

DEVELOPMENT SERVICES ATTACHMENTS ORDINARY MEETING OF COUNCIL WEDNESDAY 16 AUGUST 2023

| REPORT NUMBER | REPORT TITLE AND ATTACHMENT DESCRIPTION | PAGE NUMBER(S) |
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| DS01 – 08/23 | Adoption of the Shire of Chittering Public Health and Wellbeing Plan 2023 - 2027 Attachments 1. Draft Shire of Chittering Public Health and Wellbeing Plan 2023 - 2027 2. Shire of Chittering Public Health and Wellbeing Survey 2022 | 1 – 49 |

DS01 - 08/23 DRAFT 31-07-2023



Public Health & Wellbeing Plan 2023-2027



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Acknowledgement of Country

We wish to acknowledge the traditional custodians of the land within the Shire of Chittering, the Yued and Whadjuk peoples. We would like to pay respect to the Elders of the Nyoongar nation, past and present, who have walked and cared for the land, we acknowledge and respect their continuing culture, and the contributions made to this region.

Our Vision

Prosperous and diverse rural communities living in harmony with nature



Foreword by the CEO

As the CEO of the Shire, I am deeply committed to the health and happiness of our residents. This Health Plan is based on Community Engagement and the Community Health Survey, and outlines our vision and strategies for enhancing the health and wellbeing of our community. It serves as our roadmap to achieve that goal.

I am aware that there are areas that require attention. While 81% of our community believes Chittering is a safe place to live, only 56% agree that it is a good place to raise children. Additionally, satisfaction with our paths and trails stands at just 29%, while satisfaction with our community outdoor spaces and buildings is at 27%. Addressing these concerns will be among our top priorities.

Our plan focuses on four key outcomes that we believe will make a significant impact on the health of our community. These outcomes are the result of extensive input and feedback from our residents, as well as a thorough assessment of the challenges and opportunities we face.

First and foremost, we recognise the importance of harm minimisation. We are determined to prevent harm from the unsafe use of alcohol, drugs, solvents, and tobacco. By supporting education programs and advocating for safe sale and service of alcohol and tobacco, we aim to reduce consumption and address family violence.

Next, we prioritise access to recreation facilities and healthy lifestyle choices. We understand the importance of providing adequate spaces for physical activity and promoting healthy habits. Through supporting community recreation activities, providing free age-appropriate exercise equipment and programs, and raising awareness about healthy eating and living, we will empower our community to make positive lifestyle choices.

Another crucial aspect of our Health Plan is ensuring access to relevant health services for all demographics. We are committed to supporting initiatives that improve mental and physical health, with a particular focus on young people. Additionally, we strive to

Foreword

create accessible spaces and encourage participation from disabled individuals, Indigenous communities, and other cultural groups. By promoting personal health screening services, we aim to empower our residents to take control of their health.

Finally, we are deeply committed to environmental health protection to reduce community health risks. This includes a comprehensive plan for addressing COVID-19 and other infectious diseases, providing accurate information, implementing safety plans, and offering community education on hygiene and safe practices.

Our Health Plan is a testament to our dedication and determination to create a healthier and happier community in the Shire of Chittering. However, we cannot achieve these goals alone. We need the collaboration and support of all stakeholders, community organisations, and our residents to bring about lasting change.

I invite each and every one of you to join us on this journey towards a healthier future. Together, we can make a profound difference in the wellbeing of our community. Let us work hand in hand to create a thriving, resilient, and vibrant Shire of Chittering.

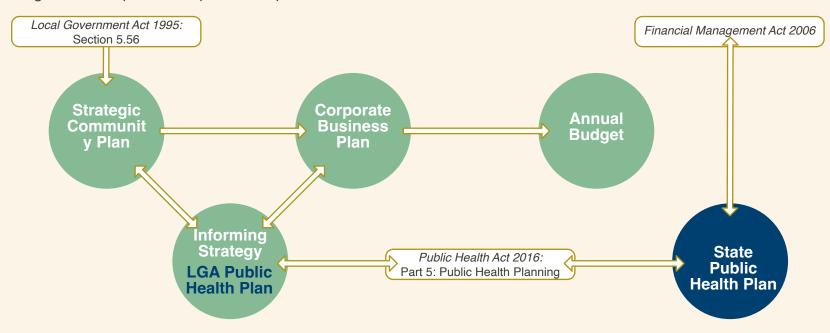
Melinda Prinsloo Chief Executive Officer Cr Aaron King
Shire President
August 2023

August 2023 August

Plan Implementation

The State Public Health Plan is a stand-alone plan. Each Local Government Authority is required to create its own Public Health Plan, which in turn is to be incorporated into the Council's Strategic Community Plan. The Strategic Community Plan connects with Council's Business Plan which is funded by each Local Government Authority through its revenue stream. Each Local Government is then required to prepare and adopt a Local Government Public Health Plan.

The diagram below provides a pictorial representation of how this is to be achieved.



Linkages between Part 5: Public Health Planning of the Public Health Act 2016 and Local Government Planning for the future requirements under section 5.56 of the Local Government Act 1995

Our Current Health Role

The Shire of Chittering provides a range of funding to support the health of our community



These are explained in more detail in the core business described here:

- Infrastructure and building services, including provisions of local roads, footpaths, drainage and waste collection and management of landfills.
- Environmental health services to prevent and control environmental hazards, emissions and communicable diseases (i.e tobacco control, water and food safety, noise and air pollution, animal & mosquito control and disposal of onsite effluent).
- Community services through the provision of programs and events for children, youth, seniors and volunteers.

- Cultural facilities and services such as libraries and places of historic importance and museums.
- Provision of recreation facilities, such as parks, sports fields, recreation centres, bowling clubs and public halls.
- Administration of facilities such as the cemetery.

Snapshot of the health of people living in the Wheatbelt Region

than State average 2014 - 2018

12.4% increase in female mental health presentations 15-24 year olds 2015 - 2019 Significantly higher hospitalisations
for female residents of the Shire
than State average
for Injury & Poisoning
2019

Significantly higher hospitalisations for male residents of the Shire than State average for Chemotherapy & Dialysis 2019

2 x higher rate of lung cancer than State average 2014 - 2018

25% decrease in male mental health presentations 15-24 year olds 2015 - 2019

Significantly higher hospitalisations
for female residents of the Shire
than State average
for Musculo-skeletal Diseases
2019

Significantly higher hospitalisations for male residents of the Shire than State average for Injury & Poisoning 2019

1.5 x higher rate of breast cancer than State average 2014 - 2018 0% Youth suicides
for 15-24 year olds
vs
20.4% State average for males
8.2% State average females
2014 - 2018

Significantly higher hospitalisations for female residents of the Shire than State average 2019 for Endocrine & Nutritional Diseases Significantly higher hospitalisations for male residents of the Shire than State average for Digestive Diseases 2019

1.5 x higher rate of prostate cancer than State average 2014 - 2018 Chittering children significantly
higher cognitive development score
than State average for
Australian Early Development Census
(AEDC) 2018

Significantly higher hospitalisations for female residents of the Shire than State average for Blood Diseases & Neoplasms

Significantly higher hospitalisations for male residents of the Shire than State average for Circulatory Diseases & Neoplasms 2019

Key results from the Shire of Chittering Community Health Survey
THE RESIDENTS OF CHITTERING SPEAK

The three most "risky behaviours" in our community are:

- Alcohol abuse
- Overweight/obesity
- · Lack of exercise

The three most significant health challenges faced by the respondents are:

- · Joint or back pain
- Overweight/obesity
- · High blood pressure

Volunteering hours per month:

- Only 21% volunteer 6 hours or more per month
- 41% volunteer for 1-5 hours
- 38% do no volunteering at all

How people rated their personal health:

- Only 6% said they were very healthy
- 38% said healthy
- 47% (the majority) said they were somewhat healthy
- 9% said they were unhealthy or very unhealthy

CHANGE FOR THE FUTURE

To improve the health of our families we need (top 4)

- · Recreation facilities/social opportunities
- · Safe places to walk / play
- · Wellness services
- · Mental health services

The top 3 factors which most improve the quality of life in a community are:

- · Low crime/safe neighbourhood
- Access to health care (eg family Dr)
- · Healthy behaviours & lifestyles

Is this community a safe place to live?

· 81% agreed

Is this community is a good place to raise children? • 56% agreed

Are you satisfied with the Shire paths & trails? · Only 29% agreed

Are you satisfied with the community outdoor spaces and buildings in the Shire?

· Only 27% agreed

Integrating the Public Health Vision into the Strategic Community Plan



The key outcomes of the Strategic Community Plan are:

- Community
- Natural Environment
- Built Environment
- Economy
- Administration and Governance

This Public Health Plan sits with the 'Community' outcome above, and focuses on:

- Health and Wellbeing
- Harm Minimisation
- Access to Recreational Facilities & Healthy Lifestyle Choices
- Relevant Health Services for all Demographics
- Environmental Health Protection to reduce Community Health Risks

The Strategic Community Plan 2022-2032

1.2. A Safe and Healthy

 Improve education, health, disability and aged services
 Increase the availability of

Community

| 1. Community | 2. Natural Environment | 3. Built Environment | 4. Economy | 5. Administration and Governance |
|---|--------------------------------------|-------------------------------|----------------------------|--|
| 1.1 An Active and Supportive Community | 2.1. Sustainable Lifestyle | 3.1. Retaining Rural Amenity | 4.1. Economic Growth | 5.1. An Engaged Shire |
| Events and groups to bring the community together and assist connections | 2.2. Protection of Life and Property | 3.2. Improving Infrastructure | 4.2. Local Business Growth | 5.2. Accountable and Transparent Governance |
| Social hubs to bring the community together Increased volunteer participation across the shire | | | 4.3 Increase Visitors | |



Community & Public Health Outcomes

An Active and Supportive Community

Prevent harm from unsafe use of alcohol, drugs, solvents and tobacco

- Support education to reduce alcohol and drug consumption and family violence
- Encourage safe sale and service of alcohol and tobacco, and support no/low alcohol and smoke free community venues and events and at Shire facilities

Planning a COVID safe and healthy outcome

- Keep the community informed with COVID 19 updates, including indigenous and other cultural groups
- Implement COVID19 Safety Plans in consultation with emergency authorities and develop risk management guidelines for public events
- Provide community education for personal hygiene, safe sex, home and workplace hygiene, including cleaning and disinfection

A Safe and Healthy Community

Adequate recreation facilities and healthy lifestyle choices

- Support community recreation activities and provision of free ageappropriate exercise equipment, programs and classes
- Support Livelighter or similar as a community campaign to raise community awareness in healthy eating and living
- Measure the adverse health impacts of inactivity and obesity and encourage weight reduction

Access to relevant health services for all demographics

- Support health and wellbeing initiatives to improve mental and physical health, particularly for young people
- Create accessible spaces and encourage disabled, indigenous and other cultural participation
- Encourage personal health screening services such as prostate and cervical cancer, blood pressure and mammograms





Conclusion

This Plan was developed over 12 months duration in consultation with elected members and the local community. This is the first public health plan of many to follow that will require Council to consider the needs of the community when planning for better public health outcomes.

While public health is the responsibility of all persons in the community, this plan focusses on the need to address present shortcomings to improve the health of every person. Improving the health of individuals through exercise and nutrition were identified as key messages, and attention to mental health, the prevention of transport accidents, and increased screening for cancer-related illnesses will be beneficial in the longer term.

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

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

The Plan was developed by including:

- Extensive analysis of health data (a well-developed Health Profile Report)
- Participation in an electronic Health and Well Being Survey, and
- Consultation with elected members and senior officers.

The Way Forward

The strategies contained in the Shire of Chittering's Public Health Plan are intended to mirror work already underway. The Shire of Chittering is well known for its promotion of tourism and recreational pursuits, and living in harmony with the natural environment and practising sustainability. This connection with community was recognised through encouraging comments drawn from the Public Health & Wellbeing Survey.

The Shire of Chittering may give consideration to liaising with the Wheatbelt (Northam) Population Health Unit Health Promotion Officer in conjunction with neighbouring shires to review the supporting information in the Health Profile Report and the Public Health & Wellbeing Survey, and to work with government and funding agencies to raise awareness of the need for healthy lifestyles.

The Plan requires Council to ensure that its citizens are afforded protection from disease, minimise harm, promote active healthy lifestyles sustainably and the provide a safe environment by reducing risks to public health. This Plan is the first of many public health plans that will provide a direct focus on supporting better health outcomes of constituents living in the Shire of Chittering.

Information used in the research phase of this plan was principally drawn from ABS Census material, SEIFA Index, AEDC (Education) data, Health Department hospital admissions data (2018 – 2020), and the Shire of Chittering Public Health & Wellbeing Survey 2022.





Public Health & Wellbeing Survey 2022

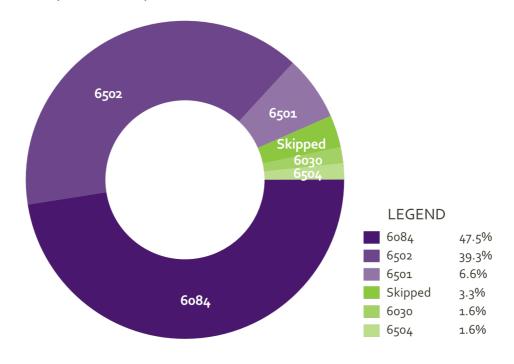
SURVEY RESULTS AND CONCLUSIONS

Q1: Do you wish to continue?

Q1 RESULTS:

NB: All respondents answered yes to this question, as an opt-in commitment to continuing the Survey. This question has been left in the report to avoid confusion so that the remaining 27 question do not have to be renumbered.

Q2: Please enter the postcode for your residential address

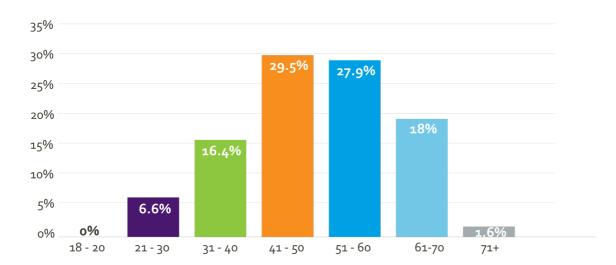


Q₂ RESULTS

The largest cohort of the respondents lived in Postcode 6084 (47.5%) while the second largest cohort lived in 6502 (39.3%).

| Answer Choices | Responses |
|----------------|-----------|
| 6084 | 47.5% |
| 6502 | 39.3% |
| 6501 | 6.6% |
| Skipped | 3.3% |
| 6030 | 1.6% |
| 6504 | 1.6% |
| 6084 | 47.5% |

Q3: What is your age?

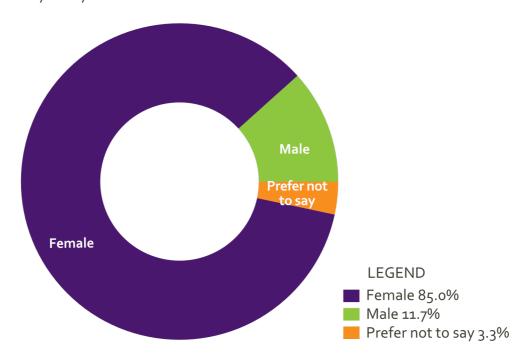


Q₃ RESULTS

The largest cohort of the respondents was aged 41-50 years (29.51%).

| Answer Choices | Responses |
|----------------|-----------|
| 18 - 20 | 0% |
| 21 - 30 | 6.6% |
| 31 - 40 | 16.4% |
| 41 - 50 | 29.5% |
| 51 - 60 | 27.9% |
| 61 - 70 | 18.0 % |
| 71 + | 1.6% |

Q4: Gender identity: Are you:

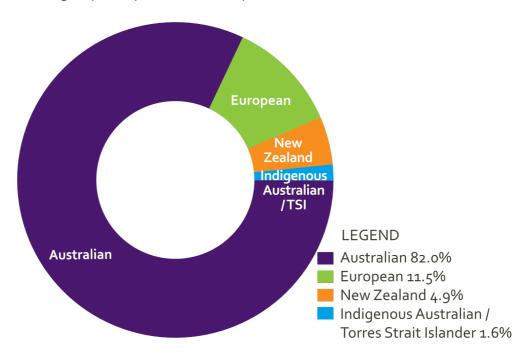


Q4 RESULTS

The largest cohort of the respondents was female (85.0%).

| Answer Choices | Responses |
|-------------------|-----------|
| Female | 85.0% |
| Male | 11.7% |
| Prefer not to say | 3.3% |

Q5: What is the ethnic group that you most identify with?

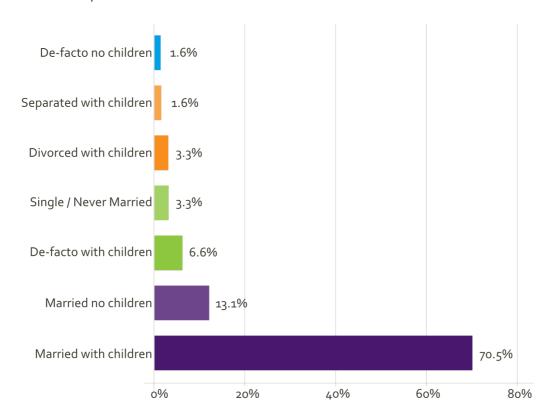


Q₅ RESULTS

The largest cohort of the respondents identified as being of Australian ethnic origin (82.0%).

| Answer Choices | Responses |
|---|-----------|
| Australian | 82.0% |
| European | 11.5% |
| New Zealand | 4.9% |
| Indigenous Australian or Torres Strait Islander | 1.6% |
| African | 0.0% |
| Asian | 0.0% |
| Middle Eastern | 0.0% |
| North American | 0.0% |
| South American | 0.0% |
| Other (please specify) | 0.0% |

Q6: What is your Marital Status?

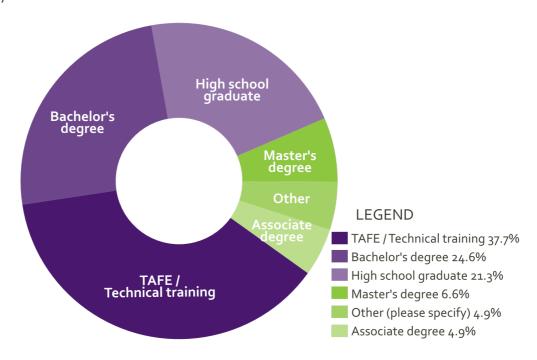


Q6 RESULTS

The largest cohort of the respondents identified as being Married with children (70.5%).

| Answer Choices | Responses |
|---|-----------|
| Married with children | 70.5% |
| Married with no children | 13.1% |
| In a de-facto relationship, with children | 6.6% |
| Single / never married | 3.3% |
| Divorced with children | 3.3% |
| Separated with children | 1.6% |
| In a de-facto relationship with no children | 1.6% |
| Single with children | 0.0% |
| Divorced with no children | 0.0% |
| Separated with no children | 0.0% |

Q7: What is your level of education?



Q7 RESULTS

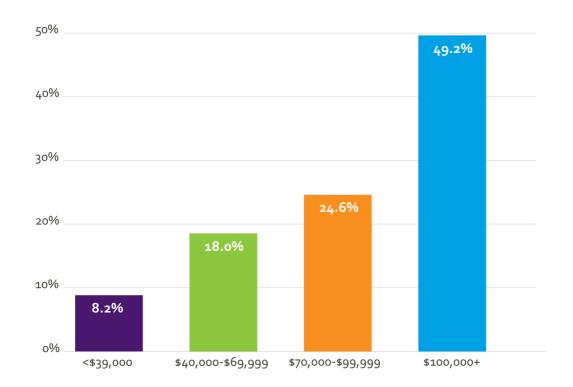
The largest cohort of the respondents were educated to TAFE/ Technical training level (37.7%).

| Answer Choices | Responses |
|--------------------------|-----------|
| TAFE/ Technical training | 37.7% |
| Bachelor's degree | 24.6% |
| High school graduate | 21.3% |
| Master's degree | 4.9% |
| Other (please specify) | 4.9% |
| Associate degree | 4.9% |
| Less than high school | 0.0% |

Additional written answers "Other (please specify)":

- "Post Grad Diploma"
- "Not your business"
- "Certificate 3 & 4 Education"

Q8: What is your household income?

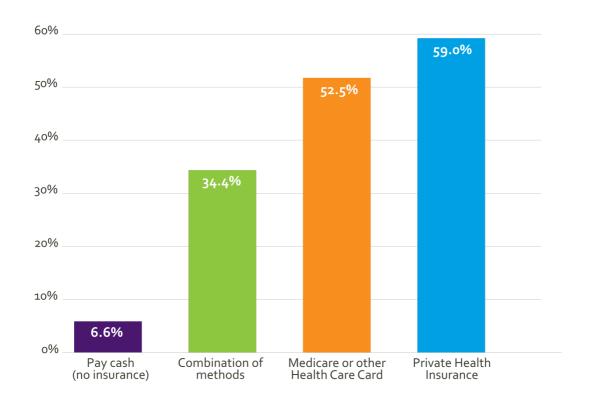


Q8 RESULTS

The largest cohort of the respondents reported an income of over \$100,00 p.a. (49.2%).

| Answer Choices | Responses |
|----------------------|-----------|
| Less than \$39,000 | 8.2% |
| \$40,000 to \$69,999 | 18.0% |
| \$70,000 to \$99,999 | 24.6% |
| Over \$100,000 | 49.2% |

Og: How do you pay for your health care? (check all that apply)

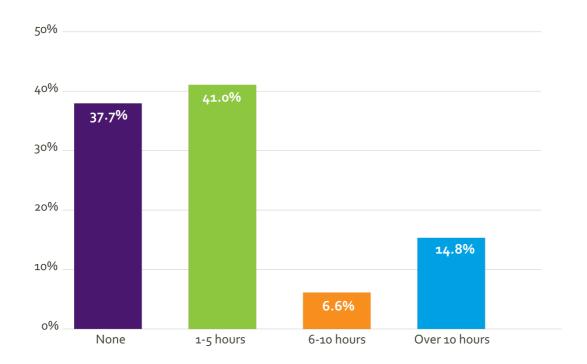


Q9 RESULTS

The largest cohort of the respondents reported that they rely on Private Health Insurance to pay for their health care. (59.0%).

| Answer Choices | Responses |
|------------------------------------|-----------|
| Other (please specify) | 0.00% |
| Pay cash (no insurance) | 6.56% |
| Combination of the above | 34.43% |
| Medicare or other health care card | 52.46% |
| Health insurance (Private) | 59.02% |

Q10: Approximately how many hours per month do you volunteer your time to community service? (e.g. schools, voluntary organisations, churches, hospitals etc)

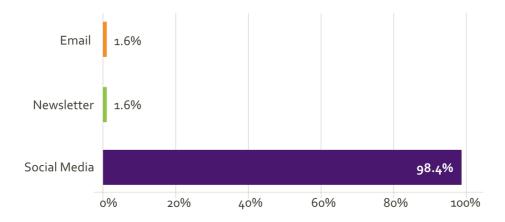


Q10 RESULTS

The largest cohort of the respondents reported that they volunteer approximately 1-5 hours per month. (41.0%).

| Answer Choices | Responses |
|----------------|-----------|
| None | 37.7% |
| 1-5 hours | 41.0% |
| 6-10 hours | 6.6% |
| Over 10 hours | 14.8% |

Q11: Where / how did you obtain the link to this survey?

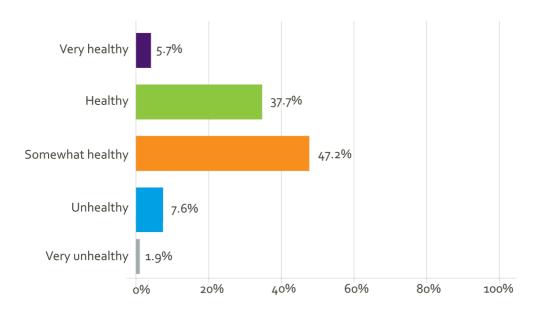


Q11 RESULTS

The largest cohort of the respondents reported that they accessed the Survey link through Social Media. (91.8%).

| Answer Choices | Responses |
|------------------------|-----------|
| Community meeting | 0.0% |
| Mail | 0.0% |
| Workplace | 0.0% |
| Personal Contact | 0.0% |
| Other (please specify) | 0.0% |
| Email | 1.6% |
| Newsletter | 1.6% |
| Social Media | 98.4% |

Q12: How would you rate your own personal health?

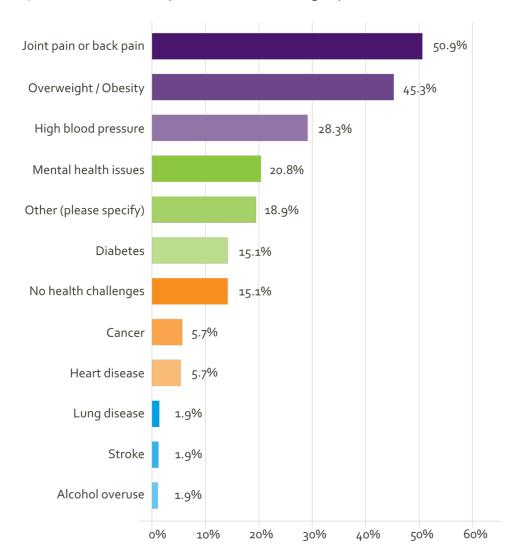


O₁₂ RESULTS

The largest cohort of the respondents rated their own personal health as Somewhat unhealthy. (47.2%)

| Answer Choices | Responses |
|------------------|-----------|
| Very healthy | 5.7% |
| Healthy | 37.7% |
| Somewhat healthy | 47.2% |
| Unhealthy | 7.6% |
| Very unhealthy | 1.9% |

O13: Please select the top three health challenges you face.



Q₁₃ RESULTS

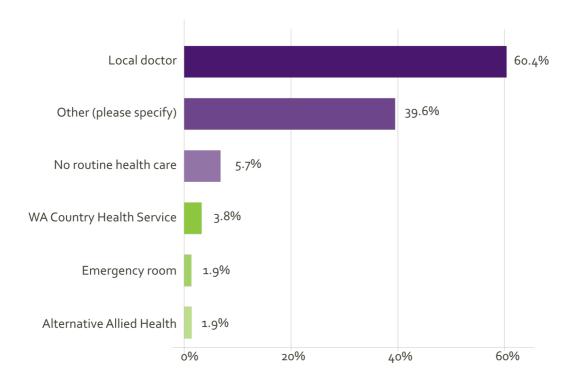
The most significant health challenge as rated by the respondents was Joint pain or back pain. (50.9%)

| Answer Choices | Responses |
|-------------------------------------|-----------|
| Joint pain or back pain | 50.9% |
| Overweight / Obesity | 45.3% |
| High blood pressure | 28.3% |
| Mental health issues | 20.8% |
| Other (please specify) | 18.9% |
| Diabetes | 15.1% |
| I do not have any health challenges | 15.1% |
| Cancer | 5.7% |
| Heart disease | 5.7% |
| Lung disease | 1.9% |
| Stroke | 1.9% |
| Alcohol overuse | 1.9% |
| Drug addiction | 0.0% |

- Allergies (2)
- Asthma (2)
- Bleeder (1)
- Auto-immune disease (1)
- Cholesterol, allergies (1)
- Endometriosis (1)

- HEDS (involves more than 3 of the above) (1)
- Neuropathic pain (1)
- Rheumatoid arthritis (1)
- Skin condition (1)
- Women's health (1)

Q14: Where do you go for routine health care?



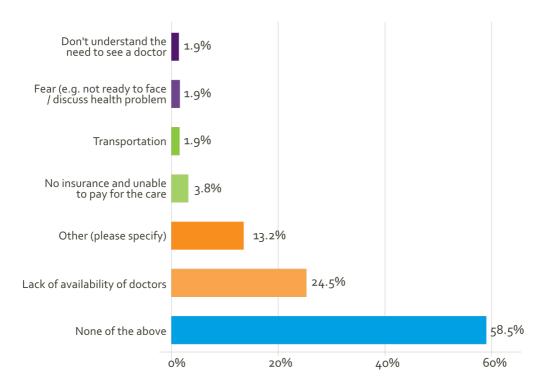
Q14 RESULTS

The majority of respondents said they would go to their local Doctor for routine health care. (60.4%)

| Answer Choices | Responses |
|--|-----------|
| Local doctor | 60.4% |
| Other (please specify) ie. Doctor outside my location. | 39.4% |
| I do not receive routine health care | 5.7% |
| WA Country Health Service | 3.8% |
| Emergency room | 1.9% |
| Alternative Allied health | 1.9% |
| Doctor home visits | 0.0% |
| After hours GP | 0.0% |

- Ballajura GP
- Bullsbrook GP
- Bullsbrook Medical Centre, Skin Specialist in Perth
- Doctor outside my location (5)
- Doctors in Midland or Bullsbrook
- Dr over 45 minutes away
- Ellenbrook GP, Specialists in CBD & Emergency
- Guildford GP
- Joondalup Private Hospital
- Metro doctors close to work
- Midland GP (3)
- Perth Dentist
- Midland Hospital Cancer Doctor
- Previous GP for complicated or sensitive issues

Q15: Are there any issues which prevent you from accessing care?



Q₁₅ RESULTS

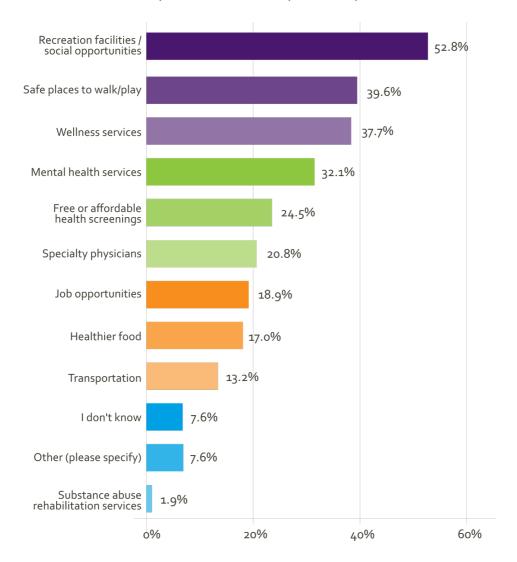
The majority of respondents said that none of the listed issues were preventing them from accessing health care. (58.5%)

| Answer Choices | Responses |
|---|-----------|
| Cultural / religious beliefs | 0.0% |
| Don't know how to find doctors | 0.0% |
| Language barriers | 0.0% |
| Don't understand the need to see a doctor | 1.9% |
| Fear (e.g. not ready to face / discuss health problem | 1.9% |
| Transportation | 1.9% |
| No insurance and unable to pay for the care | 3.8% |
| Other (please specify) | 13.2% |
| Lack of availability of doctors | 24.5% |
| None of the above | 58.5% |

- Busy Mum of 2 boys
- Chittering Health Centre is not open for long enough hours!!
- Getting/having all children there
- Language of Doctors

- Not needed at this time
- Prefer alternative therapies but these are expensive
- The Doctors at Chittering Health Service are useless

Q16: What is needed to improve the health of your family?(check three)



Q16 RESULTS

The three highest rated issues to improve the health of the respondents' families were:

- Recreation facilities/social opportunities (52.8%)
- Safe places to walk/play (39.6%)
- Wellness services (37.7%)

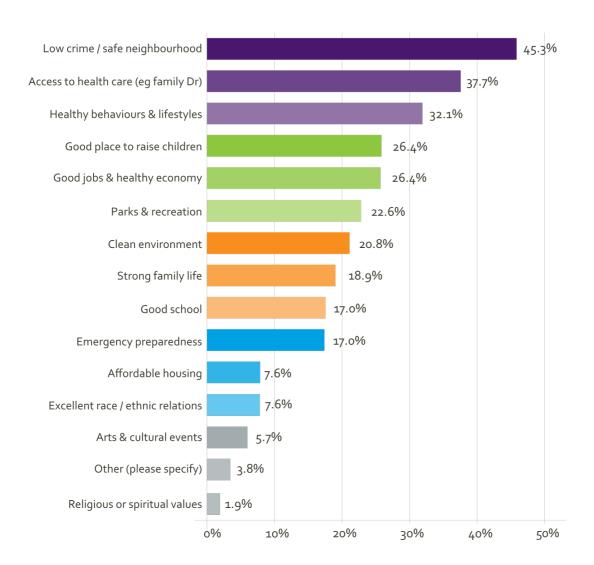
| Answer Choices | Responses |
|--|-----------|
| Recreation facilities/social opportunities | 52.8% |
| Safe places to walk/play | 39.6% |
| Wellness services | 37.7% |
| Mental health services | 32.1% |
| Free or affordable health screenings | 24.5% |
| Specialty physicians | 20.8% |
| Job opportunities | 18.9% |
| Healthier food | 17.0% |
| Transportation | 13.2% |
| I don't know | 7.6% |

| Other (please specify) | 7.6% |
|---|------|
| Substance abuse rehabilitation services | 1.9% |

- Communication phone reception for emergency calls or just calling family
- Counselling

- More local doctors with same day appointments
- Respite care

Q17: In the following list, what do you think are the three most important factors for a "Healthy Community?" (those factors which most improve the quality of life in a community)



Q₁₇ RESULTS

The three most important factors for Healthy Community were rated as follows:

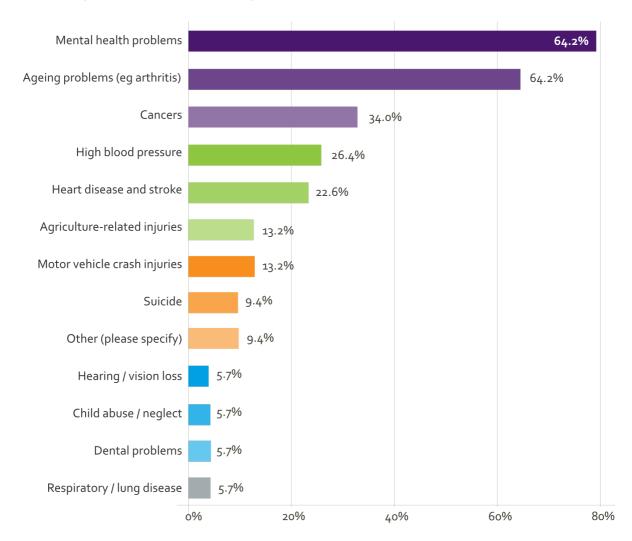
- Low crime / safe neighbourhood (52.8%)
- Access to health care (eg family doctor) (39.6%)
- Wellness services (37.7%)

| Answer Choices | Responses |
|--|-----------|
| Low crime / safe neighbourhood | 45.3% |
| Access to health care (eg family doctor) | 37.7% |
| Healthy behaviours and lifestyles | 32.1% |
| Good place to raise children | 26.4% |
| Good jobs and healthy economy | 26.4% |
| Parks and recreation | 22.6% |
| Clean environment | 20.8% |
| Strong family life | 18.9% |
| Good school | 17.0% |

| Emergency preparedness | 17.0% |
|-----------------------------------|-------|
| Affordable housing | 7.6% |
| Excellent race/ethnic relations | 7.6% |
| Arts and cultural events | 5.7% |
| Other (please specify) | 3.8% |
| Religious or spiritual values | 1.9% |
| Low level of child abuse | 0.0% |
| Low adult death and disease rates | 0.0% |
| Low infant deaths | 0.0% |

- Clean, safe spaces, community activities that activate and engage people
- Quiet. No Noisy neighbours

Q18: In the following list, what do you think are the three most important "health problems" in our community? (Those problems which have the greatest impact on overall community health. Check three only)



Q₁8 RESULTS

The respondents rated the three highest rated health problems in the community:

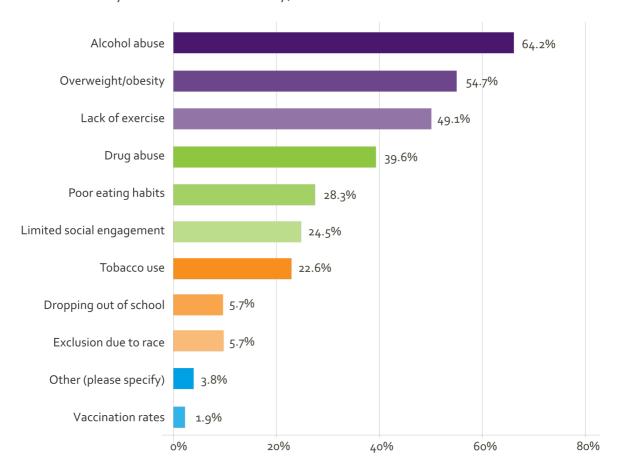
- Mental health problems (79.3%)
- Ageing problems (eg arthritis) (64.2%)
- Cancers (34.0%)

| Answer Choices | Responses |
|--------------------------------|-----------|
| Mental health problems | 79.3% |
| Ageing problems (eg arthritis) | 64.2% |
| Cancers | 34.0% |
| High blood pressure | 26.4% |
| Heart disease and stroke | 22.6% |
| Agricultural related injuries | 13.2% |
| Motor vehicle crash injuries | 13.2% |
| Suicide | 9.4% |
| Other (please specify) | 9.4% |

| Hearing/vision loss | 5.7% |
|--|------|
| Child abuse / neglect | 5.7% |
| Dental problems | 5.7% |
| Respiratory / lung disease | 5.7% |
| Infant death | 0.0% |
| Infectious diseases (eg hepatitis, TB etc) | 0.0% |
| Rape/Sexual assault | 0.0% |
| Sexually Transmitted Diseases | 0.0% |
| Teenage pregnancy | 0.0% |

- Chronic disease (2)
- Domestic abuse
- Isolation, knowing what health services ate available and also education around health and living healthy, depression
- Too long to get to hospital

Q19: In the following list, what do you think are the three most important "risky behaviours" in our community? (Those behaviours which have the greatest impact on overall community health. Check three only)



Q19 RESULTS

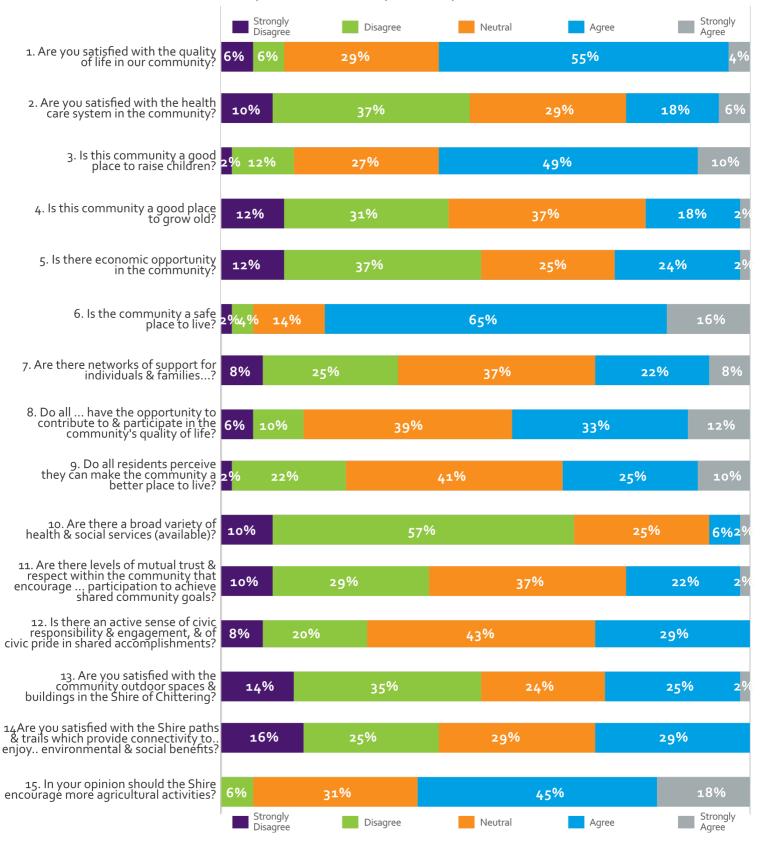
The three most risky behaviours in the community were:

- Alcohol abuse (60.4%)
- Overweight/obesity (54.7%)
- Lack of exercise (49.1%)

| Answer Choices | Responses |
|--|-----------|
| Alcohol abuse | 60.4% |
| Overweight/obesity | 54.7% |
| Lack of exercise | 49.1% |
| Drug abuse | 39.6% |
| Poor eating habits | 28.3% |
| Limited social engagement | 24.5% |
| Tobacco use | 22.6% |
| Dropping out of school | 5.7% |
| Exclusion due to race | 5.7% |
| Other (please specify) | 3.8% |
| Vaccination rates | 1.9% |
| Not using seatbelts/child safety seats | 0.0% |

- Hoon drivers
- Affordable healthy food options for families especially those on lower incomes, Locavore is to expensive and so is the IGA; children getting the right food/enough food; Depression

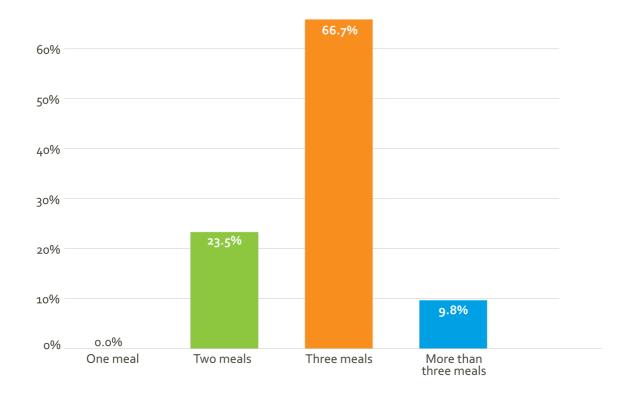




Q20 RESULTS

| Answer Choices | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|--|----------------------|----------|---------|-------|----------------|
| Are you satisfied with the quality of life in our community? (Consider your sense of safety, wellbeing, participation in community life and associations, etc) | 6% | 6% | 29% | 55% | 4% |
| Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, and options in health care) | 10% | 37% | 29% | 18% | 6% |
| Is this community a good place to raise children (Consider school quality, day care, after school programs, recreation, etc.) | 2% | 12% | 27% | 49% | 10% |
| Is this community a good place to grow old? (Consider age-friendly housing, transportation to medical services, churches, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.) | 12% | 31% | 37% | 18% | 2% |
| Is there economic opportunity in the community? (Consider locally owned and operated businesses, jogs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc) | 12% | 37% | 25% | 24% | 2% |
| Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks and the shopping areas. Do neighbours know and trust each other? Do they look out for each other?) | 2% | 4% | 14% | 65% | 16% |
| Are there networks of support for individuals and families (neighbours, support groups, faith community outreach, agencies, organisations) during times of stress and need? | 8% | 25% | 37% | 22% | 8% |
| Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life? | 6% | 10% | 39% | 33% | 12% |
| Do all residents perceive that they - individually and collectively - can make the community a better place to live? | 2% | 22% | 41% | 25% | 10% |
| Are there a broad variety of health and social services in the community? | 10% | 57% | 25% | 6% | 2% |
| Are there levels of mutual trust and respect within the community that encourage collaborative participation to achieve shared community goals? | 10% | 29% | 37% | 22% | 2% |
| Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments? | 8% | 20% | 43% | 29% | 0% |
| Are you satisfied with the community outdoor spaces and buildings in the Shire of Chittering? | 14% | 35% | 24% | 25% | 2% |
| Are you satisfied with the Shire's paths/trails which provide connectivity in order to freely enjoy a range of environmental and social benefits? (Think of the Shire's local roads, transports, shared pathways for cyclists and vehicles) | 16% | 25% | 29% | 29% | 0% |
| In your opinion should the shire encourage more agricultural activities? | 0% | 6% | 31% | 45% | 18% |

Q21: How many meals per day do you eat?

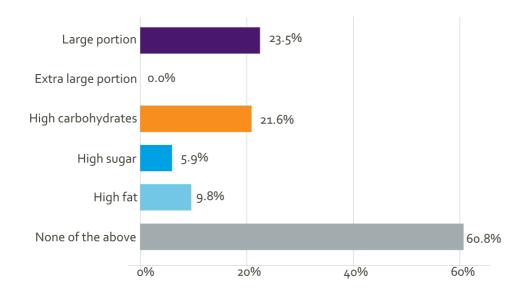


Q21 RESULTS

The majority of respondents reported that they eat 3 meals per day:

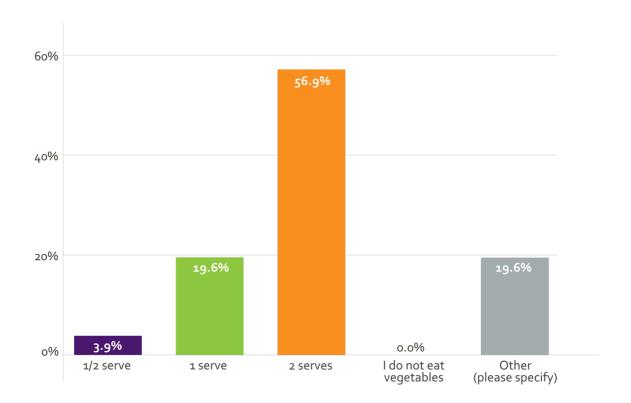
| Answer Choices | Responses |
|-----------------------|-----------|
| One meal | 0.00% |
| Two meals | 23.53% |
| Three meals | 66.67% |
| More than three meals | 9.80% |

Q22: Are your meals any of the following? (please click all applicable boxes)



| Answer Choices | Responses |
|---------------------|-----------|
| Large portion | 23.5% |
| Extra large portion | 0.0% |
| High carbohydrates | 21.6% |
| High sugar | 5.9% |
| High fat | 9.8% |
| None of the above | 60.8% |

Q23: How many serves of vegetables do you usually eat each day? (a serve of vegetables is equal to half a cup of cooked vegetables or 1 cup of salad)



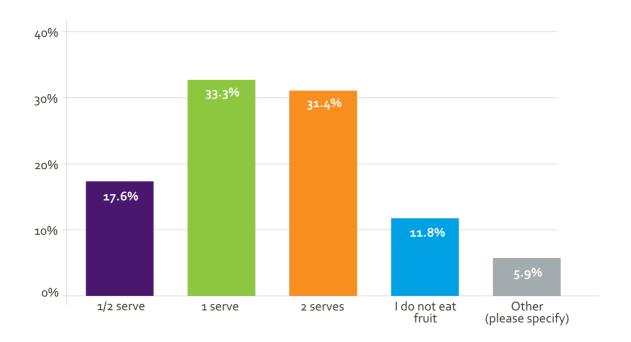
Q23 RESULTS

The majority of respondents reported that they usually eat 2 serves of vegetables a day (56.9%)

| Answer Choices | Responses |
|-------------------------|-----------|
| 1/2 serve | 3.9% |
| 1 serve | 19.6% |
| 2 serves | 56.9% |
| I do not eat vegetables | 0.0% |
| Other (please specify) | 19.6% |

- 3 serves (2)
- 3 or more serves (1)
- 4 serves (3)
- 5 serves (2)
- 5-6 serves (1)
- I am a vegetarian (1)

Q24: How many serves of fruits do you usually eat each day? (a serve of fruit is equal to a medium apple, banana, orange or pear - or 2 small apricots, kiwi fruits or plums.)



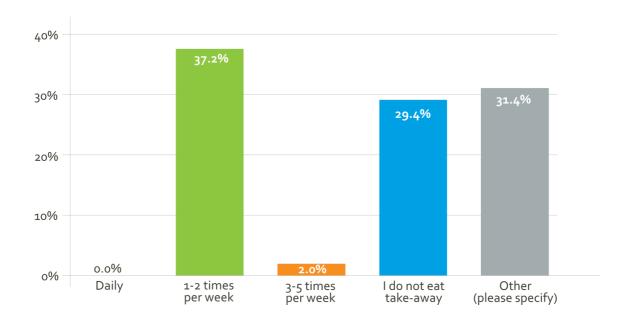
Q24 RESULTS

The majority of respondents reported that they usually eat 1 serve of fruit each day (33.3%)

| Answer Choices | Responses |
|------------------------|-----------|
| 1/2 serve | 17.6% |
| 1 serve | 33.3% |
| 2 serves | 31.4% |
| I do not eat fruit | 11.8% |
| Other (please specify) | 5.9% |

- 3 serves (1)
- 3 or more serves (1)
- 5 serves (1)

Q25: How many times a week, on average, do you have meals from take-away outlets or roadhouses?



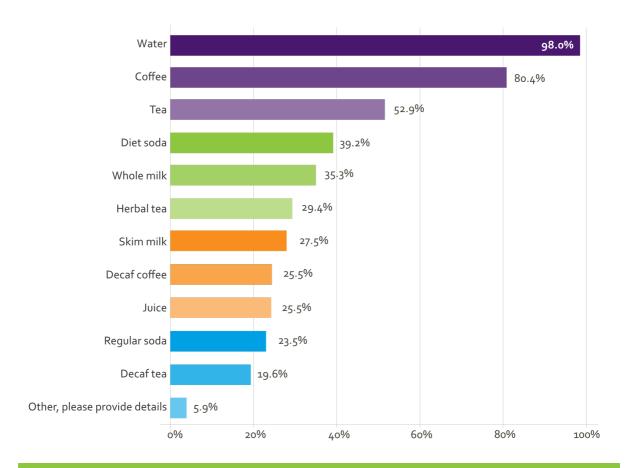
Q₂₅ RESULTS

The majority of respondents reported that they usually eat meals from take-away outlets or roadhouses 1 - 2 times per week (37.2%)

| Answer Choices | Responses |
|------------------------|-----------|
| Daily | 0.0% |
| 1-2 times per week | 37.2% |
| 3-5 times per week | 2.0% |
| I do not eat take-away | 29.4% |
| Other (please specify) | 31.4% |

- Work lunch daily but generally healthy lunch bar option (1)
- When in the metro area (1)
- Fortnightly (2)
- Occasionally (6)
- Monthly (5)
- Only when you forget to take it from the fridge (1)

Q26: What beverages do you drink? Please enter the amount of cups you drink as applicable



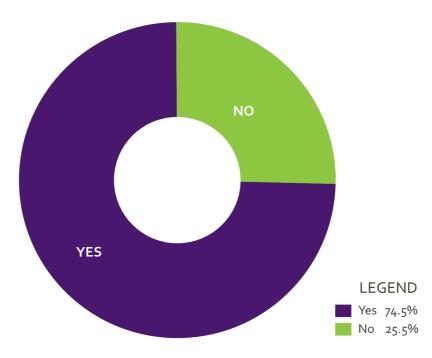
Q26 RESULTS

The majority of respondents (98.0%) reported that the main beverage that they drink is water.

| Answer Choices | Responses |
|-------------------------------|-----------|
| Water | 98.0% |
| Coffee | 80.4% |
| Tea | 52.9% |
| Diet soda | 39.2% |
| Whole milk | 35.3% |
| Herbal tea | 29.4% |
| Skim milk | 27.5% |
| Decaf coffee | 25.5% |
| Juice | 25.5% |
| Regular soda | 23.5% |
| Decaf tea | 19.6% |
| Other, please provide details | 5.9% |

- I assume you mean DAILY?
- Not sure if you want daily or weekly here
- Light Milk 1

Q27: Do you consume alcohol?

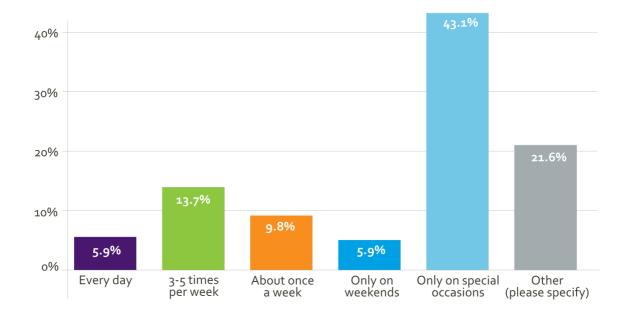


Q27 RESULTS

The majority of respondents (74.5%) reported that they consume alcohol.

| Answer Choices | Responses |
|----------------|-----------|
| Yes | 74.5% |
| No | 25.5% |

Q28: If you do consume alcohol, how often?



Q₂8 RESULTS

The majority of respondents reported that they consume alcohol only on special occasions (43.1%)

| Answer Choices | Responses |
|---------------------------|-----------|
| Every day | 5.9% |
| 3-5 times per week | 13.7% |
| About once per week | 9.8% |
| Only on weekends | 5.9% |
| Only on special occasions | 43.1% |
| Other (please specify) | 21.6% |

- Once a month
- Rarely
- Twice a year
- Occasionally
- I never consume alcohol (6)