



City of Albany

Health & Wellbeing Plan 2026 - 2031

ACKNOWLEDGEMENT OF COUNTRY

The City of Albany respectfully acknowledges the past and present traditional owners of this land, the Menang people.
It is a privilege to be living on Noongar country.

Aboriginal and Torres Strait Islander Peoples should be aware that this document may contain images of deceased persons in photographs.

Front Image: Ann & Tom Photography



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Image: Krysta Guille

INTRODUCTION TO THE PLAN



The City of Albany's Health & Wellbeing Plan 2026–2031 is a five-year strategic plan that provides a framework to improve the health and wellbeing of the Albany community and is a legislative requirement under the *WA Public Health Act 2016*.

This plan builds on the City's efforts to support community health and wellbeing and identifies strategies to reduce public health risks and address the major health issues affecting the community, such as chronic disease and poor lifestyle habits.

It has a prevention focus that goes beyond encouraging individuals to change their attitudes and lifestyles, emphasising the creation of environments in which people live and work that support healthy living, wellbeing, and quality of life from birth to death.

The Plan supports the City of Albany's vision "*Amazing Albany, where anything is possible*" acknowledging that the prosperity and wellbeing of the City, its communities, and its residents, is influenced by its liveability.

The essential ingredients for a liveable community include affordable and diverse housing, convenient public transport, walking and cycling infrastructure, access to education

and employment, public open spaces, local shops, health and community services, and leisure and cultural opportunities.ⁱ

These livability elements are often referred to as social determinants of health; the underlying conditions that support health and wellbeing in individuals, build communities and support a sustainable society.ⁱⁱ The distribution and access to these ingredients across the community are important influences of health outcomes and life expectancy.

Creating a liveable and equitable community and addressing the community's health issues requires a collaborative, whole-of-community effort.

Where relevant, the City will partner with other government agencies, service providers, local organisations, non-governmental agencies, and the community to advocate for and address emerging public health risks.

BACKGROUND TO THE UPDATED PLAN



The City released its first Public Health Plan, 2016–2020, in June 2016 which was reviewed in 2018.

This review was an opportunity for the City to align the Plan with the State Interim Public Health Plan and to further the preventive health capacity-building work initiated by the Healthy Albany partnership.

Since the plan was reviewed in 2018:



The COVID-19 pandemic and resulting restrictions had a huge impact on Albany's local economy, social connections and mental health.



The City of Albany has experienced several massive rainfall events that damaged infrastructure and threatened homes.



Albany is experiencing significant housing pressures driven by strong population growth and limited new housing supply. Demand for homes has pushed median house and rental prices to record highs, with the current rental vacancy rate sitting at an extremely low 0.3%. These conditions are affecting community wellbeing, contributing to housing stress, and limiting access to secure, affordable accommodation for many residents. [reiwa.com.au]

The updated Plan has been informed and developed using the following sources:



Comparative analysis of the State Public Health Plan and the City of Albany Public Health Plan 2018–2022.



Feedback collated from community and stakeholder consultation on health and wellbeing.



Current Local Government Area public health and wellbeing data provided by the Epidemiology Directorate, Public and Aboriginal Health Division, Department of Health WA.



Feedback on liveability priorities gained during the City's Council Plan consultation in 2025/26, and the feedback obtained through the review of the Youth Friendly Albany Plan.

STATE PUBLIC HEALTH PLAN 2025-2030

The State Public Health Plan, provides a strategic framework for improving the health and wellbeing of all West Australians, and local government.

The Act defines public health as:

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

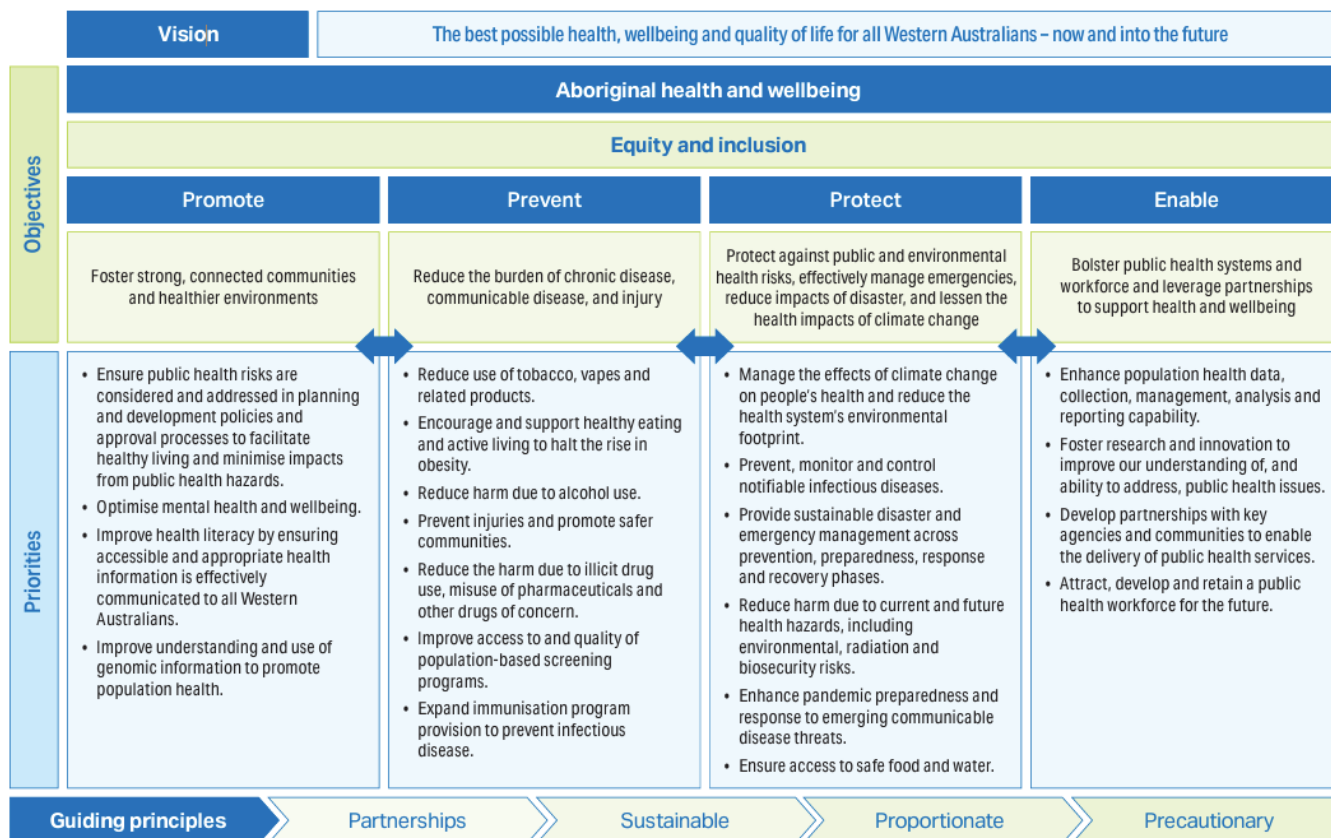


Image: Vision, objectives, priorities and guiding principles of the State Public Health Plan.ⁱⁱⁱ

It is a requirement under the Implementation of Stage 5 of the *Public Health Act 2016*, that each local government prepares a local public health plan, which complies with the Act and is consistent with the State Public Health Plan.

STRATEGIC CONTEXT



COMMUNITY STRATEGIC PLAN



PEOPLE

A **diverse** and **inclusive** community.

Happy, healthy and **resilient** community.

A **safe** community.



PLANET

Shared responsibility for **climate action**.

A **resilient** community that can withstand, adapt to, and recover from natural disasters.



PLACE

Responsible growth, development and **urban renewal**.

Interesting, vibrant and **welcoming** places.

A **safe, sustainable** and **efficient** transport network.



COMMUNITY DEVELOPMENT STRATEGY

Defines the approach of the below four key plans.



While each plan is a standalone document, there are numerous objectives that are interlinked and outcomes will have an impact across multiple plans and strategies.

THE CITY'S ROLE IN PUBLIC HEALTH & WELLBEING

Public health is the art and science of promoting and protecting good health, preventing disease, disability, and premature death, restoring health when it is impaired, and maximising the quality of life when health cannot be restored.^{iv}

Local governments are often considered to be 'closest to the people' not only because of the range of services they provide for the community, but also because of the effect of these services on community health and wellbeing.^{iv} Collectively, these services impact (directly or indirectly) on the health of residents.

WA local governments also have statutory responsibility for public health protection under the *Public Health Act 2016*, *Health (Miscellaneous Provisions) Act 1911* (previously known as the *Health Act 1911*), *Environmental Protection (Noise) Regulations 1997*, *Food Act 2008*, the *Tobacco Products Control Act 2006*, and a range of subsidiary legislation, by regulating environmental health matters.

These laws place specific obligations on local governments to administer and enforce them, which include:

- Appointing authorised officers under the *Public Health Act 2016* and *Food Act 2008* to undertake compliance and enforcement action required.
- Reporting annually on the performance of regulatory functions related to the *Public Health Act 2016* and *Food Act 2008*.
- Investigating, coordinating and providing guidance to the public, businesses and industry on compliance with environmental health legislation and risks.
- Inspecting and auditing industry compliance with legislation including aquatic facilities, food businesses, skin penetration businesses and public buildings.
- Ensuring all food businesses servicing vulnerable populations have a Food Safety Plan.
- Assessing and approving applications for residential and industry compliance including air-handling systems, event applications, food businesses, lodging houses, offensive trades, public buildings, skin penetration / hairdressing establishments, waste water disposal systems.
- Investigating, coordinating and providing guidance to local food businesses involved in food recalls.
- Notifying the Department of Health of details of convictions under the food legislation for publishing on the Publication of Names of Offenders list.
- Appoint **Restricted Investigators** to assist in enforcing some sections of the *Tobacco Products Control Act 2006* and Regulations.



Image: Jenny Feast

In addition to these traditional environmental health roles, local government is now required by the *Public Health Act 2016*, to initiate a range of other activities, programmes, assets and services, intended to protect and promote the health of communities on behalf of their ratepayers, such as urban planning, parks and facilities, transport, social support and community inclusiveness and participation. ^v

This new direction in planning for health requires an integrated approach to the provision of facilities, programs and services to address not only environmental health but chronic disease, mental health issues, communicable diseases and other issues common in our communities. ^{vi}

ONGOING ACTIVITY

The City of Albany understands its important role in creating and influencing environments that support healthy living, wellbeing and quality of life at a local level.

There are several services and initiatives that the City of Albany currently undertakes to do this as part of its core business, including:



INFRASTRUCTURE & PROPERTY SERVICES

Infrastructure and property services, including local roads, bridges, footpaths, drainage, waste collection and management.



RECREATION & COMMUNITY FACILITIES

Provision of recreational facilities and spaces, such as parks, natural reserves, trails, sports fields and stadiums, swimming pools, sports centres, halls and camping grounds.



ENVIRONMENTAL HEALTH & SAFETY

Environmental health services to prevent and control environmental health hazards, emissions, and communicable diseases (ie; water and food safety, noise and air pollution control and mosquito control).



COMMUNITY, CULTURAL & ENGAGEMENT SERVICES

Community programs and events, including youth development, seniors' engagement, access and inclusion, and volunteering.

Cultural facilities and services, such as libraries, art galleries and museums.



REGULATION & COMPLIANCE

Building services, including inspections, licensing, certification and enforcement.

Planning and development approvals.

Administration of facilities, such as airports, marinas, parking facilities, child-care, and street parking.



WASTE MANAGEMENT, RANGER & EMERGENCY SERVICES

Waste management services.

Ranger and emergency services, including animal control and fire management.

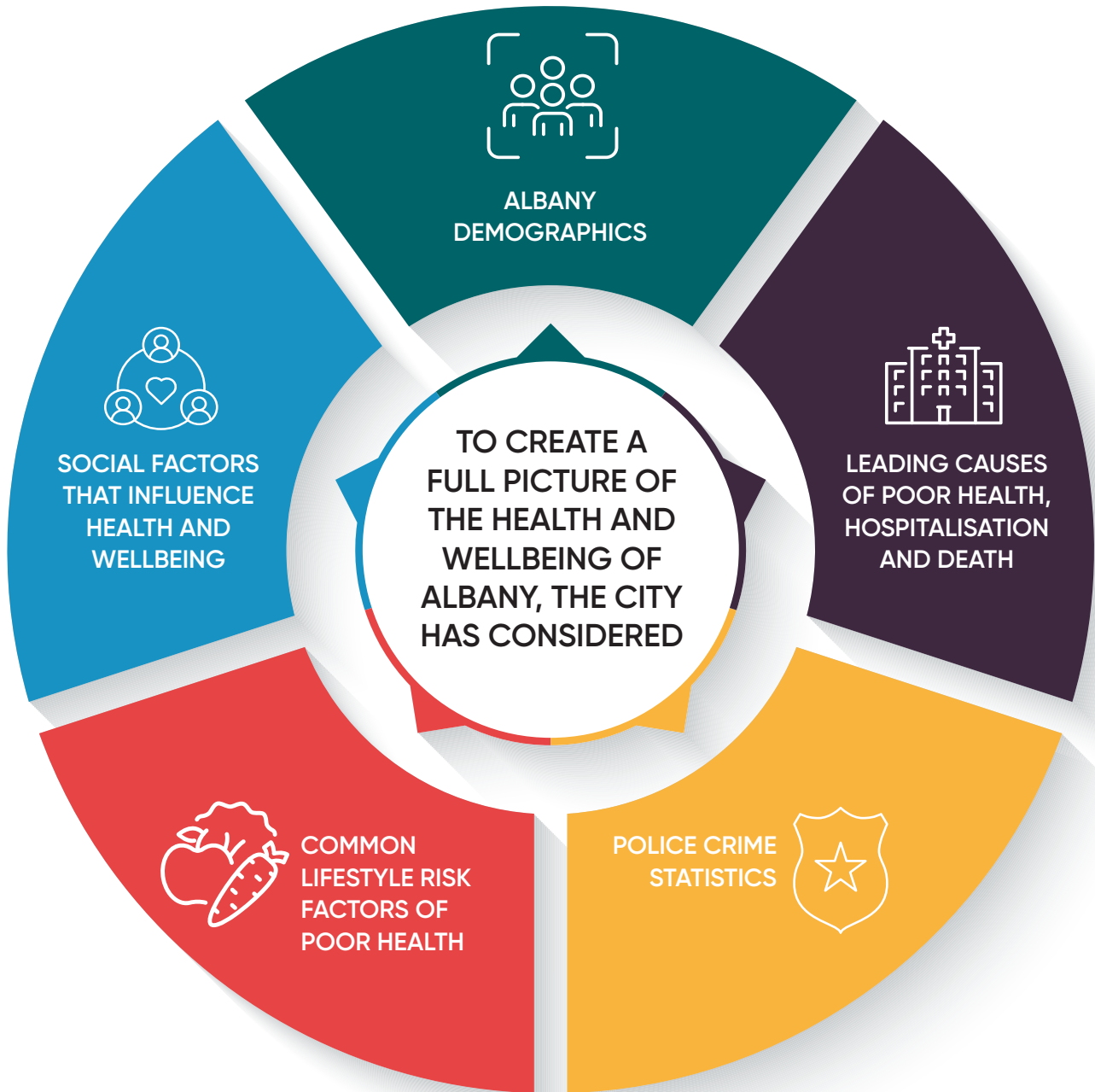




ACHIEVEMENTS FROM CITY OF ALBANY PUBLIC HEALTH PLAN (2018-2022)

- Development of the Long Live You program at the Albany Leisure & Aquatic Centre, providing seniors with access to an affordable exercise program.
- Adoption of Compassionate Communities Charter.
- Development of the Go YOUth program at Albany Leisure & Aquatic Centre, providing young people with access to an affordable gym and exercise program.
- Establishment of Engagement Officer positions within Volunteer Bushfire Brigades to increase the educational opportunities for emergency preparedness.
- Expansive accessibility upgrades to the Binalup/Middleton Beach Foreshore, which included wide, level and compliant pathways, and improved access to the beach.
- Extensive digital literacy programs established at the Library to support seniors in accessing online services and keeping in touch with family and friends.
- New beach wheelchairs, and beach walkers available at Binalup/Middleton Beach and Emu Point, improving access to the beach for wheelchair users, and those requiring mobility assistance on the soft sand.
- City was awarded the WA Age Friendly Local Government Award for its response to the COVID-19 pandemic, which recognised the specific needs of the high proportion of seniors who call Albany home.

ALBANY'S HEALTH & WELLBEING PROFILE





ALBANY DEMOGRAPHICS

In 2024, the City of Albany's estimated resident population was

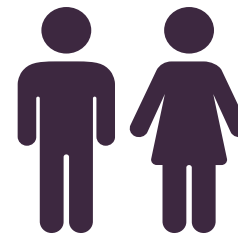
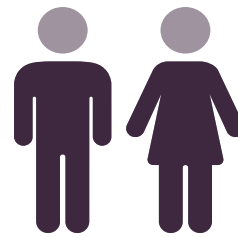
41,545



49.1%
male



50.9%
female



17.6% 0-14 years

10.7% 15-24 years

52% 24-64 years

19% 65+ years

Albany has a significantly older population profile compared to WA.



45

median age

Significantly higher than the WA & National median of 38 years old

Population that reported secular or no religion

54.6%



43.2%

Population identifying as Christian

1,476

residents identified as Aboriginal and/or Torres Strait islander, representing

3.8%

of the population.



20.6%

of the population was born overseas.

7.3%

of residents speaking a language other than English at home.



FOR FURTHER DETAILS ON ALBANY'S DEMOGRAPHICS, PLEASE SEE APPENDIX A.



LEADING CAUSES OF POOR HEALTH, HOSPITALISATION AND DEATH

TOP CAUSES OF AVOIDABLE HOSPITALISATION

- 1 Dental conditions
- 2 Chronic obstructive pulmonary disease
- 3 Urinary tract infections
- 4 Congestive cardiac failure
- 5 Cellulitis



TOP CAUSES OF AVOIDABLE DEATHS

- 1 Ischaemic heart disease
- 2 Colorectal cancer
- 3 Chronic obstructive pulmonary disease
- 4 Suicide and self-inflicted injuries
- 5 Cerebrovascular disease



TOP CAUSES OF AVOIDABLE HOSPITALISATION

- 1 Injury and trauma, primarily:
 - Transport accidents
 - Intentional self harm
 - Accidental poisoning
- 2 Alcohol related harm (hospitalisations and deaths)
- 3 Tobacco related deaths
- 4 Illicit drug related harm (hospitalisations)
- 5 Vaccine preventable diseases (very high rates)
- 6 Vector borne diseases (higher exposure risk)
- 7 Mental health



FOR FURTHER DETAILS, PLEASE SEE APPENDIX B.



Image: Krysta Guille

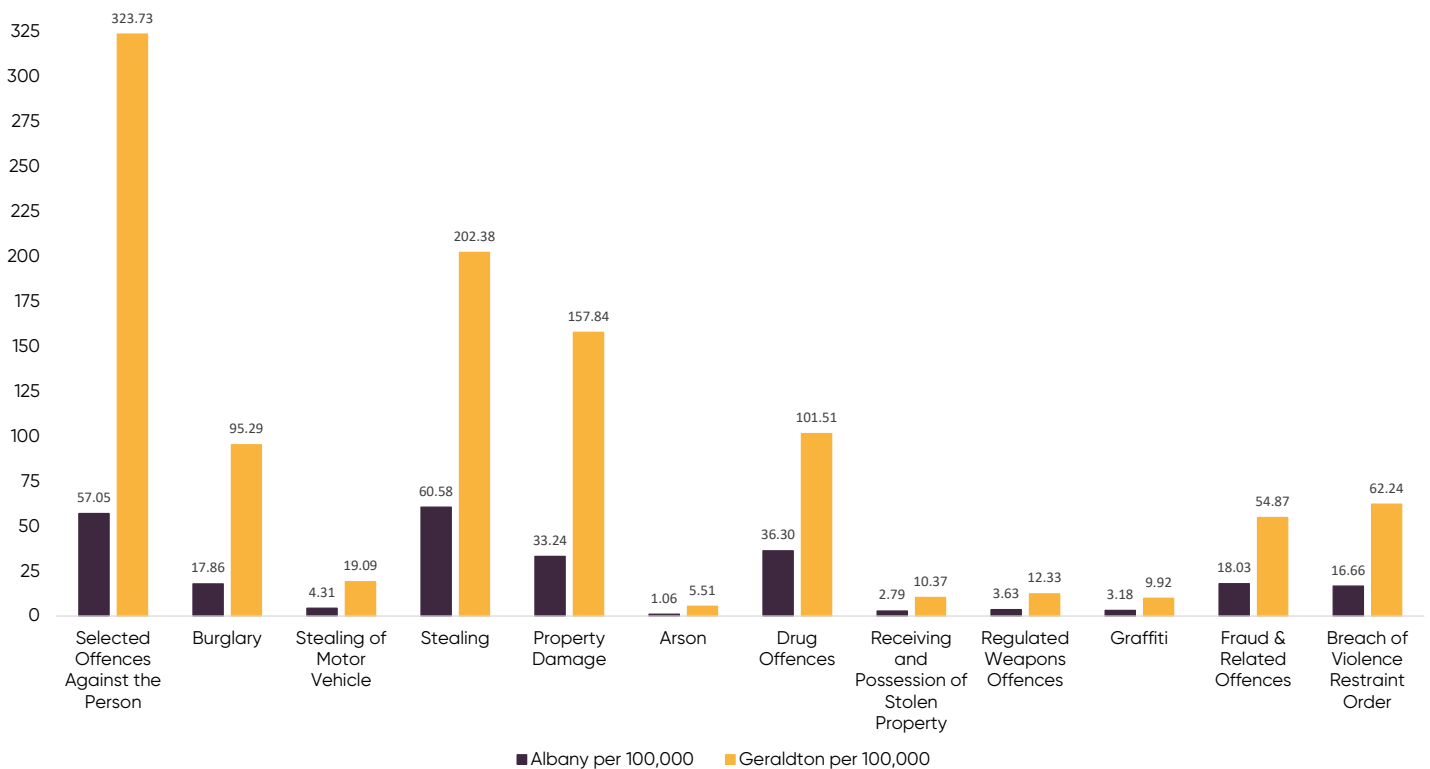


CRIME STATISTICS

The number of reported offences in Albany remains relatively stable, with consistent levels recorded each year. Statistically, Albany is a very safe community, especially when compared to the City of Greater Geraldton, which shares a similar population size to Albany.

However, many residents perceive that Albany is becoming less safe. This is demonstrated through the consultation feedback in relation to crime, where respondents wanted a more visible police presence and more action in relation to speeding on local roads.

Offence comparison between the City of Albany and the City of Greater Geraldton from 2020 to September 2025.



FOR FURTHER DETAILS, PLEASE SEE APPENDIX C.

Crime statistics for the City of Albany from 2020 to September 2025

CITY OF ALBANY	2020	2021	2022	2023	2024	2025 Sept	Total
Selected Offences Against the Person	356	405	446	450	454	259	2,370
Burglary	162	127	181	125	104	43	742
Stealing of Motor Vehicle	29	24	39	30	43	14	179
Stealing	369	324	474	546	542	262	2,517
Property Damage	250	264	230	237	283	117	1,381
Arson	6	8	3	10	10	7	44
Drug Offences	180	266	240	367	307	148	1,508
Receiving and Possession of Stolen Property	16	18	37	15	19	11	116
Regulated Weapons Offences	15	22	29	29	39	17	151
Graffiti	14	12	20	19	40	27	132
Fraud & Related Offences	68	233	111	124	150	63	749
Breach of Violence Restraint Order	149	137	99	90	108	109	692
Total	1,614	1,840	1,909	2,042	2,099	1,077	10,581





COMMON LIFESTYLE RISK FACTORS OF POOR HEALTH

The prevalence of lifestyle risk factors in our community is important due to their relationship with chronic conditions that are considered to be preventable.

The below data represents the current, self-reported statistics on lifestyle risk factors in the City of Albany, many of which contribute to preventable deaths and hospitalisations.

RISK FACTORS/BEHAVIOURS (PEOPLE AGED 16 YEARS & OVER, 2024)	PREVALENCE ESTIMATE ALBANY LGA	PREVALENCE ESTIMATE WA	CHANGE SINCE 2016
Eats less than 2 serves of fruit daily	63.6%	66.6%	+8.9%
Eats less than 5 serves of vegetables daily	93.9%	95.3%	+2.1%
Drinks sugar-sweetened soft drinks or energy drinks > than twice a week	14.2%	16.8%	N/A
Drinks at high risk levels for long- term harm	25.6%	29.1%	+3%
Spends 21+ hours per week in sedentary leisure time	36.4%	37.4%	-1.3%
Less than 150mins of physical activity per week	41.6%	39.1%	+0.9%
Overweight	38.8%	37.4%	+0.6%
Obese	41.4%	37.3%	+6.1%
Eats fast food more than twice a week	6.2%	6%	+3.5%
Injury (in past 12 months requiring treatment by health professional)	30.0%	29.6%	+3.2%
Mental Health Condition**	24.3%	25%	+8.3%

SOURCE: EPIDEMIOLOGY DIRECTORATE (2024) HEALTH AND WELLBEING PROFILE FOR CITY OF ALBANY, WA DEPARTMENT OF HEALTH: PERTH.

** DIAGNOSED BY A DOCTOR WITH A STRESS-RELATED PROBLEM, DEPRESSION, ANXIETY OR ANY OTHER MENTAL HEALTH PROBLEM IN THE LAST 12 MONTHS

RISK FACTORS/BEHAVIOURS (PEOPLE AGED 16 YEARS & OVER, 2024)	PREVALENCE ESTIMATE ALBANY LGA	PREVALENCE ESTIMATE WA
Overweight	17.0%	15%
Obese	11.8%	10.2%
Eats 2 or more serves of fruit per day	74.5%	75.4%
Eats 5 or more serves of vegetables per day	10.7%	10.9%
Eats fast food more than twice a week (1-15 years)	4.9%	6.2%
Sufficient physical activity per day (5-15 years)	31.1%	37.7%

SOURCE: EPIDEMIOLOGY BRANCH (2018). ALBANY (C) CHILD HEALTH PROFILE, 2024, HWSS, WA DEPARTMENT OF HEALTH: PERTH *60 MINUTES MODERATE TO VIGOROUS PHYSICAL ACTIVITY PER DAY AS PER 2014 AUSTRALIAN PHYSICAL ACTIVITY & SEDENTARY BEHAVIOUR GUIDELINES

AUSTRALIAN EARLY CHILDHOOD DEVELOPMENT INDICATORS 2024	PREVALENCE ESTIMATE ALBANY LGA	PREVALENCE ESTIMATE WA
Physical Health & Wellbeing – developmentally at risk	6.7%	10.5%
Physical Health & Wellbeing – developmentally vulnerable	11.3%	10.5%
Developmentally vulnerable in one or more domains	25.5%	24.1%

SOURCE: AUSTRALIAN EARLY CHILDHOOD DEVELOPMENT CENSUS 2024 ACCESSED ONLINE VIA WWW.AEDC.GOV.AU/DATA



Image: City of Albany



Image: Krysta Guille

While there is limited lifestyle risk factor information available for City of Albany's Aboriginal residents, it should be noted that:



Higher self-reported rates of arthritis, asthma, cancer, heart disease, lung conditions, mental health condition than WA.



Lower self-reported rates of dementia, diabetes, kidney disease and stroke compared to WA.



Very high rates of full vaccination for children (94.7% for 1 year olds, 90.9% for 2 year olds, and 97.2% for five year olds).

89.6% of Aboriginal children are born in the healthy weight range.

66% of Aboriginal women didn't smoke while pregnant.

6.4% of dwellings required one or more extra bedrooms compared to 9.5% for the rest of WA.

46.6% of occupied private dwellings where at least one Aboriginal or Torres Strait Islander person was living were owned outright or owned with a mortgage.

63 Median age of death for Aboriginal males, compared to 83 for all males in Albany.^{vii}

64 Median age of death for Aboriginal females, compared to 86 for all females in Albany.^{vii}

73% of Aboriginal people were obese or overweight in 2018-19, for the State.^{viii}

31% of Aboriginal people aged 18 years and over nationally reported high or very high levels of psychological stress in 2018-19, and the age-standardised rate of suicide for Aboriginal people was twice that of non-Aboriginal people between 2015 and 2019.^{ix}



SOCIAL DETERMINANTS OF HEALTH AND WELLBEING

Understanding the community's health and wellbeing requires more than an understanding of the health status of residents and the diseases, conditions, and risk factors that contribute the most to deaths and hospitalisations.^x

Differences in health status do not happen solely by chance or natural biological variations between individuals. They are socially patterned, and generally follow a social gradient in which a person's overall health tends to improve at each step up the economic and social hierarchy.^{xi}

The determinants of health include the social and economic environment, the physical environment and individual characteristics and behaviours. Examples include early childhood experiences, education, employment, income, social and economic status, housing and geography, social support networks, access

to and use of health services, and the quality of air, soil, and water.

These determinants can also be viewed as protective factors, as the equitable presence or access to these factors can reduce the likelihood of a person suffering from poor health or injury and/or enhance their response to it, if it occurs.

For example, for Aboriginal people, connection to land, family, ancestry, culture and spirituality are protective factors that can provide a source of strength, resilience and empowerment.^{xii}



Image: Krysta Guille

Key data relating to the social determinants of health in the City of Albany in 2021 is shown below:

- 12.8%** of children (16 & under) live in low income, welfare dependent families.
- 21.6%** of children live in families whose mother has low educational attainment.
- 21.1%** of households have low income (\$650 per week or less).
- 32.3%** of low income households with rental stress.
- 11.1%** of low income households experience mortgage stress.
- 53%** of females aged 15 years and over participate in the labour force (compared to 60.3% of males).
- 24.1%** of people undertake unpaid voluntary work for an organisation or group.
- 40.5%** of residents have completed year 12 or equivalent

In Australia, the Index of Relative Socioeconomic Disadvantage (IRSD) ranks Australian geographic areas according to their socio-economic characteristics, using indicators of disadvantage such as low income, high unemployment and low levels of education. Relative disadvantage is associated with a low number, and scores are standardised so that the average for Australia is always close to 1,000.

In 2021, the IRSD for the City of Albany was 987, which was ranked 307th (57th percentile) in Australia and 72nd (52nd percentile) in Western Australia.^{xiii}

Within the City of Albany there are areas with varying levels of disadvantage. Suburbs falling below the City of Albany IRSD include:

- Lockyer-Gledhow
- Milpara-Orana
- Spencer Park-Collingwood Heights, and
- Yakamia.^{xiii}



PRIORITY POPULATIONS



ABORIGINAL PEOPLE

Nationally and State-wide Aboriginal people are more likely to have poorer health and experience chronic disease than non-Aboriginal people, due to socio-economic disadvantage and isolation.

To many Aboriginal people, health is about getting a balance between physical, mental, emotional, cultural, community and spiritual health.



CHILDREN & YOUNG PEOPLE

People aged 0 - 24 years make up 29.8% of the City of Albany population. Good health during childhood and adolescence lays the foundations for a healthy adult life. Investment in the early years is widely recognised as the most effective life stage for long term health and wellbeing outcomes.

Adolescence is also a critical transition period that brings many significant life experiences and decision-making opportunities such as education, employment, relationships, housing, legal age for driving, and alcohol consumption. It is often the stage when decisions about risky behaviours are made or positive habits are established.



OLDER PEOPLE

People aged 50 and over make up 37.9% of Albany's total population. Being healthy and active throughout life will assist people to be healthy and independent as they age (ie; continuing to participate and contribute, socially and economically to their communities).

It is important to provide and advocate for services, programs, events and activities that enable people to stay active in their communities and show that they are valued, supported and celebrated within our community.



PEOPLE WHO ARE SOCIO-ECONOMICALLY DISADVANTAGED

Inequities in social determinants such as education, employment, gender, housing and early development can lead to health inequity, higher rates of avoidable disease, and reduced life expectancy.

Within the City of Albany there are areas with varying levels of disadvantage and this Plan will focus on those populations that experience significant health inequity.



PEOPLE WITH A DISABILITY

Within the City of Albany 6.4% of the area's population require assistance in their day to day lives due to disability, which is more than the Regional WA average of 4.6%. The rate of disability increase markedly with age.

People with a disability have lower rates of employment and experience higher rates of discrimination and social exclusion, particularly young people with a disability.



PEOPLE FROM CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS

From 2016 to 2021 the number of Albany residents who were born overseas increased from 18.9% to 19.2%, and 6.2% of residents speak a language other than English at home.

Migrants generally face more difficulties coming into an unfamiliar place due to less connections and limited knowledge of services and processes.



LGBTQIA+

LGBTQIA+ refers to people who identify as lesbian, gay, bisexual, transgender, intersex, queer, asexual, and other sexuality, gender, and bodily diverse identities. LGBTQIA+ people can experience stigma, discrimination, exclusion, and other negative social experiences, which may negatively impact social, emotional, and psychological wellbeing.

These factors can contribute to higher rates of mental health concerns, substance use, self-harm, and suicidality compared to the general population. Supporting community connectedness, reducing social isolation, and promoting initiatives that improve overall health and wellbeing are important for achieving positive outcomes for LGBTQIA+ community members.^{xiv}

STAKEHOLDER CONSULTATION & FEEDBACK

2025 COMMUNITY PERCEPTIONS SURVEY

Every two years, the City of Albany conducts a perception survey which benchmarks the City's performance against other local governments in WA and gathers comprehensive community feedback on areas of importance for residents.

The independent 2025 survey was completed by 2,524 community members, who offered their feedback on services provided by the City, and assisted in determining community priorities going forward.

All five priorities identified through the survey have a relation to the health and wellbeing of our community which included



Housing

Access to affordable housing, housing for people experiencing homelessness.



Health and community services Advocating for improvements to hospital and health services, mental health, aged care facilities, preventative health programs and a hydrotherapy pool.



Footpaths, trails and cycleways increased access to trails/paths that enable connectivity, maintenance and improvement to existing trails.



Economic development

Job creation, small business support and education & training.



Local roads and bridges

Maintenance and upgrades.

YOUTH FRIENDLY ALBANY PLAN CONSULTATION

Of the 121 respondents to the Youth Plan Survey, the top concerns shared were housing affordability, climate change, mental health concerns and access to sport and recreation.



CITY OF ALBANY HEALTH AND WELLBEING PLAN

2026 - 2031 CONSULTATION

In addition to the feedback collected through the Community Perceptions Survey, the City also engaged with local stakeholders, community members and staff to identify key priorities for the Health & Wellbeing Plan.

The consultation included **stakeholder workshops** in September and February with **32 attendees**, **Indigenous workshop** with Elders and Aboriginal Controlled organisations involving **4 attendees**, a **community survey** with **139 respondents**, **staff workshops** with **53 attendees**, and **three one-on-one meetings** with stakeholders.

This consultation identified eight locally significant public health issues which have been incorporated into the plan, including:

- 1 Active Lifestyles**
- 2 Mental health, social isolation and loneliness.**
- 3 Affordable housing and homelessness.**
- 4 Accessible facilities and spaces.**
- 5 Road and pedestrian safety.**
- 6 Violence prevention**
(including family & domestic violence).
- 7 Preparedness for emergencies.**
- 8 Climate change and its impact on health.**



Image: City of Albany

HEALTH & WELLBEING PLAN OUTCOME AREAS

Three overarching outcome areas have been created to capture the breadth of the City's work and influence in community health and wellbeing. They reflect the vision the City has for the health and wellbeing of its residents.

The City will work in partnership with several agencies and organisations to deliver the Public Health Plan.

This includes but is not limited to:

- Chief Health Officer, Department of Health & WA Country Health Service.
- WA Police.
- Main Roads WA.
- Organisations and agencies that focus on the prevention of chronic illness and injury.
- Organisations that support the most vulnerable (homeless, seniors, LGBTQIA+, migrants, young people and families).
- Aboriginal controlled organisations.
- Community groups and sporting clubs.



Image: Carol Duncan

HEALTHY, ACTIVE LIFESTYLES

Reduced levels of physical activity, increasingly sedate lifestyles and the reliance on cars for transport add to the challenge of obesity, chronic disease and other physical and mental health issues.

The City's vision is for residents to have good physical health and be able to make healthy, active lifestyle choices.

As a local government, the City can support this by making it easier for people to be physically active and make healthy lifestyle choices throughout their lives through:



ACTIVE LIVING:

Encouraging interaction with Albany's parks and open spaces, participation in sport and recreation, and use of active transport.



HEALTHY EATING AND DRINKING:

Promoting a healthy, sustainable and safe diet consistent with the Australian Dietary Guidelines and supporting local healthy food systems and settings

SOCIALLY CONNECTED, EMPOWERED & INCLUSIVE COMMUNITY

Community connectedness involves areas of life such as relationships, friendship networks, self-esteem, inclusion and day to day support networks. The connections built within the community enrich lives and play a vital role in overall health and wellbeing.

Feeling included, valued, and able to participate meaningfully in community life supports positive mental health, strengthens resilience, reduces social isolation, and contributes to a greater sense of safety and belonging.

These connections are likely to provide a sense of belonging, purpose, identity, support and many opportunities to learn and grow. Connections to community are built over a lifetime and may involve belonging to several communities such as workplaces, schools, sporting clubs, cultural groups or faith based communities.

The vision is for residents to be socially engaged, included and able to be involved in and contribute to community life. Which the City aims to support by enabling:



COMMUNITY PARTICIPATION:

Providing and promoting opportunities for Albany residents of all ages, backgrounds, genders, abilities and circumstances to connect, learn, reflect, create, contribute, and celebrate together.



EQUITABLE ACCESS TO RESOURCES:

Addressing inequality and disadvantage in Albany by working towards fair and inclusive access to early childhood and parenting support, community information, and affordable transport and housing, for essential services for all residents.

By fostering inclusion and strengthening community connectedness, we all help to create a healthier, more resilient, and thriving Albany where everyone has the opportunity to experience wellbeing and a sense of belonging.



Image: Krysta Guille

SAFE, PREPARED & PROTECTED

Whether based on lived experience or perceived risk, perceptions of community safety influence how people feel, move through, and participate in their community. When people feel safe they are more likely to connect with others, access services, and contribute to community life supporting both individual wellbeing and community resilience.

A range of factors contribute to a safe and protected community, including the quality of natural and built environments, rates of crime and injury, public health risks, and exposure to natural hazards and major emergencies.

Communities can reduce the mental, physical, social, and environmental impacts of these risks by working together to build preparedness, strengthen local resilience, and understand shared and individual responsibilities. Equally important is the ability to recover well following emergencies, disasters, violence, crime, or injury. Local government plays a critical role not only in prevention and preparedness, but also in coordinating recovery efforts, restoring essential services, supporting community wellbeing, and helping communities rebuild after emergencies.

The City's vision for this outcome area is for Albany residents to feel safe, be well prepared, and protected from harm, environmental risks, violence, injury, and the impacts of emergencies.

This will be supported through work in the following areas:



ENVIRONMENTAL HEALTH PROTECTION:

Managing and regulating the safety and quality of the natural and built environments, including air and water quality, food safety, waste management, public spaces, and contaminated land.



CRIME AND INJURY PREVENTION:

Working with community partners to prevent violence, reduce injury, improve perceptions of safety, and promote safer neighbourhoods, roads, homes, and public places.



EMERGENCY MANAGEMENT, PREPAREDNESS AND RECOVERY:

Identifying and mitigating risks, planning and preparing for extreme weather events (including bushfires, drought, floods, storms, and heatwaves) and other public emergencies, coordinating local response efforts, and leading community recovery processes that support restoration, resilience, and long-term wellbeing.

ROLE OF CITY OF ALBANY

There are four key roles that the City has in the implementation of this Plan, which will vary in relation to specific strategies:

PLANNING & DELIVERY

The City plans for and provides specific services and programs, facilities, assets, and infrastructure as part of the Strategic Community Plan and core business.

KNOWLEDGE BUILDING

The City provides information on and referral to, community services, opportunities, events, activities and places.

LEADERSHIP & POLICY

The City provides health leadership within the public health sector and the community by using its policies and expertise to support and influence community health and wellbeing, and advocates to other agencies on community health issues that need specific funding or attention beyond local government.

PARTNERSHIPS

Many types of partnerships (financial and non-financial) are important for the City to effectively undertake these roles. The City will collaborate with the local community, key stakeholders and internal departments to promote and develop initiatives for maximum collective health and wellbeing impact.



OUTCOME 1: HEALTHY, ACTIVE LIFESTYLES	CITY OF ALBANY ROLE				PRIORITY RISK FACTOR/S				STATE PUBLIC HEALTH PLAN ALIGNMENT			
	PLANNING & DELIVERY	KNOWLEDGE & BUILDING	LEADERSHIP & POLICY	PARTNERSHIPS	DIET	PHYSICAL ACTIVITY	MENTAL HEALTH	INJURY	PROMOTE	PREVENT	EQUITY & INCLUSION	ABORIGINAL HEALTH & WELLBEING
1.1	●	●	●	●					●			●
1.2	●	●		●					●	●	●	●
1.3		●		●						●	●	●
1.4	●	●	●	●					●	●	●	●
1.5	●	●							●	●	●	●
1.6	●	●							●	●	●	●
1.7	●	●							●	●	●	●
1.8	●	●		●					●	●	●	●
1.9			●						●	●	●	●

SUPPORTING PLANS AND STRATEGIES

Albany Bike Plan
Local Planning Strategy
Urban Tree Strategy
Trails Hub Strategy

Recreation Strategy (pending)
Nature Based Camping Strategy
Developed Managed Space Policy

Disability Access & Inclusion Plan
Youth Friendly Albany Plan
Age Friendly Albany Plan

OUTCOME 2:

SOCIALLY CONNECTED, EMPOWERED & INCLUSIVE COMMUNITY

In addition to the actions listed below, the City has detailed plans for supporting young people, older people and people living with disability

- Youth Friendly Albany Plan
- Age Friendly Albany Plan
- Access & Inclusion Plan

CITY OF ALBANY ROLE				PRIORITY RISK FACTOR/S		STATE PUBLIC HEALTH PLAN ALIGNMENT			
PLANNING & DELIVERY	KNOWLEDGE & BUILDING	LEADERSHIP & POLICY	PARTNERSHIPS	MENTAL HEALTH	EQUITABLE ACCESS	PROMOTE	PREVENT	EQUITY & INCLUSION	ABORIGINAL HEALTH & WELLBEING

2.1	Improve the recognition and engagement of the local Aboriginal community, culture and history.	●	●	●	●	●				●
2.2	Provide and support community events, services, facilities and programs that develop people's compassion, sense of belonging and purpose.	●	●	●	●					●
2.3	Develop and support initiatives that reduce social isolation and loneliness.	●	●		●			●	●	●
2.4	Support families to embed early literacy practices with children.	●	●			●		●	●	●
2.5	Improve community access to information about community groups, facilities, events and resources.	●	●		●	●		●	●	●
2.6	Support volunteer recognition, attraction & retention for community groups.	●	●		●			●	●	●
2.7	Support and advocate for initiatives aimed at improving access to affordable housing and transport.			●	●	●		●	●	●

SUPPORTING PLANS AND STRATEGIES

- Access & Inclusion Plan
- Age Friendly Albany Plan
- Youth Friendly Albany Plan
- Local Planning Strategy
- Community Development Strategy

- Reconciliation Action Plan
- Communications & Engagement Strategy
- Compassionate Communities Charter
- Disability Access & Inclusion Plan

OUTCOME 3: SAFE, PREPARED & PROTECTED	CITY OF ALBANY ROLE				PRIORITY RISK FACTOR/S						STATE PUBLIC HEALTH PLAN ALIGNMENT					
	PLANNING & DELIVERY	KNOWLEDGE & BUILDING	LEADERSHIP & POLICY	PARTNERSHIPS	ENVIRONMENTAL	SAFETY & QUALITY	MENTAL HEALTH	INJURY	EQUITABLE ACCESS	SMOKING	PROMOTE	PROTECT	PREVENT	ENABLE	EQUITY & INCLUSION	ABORIGINAL HEALTH & WELLBEING
3.1	●	●	●								●	●	●	●	●	●
3.2	●	●	●	●							●	●	●	●	●	●
3.3	●										●			●	●	
3.4	●	●		●									●	●	●	
3.5	●	●									●	●		●	●	
3.6	●	●										●		●	●	
3.7	●	●										●		●	●	
3.8	●	●										●		●	●	

OUTCOME 3: SAFE, PREPARED & PROTECTED	CITY OF ALBANY ROLE				PRIORITY RISK FACTOR/S						STATE PUBLIC HEALTH PLAN ALIGNMENT				
	PLANNING & DELIVERY	KNOWLEDGE & BUILDING	LEADERSHIP & POLICY	PARTNERSHIPS	ENVIRONMENTAL	SAFETY & QUALITY	MENTAL HEALTH	INJURY	EQUITABLE ACCESS	SMOKING	PROMOTE	PROTECT	PREVENT	ENABLE	EQUITY & INCLUSION
3.9	●	●		●				+			●			●	●
3.10				●					●		●			●	●
3.11	●			●				+				●		●	●
3.12		●		●				+				●		●	●
3.13	●	●	●	●	●	●	●	+			●			●	●

SUPPORTING PLANS AND STRATEGIES

- Local Emergency Management Arrangements
- Local Recovery Plan
- Waste Strategy
- Waterwise Strategy
- Climate Change Action Declaration
- Smoke Free Outdoors Policy

IMPLEMENTATION, GOVERNANCE & REPORTING



IMPLEMENTATION

Coordination of the monitoring and reporting of the Health & Wellbeing Plan will be overseen by the City's Community Development team, in collaboration with the Health Services team, but requires the delivery of actions by a range of service areas and support of senior management across the City of Albany.

The five year Health & Wellbeing Plan will be implemented by an annual internal action plan that will identify team actions, responsibilities and timeframes.



GOVERNANCE

A City of Albany Public Health Working Group will have representatives from the City's teams with the most responsibility for and influence on the Plan's strategies and actions.

The Group meets quarterly to monitor the progress of the annual action plan, discuss key issues and opportunities, and integrate and advocate for health and wellbeing across the City's service and decision-making areas.



REPORTING AND REVIEW

Quarterly reporting against the action plan will be undertaken by relevant City service areas and provided to the Public Health Working Group to track progress and identify any opportunities for collaboration and/or improvement.

Progress will be reported to Council quarterly, through the Strategic Community Plan Scorecard.

Progress on the plan will also be reported to the Chief Health Officer as required under the *Public Health Act 2016*.

The action plan will be reviewed annually to:

1. Check the progress of the plan's actions and partnerships.
2. Identify any funding/partnership opportunities.
3. Identify any budget/resource changes.
4. Identify any emerging public health issues.
5. Amend/update the action plan for the following year.

PROGRESS INDICATORS

Changes in health status across the population are usually seen over long periods of time. Therefore, a range of progress indicators will be used to track the impact and effectiveness of the Plan's strategies and actions over the short, medium and long term.

SHORT TERM

Actions from the Health & Wellbeing annual action plan have been implemented as planned.

Actions from the Health & Wellbeing annual action plan have been an effective way for the City to focus on health and wellbeing.

DATA SOURCE/S: QUARTERLY REPORTING ON THE PROGRESS OF THE ANNUAL ACTION PLAN, AND INDIVIDUAL PROJECT/ACTION EVALUATION.

MEDIUM TERM

Improved community perception of community health, wellbeing, liveability issues and status.

Improved community perception and use of the City's health, wellbeing, and liveability services and assets.

(DATA SOURCE/S: HEALTH, WELLBEING, AND LIVEABILITY INDICATORS FROM THE CITY OF ALBANY COMMUNITY PERCEPTION SURVEY UNDERTAKEN EVERY TWO YEARS).

LONG TERM

Decrease or no change in prevalence of health risk factors in the community.

Increased prevalence of protective health factors in the community.

Decrease or no change in key City of Albany preventable death and hospitalisation rates.

Decrease or no change in key City of Albany preventable death and hospitalisation rates.

Changes in access to socio-economic resources within the community.

DATA SOURCE/S: LGA POPULATION HEALTH DATA – DEATH AND HOSPITALISATION RATES, RISK FACTOR PREVALENCE RATES, AND SOCIO-ECONOMIC DATA FROM AUSTRALIAN BUREAU OF STATISTICS CENSUS.

APPENDICES

APPENDIX A - ALBANY DEMOGRAPHICS, 2021

NAME	NUMBER	%	REGIONAL WA %
POPULATION SUMMARY			
Total Population	38,763	100.0	100.0
Males	19,033	49.1	51.0
Females	19,732	50.9	49.0
Australian citizens	34,276	88.4	82.8
Eligible voters (citizens 18+)	26,499	68.4	62.6
Aboriginal population	1,472	3.8	8.4
Australian-born	29,248	75.4	72.1
AGE STRUCTURE			
Babies and pre-schoolers (0 to 4)	1,932	5.0	6.0
Primary schoolers (5 to 11)	3,215	8.3	9.5
Secondary schoolers (12 to 17)	3,217	8.3	7.6
Tertiary education/independence (18 to 24)	2,561	6.6	6.7
Young workforce (25 to 34)	4,150	10.7	12.5
Parents and homebuilders (35 to 49)	6,625	17.1	19.9
Older workers & pre-retirees (50 to 59)	5,226	13.5	13.7
Empty nesters and retirees (60 to 69)	5,395	13.9	12.4
Seniors (70 to 84)	5,280	13.6	10.1
Frail aged (85 and over)	1,164	3.0	1.7
Total Population	38,765	100.0	100.0
HOUSEHOLD TYPES			
Couples with children	3,733	23.8	23.8
Couples without children	4,659	29.7	25.7
One parent families	1,539	9.8	8.7
Lone person households	4,326	27.6	23.2
Group households	352	2.2	2.3
Total households (inc. non-classifiable)	15,667	100.0	100.0
DISABILITY & CARERS			
Need for assistance with core activities due to disability	2,462	6.4	4.6
Providing unpaid assistance to a person with a disability, long term illness or old age	4,073	12.7	10.4

SOURCE: AUSTRALIAN BUREAU OF STATISTICS, CENSUS OF POPULATION AND HOUSING 2021.

APPENDIX B - CAUSES OF PREVENTABLE DEATHS, HOSPITALISATION AND DISEASE, CITY OF ALBANY 2014-2018

TOP CAUSES OF AVOIDABLE DEATH (% OF ALL CASES) 2014-2018	ALBANY	WA
Ischaemic heart disease	15.9%	18.3%
Colorectal cancer	9.7%	7.5%
COPD	9.7%	6.1%
Suicide and self-inflicted injuries	8.4%	12.6%
Cerebrovascular diseases	7.5%	5.6%
Accidental poisoning by and exposure to noxious substances	7.1%	6.5%
Transport accidents	5.8%	5.9%
Diabetes	5.3%	5.4%
Prostate cancer	4.9%	2.7%
Breast cancer	4.9%	6.1%
Selected invasive infections	4.0%	3.2%
Skin Cancer	N/A	3.7%
Falls	2.7%	1.8%

SOURCE: TOP FIFTEEN CAUSES OF AVOIDABLE DEATH FOR WESTERN AUSTRALIA STATE RESIDENTS (AGED 0-74 YEARS). EPIDEMIOLOGY BRANCH, PUBLIC AND ABORIGINAL HEALTH DIVISION, DEPARTMENT OF HEALTH WA IN COLLABORATION WITH THE COOPERATIVE RESEARCH CENTRE FOR SPATIAL INFORMATION (CRC-SI).

TOP CAUSES OF POTENTIALLY PREVENTABLE HOSPITALISATIONS (% OF ALL CASES) 2015-2019	ALBANY	WA
Dental Conditions	12.4%	14.1%
Chronic obstructive pulmonary disease	11.7%	9.1%
Urinary tract infections	10.6%	11.2%
Congestive cardiac failure	10.0%	9.0%
Cellulitis	9.4%	8.7%
Diabetes complications	6.9%	7.3%
Iron deficiency anaemia	6.3%	7.1%
ENT infections	6.1%	5.9%
Angina	6.1%	5.1%
Convulsions and epilepsy	5.4%	4.9%
Asthma	4.4%	3.2%
Pneumonia and influenza (vaccine-preventable)	3.0%	3.5%
Gangrene	2.1%	2.4%

SOURCE: TOP FIFTEEN CAUSES OF INPATIENT AMBULATORY CARE SENSITIVE CONDITIONS (ACSC) FOR WESTERN AUSTRALIA STATE RESIDENTS. EPIDEMIOLOGY BRANCH, PUBLIC AND ABORIGINAL HEALTH DIVISION, DEPARTMENT OF HEALTH WA IN COLLABORATION WITH THE COOPERATIVE RESEARCH CENTRE FOR SPATIAL INFORMATION (CRC-SI).

INJURY (PER 100,000, 2019-2023)	ALBANY	WA 2018-2022
Hospitalisation for accidental falls (0-14years) per 100,000	588.2	511.67
Hospitalisation for accidental falls (65 years -84) per 100,000	1583	2323.45
Hospitalisation for accident falls (85+) per 100,000	8394.1	12,545.63

SOURCE: INJURY MATTERS, ALBANY LGA INJURY DATA

NOTIFIABLE DISEASES (PER 100,000, 2022)	ALBANY	WA ASR
Enteric infection	204.5	218.9
Vector borne diseases	47.3	21.1
Sexually Transmitted Infections (STIs)	405.9	600.6
Vaccine preventable diseases	1063.6	714.1

SOURCE: EPIDEMIOLOGY DIRECTORATE (2026). HEALTH AND WELLBEING PROFILE FOR THE CITY OF ALBANY. WA DEPARTMENT OF HEALTH: PERTH

MENTAL HEALTH 2015-2019	ALBANY	WA
Hospitalisation due to mental disorder (% of total hospitalisations by principal diagnosis 2015-2019)	3.6%	2.6%
Age group most affected by mental disorders 2011-2015	25-44 years	25-44

SOURCE: HEALTH STATUS REPORT ON MENTAL DISORDERS HOSPITALISATIONS FOR THE ALBANY (C) LGA. EPIDEMIOLOGY BRANCH, PUBLIC HEALTH DIVISION, DEPARTMENT OF HEALTH WA IN COLLABORATION WITH THE COOPERATIVE RESEARCH CENTRE FOR SPATIAL INFORMATION (CRC-SI).

APPENDIX C - CRIME STATISTICS CITY OF ALBANY

CITY OF ALBANY	2020	2021	2022	2023	2024	2025 Sept	Total
Selected Offences Against the Person	356	405	446	450	454	259	2,370
Burglary	162	127	181	125	104	43	742
Stealing of Motor Vehicle	29	24	39	30	43	14	179
Stealing	369	324	474	546	542	262	2,517
Property Damage	250	264	230	237	283	117	1,381
Arson	6	8	3	10	10	7	44
Drug Offences	180	266	240	367	307	148	1,508
Receiving and Possession of Stolen Property	16	18	37	15	19	11	116
Regulated Weapons Offences	15	22	29	29	39	17	151
Graffiti	14	12	20	19	40	27	132
Fraud & Related Offences	68	233	111	124	150	63	749
Breach of Violence Restraint Order	149	137	99	90	108	109	692
Total	1,614	1,840	1,909	2,042	2,099	1,077	10,581

COMPARISON OF OFFENCES	Albany per 100,000	Geraldton per 100,000
Selected Offences Against the Person	57.05	323.73
Burglary	17.86	95.29
Stealing of Motor Vehicle	4.31	19.09
Stealing	60.58	202.38
Property Damage	33.24	157.84
Arson	1.06	5.51
Drug Offences	36.30	101.51
Receiving and Possession of Stolen Property	2.79	10.37
Regulated Weapons Offences	3.63	12.33
Graffiti	3.18	9.92
Fraud & Related Offences	18.03	54.87
Breach of Violence Restraint Order	16.66	62.24

NOTE:

- "Selected offences Against the Person" includes Homicide, recent and historical sexual offences, Assault (Family and non family) and Threatening behaviour (Family and non family)
- Burglary – refers to the attempt to enter any building, structure or tent without the owners consent, with the intent to commit an offence such as to steal property (includes both dwellings used for human habitation, and non dwellings).
- Stealing – fraudulently taking or converting another person's moveable property for one's own use or another's use without consent.
- The records contained within the accompanying dataset have been obtained from the WA Police Incident Management System (IMS) and specifically relate to offences that are reported to police and do not provide details in relation to police attendance/police callouts or demands on WA Police resources.
- Not all offences reported to police (e.g. graffiti or animal offences) will be accurate.
- The counts contained within the dataset relate to the number of offences that are reported (and recorded) by police and not the number of incidents.
 - An incident relates to the overall criminal activity as an "event".
 - An offence relates to the number of breaches of the act of legislation.
 - Example: An offender has attended a shopping centre and smashed the front window of 4 different shops. This equates to 1 x Incident at the shopping centre, which consists of 4 x damage offences.

APPENDIX D – PREVALENT HEALTH RISK FACTORS, ALBANY LGA, 2025

PRIORITY RISK FACTORS

The Plan's priority risk factors reflect those that are the most significant causes of poor health and wellbeing in our community that are most amenable to preventative action and cause the greatest inequalities in outcomes across the City's population.

PHYSICAL INACTIVITY

Physical inactivity is a modifiable risk factor for the top three avoidable causes of death in the City of Albany.

The World Health Organisation (WHO) attributes current levels of physical inactivity to increasing sedentariness of domestic and occupational activities, insufficient leisure-time physical activity, increasing use of passive modes of transport, and increased urbanisation.

Regular physical activity is an important factor in maintain a healthy weight and preventing and managing chronic illnesses such as type 2 diabetes and cardiovascular disease. The Australian Physical Activity & Sedentary Behaviour Guidelines recommend at least 150 minutes of moderate physical activity per week for adults and at least 60 minutes of moderate to vigorous physical activity per day for children (5 – 17 years).

DIET

Poor diet is a modifiable risk factor for the top four avoidable causes of death in the City of Albany and also impacts oral health.

Diet has an important effect on health and can influence the risk of various diseases and conditions, including overweight and obesity, coronary heart disease, type 2 diabetes, stroke and some forms of cancer.

Healthy eating at each life stage affects subsequent stages in a cumulative way and is fundamental for healthy ageing and protects against disease.

The Australian Dietary Guidelines recommend people eat at least 5 serves of vegetables and two serves of fruit every day, drink plenty of water, and limiting the intake of food and drinks containing saturated fats, added salt, added sugar and alcohol.

MENTAL HEALTH

Mental health includes our emotional, psychological, and social wellbeing. It affects how we think, feel, and act, how we handle stress, relate to others, and make choices.

Mental health is important to overall health and wellbeing at every stage of life, from childhood and adolescence through adulthood, and is shaped by various social, economic and physical environments and experiences.

Mental health issues may be temporary and present in response to a particular life event, such as a

death, a relationship breakup or job loss. For people with a diagnosed mental health condition, they may experience symptoms that appear for a period of time, go away and then reappear at another point in time. Some people experience enduring and ongoing mental health issues that affect their everyday lives.

ALCOHOL CONSUMPTION

Alcohol consumption is a modifiable risk factor for the top four avoidable causes of death in the City of Albany.

Excessive alcohol consumption increases the risk of some health conditions, including coronary heart disease, stroke, blood pressure, liver and pancreatic disease. It also increases the risk of accidents and mental illness. Nationally, one in three domestic violence incidents involve alcohol.

SMOKING

Smoking is a modifiable risk factor for the top four avoidable causes of death in the City of Albany. It increases the risk of developing several health conditions, including respiratory disease, coronary heart disease, stroke and several cancers.

Being exposed to second-hand tobacco smoke can also increase the risk of cardiovascular disease, lung cancer and other lung diseases and worsen the effects of other illnesses such as asthma and bronchitis in adults. It is particularly dangerous for children and young people as they have smaller airways and weaker immune systems.

ENVIRONMENTAL SAFETY AND QUALITY

The environmental conditions in which we live and work affects physical health (ie; respiratory problems due to air pollution) and mental wellbeing (ie; poor mental health associated with drought conditions). There are also natural and modified features of the environment (ie; green space and water fluoridation) which benefit health.

Most Australians have access to clean drinking water, safe food products, and effective waste collection and sanitation. However, factors such as population growth, extreme weather events and climate change place increasing pressure on Australia's natural environment, which can, in turn, adversely affect the health of its population.

INJURY

Injury is a major contributor to death, disease and permanent disability in Australia with almost half a million people hospitalised and 12,000 people dying each year as result of injury. Most injuries requiring hospitalisation are the result of falls and transport accidents, and most deaths from injuries occur because of falls and suicide.

People with a prior injury have significantly more health service use (hospital admissions and physician claims) than the general population. Post-traumatic stress disorder and major depressive disorders were the most frequently diagnosed health conditions following post-injury trauma.

QUITABLE ACCESS TO SOCIO-ECONOMIC RESOURCES

According to the World Health Organisation, the social conditions in which people are born, live and work is the single most important determinant of good health or ill health. This includes factors such as education, employment, income, early childhood development, social exclusion, social support, housing, and transport.

There is clear evidence that health and illness are not distributed equally within the Australian population. Variations in health status generally follow a gradient, with overall health tending to improve with improvements in socioeconomic position.

RISK FACTORS/BEHAVIOURS (PEOPLE AGED 16 YEARS & OVER, 2024)	PREVALENCE ESTIMATE ALBANY LGA	PREVALENCE ESTIMATE WA	CHANGE SINCE 2016
Eats less than 2 serves of fruit daily	63.6%	66.6%	+8.9%
Eats less than 5 serves of vegetables daily	93.9%	95.3%	+2.1%
Drinks sugar-sweetened soft drinks or energy drinks > than twice a week	14.2%	16.8%	N/A
Drinks at high risk levels for long-term harm	25.6%	29.1%	+3%
Spends 21+ hours per week in sedentary leisure time	36.4%	37.4%	-1.3%
Less than 150mins of physical activity per week	41.6%	39.1%	+0.9%
Overweight	38.8%	37.4%	+0.6%
Obese	41.4%	37.3%	+6.1%
Eats fast food more than twice a week	6.2%	6%	+3.5%
Injury (in past 12 months requiring treatment by health professional)	30.0%	29.6%	+3.2%
Mental Health Condition**	24.3%	25%	+8.3%

SOURCE: EPIDEMIOLOGY DIRECTORATE (2024) HEALTH AND WELLBEING PROFILE FOR CITY OF ALBANY, WA DEPARTMENT OF HEALTH: PERTH.

** DIAGNOSED BY A DOCTOR WITH A STRESS-RELATED PROBLEM, DEPRESSION, ANXIETY OR ANY OTHER MENTAL HEALTH PROBLEM IN THE LAST 12 MONTHS

RISK FACTORS/BEHAVIOURS (PEOPLE AGED 16 YEARS & OVER, 2024)	PREVALENCE ESTIMATE ALBANY LGA	PREVALENCE ESTIMATE WA
Overweight	17.0%	15%
Obese	11.8%	10.2%
Eats 2 or more serves of fruit per day	74.5%	75.4%
Eats 5 or more serves of vegetables per day	10.7%	10.9%
Eats fast food more than twice a week (1-15 years)	4.9%	6.2%
Sufficient physical activity per day (5-15 years)	31.1%	37.7%

SOURCE: EPIDEMIOLOGY BRANCH (2018). ALBANY (C) CHILD HEALTH PROFILE, 2024, HWSS, WA DEPARTMENT OF HEALTH: PERTH
*60 MINUTES MODERATE TO VIGOROUS PHYSICAL ACTIVITY PER DAY AS PER 2014 AUSTRALIAN PHYSICAL ACTIVITY & SEDENTARY BEHAVIOUR GUIDELINES

IMMUNISATION	PREVALENCE ESTIMATE ALBANY LGA	PREVALENCE ESTIMATE WA
Fully immunised as at 1 year of age	92.7%	93.5%
Fully immunised as at two years of age	91.8%	88.6%
Fully immunised as five years of age	94.4%	93.4%

SOURCE: AUSTRALIAN CHILDHOOD IMMUNISATIONS REGISTER

PRE-NATAL AND ANTE-NATAL INDICATORS	PREVALENCE ESTIMATE ALBANY LGA	PREVALENCE ESTIMATE WA
Mothers smoking during pregnancy 2019-2021	9.2%	7.6%
Low birth weight babies 2019-2021	5.5%	6.7%

SOURCE: PUBLIC HEALTH INFORMATION DEVELOPMENT UNIT (PHIDU). SOCIAL HEALTH ATLAS OF AUSTRALIA: LOCAL GOVERNMENT AREA (ONLINE).
AT WWW.PHIDU.TORRENS.EDU.AU/SOCIAL-HEALTH-ATLASES/DATA (ACCESSED 11 MARCH 2026).

AUSTRALIAN EARLY CHILDHOOD DEVELOPMENT INDICATORS 2024	PREVALENCE ESTIMATE ALBANY LGA	PREVALENCE ESTIMATE WA
Physical Health & Wellbeing – developmentally at risk	6.7%	10.5%
Physical Health & Wellbeing – developmentally vulnerable	11.3%	10.5%
Developmentally vulnerable in one or more domains	25.5%	24.1%

SOURCE: AUSTRALIAN EARLY CHILDHOOD DEVELOPMENT CENSUS 2024 ACCESSED ONLINE VIA WWW.AEDC.GOV.AU/DATA

APPENDIX E - SOCIO-ECONOMIC RISK FACTORS, CITY OF ALBANY, 2021

EDUCATION 2021	ALBANY	REGIONAL WA	WA
Completed Year 12 or equivalent C	44.3%	42.1%	56%
Completed Year 10 or equivalent C	27.5%	25.7%	19.7%

EMPLOYMENT & WORK 2021

Employed population	96.1%	95.8%	94.9%
Employed full time	52.3%	58.7%	57.1%
Employed part time	37.1%	29.7%	32%
Unemployment rate (C)	3.9%	4.2%	5.1%
% of working residents who travel outside of Albany area to work	9.2%	n/a	n/a
Female labour force participation (% of females 15 years & over)*	54.7%	56.5%	60.3%
Unpaid voluntary work for an organisation or group	21.1%	19.3%	15.9%

SOURCE: AUSTRALIAN BUREAU OF STATISTICS, [CENSUS OF POPULATION AND HOUSING 2021](#)

*PROPORTION OF THE FEMALE POPULATION AGED 15 YEARS AND OVER THAT WAS EMPLOYED OR ACTIVELY LOOKING FOR WORK

FAMILIES WITH CHILDREN UNDER 15 YEARS 2021

Single parent families (% of total households with children)	5.4%	5.1%	5.2%
Children in low income, welfare dependent families (16 yrs & under)	12.8%	16.6%	10.9%

SOURCE: AUSTRALIAN BUREAU OF STATISTICS, [CENSUS OF POPULATION AND HOUSING 2021](#)

Jobless families with children 15 & under (% of total families)	10.4%	13.4%	10.8%
Children in families where the mother has low educational attainment (2021 Census)	19.7%	18.8	15%

SOURCE: PUBLIC HEALTH INFORMATION DEVELOPMENT UNIT (PHIDU). SOCIAL HEALTH ATLAS OF AUSTRALIA: LOCAL GOVERNMENT AREA (ONLINE). WWW.PHIDU.TORRENS.EDU.AU/SOCIAL-HEALTH-ATLASES/DATA (ACCESSED 9 MARCH 2026).

INCOME & INCOME SUPPORT 2021

Median total household income (weekly)	\$1,323	\$1,725	\$1,815
Households with low income (\$800/week or less)	27.6%	22.9%	20.2%

SOURCE: AUSTRALIAN BUREAU OF STATISTICS, [CENSUS OF POPULATION AND HOUSING 2021](#)

GOVERNMENT INCOME SUPPORT (AT JUNE 2023)

Households with low income, welfare dependent families with children (% of total families)	5.1%	7.7%	4.7%
People receiving unemployment benefits (% of people 16 – 64 yrs)	6.9%	8.4%	5.5%
People receiving long term unemployment benefits longer than six months (% of people 16 – 64 yrs)	5.7%	6.9%	4.4%
Disability support pensioners (% of people 16-64 yrs)	6.2%	4.6%	3.4%
Health Care Card Holders (% of people 0 – 64 yrs)	5.9%	7.1%	5.4%
Female sole parent beneficiaries (% of total females 15 – 54 yrs)	4.2%	4.6%	3.4%
Pensioner Concession Card holders (% of people over 15 yrs)	25.5%	21%	17.7%
Youth unemployment beneficiaries (% of people 16-24 yrs)	5.5%	8.7%	4.4%
Age pensioners (% of people aged 65 yrs & over)	56.1%	56.1%	55.5%
Seniors Health Care Card holders (% of people 65 yrs & over)	14.3%	10.6%	11.9%

SOURCE: PUBLIC HEALTH INFORMATION DEVELOPMENT UNIT (PHIDU). SOCIAL HEALTH ATLAS OF AUSTRALIA: LOCAL GOVERNMENT AREA (ONLINE). WWW.PHIDU.TORRENS.EDU.AU/SOCIAL-HEALTH-ATLASES/DATA (ACCESSED 9 MARCH 2026).

HOUSEHOLD CHARACTERISTICS 2021

Median rent (weekly) 2021 Census	\$450	n/a	\$347
Number of total households renting (% of total households)	28.1%	25.4%	23.4%
Number of social housing dwellings (% of total households)	5.9%	6.4%	3.7%
Median mortgage payment (monthly)	\$1,439	n/a	\$1,842
Private dwellings with no motor vehicle (% of total dwellings)	4.4%	4.7%	4.9%

SOURCE: AUSTRALIAN BUREAU OF STATISTICS, [CENSUS OF POPULATION AND HOUSING 2021](#)

Low income households with mortgage stress	8.8%	10.2%	10.1%
Low income households with rental stress	31.6%	21.2%	27.8%

SOURCE: PUBLIC HEALTH INFORMATION DEVELOPMENT UNIT (PHIDU). SOCIAL HEALTH ATLAS OF AUSTRALIA: LOCAL GOVERNMENT AREA (ONLINE). WWW.PHIDU.TORRENS.EDU.AU/SOCIAL-HEALTH-ATLASES/DATA (ACCESSED 9 MARCH 2026).

APPENDIX F – LEGISLATIVE CONTEXT

The City of Albany is governed by local, state and federal legislation and strategies which it must operate and at times enforce.

These include:

- Aboriginal Heritage Act
- Activities on Thoroughfares & Public Places & Trading Local Law
- Building Act
- Building Regulations
- Bush Fires Act 1954
- Cat Act 2011
- Cat Regulations 2012
- City of Albany Dog Local Law 2017
- City of Albany Animals Local Law 2001
- Conservation and Land Management Act 1984
- Control of Vehicles (Off Road Areas) Act 1978
- Country Areas Water Supply Act 1947 & Regulations 1981
- Disability Services Act 1993
- Dog Act 1976
- Dog Regulations 2013
- Emergency Management Act 2005
- Emergency Management Regulations 2006
- Freedom of Information Act 1992
- Graffiti Vandalism Act 2016
- Heritage Act of Western Australia 2018
- Land Administration Act 1997
- Litter Act 1979
- Local Government (Miscellaneous Provisions Act) 1960
- Local Government Act 1995 & Regulations
- Local Government Property Local Law 2011
- Main Roads Act 1930
- Parking and Parking Facilities Local Law 2009
- Public Health Act 2016
- Road Traffic Act 1974 & Regulations
- Road Traffic Code 2000
- Security and Related Activities (Control) Act 1996
- SEMC Plan, Policy & Procedure
- State Emergency Management Plans
- Surveillance Devices Act 1998
- Western Australia CCTV Guidelines
- Western Australian Disability Services Act (1993) Amended 2004
- Western Australian State CCTV Strategy
- Work Health and Safety Act 2020
- Work Health and Safety (General) Regulations 2022

APPENDIX F - REFERENCES

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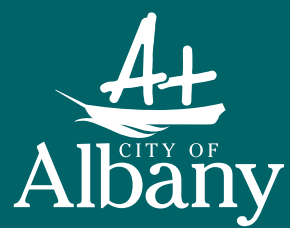




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City of Albany
(08) 6820 3000
staff@cityofalbany.wa.gov.au
102 North Road, Yakamia, WA 6330

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