# Local Government Public Health Plan Template

Creating a healthier WA together

## Context

**Healthway**Public Health Plan Activation Program

In addition to this template, Healthway is providing grants to support local governments to activate their Public Health Plans with strategies that align to any or all of our five priority health areas.

The *Public Health Act 2016 (WA)* requires all local governments to publish a Public Health Plan (PHP) by 4 June 2026. Compliance with this requirement is administered by the Department of Health.

Recognising the large number of documents provided by various organisations and the limited resources of many local governments, Healthway has, with input from key stakeholders, drawn together relevant information in the form of a template as a useful starting point.

## State Public Health Plan for Western Australia 2025-2030

The [State Public Health Plan](https://www.health.wa.gov.au/Articles/N_R/Public-health-planning/State-Public-Health-Plan) (State PHP) is structured as a roadmap to support decision-makers, health professionals, and communities in implementing health priorities through targeted actions and partnerships. Alignment of each local government PHP to the State PHP is a legislated requirement.

The State PHP has two **overarching objectives** of Aboriginal Health and Wellbeing and Equity and Inclusion, which are integrated across the four **objectives** of Promote, Prevent, Protect and Enable. The plan identifies broad, action-based initiatives to achieve the identified priorities. Local governments are strongly encouraged to familiarise themselves with the entire State PHP to ensure their local government PHPs are aligned.

## Template scope

At Healthway, we are focused on the five priority health areas set out in our [Strategic Plan 2024-2029](https://www.healthway.wa.gov.au/wp-content/uploads/Healthway-s-Strategic-Plan-Feb-2024-FINAL-version.pdf).

A bowl of food and a person running

AI-generated content may be incorrect.  
We recognise that your PHP will have a broader scope, encompassing health issues beyond these five priority areas. For example, health protection, water safety and safe preparation of food. You know your community, politics and capacity, so please adopt, amend, add or remove content to reflect your local context.

## How do I start?

While the process for developing this plan is flexible, several elements are required, including a community and health profile, stakeholder and community engagement, and development of an action and evaluation plan.

The [Department of Health Public Health Planning Guide for Local Government](https://www.health.wa.gov.au/~/media/Corp/Documents/Health-for/Public-health-planning/PHP-Guide-for-local-government.pdf) provides an outline of what a PHP must include (key legislative requirements) and the process for developing the plan.

## Existing guidance

Several existing documents are available to guide local governments through the process of developing a PHP and provide relevant content.

Links to guidance documents from the WA Department of Health, Health Service Providers, other agencies and organisations are included below for easy reference. These can be used alongside this template, which is broadly aligned to the advice given.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **WA Department of Health**  [Public Health Planning Resources Webpage](https://www.health.wa.gov.au/Articles/N_R/Public-health-planning/Public-health-planning-resources)  [Public Health Planning for Local Government Webpage](https://www.health.wa.gov.au/Articles/N_R/Public-health-planning)  [Public Health Planning Guide for Local Government](https://www.health.wa.gov.au/~/media/Corp/Documents/Health-for/Public-health-planning/PHP-Guide-for-local-government.pdf#:~:text=The%20Public%20Health%20Planning%20Guide%20for%20Local%20Government,approaches%20to%20developing%20their%20local%20public%20health%20plans.)  [Health Promotion Directory of Example Strategies](https://www.health.wa.gov.au/Articles/F_I/Health-promotion-directory) |  | **North Metro Health Service**  [North Metropolitan Health Service Public Health Planning: Development Guide.](https://www.nmhs.health.wa.gov.au/~/media/HSPs/NMHS/Documents/Public-Health/North-Metropolitan-Health-Service-Public-Health-Planning-Development-Guide.pdf) |
|  | **South Metro Health Service**  [Pathway to a Healthy Community: A Guide for Councillors and Local Government](https://rph.health.wa.gov.au/~/media/HSPs/SMHS/Corporate/Files/Hlth-prom/Pathway-healthy-community.pdf) |
|  | **East Metro Health Service**  [Towards Health Promotion Excellence: East Metropolitan Health Service Health Promotion Plan 2022-2027](https://emhs.health.wa.gov.au/~/media/HSPs/EMHS/Documents/Health-Promotion/230621--EMHS-Health-Promotion-Plan-20222027Final.pdf)  [Health Promotion Evidence in Context Paper](https://emhs.health.wa.gov.au/~/media/HSPs/EMHS/Documents/Health-Promotion/230621---EMHS-HPP-Companion-Document-web.pdf) | **VicHealth**  [Health Promotion Modules/ Toolkits for Local Governments in Victoria](https://www.vichealth.vic.gov.au/resources/vichealth-local-government-partnership/modules) | |
| **Mental Health Commission**  [Mental Wellbeing Guide](https://www.mhc.wa.gov.au/our-initiatives/our-projects/western-australian-mental-wellbeing-guide) | |
|  | **Public Health Advocacy Institute Australia**  [Public Health Planning: A Guide to Developing a Local Government Public Health Plan](https://phaiwa.org.au/wp-content/uploads/2019/03/Public-Health-Planning-Guide-Finalwith-interim-SPHP-ME-Update.pdf) |  | **DLGSC Integrated Reporting Framework**  [A Suite of Tools and Resources to Guide Reporting.](https://www.dlgsc.wa.gov.au/docs/default-source/local-government/integrated-planning-and-reporting/integrated-planning-and-reporting-strategic-planning-framework-short-guide.pdf?sfvrsn=fd39fcec_4) |
| A yellow and white cover with blue text  AI-generated content may be incorrect. | **Cancer Council WA**  [Local Governments, Public Health, and Cancer Prevention](https://cancerwa.asn.au/assets/public/2024/09/Local-Governments-Public-Health-Cancer-Prevention-Guide-Sept-2024-DIGITAL.pdf)  [Toolkit of Healthy Advertising Standards for Local Governments](https://cancerwa.asn.au/assets/public/2024/07/Healthy-Advertising-Standards-Toolkit.pdf) |  | **Food Community**  [Local Governments, Public Health Planning and Food Security](https://foodcommunity.com.au/wpfd_file/local-governments-public-health-planning-and-food-security-guide/) |
|  | **Heart Foundation**  [Healthy Active by Design – Active Living](https://www.healthyactivebydesign.com.au/) – Training and Resources |  | **WALGA**  [Managing Alcohol in Our Communities: A Guide for Local Government](https://web.archive.org/web/20250327152350/https:/www.mhc.wa.gov.au/media/3475/managing-alcohol-in-communities_v21.pdf) |
|  | **Injury Matters**  [Local Government Guide to Promoting Safety and Preventing Injury](https://www.injurymatters.org.au/wp-content/uploads/2025/03/250228_IM_LocalGovernmentGuide.pdf) |  |  |

**Healthway’s Glossary of Key Terms is available** [here](https://www.healthway.wa.gov.au/Glossary)**.**



Local Government Name

**Public Health Plan**

**YYYY – YYYY**

**Please adapt   
this template to   
your local needs**

We understand that all local   
governments are different. That’s   
why our template provides a range   
of options and opportunities, rather   
than prescribed content. This   
template should be adapted   
to your context and capacity.

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# 1. Acknowledgement of Country

Your local government’s preferred form of words.

# 2. Executive summary

This should provide the reader with a good overview of the plan's health goals, strategies to achieve these, the resourcing needed and intended outcomes.

In particular, it should highlight the priorities with most impact and ability to meet your local objectives, as well as how the plan contributes to delivery of the [State PHP](https://www.health.wa.gov.au/Articles/N_R/Public-health-planning/State-Public-Health-Plan).

# 3. Message from the Mayor/President

The Mayor/President message effectively acts as an endorsement of the plan. This is a tangible demonstration of leadership and commitment. Leadership is one of the key factors highlighted as impacting the success of public health action by local governments.1

# 4. Section A: Background and health profile

## 4.1. Introduction

This section should outline the purpose and scope of the plan, providing readers with a clear understanding of its intent and relevance. It should also establish the health and policy context by explaining the current public health landscape, key challenges and the reasons for developing the plan.

The introduction creates a framework for the plan’s structure, guiding readers on how the document is organised and what they can expect to find within.

**Some things to consider:**

* Outline how the PHP fits into the broader policy environment for public health (e.g. alignment to existing local government and state strategies and policies).
* Outline the duration that the PHP will operate.
* Briefly describe what public health is and examples of what it includes.

*For example: ‘Public health relates to protecting and improving the health and wellbeing of people and their communities. It encompasses a wide range of activities and disciplines including:*

* + *Health promotion - 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.*
* Key definitions should be adopted from the [State PHP](https://www.health.wa.gov.au/~/media/Corp/Documents/About-us/Public-Health-Act/State-Public-Health-Plan-2025-2030.pdf)2. Useful definition lists are also provided by the [World Health Organization](https://www.who.int/publications/i/item/9789240038349)3 and [Department of Transport](https://transport.wa.gov.au/getmedia/5fcd939b-ce64-42e5-9c07-0b83b094984f/AT_P_Planning_and_Designing_for_Active_Transport_in_WA_Glossary.pdf)4.

## 4.2. Vision

This should be a compelling statement of purpose that inspires and guides the plan's development and implementation. It should articulate an aspirational goal, emphasising what your local government aims to provide access to in order to boost community health.

An example vision may be simply “*A healthy and connected community for all.*”

## 4.3. Integrated planning and reporting: Plan alignment

Outline how your PHP fits into your local government’s integrated planning and reporting process5. This may include:

* Your **Strategic Community Plan** clearly linking the community's aspirations with the council's vision and long-term strategy.
* Your **Corporate Business Plan** integrating resourcing plans and specific council plans with the strategic community plan.
* **Other informing strategies**, informing local government capability to deliver the services and assets required by the community.

*For example: The PHP is one of the City/Shire/Town’s key informing strategies as part of its Integrated Planning and Reporting Framework and influences and supports a number of other key documents as shown in the chart below.*



**Community Engagement**

**Measurement and Reporting**

**Informing strategies**

e.g. Public Health Plan, Homelessness Action Plan, Youth Action Plan, Reconciliation Action Plan

**Context**e.g. State Public Health Plan, WA Health Promotion   
Strategic Framework and Sustainable Devlopment Goals

## 4.4. Social and commercial determinants of health

Public health is about ensuring communities have fair access to the resources that support good health. These resources are referred to as the social determinants of health – like education, employment, housing, and healthcare. They are resources shaped by broader social and commercial factors. Local governments play a key role in addressing these factors.

The commercial determinants of health are the ways businesses impact public health – positively or negatively.6 For example, harmful industries like tobacco, alcohol, and unhealthy food and drink negatively contribute to health risks.

A diagram of a health plan

AI-generated content may be incorrect.

Local governments can help manage commercial determinants of health through policies, regulations and advocacy to create healthier communities. Some examples could be reducing harmful advertising and reducing exposure to unhealthy products (such as eliminating new unhealthy food outlets near schools). This [webinar](https://www.youtube.com/watch?v=3z6wsmTbt1c) from the United Kingdom provides an example of how local governments can act against the harmful commercial determinants of health.7

This section should provide data, context and rationale for local government actions to address the social and commercial determinants of health. Clearly identifying and addressing these social and commercial determinants helps local governments design policies and services that promote health equity by improving access across the whole population.

In the Action Plan (Section 5.3), it is essential to avoid ‘lifestyle drift’ i.e., the tendency for plans to outline the need to tackle social and commercial determinants of health, but to ‘drift downstream’ towards a focus on the health behaviour of individuals.

## 4.5. Our community

This section provides a clear overview of key data about your community, including size, density and socioeconomic status. It may also include a map of the local government area, outlining its boundaries and suburbs. The following is an example template for your community profile. Key sources for this data include the [Australian Bureau of Statistics Census](https://www.abs.gov.au/census/find-census-data/search-by-area) and other sources listed by the Department of Health [here](https://www.health.wa.gov.au/Articles/N_R/Public-health-planning/Public-health-planning-resources).

### Community profile example template

You may want to use icons to illustrate the data in a more readable format.

|  |  |  |
| --- | --- | --- |
| **General population** | **Our local government area** | **Western Australia** (comparison for context) |
| **Geographic area (size)** | XX.X square kilometres |  |
| **Population** | XX,XXX people |  |
| **Population density** | X,XXX residents per km2 |  |
| **Residents born overseas** | XX% |  |
| **Median age of residents** | XX years |  |
| **Disability** | XX% of residents live with a disability |  |
| **Aboriginal and or Torres Strait Islander** | XX% of residents identify as Aboriginal and or Torres Strait Islander |  |
| **Average family size** | X.X persons |  |
| **Home owners** | XX% of residents owned a home outright. |  |
| **Carers** | XXXX residents report as being carers. |  |
| **Same-sex couple families** | XX% of same-sex couple families (ABS data) |  |

|  |  |  |
| --- | --- | --- |
| **Housing** |  |  |
| **Housing density** | XX% of residents live within medium and high-density housing |  |
| **Social housing** | XX% or residents living in a home rented from the government housing authority |  |

|  |  |  |
| --- | --- | --- |
| **Transport** |  |  |
| **Vehicle ownership** | X% of residents do not own a vehicle |  |
| **Non-drivers** | X% of residents with no driving licence and/or suspended licence\*\* |  |
| **Public transport** | XX% take public transport to work |  |
| **Walk or ride** | XX% travel to work by bike or walk |  |

|  |  |  |
| --- | --- | --- |
| **Employment and Income** | | |
| **Disadvantage** | X,XXX socioeconomic index for areas (SEIFA) score\* |  |
| **Unemployed** | X% were unemployed and looking for work |  |
| **Low income** | X% of families had an annual income of less than $20,800 |  |
| **Working** | XX% participated in the labour force |  |

|  |  |  |
| --- | --- | --- |
| **Education and Volunteering** | | |
| **Tertiary educated** | XX% of residents had a tertiary qualification |  |
| **Volunteers** | XX% of residents were involved in voluntary work for an organisation or group |  |
| **Year 12** | XX% of residents completed year 12 |  |

\* A lower SEIFA score indicates a higher level of disadvantage

\*\* Typically includes children, older adults who no longer drive, people with disabilities who are unable to drive, people unable to pass their driving test, people with a suspended licence, and people unable to afford to operate a private car. However, the definition here is linked to drivers’ licence ownership, which is likely to underestimate non-drivers.

## 4.6. Our health

Local PHPs should reflect the local health needs and public health priorities identified by their community. A **health outcomes profile** provides a clear overview of the health status of a community, such as its preventative health behaviours (e.g. physical activity rates), disease rates and health requirements (e.g. leading cause of death). A separate **health environment profile** may highlight some of the commercial determinants of health.

### Building your local narrative using data

The data presented should be framed in clear language and in your local government context. For example, convert percentage data into real local terms.7, 8 For example:

* Non-communicable diseases cause YY% of deaths, which equates to XXX people in our local government area
* Our local government has XX fast food outlets per 10,000 people, this is double/triple the state average.

### Health outcome profile example template

Local governments can request health and wellbeing data free of charge by contacting your local Health Service Provider, which will coordinate a data request on your behalf to the Epidemiology Branch of the WA Department of Health9 and assist in interpreting the data.

In addition, the Australian Early Development Census ([AEDC](https://www.aedc.gov.au/community-data-explorer/)) provides a snapshot of children's development that can inform communities and support planning, policy and action.10

You may want to use icons to illustrate the data in a more readable format.

|  |  |  |
| --- | --- | --- |
|  | **Our local government area\*\*\*** | **Western Australia** (comparison for context) |
| **Life expectancy** | XX% | XX% |
| **Smoke tobacco** | XX% | XX% |
| **Vape** | XX% | XX% |
| **Overweight** | XX% | XX% |
| **Obese** | XX% | XX% |
| **Do not eat enough fruit** | XX% | XX% |
| **Do not eat enough vegetable** | XX% | XX% |
| **Do not meet recommended physical activity levels** | XX% | XX% |
| **Eat fast-food at least weekly** | XX% | XX% |
| **Drink at high risk levels for long term harm\*** | XX% | XX% |
| **Mental health diagnosis** | XX% | XX% |
| **Rate own health as very good or excellent** | XX% | XX% |
| **Arthritis** | XX% | XX% |
| **Injury\*\*** | XX% | XX% |
| **Current high blood pressure** | XX% | XX% |
| **Current high cholesterol** | XX% | XX% |

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

\*\* In the last 12 months requiring treatment from a health professional.

\*\*\*This table is a useful starting point to identifying risks and priorities. However, if one LGA is lower than the State in a particular area, it may not necessarily mean it’s not an issue for the community. For example, a LGA that drinks less than the State average is probably still drinking at high levels as it’s largely recognised that people in WA consume alcohol at high levels.

### Health environment profile example template

You may want to use icons to illustrate the data in a more readable format.

|  |  |
| --- | --- |
| **Health environment indicators** | **Our local government area in 2022** |
| Proportion of houses living within 800m of a fast-food outlet | XX% |
| Proportion of houses living within 800m of a supermarket | X% |
| Proportion of students living within 800m of their primary school | XX% |
| Etc. | XX% |
| Etc. | XX% |

### Example data source: Australian Food Atlas

The [Australian Food Atlas](http://www.australianfoodatlas.org) offers a suite of interactive dashboards that map, measure and monitor food access across local government areas. Access is available to local government employees. It is currently free of charge to these registered users. Access the Australian Food Atlas at [www.australianfoodatlas.org](http://www.australianfoodatlas.org/).

Data is presented through interactive dashboards, such as those showing fast-food outlets and fruit and vegetable retailers, and overlaid with additional layers including socioeconomic status, school proximity, and other contextual indicators.

A map with red and green flowers

AI-generated content may be incorrect.Each dashboard features tailored indicators and metrics depending on the food outlet type. For example, the fast-food dashboard displays indicators such as the density of fast-food outlets within an LGA, the mean distance of households to the nearest fast-food outlet, and the proportion of households located within 800 metres of a fast-food outlet.

***Example Dashboard*** *– Fast Food (Joondalup)*

### A map of the coast AI-generated content may be incorrect.Example data source: Thriving Perth Portal

The **Thriving Perth Portal** is an interactive, web-based mapping tool that helps local government officers visualise and understand the health environment in their communities. It is a collaborative initiative between the Water Corporation, Urban Health iQ Consulting and Urbaqua. The portal supports local governments and other users in creating healthier environments, enhancing liveability, building climate resilience, and improving health and wellbeing of their communities.

Geographic information systems expertise is not required - the portal is designed for anyone working to create healthier and more liveable cities.

The portal is currently in testing and development phase. The Thriving Perth Portal team is looking for local governments to help trial (for free) and refine how the portal and its spatial data can be used to support the preparation and implementation of PHPs. Please contact Associate Professor Paula Hooper from Thriving Perth Portal if you are interested in accessing the portal and getting involved as a case study at [paulahooper@uhiq.onmicrosoft.com](mailto:paulahooper@uhiq.onmicrosoft.com).

The following are some additional options for sources of data to complete this section:

* [Walk Score](https://www.walkscore.com/AU-WA/Perth/Redcliffe)
* [15 minute cities AI](https://www.15mincity.ai/)
* [Australian Child Atlas](https://australianchildatlas.com/)
* Liveability Indicators — [Australian Urban Observatory](https://new.map.auo.org.au/#register) *LGA* Report (free)
* Liveability Indicators — [Australian Urban Observatory](https://new.map.auo.org.au/#register) *Suburb* and *Neighbourhood* Report (paid, prices approx. $10,000 for local governments to access this data)

## 4.7. Community engagement and support

This section should outline how the plan has been informed by ideas gathered from the community, external organisations, Council members and the City/Shire/Town’s administration.

Local governments undertake many consultations, so it's useful to know what has been consulted upon recently (e.g. other strategies or other projects) and where you can pull useful information out of these existing consultations.

One opportunity for community engagement is to ask residents to complete a Healthy Streets A screenshot of a survey

AI-generated content may be incorrect.Feelings Survey11 using the [online tool](https://surveys.healthystreets.com/).

These data can be used to inform your PHP to demonstrate community sentiment towards the streets they live on.

## 4.8. Aboriginal health in our community

It will usually not be possible to provide a breakdown of health data for Aboriginal people living within a local government area, due to mathematical sample size constraints. However, this section can describe the number and percentage of Aboriginal people living within a local government area. It may also describe how the City/Shire/Town consults with Aboriginal people on Aboriginal health matters (e.g. local Aboriginal Corporations, Aboriginal Reference Group) and highlight Aboriginal specific policies and programs to support Aboriginal health, led by the City/Shire/Town.

This section should avoid deficit discourse, which can be disempowering and reinforces a narrative that blames Aboriginal people for the inequity that Aboriginal people face. Instead, this section should promote a strengths-based discourse.

A common instance of deficit discourse is when health reports or media coverage focus on statistics such as high rates of chronic disease, low life expectancy, substance abuse and poor educational outcomes. These are often presented without context, such as the impacts of colonisation, intergenerational trauma, systemic racism, or the strengths and protective factors within communities. This framing can reinforce negative stereotypes.

**A strengths-based alternative**

Instead of:  
“*Aboriginal communities suffer from high rates of diabetes and poor health literacy*.”

A strengths-based approach would be:  
“*Aboriginal communities are working to improve health outcomes through culturally grounded programs that build on traditional knowledge and community leadership.”*

## 4.9. Equity and inclusion

This is an opportunity for targeted engagement and action to empower community groups who may benefit most from support. These include but are not limited to:

* People of Culturally and Linguistically Diverse (CaLD) backgrounds
* People experiencing socio-economic disadvantage
* People living in rural and remote areas
* People with disability
* People living with a mental health condition
* LGBTQIA+ people.

## 4.9.1 For example: LGBTQIA+ health in our community

Research and guidance relating to Querying Cities in Australia,12 Queer Perspectives on Public Space,13 and Queering Public Space14 may be useful to consider in how to design public spaces, conduct queer-friendly consultation, and usualise queerness within a local government.

In Western Australia, the report ‘LGBTIQA+ Primary Health Care Priorities in Western Australia: Insights for Advocacy and Action’ may be a useful resource as it addresses LGBTQIA+ policy context, health status, and an agenda for action.15

You may also consider the recommendations framework for local governments in the table below.

**Recommendations for local governments on LGBTQIA+**

|  |  |
| --- | --- |
| **Demographics and data capture** | Include questions related to LGBTQIA+ people in community surveys.  Collect and report data in a way that is disaggregated across the LGBTQIA+ umbrella, including LGBTQIA+ couples and families. |
| **Engagement** | Local governments could create LGBTQIA+ advisory committees.  Local governments could ensure LGBTQIA+ voices are heard in stakeholder engagement. |
| **Language and training** | Adopt inclusive language in local government communications.  Implement training for local government staff on inclusive practices. |
| **Usualising queerness at a policy level** | Encourage more visible and proactive stances, and initiate collaboration between institutions (industry, community, government). |
| **Public space design and consultation** | Embed into standard consultative practice to canvas LGBTQIA+ opinion on design decisions.  Create an intersectional design assessment for all public space design.  Consider the installation of LGBTQIA+ themed public art in public spaces.  Incorporate inclusive design elements in the public space. |

Table adapted from original source16.

# 5. Section B: Strategic plan

## 5.1 Priorities

This section should provide a snapshot of the objectives and priorities for the plan, aligning to the State PHP. The State PHP outlines six objectives, and priorities have been identified across all objectives.

One of the purposes of the plan is to describe what you’re already doing.

With no extra funding, the starting point for the first plan may be mapping the   
City/Shire/Town’s existing work and how it relates to public health. This helps demonstrate the coverage of your existing work and identify any gaps.

## 5.2 Risks and Priorities

Identifying and planning for the management of public health risks is one of the requirements of the *Public Health Act 2016 (WA)*.

The risks for harm to public health can be identified in various ways, including from community consultation, the community profile, health outcome profile and health environment profile.

Once risks are identified, they inform priorities for the action plan. This section can provide a snapshot of the priorities for the plan.

## 5.3 Action plan

This section should align the vision, objectives, priorities, actions and measures. It may also include the local government’s role in specific actions (e.g. advocate, deliver). Priorities may be addressed through multiple actions. For example:

**Objective A**

**Priority 1**

Action 1.1

Action 1.2

**Priority 2**

Action 2.1

**Priority C**

Action 3.1

Action 3.2

Action 3.3

**Objective B**

**Priority 1**

Action 1.1

**Priority 2**

Action 2.1

Action 2.2

**Priority C**

Action 3.1

Action 3.2

Action 3.3

### Examples of local government roles

**Advocate**  
Request changes to state and federal policy and planning to support community public health.

**Compliance**  
Administration and enforcement of laws and regulations within the local government area, including the responsibility for liaising directly with the public, local businesses and industry on compliance responsibilities.

**Deliver**  
Provide programs, opportunities and services to people in the local government that contribute to their health and wellbeing.

**Educate**  
Actively promote health and wellbeing in the local government area through marketing, media, programs and events.

**Partner**  
Work together with external stakeholders.

**Policy**  
Prioritise and embed public health into local government policies and planning processes.

**Other**  
If the action does not clearly align with one of the other local government roles.

### Objective 1: [Insert here, e.g. Promote]

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Action number | Priority | Action | Existing Action? (yes/ no)  (If yes, link to existing strategy where possible) | Expected outcome(s) | Measure | Timeline | Resource implication | Stakeholders | Responsibility (e.g. department/ specific role) | Information or material action\* | Alignment to State PHP objectives and priorities |
| * 1. (EXAMPLE) | Reduce smoking rates, including second hand smoking. | EXPLORE: Opportunities to adopt a Local Planning Policy to restrict new businesses whose primary aim is to sell tobacco products and smoking-related devices, with the aim of normalising smoke-free environments, reducing second-hand smoke, reducing the determinants of smoking uptake, reducing litter from cigarette butts and creating a healthy and safe environment. Explore supporting grant opportunities to support this action. | No | Policy option considered by Councillors.  Internal stakeholder engagement.  Policy review to identify public health opportunities (existing Local Planning Policies). | Paper presented to Council. | Q1-2 2027 | Officer time/FTE | Cancer Council Western Australia  Healthway  Department of Planning, Lands and Heritage  Western Australian Local Government Association | Environmental Health Officer | Information | Promote: Ensure public health risks are considered and addressed in planning and development policies and approval processes to facilitate healthy living and minimise impacts from public health hazards. |
| **1.2** |  |  |  |  |  |  |  |  |  |  |  |

\*The material and information environments are two distinct categories. The ***material*** environment includes changes to the tangible world, including price/cost (e.g. rates, subsidies, fines), proximity/distance (e.g. reducing distance between places) and temporality/time (e.g. reducing opening hours, time-based pricing). The ***information*** environment focuses on information, including campaigns, advertising, education and labels.

### Objective 2: [Insert here, e.g. Prevent]

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Action number | Priority | Action | Existing action? (yes/ no)  (If yes, link to existing strategy where possible) | Expected outcome(s) | Measure | Timeline | Resource implication | Stakeholders | Responsibility (e.g. department/ specific role) | Information or material action | Alignment to State PHP objectives and priorities |
| **2.1**  **(**EXAMPLE) | Increase physical activity. | DELIVER: Offer free, weekly soccer classes for males aged 35-55 years, using a Parkrun style model (e.g. turn up and play, same time, same place every week) over 6 months). | No | Increased participation in sport and physical activity by a priority group (middle-aged males). | Reach as measured by attendance at sessions. | Q1-2 2026 | Community Sport Officer  Marketing budget  Seek sponsorships and grant funding | Football West  Local Soccer Clubs  DCITS  Healthway | Community Sport Officer | Material | Prevent: Encourage and support healthy eating and active living to halt the rise in obesity.  Equity and Inclusion. |
| **2.2** |  |  |  |  |  |  |  |  |  |  |  |
| **2.3** |  |  |  |  |  |  |  |  |  |  |  |

### Objective 3: [Insert here, e.g. Protect]

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Action number | Priority | Action | Existing action? (yes/ no)  (If yes, link to existing strategy where possible) | Expected outcome(s) | Measure | Timeline | Resource implication | Stakeholders | Responsibility (e.g. department/ specific role) | Information or material action | Alignment to State PHP objectives and priorities |
| **3.1**  (EXAMPLE) | Increase physical activity.  Reduce emissions. | POLICY: Review and revise policies incentivising and subsidising driving, such as local government subsidised free and low-cost car parking on local government land (e.g., parking management plan for street parking and other local government operated car parks). Redirect these subsides into incentives for walking, cycling and public transport such as improving footpaths, bus shelters, streets and neighbourhoods (e.g., benches, tree planting, verge maintenance).  Consider and accommodate for equity impacts on people who can’t walk or cycle, and for people who can’t drive. | No | Increased walking, public transport and cycling for transport and recreation.  Increased physical activity.  Reduced environmental impacts of driving (e.g., emissions and tyre pollutants) from transport. | WA Health data on physical activity. | Q3-4 2027 | Community Engagement  Parking Management Consultant  Placemaking team | Public Transport Authority  Department of Transport  Business owners  Resident drivers.  Resident non-drivers.  Town Teams Movement | Transport Planning | Material | Protect: Manage the effects of climate change on people’s health and reduce the health system’s environmental footprint. (Mitigation)  Equity and Inclusion. |
| **3.2** |  |  |  |  |  |  |  |  |  |  |  |
| **3.3** |  |  |  |  |  |  |  |  |  |  |  |

### Objective 4: [Insert here, e.g. Enable]

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Action number | Priority | Action | Existing action? (yes/ no)  (If yes, link to existing strategy where possible) | Expected outcome(s) | Measure | Timeline | Resource implication | Stakeholders | Responsibility (e.g. department/ specific role) | Information or material action | Alignment to State PHP objectives and priorities |
| **4.1**  (EXAMPLE) | Strengthen governance of public health within the local government. | DELIVER: Embed PHP consideration into Motions Template, i.e., in the Council Reports Structured Template, so that it must be considered in all Council Reports. Embed considerations for Equity and inclusion and Aboriginal health and wellbeing. | No | Consideration of PHP | Binary outcome of if the PHP has been embedded or not | Q2-Q3 2025 | None | Internal staff | Environmental Health Officer | Information | Enable: Enhance population health data, collection, management, analysis and reporting capability.  Aboriginal health and wellbeing.  Equity and Inclusion. |
| **4.2** |  |  |  |  |  |  |  |  |  |  |  |
| **4.3** |  |  |  |  |  |  |  |  |  |  |  |

## 5.4 Resourcing

The following grant opportunities are correct at the time of writing and provided as example opportunities rather than an exhaustive list. We recommend local governments conduct a thorough search of available grant opportunities of relevance to their PHP.

**Public Transport Authority**Bus Shelter Subsidy Program

Local Governments are encouraged to apply for funding each financial year.

Support for the purpose of installing road-side bus shelters for the benefit of   
local commuters.

**Healthway**Public Health Plan Activation Program

Grants are available to activate strategies within Public Health Plans that align to   
any or all of Healthway’s five priority health areas.

**Department of Transport**WA Bicycle Network Grant Program

Funding to local governments to deliver active transport infrastructure and   
related initiatives.

Aims to support more people to walk, wheel and ride as part of their everyday   
journeys and experiences.

# 6. Section C: Monitoring and evaluation framework

## 6.1 Evaluation and reporting

There is usually a delay between health promotion activity, changes in health behaviour and changes in disease prevalence. Therefore, monitoring progress in public health often follows a logic model:

**Changes in health policy or practice** – short term  
*e.g. measuring the implementation of each deliverable within an action plan.*

**Changes in health behaviours** – medium term  
*e.g. rates of cycling to work for physical activity.*

**Changes in prevalence of chronic diseases** – long term  
*e.g. reductions in type 2 diabetes.*

This section should outline what will be measured and when, the monitoring and tracking mechanism, and how these data will be communicated to community.

Several data sources, such as the Australian Food Atlas and Thriving Perth Portal are available for tracking measurements over time (e.g. yearly). Selecting data sources for your action plan that allow you to assess changes over time will strengthen accountability and support ongoing adaptation.

This section should also outline the length of the plan (e.g. number of years) and outline the proposed approach for renewing the plan when relevant.

## 6.2 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 *Public Health Act 2016 (WA)*. As part of this reporting process, the Chief Health Officer may require local governments to report on whether they have produced their PHP.

# Appendix 1

Our menu of example   
actions for Local Government   
Public Health Plans

**Caution**Avoid ‘lifestyle drift’

Addressing the social and commercial   
determinants of health is vitally important. The   
biggest impact on people’s health comes from changes to the environment around them – like making healthy options affordable and accessible.

‘Lifestyle drift’ occurs when plans and strategies acknowledge the importance of addressing the social determinants of health but revert to a focus on the health behaviour of individuals.

An action plan should be developed that   
aligns with the priorities identified in the   
plan. All priorities should have clear actions and be aligned to your strategic plan where relevant (e.g. links to other plans).

Actions should:

* be worded **clearly** and specifically   
  (i.e. not broad statements with limited   
  detail describing the action).
* show **how** it would be implemented   
  (allocated resources and who is responsible).
* include a mix of actions that focus on advocacy   
  or partnership, rather than just those that fall under the direct responsibility of the local government.

The following guides may be useful in developing actions for your public health plan.

|  |  |  |  |
| --- | --- | --- | --- |
| [A yellow and blue logo  AI-generated content may be incorrect.](https://cancerwa.asn.au/assets/public/2024/09/Local-Governments-Public-Health-Cancer-Prevention-Guide-Sept-2024-DIGITAL.pdf) | [Cancer Council WA Guide](https://cancerwa.asn.au/assets/public/2024/09/Local-Governments-Public-Health-Cancer-Prevention-Guide-Sept-2024-DIGITAL.pdf) This guide provides a range of actions and examples for local governments on healthy eating, active living, tobacco and vaping, alcohol and skin cancer prevention. |  | [Food Community Guide](https://foodcommunity.com.au/documents-and-guides/)This guide provides a range of actions and examples for local governments for healthy eating and food security. |

## Prevent and reduce use of tobacco, e-cigarettes and other novel tobacco products

Reduce the prevalence of smoking, vaping and novel nicotine product use by:

* Extending smoke-free and vape-free environments.
* Reducing exposure to smoking and vaping.

Specific actions may include:

* Create smoke-free and vape-free spaces in local government areas, such as town centres, sporting grounds and reserves etc.
* Introduce policies to restrict where [a tobacco shop](https://www.vincent.wa.gov.au/documents/2117/local-planning-policy-restricted-premises-smoking) may be opened.
* Report potential breaches of [tobacco control legislation](https://www.health.wa.gov.au/Health-for/Licensing-and-industry/Tobacco), including instances where retailers within the local government area are selling illicit tobacco and vapes. Reporting can be submitted via:
  + - WA Department of Health: [vape.report@health.wa.gov.au](mailto:vape.report@health.wa.gov.au)
    - Crime Stoppers WA: 1800 333 000 or <https://www.crimestopperswa.com.au/report>.

## Promote active living

Overarching aim is to increase the prevalence of physical activity within the local government area by:

* Make it easier for people to walk and cycle by designing medium density mixed use communities that support local access through safe paths and crossings.
* Get more people involved in active recreation, informal sport and organised community sport.

Specific actions may include:

* [Charge market rates for street and local government owned parking](https://actionlab.strongtowns.org/hc/en-us/articles/360051527511-End-Parking-Mandates-and-Subsidies-Core-Insights) to increase revenue from parking and hypothecate (i.e. dedicate) this to place-making (e.g. tree planting, benches, lighting) in town centres.
* Through development application processes, enable land use that discourages single story homes and instead encourages mixed-use medium density homes to create walkable and liveable communities.
* All Council staff whose work affects streets and footpaths to attend training on walking and cycling (e.g. [Healthy Streets](https://www.healthystreets.com/training) Foundation or Fundamentals course), so everyone understands how their work impacts the community.
* Connect elected councillors with a community member that is unable to drive. Ask the community member to highlight their experiences (positive and negative) with their neighbourhood, as it relates to their safety and liveability. Reasons for not driving may include mental health, age, disabilities or other factors. Highlight the high number of local residents who don’t drive (typically more than 1 in 4 residents).
* [Upgrade bus stops](https://www.pta.wa.gov.au/projects/current-projects/bus-stop-accessibility-works-program) to include shade and seating, making public transport more comfortable and encouraging walking and wheeling.
* Encourage community input on local area walkability, such as using the [Healthy Streets](https://surveys.healthystreets.com/) or [Healthy Active by Design checklist](https://www.healthyactivebydesign.com.au/healthy-active-ageing/active-ageing/checklist) tools to gauge how residents feel on the street.
* On local government owned streets, advocate to Main Roads WA to use [modal filters](https://www.google.com.au/maps/@-31.9392575,115.9339778,3a,75y,79.71h,81.2t/data=!3m7!1e1!3m5!1sPIhHkx334XX-8YmovWDO0w!2e0!6shttps:%2F%2Fstreetviewpixels-pa.googleapis.com%2Fv1%2Fthumbnail%3Fcb_client%3Dmaps_sv.tactile%26w%3D900%26h%3D600%26pitch%3D8.795990981776981%26panoid%3DPIhHkx334XX-8YmovWDO0w%26yaw%3D79.705161381262!7i16384!8i8192!5m2!1e3!1e4?entry=ttu&g_ep=EgoyMDI1MDUyNy4wIKXMDSoASAFQAw%3D%3D) and other low-cost designs to build high access neighbourhoods. These neighbourhoods allow all users to access their houses by foot, bicycle and car, but prioritise walking, riding, and wheeling by reducing through motor traffic (i.e. rat-running).
* Build [Safe Active Streets](https://transport.wa.gov.au/active-transport/programs-initiatives/safe-active-streets-pilot-program) (with Department of Transport).
* Build additional walking and riding infrastructure, aligned to [Healthy Active by Design](https://www.healthyactivebydesign.com.au/) principles and Western Australian Planning Commission Liveable Neighbourhoods guidelines into relevant planning strategies, plans and proposals.
* Advocate to Main Roads WA to implement safer (e.g. 30kmh) [area-wide speed limits](https://aspactivity.org/three-transport-priorities/) to make streets safer to walk and ride on. Where possible, support this with road narrowing and other engineering solutions.
* Oppose projects that divide communities, such as road widenings that sever access by reducing safe access for people walking.
* Provide accessible and welcoming changing facilities for sport, especially for priority groups, such as women and girls.
* Help community sports groups use shared school sporting facilities more often by supporting schools to make facilities available outside of school hours and through partnerships.
* Advocate for frequent and reliable public transport services in your local community.
* Amend council policies to provide access to parks and reserves to junior sporting clubs [free](https://www.ausleisure.com.au/news/survey-reveals-fees-charged-by-western-australian-aquatic-recreation-and-sport-centres/#:~:text=Conducted%20under%20the%20auspices%20of%20Parks%20and%20Leisure,sports%20court%20hire%20generally%20cost%20more%20outside%20Perth.) of charge.
* Update and/or create a local bike plan. Under the [Local Bike Planning Program](https://www.transport.wa.gov.au/activetransport/planning-and-design-guidance.asp) of the WA Bicycle Network Grants Program, the Department of Transport will match local government spending on successful projects that include new local bike plans and updates to existing bike plans.

More minor actions:

* Adopt the Healthy Streets [image guidance](https://www.healthystreets.com/resources#imagery-guidance) across all local government publications.
* Promote [KidSport](https://www.dlgsc.wa.gov.au/funding/sport-and-recreation-funding/kidsport) vouchers (currently $500 value annually) to eligible parents via [clubs](https://kidsport.dlgsc.wa.gov.au/find-a-club/), social media channels, posters, flyers, newsletters and information sessions. Speak to the KidSport team about helping the community access Special Consideration referrals that support families in financial hardship who may not have concession cards.
* Deliver and/or fund events and programs with local sport, fitness or community groups with the purpose of boosting long-term participation in physical activity.
* Complete Town Team Movements 15-minute [placemaking training](https://placemaking.education/p/placemaking-local-govs-15-mins) for local governments.

**Promoting informal sport**A role for local governments

A checklist for local government staff to ensure informal sport is considered in facility design. This checklist outlines how to ensure planning enables informal sport friendly communities

**Access Checklist**

## Promote healthy eating

Reduce overweight and obesity by:

* Creating environments that promote and increase access to healthy food and drinks and reduce access to unhealthy food and drinks.
* Reducing exposure to the marketing and promotion of unhealthy food and drink, particularly to children and young people.

Specific actions may include:

* Increase the availability of free drinking water by installing (chilled) water bubblers in areas frequented by the community such as leisure centres, parks, local sporting clubs and sport and recreation centres.
* Introduce a [policy](https://cancerwa.asn.au/assets/public/2024/07/Healthy-Advertising-Standards-Toolkit.pdf) to remove junk food advertising on all local government assets and events. Such policies would restrict unhealthy food and drink marketing on council-owned assets and include healthy advertising guidelines in lease agreements and sponsorship contracts.
* Introduce a pricing policy on local government assets to include a price surcharge (e.g. $0.50) on sugary drinks (e.g. more than 5g of sugar per 100ml). Use the extra money from the surcharge revenue to lower the cost of healthy food like vegetables, fruit and water.
* Use funding agreements to leverage arts organisations and sports clubs to remove junk food advertising on their assets, such as venues, public open spaces, events, festivals and community gatherings.
* Increase the availability and promotion of healthy food and drink, reduce the availability of unhealthy food and drink and remove the promotion of unhealthy food and drink across local government food services, assets and events.
* Set up [Food Action Groups](https://onlinelibrary.wiley.com/doi/10.1002/hpja.70002) (also known as Food Policy Councils) to help bring more locally grown food into regional WA communities. This will improve access to healthy raise quality and lower prices.

## Promote mental wellbeing

Create environments that promote mental wellbeing by:

* Encouraging protective factors for high mental wellbeing.
* Reducing the risk factors for low mental wellbeing.

Specific actions may include:

* Reduce community severance and social isolation by advocating for more walkable communities that increase the number and quality of social interactions, for example by creating place plans with a mix of destinations for people to walk to (e.g. cafes, services, shops).
* Develop inviting places and spaces, such as by [providing places](https://www.healthystreets.com/resources#healthy-streets-diagram) that are not too noisy, places to stop and rest, shade and shelter, and things to see and do.
* Deliver and/or fund events and programs that reduce social isolation, particularly for priority groups within community.
* Increase the number of street trees and green space.
* Increase the number of shaded places to stop and rest (e.g. benches, bus shelters, parklets) to facilitate spontaneous community interactions.
* Provision of universally accessible active transport networks such as paths for walking and cycling, pedestrian crossings and social places to stop and rest (e.g. benches in parks and on residential streets).
* Provision of subsidies and transport options to increase participation in physical activity.
* Support the regulation of products and environments to create welcoming spaces and improve community safety such as good lighting, rubbish clean-up and alcohol-free events.
* Consider language and cultural barriers by providing access to interpreters and translators.
* Address racism, discrimination and stigma.
* Promote and support healthy relationships between families.
* Volunteering opportunities to build social engagement and support with people who have shared interests.

## Prevent and reduce use of alcohol

Overarching aim is to prevent and reduce use of alcohol by:

* Creating alcohol-free environments, particularly where children and young people may be present.
* Reducing exposure to the marketing and promotion of alcohol, particularly to children and young people.
* Raising awareness of the harms associated with alcohol use.
* Motivating behaviour change and promoting awareness of ways to reduce harmful levels of alcohol use.

Specific actions may include:

* Introduce a [policy](https://cancerwa.asn.au/assets/public/2024/07/Healthy-Advertising-Standards-Toolkit.pdf) to remove alcohol advertising on all local government assets and events. Such policies would restrict unhealthy food and drink marketing on council-owned assets and include healthy advertising guidelines in lease agreements and sponsorship contracts.
* Reduce marketing of alcohol and unhealthy food and drink (including master brand advertising) by adopting and implementing a policy to restrict advertising signage at sporting reserves owned by the local government area (alcohol, unhealthy food and drink, and other industries not aligned with LGA values).
* Case study: In July 2024, the Town of Mosman Park Council passed a motion to amend [Local Planning Policy 26](https://www.mosmanpark.wa.gov.au/wp-content/uploads/2024/08/LPP-26-Signs-and-Advertising.pdf) (Signs & Advertising) to include a clause that all signs shall “Not display messages, products, or branding relating to fast-food that is not sold on the premises, any form of gambling, or the sale and consumption of alcohol.” (pg. 2) This policy affects third party signage on private property and is discretionary.
  + Additional case studies include policies adopted by:
    - The City of Mandurah [‘Advertising in Road Reserves Policy’](https://www.mandurah.wa.gov.au/-/Media/files/com/downloads/council/governance/policies/roads/advertising%20in%20road%20reserves%20policy) (bench seats located in road reserves will not advertise unhealthy food, smoking or alcohol).
    - City of Kwinana ‘[Advertising and Directional Signage in Thoroughfares and on Local Government Property Policy](https://www.kwinana.wa.gov.au/council/documents,-publications-and-forms/publications-and-forms-(all)/policies/2016/policy-advertising-and-directional-signage-in-thor)’ (no smoking or alcohol signage).
* Advocate for restrictions to alcohol sale times (e.g. between 10am and 10pm) and delivery timeframes (e.g. 2-hour pause between sale and delivery), as well as limiting alcohol advertising to reduce harm from alcohol and prevent family and domestic violence.
* Develop an [alcohol harm minimisation policy](https://assets.ctfassets.net/p4i5hqtl4d48/1LzofYcY6askF7pffd1g4m/b6b6ff89a3d7f8510cc60ccf6bac597d/Policy_-_Alcohol_Harm_Minimisation.pdf) that explicitly mentions managing the physical availability of alcohol.
* Support the implementation of [alcohol-free environments](https://my.armadale.wa.gov.au/service/alcohol-free-environments) including festivals, events, activities and or clubs.
* Use funding mechanisms to leverage sports clubs to incrementally increase alcohol prices.
* Work with [Good Sports](https://adf.org.au/programs/good-sports/) to assist sporting clubs located within the LGA to develop and implement alcohol management policies.
* Develop partnerships with the community, organisations and licensed premises to reduce the risk of antisocial behaviour and alcohol-related harm in the community.

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