Bremer Bay. The feedback below outlines the key public health priorities identified by attendees.

What would help you to be more physically active?

The most common response from Jerramungup was improved access to public exercise equipment and parks and from Bremer Bay was walking and/or cycling trails.

Jerramungup



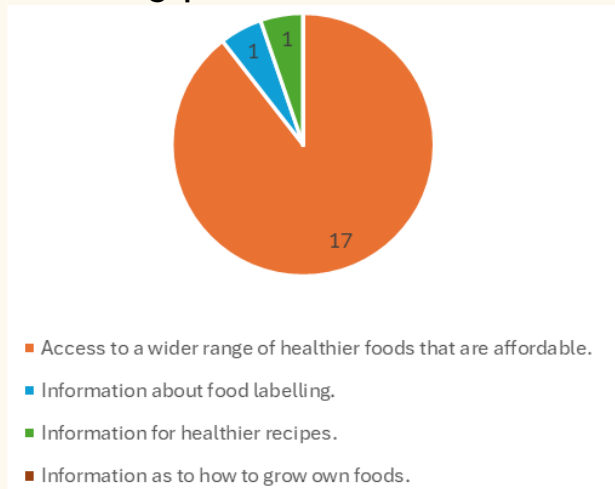
Bremer Bay



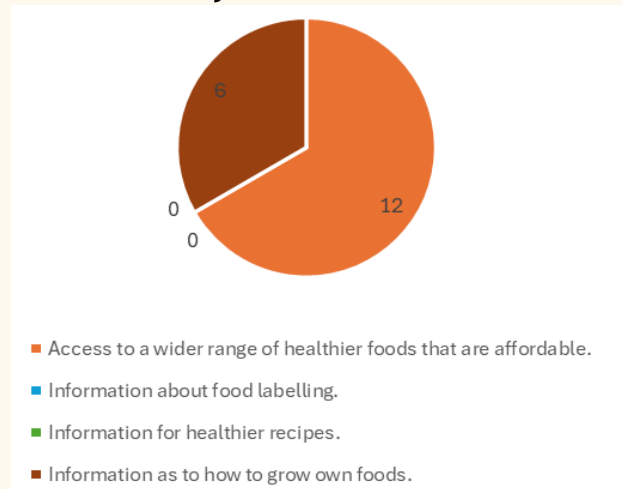
What would help you to eat healthier food?

Across both communities the most common response was access to a wider range of healthier foods that are affordable.

Jerramungup



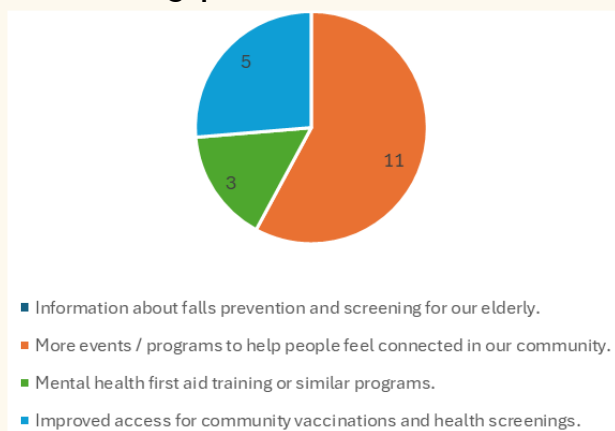
Bremer Bay



What would help promote mental health and wellbeing in our community?

Across both communities the most common response was more events/programs to help people feel connected in our community.

Jerramungup



Bremer Bay

