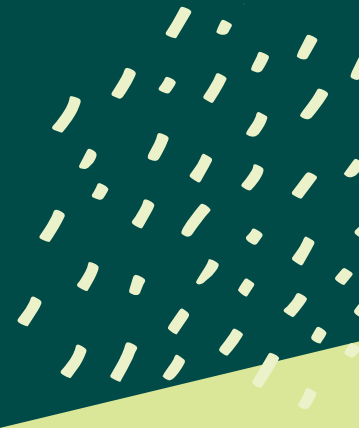




Public Health Plan

2026–2031





Town of Bassendean

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1. Executive Summary

The Town of Bassendean's Public Health Plan 2026–2031 provides a strategic framework to protect, promote, and improve the health of the community over the next five years.

Developed in accordance with the *Public Health Act 2016* (Act) the Public Health Plan (PHP) adopts a preventative, evidence-based approach that addresses the key factors influencing health, including social, environmental, and behavioural determinants.

The PHP is informed by local demographic and health data, alongside a review of previous PHP and community feedback. This analysis has identified several ongoing and emerging public health challenges, including chronic disease risk factors, mental health concerns, substance use, injury-related harm, and environmental health risks. In response, the PHP establishes five priority areas for action:

1. Active and Healthy Lifestyles
2. Social Wellbeing and Community Connections
3. Health Promotion and Advocacy
4. Built and Physical Environment
5. Regulation and Protection.

These priority areas reflect the Town of Bassendean's (Town) dual role in public health: delivering statutory environmental health functions and supporting community-wide prevention and health promotion initiatives. While many determinants of health sit beyond local government control, the Town plays a critical role in shaping environments, services, and partnerships that influence health outcomes at a local level.

The PHP outlines a coordinated program of actions to support healthier behaviours, strengthen community connection, improve access to supportive environments, and reduce exposure to public and environmental health risks. Implementation will be supported through cross-organisational collaboration, partnerships with external stakeholders, and alignment with State public health priorities.

Progress will be monitored through a combination of short, medium, and long-term indicators, with annual reporting to ensure accountability and continuous improvement. Through this PHP, the Town aims to create a safe, inclusive, and resilient community where all people have the opportunity to achieve and maintain good health.



2. Introduction

2.1 Purpose and Vision

The Town of Bassendean (Town) recognises that good health is essential for a thriving community. To support this, the Town takes an active role in promoting health through community education, targeted programs, regulatory measures, and strategic investment in social and physical infrastructure.

The Town's Public Health Plan (PHP) is a five-year strategic document that outlines this commitment. It sets priorities and practical actions to support healthy living, prevent illness and reduce health inequalities. The PHP aims to ensure that all residents, regardless of gender, age, culture, ability, faith or social and economic circumstances, have equitable opportunities to live safe, healthy and fulfilling lives.

The vision of the PHP is to create a healthy, liveable, and socially connected community. This vision reflects the Town's commitment to fostering environments that support healthy lifestyles and encourage community participation.

2.2 The Role of the Town of Bassendean in Public Health and Wellbeing

Public health in Western Australia is led by the Department of Health, which sets policy direction, delivers health services and oversees the broader health system. Within this framework, local governments play a critical and complementary role by delivering public health functions at the community level and influencing the environment, social and built conditions that shape health outcomes.

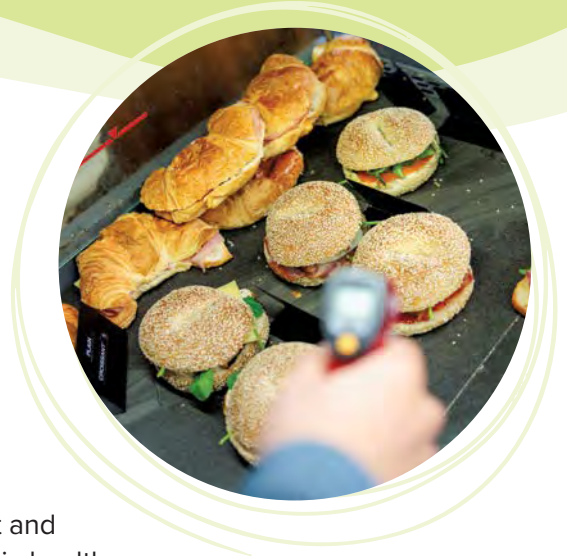
The Town contributes to public health through a combination of statutory responsibilities, local service delivery and partnership-based initiatives. While many determinants of health sit beyond the Town's direct control, it plays an important role in creating environments that support healthy living, reduce exposure to risk and enable community wellbeing.



Creating a healthy community is a shared responsibility. Positive outcomes rely on collaboration between government agencies, service providers, local organisations, non-government agencies and the community itself. A coordinated whole-of-community approach supports more effective and sustainable improvements in population health.

The Town contributes to public health through a wide range of functions including:

- **Protecting environmental health** by preventing and controlling public health risks such as food contamination, noise, asbestos, waste, and vector-borne disease
- **Monitoring environmental conditions**, including water quality in the Swan River, to reduce exposure to health hazards
- **Supporting healthy built environments** through planning and development processes that promote liveability, walkability, access to green space, and climate-responsive design
- **Administering building services** to ensure structures are safe, compliant, and support occupant health and wellbeing
- **Delivering Ranger Services** that contribute to injury prevention, fire risk reduction, and community safety
- **Providing and maintaining infrastructure** (roads, footpaths, drainage, waste services) that enables safe movement, physical activity, and access to essential services
- **Facilitating social connection and mental wellbeing** through community events, volunteering, and recreational opportunities
- **Leading emergency management**, including disaster preparedness, response, recovery, and pandemic planning to protect community health and resilience.



2.3 Plan Development

The development of this PHP involved a comprehensive review of local health and demographic data, together with an assessment of progress against actions identified in the Town's previous PHP. This process provided valuable insight into the community's current and emerging health needs and supported the identification of key public health and wellbeing priorities.

The Town's *Health and Wellbeing Profile (2015–2024)* prepared by the Epidemiology Directorate, Department of Health WA, identified several public health challenges including physical inactivity, poor nutrition, drug and tobacco use, mental health concerns, injury related harm and alcohol consumption. Analysis of local data, combined with previous community consultation, helped consolidate these challenges into five priority areas, each with clear objectives, desired outcomes and actions to improve the health and wellbeing of the community. Section 3.0 of the PHP outlines the full list of actions supporting these priorities.

Alongside these evidence-based priorities, the PHP also recognises the Town's ongoing statutory responsibilities in protecting public health. Core functions such as environmental health monitoring, compliance inspections, enforcement of legislation, risk management, and regulatory services remain fundamental components of local government responsibility.

While these functions may not always emerge as standalone priorities through data analysis, they are essential to safeguarding community health, maintaining a safe and well-managed environment, and ensuring residents and businesses comply with relevant legislative and policy requirements.



Based on this evidence and regulatory context, five priority areas have been identified:

1. **Active and Healthy Lifestyles** – focusing on promoting active living, healthy eating, and reducing exposure to harmful substances. The Town supports this through initiatives such as the RELax program, promotion of local sporting clubs and participation programs like KidSport, third-party health campaigns, and programs like KIDDO that help develop children’s movement skills.
2. **Social Wellbeing and Community Connections** – prioritising fostering social connections, inclusion and a sense of belonging across the community. By supporting mental health and wellbeing initiatives, encouraging meaningful engagement with all community groups and providing opportunities for participation, learning and volunteering, the Town works to build an inclusive, connected and engaged community where residents feel supported, valued and actively involved.
3. **Health Promotion and Advocacy** – supporting initiatives that raise awareness of key health issues and empower the community to make informed decisions. Through education, early intervention and targeted campaigns, the Town plays a role in supporting the reduction of disease and injury in the community. Initiatives may include the delivery of information, programs, and awareness activities addressing issues such as illicit drug use, e-cigarettes, injury prevention and chronic disease.
4. **Built and Physical Environment** – focusing on ensuring public spaces and infrastructure support safety, accessibility and healthy living. By providing access to quality facilities and services, investing in infrastructure, expanding green spaces and tree canopy, and delivering essential services such as waste management, the Town aims to create environments that enable residents to lead healthy lifestyles and contribute to overall community wellbeing.
5. **Regulation and Protection** – focusing on managing health and environmental risks to ensure a safe and healthy community. Through regulatory services, monitoring, education and enforcement, the Town safeguards public health, ensures compliance with relevant legislation, promotes environmental sustainability and supports overall community wellbeing. Activities include oversight of food safety, mosquito management and implementation of state and local legislation.



Priority Area 1:

Active and Healthy Lifestyles

Objective: Enable, support and advocate for initiatives that promote active living and healthy lifestyle behaviours within the community.

Outcome: A Town that actively supports and enhances residents' health and wellbeing.

Priority Area 2:

Social Wellbeing and Community Connections

Objective: Foster social connections and a sense of belonging by enabling inclusive, supportive environments and opportunities for community participation.

Outcome: An inclusive, safe and connected community where people of all generations feel a sense of belonging and are actively engaged in community life.

Priority Area 3:

Health Promotion and Advocacy

Objective: Enable and advocate for prevention, early intervention and health awareness initiatives that support improved health outcomes across the community.

Outcome: A well-informed and supported community that is empowered to make healthier choices and build long-term resilience.

Priority Area 4:

Built and Physical Environment

Objective: Provide and support quality facilities and services that positively contribute to health and wellbeing.

Outcome: A well-designed and maintained built and natural environment that supports healthy, active and connected community life.

Priority Area 5:

Regulation and Protection

Objective: Proactively manage public and environmental health risks through effective regulation, compliance and emergency management to protect the community.

Outcome: A safe and well-managed community protected from environmental health and safety risks.

Actions to support the delivery of these priorities are outlined in the Action Plan in Section 3 of this PHP.

2.4 Objectives

The following objectives guide how the PHP will support and enhance the health and wellbeing of all residents:

1. Promote healthy lifestyles by supporting initiatives that encourage active living, healthy eating, and behaviours that reduce exposure to preventable health risks.
2. Strengthen social connection and inclusion by fostering environments and opportunities that encourage community participation, belonging and social wellbeing.
3. Improve prevention and early intervention by strengthening health literacy through targeted communication, education, and advocacy initiatives.
4. Create healthy environments by providing and maintaining safe, accessible, and well-designed built and natural spaces that support active and connected lifestyles.
5. Protect community health by proactively managing public and environmental health risks through effective regulation, compliance, and emergency management.

During implementation, opportunities may arise to undertake targeted engagement and initiatives that support community members who may experience greater barriers to achieving positive health outcomes. Priority groups may include:

- People with disability
- Older adults
- People living with mental health conditions
- Aboriginal and Torres Strait Islander peoples
- Individuals experiencing socioeconomic disadvantage
- LGBTQIA+SB community members
- People from culturally and linguistically diverse (CaLD) backgrounds.

2.5 Monitoring and Review

The Town will evaluate its work in relation to the identified priority areas and expected outcomes. The PHP will be reviewed annually in accordance with the Act. The annual review and report will be prepared and submitted by the Town to the Chief Health Officer when required by the DoH.



3. Public Health Action Plan

Note: Timeframes reflect planned delivery periods. Some actions are ongoing while others are phased.



3.1 Active and Healthy Lifestyles

Objective: Enable, support and advocate for initiatives that promote active living and healthy lifestyle behaviours within the community.

Outcome: A Town that actively supports and enhances residents' health and wellbeing.

Action	Outcome	Timeframe				
		2026 –2027	2027 –2028	2028 –2029	2029 –2030	2030 –2031
3.1.1	Enable opportunities for physical activity, recreation and wellbeing that are accessible and inclusive for all members of the community.	✓	✓	✓	✓	✓
3.1.2	Encourage participation in local sporting, recreational and wellbeing activities to support active lifestyles.	✓	✓	✓	✓	✓
3.1.3	Strengthen partnerships and leverage resources to support the delivery of health and wellbeing initiatives.	✓	✓	✓	✓	✓
3.1.4	Promote awareness and understanding of healthy lifestyle behaviours, including physical activity, nutrition and harm minimisation.		✓		✓	✓
3.1.5	Pursue relevant grant funding opportunities to support the health and wellbeing of the community through projects, activities and services	✓	✓	✓	✓	✓

3.2 Social Wellbeing and Community Connections

Objective: Foster social connection and a sense of belonging by enabling inclusive, supportive environments and opportunities for community participation.

Outcome: An inclusive, safe and connected community where people of all generations feel a sense of belonging and are actively engaged in community life.

Action	Outcome	Timeframe				
		2026 –2027	2027 –2028	2028 –2029	2029 –2030	2030 –2031
3.2.1 Foster a connected, inclusive and resilient community through events, programs and shared spaces.	Increased community connection and participation, strengthening inclusion, belonging and resilience.	✓	✓	✓	✓	✓
3.2.2 Support cultural recognition, learning and engagement with Aboriginal and Torres Strait Islander people.	Greater cultural understanding and respect, contributing to reconciliation and stronger community relationships.	✓	✓	✓	✓	✓
3.2.3 Promote equitable access to lifelong learning, digital inclusion and community information.	Improved access to information, skills and opportunities, enabling greater participation and inclusion.	✓	✓	✓	✓	✓
3.2.4 Encourage volunteering, civic participation and community leadership.	Increased community involvement and leadership, strengthening social cohesion and local decision-making.	✓	✓	✓	✓	✓
3.2.5 Support and strengthen community networks and local initiatives that contribute to social wellbeing.	Stronger community networks that enhance connection, resilience and community-driven outcomes.	✓	✓	✓	✓	✓
3.2.6 Partner with and support community groups that promote environmental awareness and engagement with nature within environmental conservation areas.	Increased participation in nature-based activities, supporting wellbeing, connection and environmental stewardship.	✓	✓	✓	✓	✓

“Advocate for and support initiatives that enable healthier lifestyle choices across the life course...”

3.3 Health Promotion and Advocacy

Objective: Enable and advocate for prevention, early intervention and health awareness initiatives that support improved health outcomes across the community.

Outcome: A well-informed and supported community that is empowered to make healthier choices and build long-term resilience.

Action	Outcome	Timeframe				
		2026 –2027	2027 –2028	2028 –2029	2029 –2030	2030 –2031
3.3.1 Promote awareness of key health issues and risk factors through targeted and accessible communication.	Increased awareness and understanding of health risks, supporting informed decision-making and early prevention across the community.	✓	✓	✓	✓	✓
3.3.2 Advocate for and support initiatives that enable healthier lifestyle choices across the life course.	Increased access to and participation in initiatives that support healthier lifestyle choices at all life stages.	✓	✓	✓	✓	✓
3.3.3 Support early intervention and access to information, services and resources for families, children and young people.	Improved access to early support, contributing to better developmental, health and wellbeing outcomes over the life course.	✓	✓	✓	✓	✓



3.4 Built and Physical Environment

Objective: Provide and support quality facilities and services that positively contribute to health and wellbeing.

Outcome: A well-designed and maintained built and natural environment that supports healthy, active and connected community life.

Action	Outcome	Timeframe				
		2026 –2027	2027 –2028	2028 –2029	2029 –2030	2030 –2031
3.4.1	Develop and implement a Local Bike Plan to promote active transport, improve cycling infrastructure, and encourage community participation.	✓	✓	✓	✓	✓
3.4.2	Maintain and promote well-managed, accessible, and affordable sporting fields, ovals, walking routes, and reserves that meet the needs of multiple sporting clubs and the broader community.	✓	✓	✓	✓	✓
3.4.3	Implement the Asset Management Strategy to ensure the effective planning, maintenance, and renewal of the Town’s assets.	✓	✓	✓	✓	✓
3.4.4	Continue to provide waste management services and deliver educational programs to residents and businesses.	✓	✓	✓	✓	✓
3.4.5	Increase tree canopy cover to 30% by 2040 through tree protection, management, strategic planting partnerships and advocacy and community awareness and programs.	✓	✓	✓	✓	✓
3.4.6	Provide affordable housing options through Hyde Retirement Village and through partnerships, such as the arrangement with Connect Vic Park, to support accessible and secure accommodation for the community.	✓	✓	✓	✓	✓

3.5 Regulation and Protection

Objective: Proactively manage public and environmental health risks through effective regulation, compliance and emergency management to protect the community.

Outcome: A safe and well-managed community protected from environmental, health and safety risks.

Action	Outcome	Timeframe				
		2026 –2027	2027 –2028	2028 –2029	2029 –2030	2030 –2031
3.5.1	Continue to implement the Town’s statutory public health responsibilities under the <i>Public Health Act 2016</i> , <i>Food Act 2008</i> , <i>Tobacco Products Control Act 2006</i> , <i>Environmental Protection Act 1986</i> , <i>Health (Miscellaneous Provisions) Act 1911</i> , and associated subsidiary legislation, through activities including inspections of public buildings, event safety assessments, industrial premises audits for pollution control, on-site effluent disposal approvals, and community education.	✓	✓	✓	✓	✓
3.5.2	Implement the Town’s mosquito management plan to reduce mosquito populations and mitigate the associated public health and nuisance impacts	✓	✓	✓	✓	✓
3.5.3	Assess and approve development applications to ensure compliance with relevant legislative and policy requirements.	✓	✓	✓	✓	✓
3.5.4	Ensure comprehensive internal emergency management arrangements are maintained, covering prevention, preparedness, response, and recovery.	✓	✓	✓	✓	✓

continued over >

Action	Outcome	Timeframe				
		2026 –2027	2027 –2028	2028 –2029	2029 –2030	2030 –2031
3.5.5 Deliver regulatory services by administering and enforcing legislation, local laws, and policies through compliance, inspections, approvals, monitoring, and education to support safe, well-managed, and sustainable community environments.	A safe, compliant, and well-managed community where legislation and local laws are effectively upheld, risks are minimised, and public health, safety, and amenity are protected, supporting a sustainable and high-quality local environment.	✓	✓	✓	✓	✓
3.5.6 Support residents and businesses to adopt sustainable practices through education, incentives, and collaboration, focusing on reducing emissions, minimising landfill waste, promoting active transport, resource sharing, local food growing, renewable energy, composting, and community connection.	Increased uptake of sustainable practices, reducing emissions and waste and improving environmental outcomes.	✓	✓	✓	✓	✓

“ Support residents and businesses to adopt sustainable practices through education, incentives, and collaboration... ”



4. Implementation, Evaluation, Reporting and Review

4.1 Implementation

The PHP will be implemented through a coordinated and collaborative approach across multiple service areas within the Town. Delivery of the actions will be supported by partnerships with external stakeholders, community organisations and the local community through the life of the PHP.

To support effective implementation, the Town will:

- Engage with priority populations to ensure programs and initiatives are relevant, accessible and responsive to community needs
- Align activities and objectives across internal service areas to reduce duplication, maximise resources and ensure all efforts support the identified health priorities
- Connect with broader health promotion campaigns and explore funding opportunities to expand program reach and align with state health initiatives
- Collaborate with external stakeholders and community organisations to strengthen partnerships and enhance the Town's capacity to deliver effective public health programs
- Leverage existing community events and initiatives as platforms to promote health and wellbeing messages, encourage participation and strengthen community engagement.

4.2 Evaluation

The Town will monitor and evaluate progress against the health priorities and expected outcomes outlined in the PHP. In accordance with the Act, the PHP will be reviewed annually and reported to the Chief Health Officer as required by the Department of Health. Quarterly reporting will be undertaken by relevant service areas and provided to the Health Services team to monitor implementation progress, identify opportunities for collaboration and support continuous improvement.

As improvements in population health typically occur over extended periods, a combination of short, medium, and long-term indicators will be used to assess the effectiveness of the PHP.

4.2.1 Short-Term Progress Indicators

Short-term indicators will focus on implementation and early outputs association with the delivery of the PHP. Indicators may include:

- Progress against the implementation of actions identified in the PHP Action Plan.
- Number and type of health promotion programs, campaigns or initiatives delivered.
- Number of partnerships established or strengthened with community organisations and stakeholders.
- Level of community engagement with health and wellbeing initiatives (e.g. program attendance or participation).

4.2.2 Medium-Term Progress Indicators

Medium-term indicators will measure early outcomes and changes in community engagement and awareness. Indicators may include:

- Improved community perceptions of health and wellbeing.
- Increased participation rates in health and wellbeing programs and activities.
- Number and range of health promotion programs delivered.
- Number of regulatory inspections completed.
- Compliance rates with relevant public and environmental health legislation.

4.2.3 Long-Term Progress Indicators

Long-term indicators will focus on broader population health outcomes. Indicators may include:

- Reduction or stabilisation in the prevalence of key health risk factors.
- Reduction or stabilisation in rates of preventable deaths and hospitalisations.

4.3 Reporting and Review

The overarching vision of the PHP is to foster a healthy, liveable, and socially connected community for all residents. The five-year action plan will be reviewed annually to monitor progress, ensure ongoing relevance and support effective delivery.

The annual review process will include:

- Assessing progress on PHP actions, initiatives, and partnerships.
- Evaluating the effectiveness of actions and their alignment with desired outcomes.
- Reviewing demographic and health data to confirm priorities remain current.
- Monitoring implementation timelines and schedules.
- Ensuring alignment with the State PHP and emerging priorities.
- Identifying new or emerging public health issues.
- Reviewing budget and resource allocations and the capacity of staff to deliver programs.
- Assessing the ability of external providers and partners to support health promotion initiatives.
- Identifying barriers to service delivery, infrastructure, or equipment, and developing appropriate responses.
- Updating and amending the action plan as required.

At the conclusion of the five-year period, a comprehensive evaluation will be undertaken to inform the development of future public health plans and ensure continuous improvement.

1. Stakeholder Consultation

1.1 Government and Regional Health Partnerships

The Town maintains ongoing engagement with DoH, neighbouring local governments, and metropolitan and regional health services to share expertise, exchange knowledge on emerging public health issues, and coordinate resources. This engagement includes participation in workshops, meetings, and other collaborative activities to support alignment with State public health priorities and best practice approaches.

The Town also liaises with not-for-profit organisations and community health providers to understand the programs and services available and to identify opportunities for collaboration.

These partnerships support a coordinated approach to health promotion, enable the efficient use of resources and strengthen the Town's capacity to leverage innovative strategies that enhance community health and wellbeing.



1.2 Community Consultation and Feedback

As part of the development of the Town's first PHP (2022–2026), community consultation was conducted between 1 and 30 June 2021. During this period, residents were invited to complete a Public Health Plan Community Consultation Questionnaire. A total of 224 community members responded, offering valuable insights into local health priorities, barriers to healthy living, and opportunities to better support community wellbeing.

This feedback played an important role in shaping the priorities and actions outlined in the Town's initial PHP.

Key themes identified through the consultation are summarised below.

- **Healthy Eating:** Respondents identified several ways to support healthier food choices, including access to quick and easy healthy meal ideas, clearer food labelling, and reduced advertising of unhealthy foods. Barriers to healthy eating included lack of time, fatigue from long work hours, the higher cost of healthy foods, and confusion caused by conflicting dietary advice.
- **Physical Activity:** To encourage greater participation in physical activity, residents suggested free fitness classes, improved walking and cycling infrastructure, more group-based activities, and better promotion of local programs such as the RElax Program. Common barriers included time constraints, cost of gym memberships, lack of motivation, caregiving responsibilities, and health conditions.
- **Community Health Priorities:** Key health-related priorities identified by the community included feeling safe in the local area, access to parks and open spaces, well-maintained walking and cycling paths, and strong environmental health protections. Other important areas included access to mental health services, smoke-free environments, climate change, and free community programs and education.
- **Local Improvements:** Residents expressed a desire for better street lighting, outdoor exercise equipment in parks, improved footpaths, more fenced dog parks, and inclusive fitness classes for all ages and abilities. Enhancing safety and expanding walking and cycling trails were also frequently mentioned.
- **Health Concerns:** The main health concerns raised by respondents included safety issues (such as crime and antisocial behaviour), poor mental health, physical inactivity, homelessness, and substance misuse. Other concerns included poor nutrition, chronic diseases and serious injuries.
- **Community Engagement:** Respondents indicated that participation in community groups, and activities could be increased through greater availability of free time, having a companion to attend with and improved access to transport.





2. Legislative and Strategic Alignment

2.1 Public Health Act 2016

The *Public Health Act 2016* (Act) provides the legislative framework for promoting and protecting public health across Western Australia. Part 5 of the Act requires both State and local governments to undertake formal public health planning to ensure a coordinated, evidence-based approach to improving community wellbeing.

Under the Act, public health is defined as the overall health and wellbeing of the community. This includes not only physical and mental health, but also the social, environmental, and economic conditions that influence health outcomes. Public health encompasses the systems, policies, programs, and services that protect, maintain and improve health, while preventing illness, injury, and disability. It focuses on the health of the population as a whole and aims to create environments that support healthy lifestyles, reduce health inequalities, and address key determinants of health, such as housing, education, access to nutritious food, social connections, and safe environments.

Public health is...



Safe and nutritious food



The way our communities are designed



Safe drinking water



Walking trails and cycle routes



Smoke and alcohol free environments



Waste management



Recreational facilities, sports grounds and parks



Events, places and activities that bring the community together



Health information and education programs



Safe housing



Maintaining high levels of immunisation



Optimal mental health and wellbeing

Source: State Public Health Plan for Western Australia, Department of Health WA, 2019.





Section 45 of the Act requires that every local government prepare a PHP that aligns with the State PHP and addresses the specific health needs of its community. The PHP must:

- Be informed by local health data and evidence.
- Identify key determinants of health.
- Set clear objectives and priorities to promote, protect, and improve public health.
- Describe how public health services will be developed and delivered locally.
- Outline collaboration with the Chief Health Officer and other relevant agencies.
- Provide a strategic framework for identifying and managing public health risks.
- Include processes for monitoring outcomes, annual review, and renewal every five years.

The Town’s PHP meets these requirements by assessing local health status and determinants, establishing evidence-based priorities, and outlining actions to guide public health initiatives, partnerships, and risk management.

2.2 State Public Health Plan for Western Australia 2025–2030

The Town’s PHP has been developed in alignment with the *State Public Health Plan for Western Australia 2025–2030* (SPHP) as required under section 45 of the Act. Where relevant, the Town has incorporated actions within its PHP that reflect the priority of the SPHP, ensuring that local strategies are evidence-based, targeted and consistent with State objectives.

The table below demonstrates how the Town’s actions correspond to each SPHP priority. It maps each SPHP priority to the Town’s corresponding PHP actions. Entries marked NA indicate priorities for which the Town does not have specific actions, as these fall outside its operational responsibilities. This ensures the PHP focuses on locally relevant actions while maintaining alignment with the State PHP.

Objective 1: Promote

Foster strong, connected communities and healthier environments.

Priorities:	Town’s PHP Actions
1. Ensure public health risks are considered and addressed in planning and development policies and approval processes to facilitate healthy living and minimise impacts from public health hazards.	3.2.1, 3.2.3, 3.2.5, 3.3.1, 3.3.2, 3.3.3, 3.4.2, 3.4.3, 3.4.4, 3.4.5, 3.5.1, 3.5.3, 3.5.4, 3.5.5, 3.5.6
2. Optimise mental health and wellbeing.	3.1.1, 3.1.2, 3.1.3, 3.1.4, 3.2.1, 3.2.3, 3.2.4, 3.2.5, 3.3.1, 3.3.3, 3.4.1, 3.4.2, 3.4.5
3. Improve health literacy by ensuring that accessible and appropriate health information is effectively communicated to all Western Australians.	3.2.1, 3.2.3, 3.3.1, 3.3.2, 3.3.3, 3.4.4, 3.5.1, 3.5.4, 3.5.5, 3.5.6
4. Improve understanding and use of genomic information to promote population health.	NA

Objective 2: Prevent

Reduce the burden of chronic disease, communicable disease and injury.

Priorities:	Town's PHP Actions
1. Reduce use of tobacco, vapes and related products.	3.1.4, 3.3.1, 3.3.2
2. Encourage and support healthy eating and active living to halt the rise in obesity.	3.1.1, 3.1.2, 3.1.3, 3.1.4, 3.1.5, 3.3.1, 3.3.2, 3.3.3, 3.4.1, 3.4.2
3. Reduce harm due to alcohol use.	3.1.3, 3.1.4, 3.1.5, 3.3.1, 3.3.2
4. Prevent injuries and promote safer communities.	3.2.1, 3.2.5, 3.4.1, 3.4.2, 3.4.3, 3.5.1, 3.5.3, 3.5.4, 3.5.5
5. Reduce the harm due to illicit drug use, misuse of pharmaceuticals and other drugs of concern.	3.2.1, 3.2.4, 3.2.5, 3.3.1, 3.3.2, 3.3.3
6. Improve access to and quality of population-based screening programs.	NA
7. Expand immunisation program provision to prevent infectious disease	NA

Objective 3: Protect

Protect against public and environmental health risks, effectively manage emergencies, reduce disaster impacts, and lessen the health impacts of climate change.

Priorities:	Town's PHP Actions
1. Manage the effects of climate change on people's health and reduce the health system's environmental footprint.	3.2.6, 3.3.1, 3.4.4, 3.4.5, 3.5.6
2. Prevent, monitor, and control notifiable infectious diseases.	3.2.1, 3.2.3, 3.2.5, 3.5.1, 3.5.2, 3.5.4, 3.5.5
3. Provide sustainable disaster and emergency management across Prevention, Preparedness, Response and Recovery phases.	3.2.1, 3.2.4, 3.2.5, 3.4.3, 3.4.4, 3.5.1, 3.5.2, 3.5.3, 3.5.4, 3.5.5
4. Reduce harms due to current and future health hazards, including environmental, radiation and biosecurity risks.	3.4.4, 3.4.5, 3.5.1, 3.5.2, 3.5.3, 3.5.4, 3.5.5, 3.5.6
5. Enhance pandemic preparedness and response to emerging communicable disease threats.	3.2.1, 3.2.3, 3.2.5, 3.3.1, 3.5.1, 3.5.2, 3.5.3, 3.5.4, 3.5.5
6. Ensure access to safe food and water	3.2.3, 3.3.1, 3.4.3, 3.4.4, 3.4.5, 3.5.1, 3.5.3, 3.5.4, 3.5.5


Objective 4: Enable

Bolster public health systems and the public health workforce, and leverage partnerships to support health and wellbeing.

Priorities:	Town's PHP Actions
1. Enhance population health data, collection, management, analysis and reporting capability.	NA
2. Foster research and innovation to improve our understanding of, and ability to address, public health issues.	NA
3. Develop partnerships with key agencies and communities to enable the delivery of public health initiatives.	3.1.3, 3.2.1, 3.2.4, 3.2.5, 3.2.6, 3.3.2, 3.3.3, 3.4.6, 3.5.1, 3.5.4, 3.5.5, 3.5.6
4. Attract, develop, and retain a public health workforce for the future.	NA

2.3 Town of Bassendean Council Plan 2023–2033

The PHP aligns with the Town’s vision of being a ‘safe, healthy, and inclusive community that respects and celebrates cultural heritage and diversity’, specifically through the following performance areas outlined in the Council Plan:

Performance Area	Desired Outcome	Objective
People 	A safe, inclusive and healthy community.	2.1 Create a safe town for everyone. 2.2 Advance opportunities, community participation and quality of life for people of all ages and abilities. 2.3 Grow participation in sports and recreation.

3. Determinants of Health


Health is influenced by many factors beyond medical care, known as determinants of health. These include the social and economic conditions in which people live, the physical environment, individual behaviours, and access to healthcare. Together, these factors influence a person’s risk of disease, quality of life, and life expectancy. Determinants of health interact and accumulate over time, shaping overall wellbeing and contributing to differences in health outcomes across the population. Understanding these determinants is essential for identifying health priorities and improving health outcomes.

3.1 Social and Economic Determinants

Social and economic factors have a significant influence on health outcomes. These include income, education, employment, and social support. People with higher income and stable employment are more likely to afford safe housing, nutritious food, and healthcare, which supports better health. Education is strongly linked to health, as it improves employment opportunities, income potential, and health literacy. Social support from family, friends, and the community also contributes to improved mental health and wellbeing, while social isolation is associated with poorer health outcomes. Housing stability and safety are also important. Poor housing conditions, overcrowding, and housing insecurity can increase the risk of illness, injury, and mental health issues.

3.2 Physical Environment

The physical environment includes the natural and built environments where people live, work, and spend time. This includes air and water quality, climate, housing quality, transport systems, and access to parks and recreational spaces. A safe and clean environment supports physical activity, reduces exposure to hazards, and promotes overall wellbeing. In contrast, exposure to pollution, unsafe infrastructure, or environmental hazards can increase the risk of chronic disease and injury.



“The Town monitors environmental conditions, including water quality in the Swan River...”

3.3 Individual Behaviours and Biological Factors

Individual behaviours such as diet, physical activity, smoking, alcohol consumption, and stress management have a direct impact on health. These behaviours can increase or reduce the risk of chronic diseases such as heart disease, diabetes, and cancer. Biological factors, including age, sex, and genetics, also influence health and susceptibility to certain conditions. While some factors cannot be changed, healthy behaviours can significantly reduce health risks.

3.4 Access to Health Care

Access to affordable, timely, and culturally appropriate healthcare is essential for maintaining health and preventing disease. Access to services such as general practitioners, hospitals, screening programs, and preventative care allows early diagnosis and effective treatment. Barriers to healthcare access, including cost, transport, availability of services, and cultural factors, can lead to poorer health outcomes.

Economic Stability	Neighbourhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability	Literacy Language Early childhood education Vocational training Higher education	Hunger Access to healthy options	Social integration Support systems Community engagement Discrimination	Health coverage Provider availability Provider linguistic and cultural competency Quality of care
Health Outcomes Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations					

Figure 1: Social Determinants of Health

1. A Snapshot of our Town

1.1 Community Profile

Understanding the local community is essential to planning for health and wellbeing. A snapshot of the Town provides insight into who lives in the area, how the population is changing, and the social and economic factors that influence health outcomes. These factors help identify priority groups, emerging trends and areas where targeted action can improve community wellbeing. The Town is home to a diverse and growing population, with a mix of families, older residents, young adults and culturally diverse communities. Understanding the age structure of the population is particularly important, as different age groups have different health needs, from early childhood development to active ageing.

1.1.1 Demographics

As at 30 June 2024, the Town had an estimated population of 17,145 people, with a near even gender distribution of 49.8% males and 50.2% females. Despite its relatively small land area of 10.3km², the Town has a significantly higher population density than metropolitan Perth, with approximately 1,665 persons per square kilometre compared to 371.4 persons per square kilometre across the wider metropolitan area.

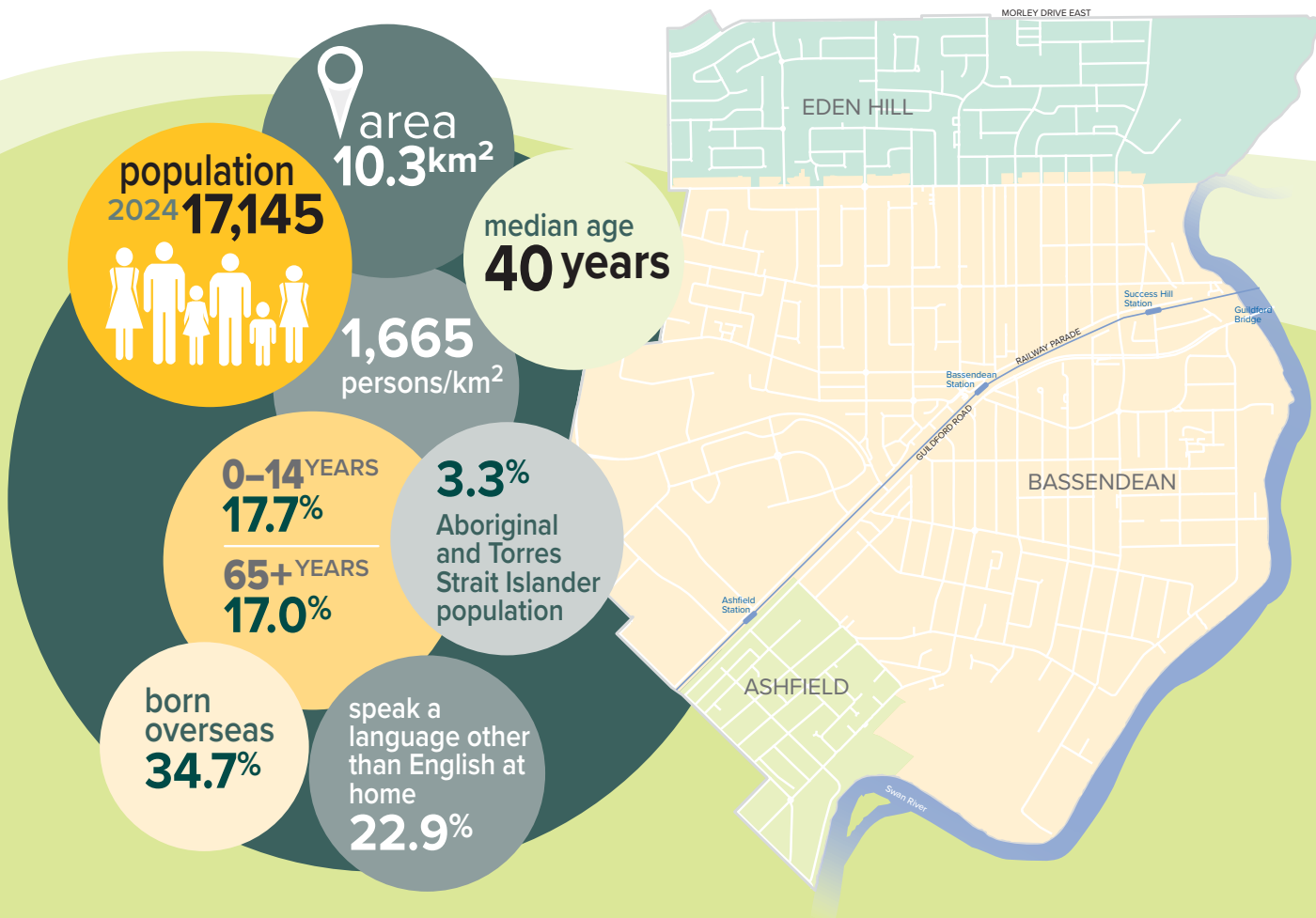


Table 1. Key Demographic Characteristics – Town of Bassendean vs Perth metropolitan area

Indicator	Town of Bassendean	Perth Metropolitan/WA comparison
Estimated population (2024)	17,145	2,384,371 (Perth metropolitan)
Land area	10.3 km ²	6,420 km ² (Perth metropolitan)
Population density	1,665 persons/km ²	371.4 persons/km ² (Perth metropolitan)
Median age	40 years	38 years (WA)
Children (0–14 years)	17.7%	19.0% (WA)
Older adults (65+ years)	17.0%	16.1% (WA)
Aboriginal and Torres Strait Islander population	3.3%	1.8% (Perth metropolitan) 3.3% (WA)
Born overseas	34.7%	38.0%
Speak a language other than English at home	22.9%	21.2%

The demographic profile of the Town reflects a mature and diverse community. The median age of residents is 40 years, slightly higher than the State average of 38 years. Children aged 0–14 years represent 17.7% of the population, slightly lower than the State average (19.0%). In contrast, people aged 65 years and over make up 17.0% of the population, marginally higher than the State average of 16.1%.

Bassendean also has a strong Aboriginal presence, with 541 Aboriginal and Torres Strait Islander people living in the Town, representing 3.3% of the population. This proportion is higher than the Perth metropolitan average (1.8%) and consistent with the Western Australian average (3.3%).

The community is culturally diverse, with 34.7% of residents born overseas and 22.9% speaking a language other than English at home. While both indicators are slightly lower than the State average, they highlight the importance of inclusive services, communication and community engagement approaches that support cultural diversity.

“The Town is home to a diverse and growing population, with a mix of families, older residents, young adults and culturally diverse communities...”

Table 2 shows the estimated population of Bassendean in five-year age groups with percentage comparisons with the State.

Table 2. Population by five-year age groups

Five-year age group (usual residence)	Town of Bassendean (usual residence)		Western Australia
	Estimated population	Persons %	Persons %
0 – 4	1026	6.0	6.1
5 – 9	979	5.7	6.5
10 –14	888	5.2	6.4
15 –19	802	4.7	5.8
20 – 24	831	4.8	6.0
25 – 29	1122	6.5	6.6
30 – 34	1354	7.9	7.4
35 – 39	1476	8.6	7.6
40 – 44	1314	6.7	6.7
45 – 49	1058	7.7	6.6
50 – 54	1145	6.7	6.5
55 – 59	1044	6.1	6.1
60 – 64	1041	6.1	5.7
65 – 69	902	5.3	5.0
70 – 74	766	4.5	4.3
75 – 79	631	3.7	2.9
80 – 84	396	2.3	2.0
85 and over	370	2.2	1.9

Source: Health and Wellbeing Profile Town of Bassendean 2015–2024, Epidemiology Directorate, Department of Health WA, January 2026.



1.1.2 Socio-economic Profile

The socio-economic indexes for Areas (SEIFA) summarise a range of socio-economic indicators including employment, income, housing and education. Higher SEIFA scores indicate lower levels of relative disadvantage. According to the 2021 Census, the overall SEIFA score for the Town of Bassendean was 1005, indicating a moderate level of socio-economic advantage and disadvantage.

Within the Town, the suburb of Ashfield shows a higher level of relative disadvantage (SEIFA 976) while Bassendean and Eden Hill record scores of 1028 and 991 respectively. Overall, the Town exhibits a mix of socio-economic characteristics across its suburbs as shown in Table 3.

Table 3. SEIFA Score by Suburb

Suburb	SEIFA Score	Usual Resident population
Ashfield	976	1,395
Bassendean	1028	10,837
Eden Hill	991	3,703
Town of Bassendean	1005	15,932
Greater Perth	1026	1,943,858
Western Australia	1015	2,474,410

Source: ABS Social Economic Indexes for Australia (SEIFA), 2021.

Household composition in the Town reflects a predominance of family households (66.4%, slightly below the Western Australian average (71.2%). Single-person households account for 30.0% which is higher than the State average (25.4%), while group households make up 3.7%, similar to the State average (3.4%) (ABS, 2021).

Median household income in the Town is slightly below the Western Australian average, with employment across professional, trades and service industries. The unemployment rate in Bassendean is 4.8%, below the national average (5.1%). Approximately 25% of residents hold tertiary qualifications, which is slightly lower than the State average.



“Increase tree canopy cover to 30% by 2040 through tree protection, management, strategic planting partnerships and advocacy and community awareness and programs.”

1.2 Health and Wellbeing Profile

Key public health considerations in the Town include rates of chronic disease, mental health status, and lifestyle behaviours such as physical activity, nutrition, alcohol consumption, and smoking. Local data indicates areas where health promotion and preventative strategies can be targeted to improve outcomes across the community.

Understanding the Town's demographic and socioeconomic profile, health indicators, and vulnerable populations provides a foundation for evidence-based decision-making. It informs the PHP's priority areas and actions, helping the Town target initiatives where they are most needed and ensuring resources are effectively allocated to improve community health and wellbeing.

1.2.1 Mortality Rates (by condition)

In 2024, the leading causes of death in Western Australia were dementia, including Alzheimer's disease and ischaemic heart disease. Other significant contributors to mortality included cerebrovascular diseases, lung cancer and chronic lower respiratory diseases, and diabetes (*ABS, Causes of Death, Australia 2024*). Notably, deaths from dementia including Alzheimer's disease have increased by 38.8% since 2015, while the number of deaths due to ischaemic heart disease decreased by 18.3% over the same period.

At a local level, Table 4 presents the leading causes of death among Bassendean residents in 2022. It highlights that ischaemic heart disease was the leading cause of death for the community, exceeding the state average for males and significantly surpassing it for females. Other leading conditions included lung cancer, dementia, cerebrovascular diseases, chronic obstructive pulmonary disease (COPD) and sex specific cancers, such as prostate and breast cancer. Intentional self-harm was also a notable cause among males.

These figures highlight the importance of health initiatives focused on chronic disease prevention, early detection, and effective management, particularly in relation to cardiovascular health, respiratory conditions, and age-related cognitive decline.



Table 4. Leading causes of death by condition and gender in 2022

	Bassendean LGA %	Western Australia %
Males		
Ischaemic heart diseases	15.6	12.8
Lung Cancer	5.4	6.1
Intentional self-harm	4.3	3.6
Cerebrovascular diseases	4.0	4.2
Prostate Cancer	4.0	3.6
Chronic obstructive pulmonary disease (COPD)	3.6	4.1
Dementia (including Alzheimer’s disease)	3.6	4.7
Females		
Ischaemic heart disease	17.7	10.4
Dementia (including Alzheimer’s Disease)	9.1	10.1
Lung cancer	5.7	4.6
Cerebrovascular diseases	4.9	7.6
Breast cancer	4.5	3.9
Chronic obstructive pulmonary disease (COPD)	3.8	4.0

Source: Top fifteen causes of death for Bassendean (T) LGA residents (Epidemiology Branch).
Generated using data from the Death Registrations, Registry of Births, Deaths and
Marriages, Cause of Death, ABS, August 2022.

1.2.2 Lifestyle Risk Factors

The prevalence of lifestyle-related risk factors within the Bassendean community represents a significant public health concern due to their strong links with largely preventable chronic conditions.

Evidence from the *Health and Wellbeing Profile: Town of Bassendean 2015–2024* indicates that many adults in the Town of Bassendean report behaviours and biomedical factors associated with an increased risk of chronic disease.

In 2024, an estimated 34.3% of residents aged 16 years and over were classified as overweight, which is slightly lower than the state prevalence of 37.4%. A further 40.3% were classified as obese, which is higher than the state prevalence of 37.3%. Combined, this equates to approximately 74.6% of adults being classified as overweight or obese. This high prevalence of excess weight contributes to an elevated risk of chronic conditions, including cardiovascular disease, type 2 diabetes and some cancers.

As illustrated in Table 5, dietary and lifestyle behaviours among Bassendean residents in 2024, fall short of national health recommendations. Fewer than 5% of adults consume the recommended five servings of vegetables daily, and approximately 70% eat fewer than two servings of fruit each day. Among children aged 2 to 15 years, around 31% do not consume the recommended daily servings of fruit, and 91% do not meet the recommended daily vegetable intake, revealing significant gaps in nutritional intake that may contribute to broader health concerns.

In terms of physical activity, 41.2% of adult residents engage in less than the recommended weekly exercise, indicating a largely sedentary lifestyle. Furthermore, 41.6% of adults spend more time than advised in screen-based sedentary leisure activities, such as watching television or using digital devices. Among children aged between 5 and 15 years, 66.5% do not achieve the recommended amount of weekly physical activity, and 52.2% of children aged 0–15 years exceed recommended screen time limits. These patterns indicate a need for targeted health promotion strategies aimed at encouraging healthier eating habits, increased physical activity, and reduced sedentary behaviour across the community.

Table 5. Lifestyle risk factors in 2024 Bassendean vs Western Australia

Risk Factor	Bassendean LGA % Persons	Western Australia % Persons
Currently smokes	14.9	13.5
Currently vapes	14.8	7.9
Eats recommended serves of fruit daily	29.9	33.4
Eats recommended serves of vegetables daily	4.6	4.7
Eats fast food more than twice a week	7.0	6.0
Drinks energy or sugar-sweetened soft drinks more than twice a week	17.6	16.8
Drinks at high risk levels for long term harm	29.5	24.0
Drinks at high risk levels for short term harm	16.3	7.9
Does recommended amount of physical activity per week	58.8	48.1
Spends more than recommended time in screen based sedentary leisure activities	41.6	37.4

Source: Health and Wellbeing Profile Town of Bassendean 2015-2024, Epidemiology Directorate, Department of Health WA.

1.2.3 Biomedical Risk Factors

Biomedical risk factors refer to physiological conditions or bodily states that increase the likelihood of developing chronic diseases (Australian Institute of Health and Welfare, 2016). These factors are often influenced by a combination of socioeconomic conditions, psychological stressors, and lifestyle behaviours, and many are modifiable through targeted interventions and health promotion strategies.

Key biomedical risk factors include high blood pressure, high cholesterol levels, and excess body weight, each of which contribute significantly to the development and progression of chronic conditions:

- High blood pressure is a major contributor to ischaemic heart disease, stroke, and renal failure.
- High blood cholesterol is strongly associated with ischaemic heart disease, ischaemic stroke, and peripheral vascular disease.
- Overweight and obesity are linked to a wide range of chronic conditions, including heart disease, type 2 diabetes, osteoarthritis, and certain types of cancer.

As shown in Table 6, an estimated 74.6% of adults and 25.8% of children in the Town of Bassendean, are classified as overweight or obese. This represents a significant public health concern, given the well-established relationship between excess weight and an increased risk of chronic diseases such as cardiovascular disease, diabetes and certain cancers.

Table 6. Estimated overweight and obesity among Bassendean residents in 2024

Risk Factors	Bassendean LGA % Persons	Western Australia % Persons
Children and adolescents (aged 5 to 15 years)		
Overweight	14.6	15.0
Obese	11.2	10.2
Residents aged 16 years and above		
Overweight	34.3	37.4
Obese	40.3	37.3

Source: Health and Wellbeing Profile: Town of Bassendean 2015-2024

In addition to the lifestyle risk factors such as diet and physical inactivity, biomedical risk factors including high blood pressure and high cholesterol further increase the risk of cardiovascular disease. Western Australian health surveillance data indicate that these conditions remain common across the state. According to the *Health and Wellbeing of Adults in Western Australia 2023 Report*, around 21.4% of Western Australian adults have high blood pressure and approximately 25.0% have high cholesterol.

Earlier estimates from the WA Health and Wellbeing Surveillance System indicate that approximately 19.6% of adults in Bassendean reported high blood pressure and 18.9% reported high cholesterol, which is broadly comparable with state averages (see Table 7). While these figures are historical, they indicate that biomedical risk factors have been present within the local population and remain relevant when considering current health risks.

Table 7. Biomedical risk factors: Historical Bassendean LGA vs Western Australia

Biomedical Risk Factors	Bassendean LGA % Persons	Western Australia % Persons
Current high blood pressure	19.6	16.5
Current high cholesterol	18.9	18.6

Source: Health and wellbeing profile Town of Bassendean 2011-2020

Together, these indicators highlight the importance of local health initiatives that support healthy lifestyles and reduce chronic disease risk. Strategies that promote healthy eating, regular physical activity and access to preventative health services can help address both lifestyle and biomedical risk factors within the community.

1.2.4 Health Conditions (other than mental health)

Chronic diseases continue to be major contributors to the overall burden of disease in Australia and Western Australia, affecting quality of life, functional ability, and health system demand. These conditions include cardiovascular disease, cancer, diabetes, arthritis, asthma, and other long-term health conditions that typically persist for six months or more.

At the national level, ABS data from the National Health Survey 2022 indicate that about half (49.9%) of Australians had at least one selected chronic condition, with more than one in five (22%) living with two or more such conditions. The most commonly reported conditions nationally include back problems, arthritis, asthma and diabetes. In Western Australia, data from the Health and Wellbeing of adults in Western Australia 2024 report show that chronic conditions such as heart disease and stroke (7.5%) and arthritis (16.5%) remain prevalent among adults. While specific 2023 LGA level estimates for the Town of Bassendean are not yet available, earlier WA health surveillance and census data have shown that Bassendean residents reported higher prevalence of selected chronic conditions compared to the broader WA population. This pattern aligns with broader state and national trends of increasing chronic conditions prevalence across population subgroups.

These findings highlight the ongoing need for targeted public health interventions focused on prevention, early detection, disease management, and community support. Efforts should continue to focus on modifiable risk factors, such as poor nutrition, physical inactivity, smoking, and harmful alcohol use, while strengthening access to healthcare services, screening, and health literacy across all age groups.

Table 8. Health conditions other than mental health in 2021: Bassendean LGA vs Western Australia

Condition	Bassendean LGA % Persons	Western Australia % Persons
Arthritis	8.7	7.6
Asthma	8.2	7.3
Cancer (including remission)	3.1	2.7
Dementia (including Alzheimer's)	0.9	0.7
Diabetes (excluding gestational diabetes)	4.5	4.4
Heart disease (including heart attacks or angina)	4.2	3.6
Kidney disease	0.9	0.8
Lung condition (including COPD or emphysema)	2.2	1.6
Stroke	0.9	0.8
Any other long-term health condition(s)	9.1	7.4
No long-term health condition(s)	57.2	61.2

Source: Australian Bureau of Statistics 2021 Census Data QuickStats.

1.2.5 Mental Health Conditions

Mental health is defined by the World Health Organization (2022) as a state of wellbeing in which individuals realise their abilities, can cope with normal stresses of life, work productively and contribute to their community. Mental illness covers a broad range of mental health and behavioural disorders which can vary in duration and severity. According to the Australian Institute of Health and Welfare, (2024) approximately 2 in 5 Australians aged 16–85 years, have experienced a mental disorder at some time in their life, and around 1 in 5 experience a mental disorder in any given year. The most common conditions are anxiety disorders, affective disorders such as depression, and substance use disorders.

Mental health conditions are associated with increased morbidity and mortality including elevated risk of suicide and poorer physical health outcomes. They are also linked with higher prevalence of chronic disease risk factors such as smoking, harmful alcohol consumption, physical inactivity and obesity.

Table 9 outlines the prevalence of selected mental health conditions among residents aged 16 years and over in the Town of Bassendean compared with Western Australia in 2024.

Table 9. Prevalence (%) of mental health conditions (16 years and above) Bassendean vs Western Australia in 2024

Category	Bassendean LGA % Persons	Western Australia % Persons
Any mental health condition	32.4	25.0
Stress	17.5	13.5
Anxiety	20.8	16.3
Depression	19.1	13.7
High or very high psychological distress	24.6	21.7

Source: Health and Wellbeing Profile Town of Bassendean 2015-2024, Epidemiology Directorate, Public and Aboriginal Health Division, Department of Health WA.

In 2024, the prevalence of all reported mental health conditions in Bassendean was higher than the Western Australian average. Nearly one-third (32.4%) of residents reported being told by a doctor that they had a mental health condition, compared with one-quarter (25.0%) statewide. Anxiety (20.8%) and depression (19.1%) were notably higher than state averages. Almost one in four residents (24.6%) reported being told by a doctor that they had high or very high levels of psychological distress.

1.2.6 Injury-related harm

Data for the prevalence of injury was sourced from the Health and Wellbeing Surveillance System (HWSS). Respondents were asked whether they had experienced any injury in the previous 12 months that required treatment from a health professional. Hospitalisation data relate to 2021.

Hospitalisation and death rates are shown as age-standardised rates (ASR) per 100,000 people. Age standardisation adjusts for differences in the ages of populations, so we can fairly compare Bassendean with Western Australia. This is important for injury-related harm, as the risk of events like falls, self-harm, and accidental poisoning changes with age. Using ASR shows the true differences in injury rates, not just differences in population age.

Table 10. ASR (per 100,000) injury related hospitalisations

Category	Bassendean LGA Persons	Western Australia Persons
Accidental Falls	1,117.2	1,031.0
Assault and neglect	82.0	106.4
Transport accidents	235.1	236.9
Self-harm	163.6	106.6
Accidental poisoning	66.5	52.3
Accidental drowning, submersion or threats to breathing	21.7	21.8

In 2021, hospitalisation rates for most injury categories in Bassendean were comparable to or lower than the Western Australian average. Accidental falls were the leading cause of injury-related hospitalisation, and the rate in Bassendean (1,117.2 per 100,000) was higher than the State rate (1,031.0 per 100,000). Transport accident hospitalisations were similar to the State average. However, hospitalisations due to self-harm were notably higher in Bassendean (163.6 per 100,000) compared with Western Australia (106.6 per 100,000). Accidental poisoning hospitalisations were also higher than the state average.

Table 11. ASR (per 100,000) injury related deaths in 2021

Category	Bassendean LGA Persons	Western Australia Persons
Accidental Falls	13.7	15.3
Assault and neglect	1.3	0.8
Transport accidents	6.9	7.2
Self-harm	18.4	13.5
Accidental poisoning	9.2	7.8
Accidental drowning, submersion or threats to breathing	1.4	1.5

In 2021, injury-related mortality patterns were generally similar to those across WA, however, the age-standardised death rate (ASR) for self-harm in Bassendean (18.4 per 100,000) was notably higher than the state rate (13.5 per 100,000). Deaths from accidental poisoning were also higher than the WA average. Falls remain a significant contributor to both hospitalisations and deaths, particularly among older adults, and represent an ongoing priority for injury prevention. Transport-related deaths and hospitalisations were broadly consistent with state trends.

Overall, the data suggest that while unintentional injuries, such as falls, remain the largest contributor to the injury burden, intentional self-harm represents an area of particular concern for Bassendean.

1.2.7 Alcohol, tobacco and drugs

Tables 12 and 13 present the age-standardised (ASR) of hospitalisations and deaths attributable to alcohol, tobacco and illicit drug use for the Town of Bassendean compared with Western Australia. Overall, the data indicate that Bassendean records higher rates across all three categories when compared with the State average. Hospitalisation rates attributable to alcohol are the highest of the three risk factors in Bassendean, with an ASR of 739.5 per 100,000 people compared with 665.4 per 100,000 in Western Australia. Tobacco-related hospitalisations are also higher in Bassendean (405.1 per 100,000) than the state average (366.8 per 100,000). Similarly, hospitalisations associated with illicit drug use are greater in Bassendean (228.1 per 100,000) compared with Western Australia (181.8 per 100,000).

A similar pattern is observed in mortality data. Death rates attributable to tobacco, alcohol and illicit drug use are all higher in Bassendean than across Western Australia. Tobacco remains the leading contributor to deaths among the three categories, with an ASR of 56.5 per 100,000 people compared with 48.7 per 100,000 for the state. Alcohol-related deaths are also higher in Bassendean (31.0 per 100,000) than in Western Australia (26.0 per 100,000), as are deaths attributable to illicit drugs (13.9 per 100,000 compared with 9.4 per 100,000).

These findings highlight the ongoing impact of alcohol, tobacco and illicit drug use on health outcomes within the Town of Bassendean and reinforce the importance of prevention, harm reduction and community education initiatives that support healthier behaviours and reduce substance-related harm.

Table 12. ASR (per 100,000) of hospitalisations attributable to alcohol, tobacco and drugs for all ages in 2021

Category	Bassendean LGA Persons	Western Australia Persons
Tobacco	405.1	366.8
Alcohol	739.5	665.4
Illicit drug	228.1	181.8

Source: Health and Wellbeing Profile Town of Bassendean 2015-2024, Epidemiology Directorate, Public and Aboriginal Health Division, Department of Health WA.

Table 13. ASR (per 100,000) of deaths attributable to alcohol, tobacco and illicit drugs for all ages in 2021

Category	Bassendean LGA Persons	Western Australia Persons
Tobacco	56.5	48.7
Alcohol	31.0	26.0
Illicit drug	13.9	9.4

Source: Health and Wellbeing Profile Town of Bassendean 2015-2024, Epidemiology Directorate, Public and Aboriginal Health Division, Department of Health WA.

1.2.8 Notifiable Infectious Diseases

Notifiable infectious diseases are conditions that, by law, must be reported to the DoH to enable surveillance, outbreak detection and disease control. In WA, notification requirements are set out under the Act and are monitored by the DoH. Surveillance of notifiable diseases is essential to protect population health. Monitoring trends supports early identification of outbreaks, informs vaccination programs, guides sexual health and harm reduction strategies, and assists in targeting prevention initiatives. Rates presented below in Table 14, are age-standardised rates (ASR) per 100,000 population, allowing fair comparison between Bassendean and WA by accounting for differences in population age structure.

Table 14. ASR (per 100,000) Notifiable infectious diseases in 2022

Category	Bassendean LGA Persons	Western Australia Persons
Blood-borne disease	31.4	44.1
Enteric disease	216.0	218.9
Sexually transmitted disease	679.5	600.6
Vaccine preventable disease	521.2	714.1
Vector-borne disease	11.4	21.1

Source: Health and Wellbeing Profile Town of Bassendean 2015-2024, Epidemiology Directorate, Public and Aboriginal Health Division, Department of Health WA.

Table 14 shows that in 2022, most notifiable infectious disease rates in Bassendean were similar to or lower than the WA average. Rates of blood-borne, enteric, vaccine-preventable, and vector-borne diseases were all below state levels however, sexually transmitted disease (STI) rates were higher in Bassendean (679.5 per 100,000) compared with WA (600.6 per 100,000).



“Desired outcome:
A safe, inclusive and
healthy community.”



2. References

- i. *Public Health Act 2016*, Western Australia.
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Alternative versions of this document
can be made available on request.