Shire of Morawa

PUBLIC HEALTH PLAN 2027 - 2031

A healthy, connected and resilient Shire, supported by safe environments, inclusive communities and strong partnerships.

MORAWA
BREAKING NEW GROUND



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Acknowledgement of Country

The Shire of Morawa acknowledges the Traditional Custodians of the land and pays respect to Elders past and present. The Shire recognises the continuing connection of Aboriginal people to Country, culture and community and the importance of working together for the future of Morawa.

Message from the Shire President



The Shire of Morawa is pleased to present its Public Health Plan 2027 - 2031. The Plan provides a practical framework for the Shire's contribution to protecting and improving the health and wellbeing of our community over the next five years.

Morawa is a resilient rural community with strong community connections, a proud agricultural history, growing economic opportunities and valued local facilities and services. The Plan recognises these strengths and builds on the many activities already undertaken by the Shire and across the community that contribute to positive health and wellbeing.

Many of the factors that influence health extend beyond the direct responsibility of local government. While the Shire does not provide hospital, primary care or specialist health services, we have an important role in protecting public health, creating safe and supportive local environments, strengthening community connection, advocating for local needs and working in partnership with health services, government agencies and community organisations.

Through this Plan, we will build on the Shire's existing strengths and work together with our community and partners to support a healthy, connected and resilient community where people of all ages have the opportunity to live well.

1. Background

Local governments have long played an important role in protecting and promoting public health. Traditional responsibilities such as sanitation, food safety, environmental health regulation, wastewater management, land use planning, infrastructure and disease prevention remain fundamental to protecting communities from public health risks.

The way public health is understood however, has broadened considerably. Health and wellbeing are influenced not only by access to healthcare, but also by the conditions in which people live, work, learn and participate in their community. Lifestyle factors, chronic disease, mental wellbeing, social connection, education, employment, housing, transport, access to services and the natural and built environment can all influence health outcomes. Climate change and increasing exposure to extreme weather also present emerging challenges for community health and resilience.

Local government is well placed to influence many of these factors through its everyday functions and services. Decisions about public spaces, recreation facilities, footpaths, community infrastructure, accessibility, environmental health, waste management, emergency preparedness, community development and land use planning can contribute to environments that support healthier lives.

For the Shire of Morawa (the Shire), public health planning provides an opportunity to bring these contributions together within a coordinated framework. It recognises the considerable work the Shire already undertakes to protect and support community health, while identifying practical opportunities to strengthen this contribution over the life of the Plan.

The Shire cannot address all factors influencing health independently, nor is it responsible for delivering hospital, primary care or specialist health services. Its role is to focus on areas within local government responsibility and influence, while working collaboratively with health services, government agencies, community organisations and other partners.

Through this approach, the Public Health Plan builds on the Shire's existing strengths and supports a healthy, safe, connected and resilient community.

1.1 Public Health Planning Context

Public health is shaped by a wide range of social, environmental, cultural and economic factors that influence how people live, work and connect within their communities. For a small rural community such as the Shire of Morawa, factors including distance from services, an ageing population, access to transport, housing, employment, social connection and environmental conditions can have an important influence on health and wellbeing. Local government contributes by creating environments that protect health, reduce risk and support wellbeing across all stages of life.

This Plan has been developed in accordance with the *Public Health Act 2016* and the State Public Health Plan for Western Australia 2025 – 2030. The Act requires local governments to prepare and implement a Public Health Plan that identifies local public health needs, establishes priorities for action and outlines how public health functions will be delivered, monitored and reported.

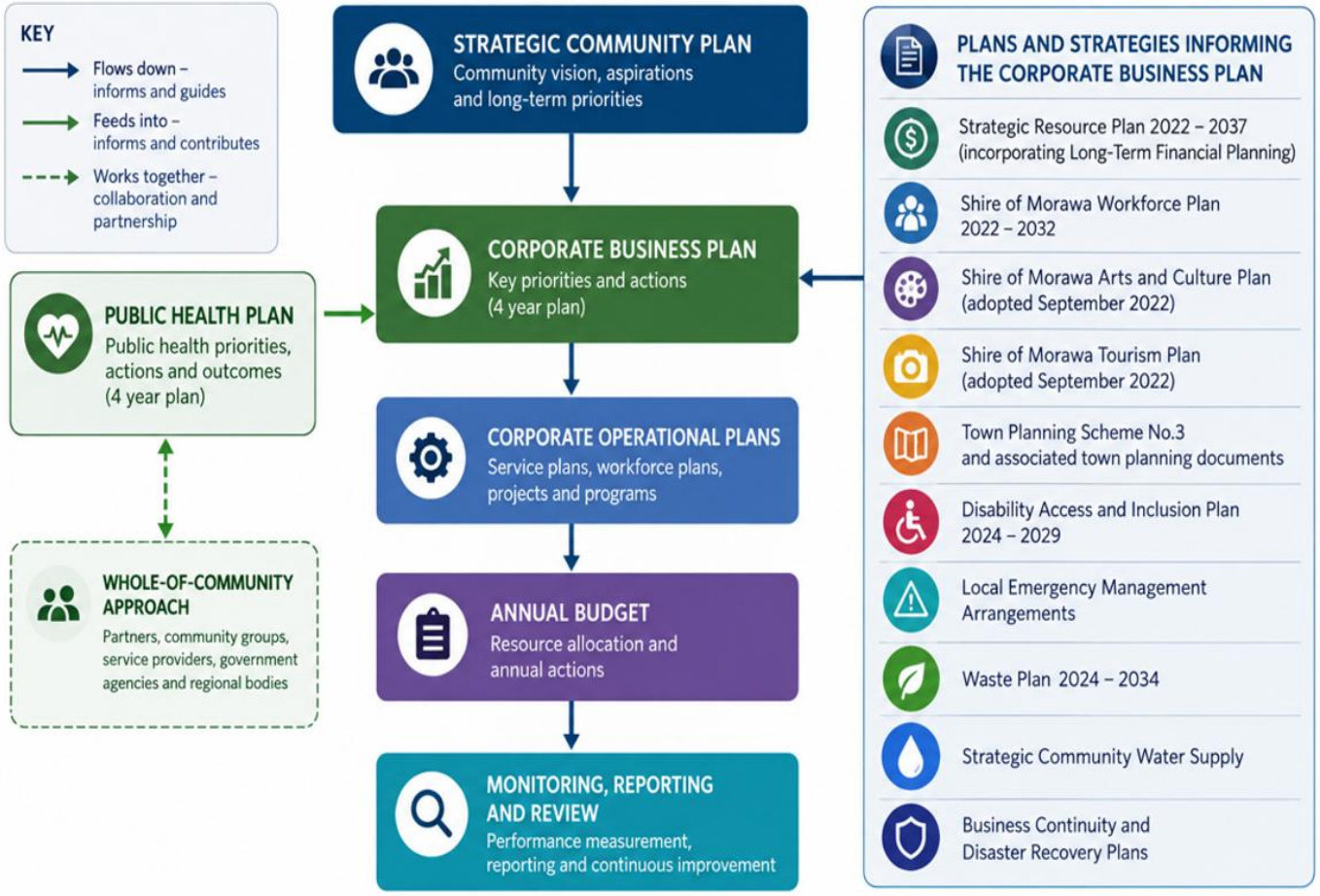
The Plan provides a coordinated framework for public health action within the Shire of Morawa. It builds on existing Shire services, strategies and activities and integrates public health priorities with the Shire's broader planning and reporting processes. While the Shire is not responsible for delivering hospital, primary care or specialist health services, it has an important role in environmental health, planning, infrastructure, community development, recreation, emergency management, advocacy and partnership building.



1.2 Alignment with Shire Planning

The Public Health Plan sits within the Shire's broader strategic planning framework and supports the delivery of the community priorities and outcomes established through the Shire's Strategic Community Plan 2022 - 2032 and Corporate Business Plan 2024 - 2034.

Public health actions identified through this Plan will inform relevant corporate, operational, service, asset and budget planning processes.



1.3 Alignment with Shire Planning - cont.

The Shire's Vision is strongly reflected in the Public Health Plan, particularly through the focus areas of *Occupying a Safe and Healthy Living Space* and *Embracing Cultural and Social Diversity*.

These include objectives to:

- build safer neighbourhoods and support fit for purpose housing,
- increase active living and enhance health service provision,
- champion inclusion and engagement,
- invest in socialisation and belonging,
- promote positive ageing in place, and
- support arts, culture and community participation.

The Public Health Plan provides a public health lens through which these broader community priorities can be considered and implemented. It identifies where existing Shire activities already contribute to improved health and wellbeing and where future actions, partnerships or advocacy can further support these outcomes.

Actions arising from the Public Health Plan will be incorporated into the Shire's Corporate Business Plan, annual planning and budget processes where relevant, ensuring implementation occurs through established Shire planning and reporting mechanisms rather than through a separate planning process.



2. The Shire's Role in Public Health

Local government has an important influence on the places and conditions in which people live, work, learn, recreate and connect. Through its everyday functions and services, the Shire can influence many of the social, environmental, cultural and economic factors that contribute to health and wellbeing.

In Morawa, this includes environmental health and regulation, planning and development, infrastructure and public spaces, recreation and community facilities, waste and wastewater management, community development, accessibility and inclusion and emergency management. Together, these functions help protect the community from public health risks and support healthy, safe, connected and resilient communities.

The Shire’s role is primarily focused on prevention, protection and creating supportive local environments. In areas such as environmental health where the Shire has direct statutory responsibilities. In other areas, its contribution is achieved through planning, infrastructure, community activities, partnerships, facilitation and advocacy.

The Shire does not provide hospital, primary care or specialist health services. Where responsibility sits with State or Commonwealth governments or other service providers, the Shire can advocate for local needs and work with relevant organisations to improve access and outcomes.

The Plan therefore focuses on practical actions within the Shire’s responsibilities, influence, capacity and resources.



2.1 Environmental Health - A Core Public Health Function

Environmental Health is concerned with creating and maintaining environments that protect and support human health. It encompasses a range of regulatory, monitoring, compliance and education activities designed to prevent disease, reduce environmental health risks and promote safe and healthy living conditions.

The Shire's Environmental Health functions are a core part of its public health responsibilities and help protect the community through:

- monitoring and protecting drinking water quality,
- food business regulation and safe food handling practices,
- standards for housing, accommodation and public buildings,
- mosquito, pest, noise and other environmental health management,
- safe recreational and public environments,
- monitoring and responding to environmental and communicable disease risks,
- education and compliance relating to tobacco legislation, personal appearance services and other public health requirements, and
- safe wastewater and effluent disposal, including onsite wastewater systems.

These functions provide an important foundation for public health in the Shire and contribute directly to the prevention of disease, injury and environmental health risks.



2.2 A Whole-of-Shire Approach

While the Environmental Health functions lead the delivery of many core public health functions, responsibility for supporting health and wellbeing extends across the organisation. Many Shire services contribute to health outcomes through planning, infrastructure, service delivery and community engagement.

Key contributors include:



This whole of Shire approach recognises that health and wellbeing are influenced by decisions made across many service areas and reinforces the importance of collaboration, coordination and shared responsibility in improving community outcomes.

2.3 Whole-of-Community Approach

Improving health and wellbeing in the Shire requires a shared approach. While the Shire has an important role in creating healthy environments and supporting community wellbeing, many of the factors influencing health are outside the direct responsibility of local government.

Strong partnerships enable the Shire to draw on the knowledge, expertise and resources of organisations responsible for health, community and support services, while ensuring that the needs of the community are represented in regional planning and service delivery.

The Shire will continue to work with community members, government agencies, health and service providers, Aboriginal organisations, education providers, local businesses and community groups to support the priorities identified in this Plan. Partnerships will also provide opportunities to coordinate activities, share information, advocate for improved access to services and pursue external funding where appropriate.

Key partners may include:

- WA Country Health Service and other State Government agencies,
- local and regional health, mental health, aged care, disability and community service providers,
- Aboriginal organisations and Aboriginal health services,
- local schools, early childhood services and other education providers,
- sporting clubs, volunteer organisations, community groups and local businesses,
- neighbouring local governments and regional organisations, and
- community members, including young people, older residents and people who may experience barriers to participation or accessing services.



Through these relationships, the Shire can help connect the community with available services, advocate for local needs and support initiatives that contribute to a healthy, connected and resilient Shire.

3. What Influences Our Health and Wellbeing

The World Health Organization (WHO) defines health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. This definition recognises that health is influenced by a wide range of interconnected social, cultural, environmental and economic factors, not simply access to healthcare or the presence of illness.

These influences are commonly referred to as the determinants of health and include factors such as:

- income, employment and education,
- housing quality and living conditions,
- social connection, community safety and inclusion,
- experiences of discrimination and disadvantage,
- access to healthy food, clean water and essential services,
- access to healthcare, recreation, transport and community infrastructure, and
- the natural and built environments in which people live and work.



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

In this Shire, health and wellbeing are also influenced by factors associated with living in a small rural community, including distance from some health and support services, transport availability, an ageing population, changing economic conditions and exposure to extreme weather. At the same time, strong community connections, volunteering, local facilities and services, cultural identity and opportunities for community participation are important strengths that support health, wellbeing and resilience.

Public health seeks to protect and improve community wellbeing by considering these influences in a coordinated way. This includes preventing and reducing environmental health risks, creating environments that support healthy and active living, strengthening social connection and inclusion and preparing for challenges such as climate change, extreme weather, communicable disease and changing community needs.

This Plan recognises that health and wellbeing are shaped by the places where people live, learn, work, recreate and connect. It provides a framework for the Shire to consider these broader influences within its areas of responsibility and to work with the community and relevant partners where coordinated action can improve health and wellbeing.

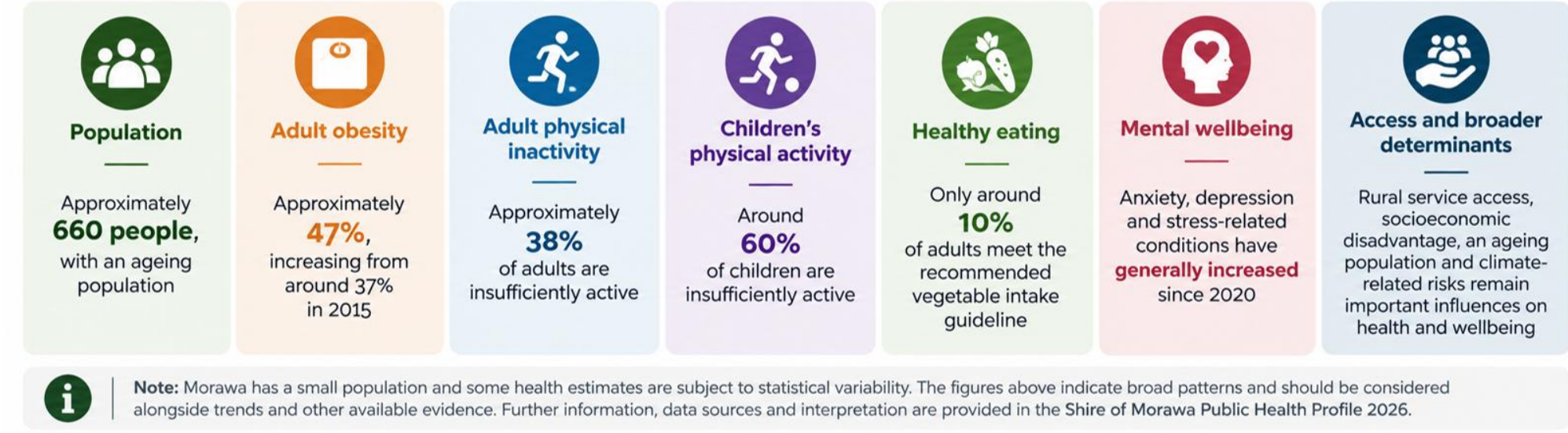
4. About Our Community

The Shire of Morawa is a small rural local government in Western Australia's Mid-West, with a community of over 660 people spread across 3,528 km², resulting in a very low population density. Its distance from major regional centers, dispersed population and rural economy influence access to healthcare, transport, education and other essential services.

The community is ageing, with growth in the 60 - 69-year age group and fewer younger and working age residents over the decade to 2021. The region has a relatively large Aboriginal population compared to State rates. These demographic patterns reinforce the need for inclusive, age friendly and culturally appropriate approaches across the Plan.

4.1 Public health snapshot

A summary of key health indicators for our community



4.2 What the Evidence Tells Us

The Public Health Profile considered demographic, health, lifestyle, social, economic and environmental information. Because Morawa has a small population, individual annual estimates should be interpreted cautiously, the Plan therefore focuses on broad patterns, trends and practical local implications rather than isolated data points.

Community Strengths	Key Public Health Challenges
Strong sense of community, volunteerism and local participation.	Increasing obesity and the growing burden of chronic disease.
Access to important local health, education and aged care services.	Poor nutrition, physical inactivity and harmful alcohol consumption.
Strong agricultural economy supported by an emerging mining sector.	Growing demand associated with an ageing population.
High levels of home ownership and community stability.	Barriers to accessing specialist, mental health and allied health services.
Strong Aboriginal cultural heritage and opportunities for partnership.	Socioeconomic disadvantage and their influence on health and access to services.
Quality recreation facilities, community infrastructure and an attractive natural environment.	Climate change, extreme heat and other environmental risks.

The evidence does not mean the Shire is responsible for solving every health issue identified in the Profile. Rather, it helps identify where local government functions can contribute to prevention and protection and where partnerships or advocacy are needed. For Morawa, the most realistic approach is to maintain strong environmental health protection, support environments that make healthy choices easier, sustain opportunities for social connection and participation, consider ageing and accessibility in local planning, strengthen resilience to climate and emergency risks and use partnerships to improve access to services.

5. Aboriginal Health and Wellbeing

Morawa has a significant Aboriginal population, with Aboriginal people forming an important part of the community's cultural identity and social fabric. Strong connections to Country, culture, language, family and community are important protective factors that contribute positively to individual, family and community health and wellbeing.

At the same time, Aboriginal people continue to experience disproportionate impacts from a range of health and social challenges, including chronic disease, mental health concerns, housing pressures, environmental health risks and barriers to accessing services. These outcomes are influenced by broader social and economic determinants of health, as well as the ongoing impacts of colonisation and historical disadvantage.

The Shire recognises that improving Aboriginal health and wellbeing requires strengths based, culturally secure and partnership driven approaches that support self-determination and community leadership. The Shire is committed to working collaboratively with Aboriginal communities, Traditional Owners and relevant service providers.

Within the context of this Public Health Plan, the Shire will:

- Support culturally safe and inclusive public spaces, facilities and community programs.
- Strengthen partnerships with Aboriginal organisations, Traditional Owners and community leaders.
- Support initiatives that strengthen social and emotional wellbeing, cultural connection and community participation.
- Incorporate Aboriginal perspectives and local cultural knowledge into planning and decision-making processes.
- Advocate for improved access to essential services, healthy housing and environmental health outcomes where gaps are identified.



Aboriginal health and wellbeing is embedded throughout this Plan and intersects across all priority areas, particularly those relating to mental wellbeing, community connection, environmental health, inclusion, early years development and climate resilience. Progress will be monitored through implementation of the Public Health Plan and reported in accordance with the requirements of the *Public Health Act 2016*.

6. Developing the Plan

The Shire of Morawa Public Health Plan 2027 - 2031 has been developed using an evidence based and practical approach that considers the health needs of the community alongside the Shire's responsibilities, existing activities, capacity and resources.

Development commenced with the preparation of the Shire of Morawa Public Health Profile (August 2026). The Profile brought together available demographic, health, social and environmental data to identify the key factors influencing health and wellbeing in the Shire.

The Profile identified a number of public health challenges, including increasing obesity and chronic disease, lifestyle risk factors, an ageing population, socioeconomic disadvantage, barriers to accessing health services and climate related risks. It also highlighted important community strengths, including strong community connection and volunteerism, local services and facilities, recreational opportunities and Aboriginal cultural heritage.

The findings of the Profile were used to establish five priority areas where the Shire can make a practical contribution to improving and protecting community health and wellbeing.

A desktop review of existing Shire strategies, plans, services and business as usual activities was then undertaken. This identified the considerable range of existing Shire functions and initiatives that already contribute to public health. These activities were mapped against the five priority areas to identify existing strengths, opportunities for improvement and areas where partnership or advocacy may be appropriate.

This process informed the development of the Public Health Action Plan 2027 - 2031. Wherever possible, actions build on existing Shire functions, services and resources rather than creating additional programs or duplicating services delivered by health providers or other agencies.

Community and stakeholder feedback has also informed the development of the Plan and will continue to contribute through the formal consultation process.

The resulting Plan is designed to be evidence based, locally relevant and achievable, with implementation occurring through the Shire's established planning, service delivery and reporting processes.



7. Public Health Action Plan

The Action Plan translates the findings of the Shire's Public Health Profile into practical actions across five priority areas. It recognises that many existing Shire services, facilities and activities already make an important contribution to community health and wellbeing.

The actions have been developed following a review of existing Shire plans, strategies and business as usual activities to identify current public health contributions and opportunities for improvement. The focus is on practical actions that build on existing Shire functions and resources, together with partnerships and advocacy where responsibility sits with other organisations.

The actions will be implemented within the Shire's statutory responsibilities, organisational capacity and available resources. Inclusion of an action does not constitute a commitment to additional expenditure unless separately considered through Council's annual budget and corporate planning processes. Actions requiring clinical expertise, health service delivery or substantial external investment will be pursued through partnership, facilitation and advocacy rather than direct delivery by the Shire.

Roles used in the Action Plan

Role	Meaning
Lead	The Shire has direct responsibility or substantial control.
Deliver	The activity forms part of established Shire operations.
Partner	The Shire works with another organisation with relevant expertise or responsibility.
Facilitate	The Shire connects organisations, provides venues, promotion or coordination.
Advocate	The matter is primarily the responsibility of another level of government or service provider.

Priority 1 - Healthy Living and Chronic Disease Prevention

Objective: Support residents of all ages to be physically active, eat well and reduce exposure to preventable health risks.

Why this matters: The Profile identifies worsening dietary patterns, increasing adult obesity, childhood inactivity and elevated alcohol related harm. As a small Shire with limited local services, practical local environments, accessible recreation opportunities and partnerships with schools, clubs and health providers offer the most achievable approach.

Shire role and limitation: Individual behaviour change, clinical weight management, alcohol treatment, smoking cessation and chronic disease treatment remain the responsibility of residents and qualified health services. The Shire's role is to create supportive environments and connect residents with suitable programs.



Action	Shire role	Existing foundation	Potential partners	Timing	Measure of progress
1.1 Continue to maintain and promote the swimming pool, recreation centre, community gym, sporting facilities, parks and other low-cost opportunities for physical activity.	Deliver / Facilitate	Existing recreation facilities and programs	Sporting clubs, schools, community groups	Ongoing	Opportunities promoted through existing Shire facilities and channels, as resources allow.
1.2 Progress the Shire's footpath priorities, including safe and accessible connections between residential areas, the school, swimming pool, recreation facilities and Youth Centre.	Lead	Ten-Year Footpath Plan and existing maintenance program	Main Roads WA, schools, community	2027 - 2031,	Priority footpath projects completed, accessibility issues addressed.
1.3 Identify and promote opportunities for active living for children, adults, older people and people with disability through existing Shire facilities, programs and infrastructure.	Lead / Facilitate	Existing recreation facilities, bike trail proposal	WACHS, sporting clubs, schools, seniors and disability groups	2027 - 2028	Relevant opportunities identified and promoted through existing Shire facilities programs and infrastructure.
1.4 Promote established State and national campaigns relating to healthy eating, physical activity, healthy weight, smoking, vaping and alcohol harm through Shire communication channels and facilities.	Facilitate / Partner	Website, newsletters, social media and community facilities	WACHS, WAPHA, Cancer Council WA, Healthway, schools	Ongoing	Relevant campaigns promoted each year, information displayed at appropriate Shire venues.
1.5 Encourage healthy food and drink choices at Shire supported events, facilities and community activities where practical.	Lead / Facilitate	Events, facility hire and community grants	Event organisers, sporting clubs, food businesses, WACHS	Commence 2028	Healthy food and drink options encouraged at relevant Shire supported events and facilities where practical.
1.6 Continue to support affordable and inclusive participation in sport and recreation for residents of all ages and abilities, including promoting programs such as J K Foundation, identifying external funding opportunities and considering healthy ageing and falls prevention in relevant recreation and infrastructure initiatives.	Partner / Facilitate	Existing sporting clubs, recreation facilities and accessible infrastructure and programs	DLGSC, WACHS, sporting clubs, aged care providers, senior's groups	Ongoing	Relevant programs and funding opportunities promoted, initiatives supporting inclusive participation and healthy ageing progressed where practical.

Priority 2 - Connected, Inclusive and Resilient Communities

Objective: Strengthen social connection, inclusion, cultural participation and community resilience across all ages and population groups.

Why this matters: Morawa already has substantial community activity, including youth programs, community events, arts and cultural initiatives, NAIDOC activities, disability access actions and a community bus. Continuing these activities in practical and inclusive ways can strengthen wellbeing, reduce social isolation and support healthy ageing.

Shire role and limitation: The Shire can create opportunities for connection but cannot replace specialist mental health, family support, aged care or social service provision.



Action	Shire role	Existing foundation	Potential partners	Timing	Measure of progress
2.1 Continue to support community events, arts, culture, recreation and other activities that provide opportunities for residents to connect and participate	Deliver / Facilitate	Art Awards, Christmas Festival, cultural activities and community facilities	Community groups, businesses, arts organisations	Ongoing	Range and frequency of supported community activities reported annually.
2.2 Continue Youth Centre, after school and school holiday activities, subject to facility availability and resources, and involve young people in identifying suitable activities.	Deliver / Facilitate	Youth Centre programs and existing youth activities	School, CRC, sporting clubs, police	Ongoing	Youth activities delivered, participation and feedback recorded where practical.

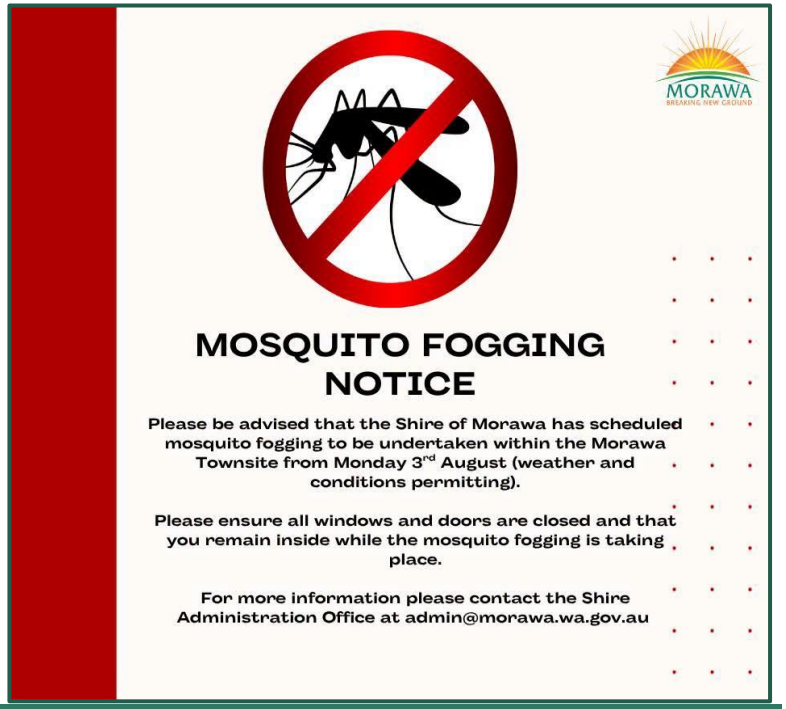
2.3 Progress development of a Reconciliation Action Plan or other agreed reconciliation framework in genuine partnership with local Aboriginal people.	Lead / Partner	Existing Aboriginal arts, cultural activities and NAIDOC events	Traditional Owners, local Aboriginal organisations, Reconciliation Australia	2026 - 2027	Engagement undertaken, framework developed and endorsed.
2.4 Continue implementation of the Disability Access and Inclusion Plan, including accessible buildings, footpaths, ACROD parking, information and consultation.	Lead / Deliver	Extensive DAIP actions already identified	People with disability, carers, access consultants	Ongoing	Annual DAIP reporting completed, identified access improvements progressed.
2.5 Include healthy ageing, social isolation and accessibility when planning community programs, public spaces, transport and facilities.	Lead / Facilitate	Community bus, aged care accommodation, community facilities	Seniors, carers, WACHS, aged care providers	Ongoing	Evidence that ageing and inclusion considerations are reflected in relevant plans and projects.
2.6 Support volunteering by promoting local opportunities, recognising volunteers and helping community groups access relevant information and funding.	Facilitate	Strong volunteer and community group network	CWA, SES, St John Ambulance, Motown Community Shed, clubs, CRC and community organisations	Annual	Volunteer opportunities and recognition promoted where appropriate, relevant funding opportunities circulated.
2.7 Maintain and promote the community bus and explore practical arrangements that assist residents to access community activities and essential services.	Deliver / Facilitate	Existing community bus	Community groups, WACHS, neighbouring local governments	Ongoing	Bus remains operational, usage and identified access needs reviewed periodically.
2.8 Develop a Crime Prevention and Community Safety Plan to identify local safety priorities and practical actions, including community education, crime prevention initiatives and consideration of CCTV where appropriate.	Lead / Partner	Strategic Community Plan, community safety and ranger activities, existing relationships with police and community organisations	WA Police, community members, local businesses, schools, youth services, Aboriginal representatives, relevant government and community organisations	2027 - 2028	Crime Prevention and Community Safety Plan developed in consultation with key stakeholders and presented to Council for consideration.

Priority 3 - Healthy Places and Environmental Health

Objective: Protect community health through effective environmental health services, safe infrastructure and stronger resilience to climate and emergency risks.

Why this matters: Food safety, wastewater management, vector control, inspections, pest management, waste services, parks maintenance, drainage, ranger services and emergency management are existing Shire functions and core public health strengths. Climate change and extreme weather increase the importance of maintaining these protections and building local resilience.

Shire role and limitation: The Shire will focus on matters within its statutory and operational responsibilities and work with relevant agencies where specialist expertise or broader emergency, health or environmental responsibilities apply.



Action	Shire role	Existing foundation	Potential partners	Timing	Measure of progress
3.1 Maintain a risk based environmental health inspection and compliance program covering food businesses, public buildings, events, temporary food premises and other regulated activities.	Lead	Existing environmental health services	DoH, food businesses, event organisers	Ongoing	Inspection program completed, compliance and follow up actions recorded.
3.2 Continue effective assessment and management of onsite wastewater, the Shire sewerage scheme and associated public health risks.	Lead	Wastewater regulation and sewerage infrastructure	DoH, Water Corporation, contractors	Ongoing	Applications assessed, system maintenance and compliance issues addressed.

3.3 Continue mosquito and pest management activities using surveillance, complaints and public health advice to guide responses.	Lead / Partner	Mosquito fogging, pest control information and vector control functions	DoH, neighbouring local governments, residents	Seasonal / ongoing	Surveillance or complaints reviewed, control and education activities documented.
3.4 Maintain arrangements for the investigation and response to communicable disease, foodborne illness and environmental health incidents in partnership with the DoH.	Lead / Partner	Existing communicable disease and environmental health functions	DoH, WACHS, food businesses	Ongoing	Investigations completed within required procedures and timeframes.
3.5 Continue to improve waste, recycling and transfer station operations, including clear community information about correct disposal practices	Lead / Deliver	Waste services and proposed operational improvements	Contractors, DWER	Ongoing	Waste services maintained, recycling or operational improvements progressed.
3.6 Continue to support townsite greening, shade and tree canopy initiatives, with consideration given to heavily used public spaces and locations serving children and older residents.	Lead	Existing street tree, park and townsite greening activities	Community groups, schools, grant bodies	2027 - 2031	Relevant shade, tree planting and greening initiatives progressed where practical
3.7 Incorporate heat, bushfire, storm, flooding and public health vulnerability into emergency management planning and exercises.	Lead / Partner	Local emergency management and fire risk activities	LEMC, DFES, WACHS, WA Police, Aboriginal representatives	Review by 2028, then ongoing	Public health considerations included in emergency plans or exercises.
3.8 Provide and promote practical community information on heatwaves, smoke, mosquito borne disease, food safety during emergencies and other seasonal environmental health risks.	Lead / Facilitate	Existing Shire communication channels	DoH, DFES, WACHS	Seasonal	Relevant public information issued before or during risk periods.
3.9 Consider health, shade, accessibility, safety and active transport in relevant town planning, asset management and public space projects	Lead	Planning, infrastructure, DAIP and footpath programs	Planning consultants, community, Main Roads WA	Ongoing	Relevant project reports demonstrate consideration of health-related design factors.

Priority 4 Improving Access Through Partnerships

Objective: Use advocacy, collaboration and local facilitation to improve residents' access to healthcare, community services, transport, housing and support.

Why this matters: Rurality and workforce shortages affect access to GP, allied health, mental health, aged care, dental and specialist services. The Shire cannot directly resolve these system level issues, but can maintain relationships, advocate on evidence of local need, promote available services and support practical local enablers such as transport, housing and information.

Shire role and limitation: The Shire cannot directly resolve rural health workforce shortages or provide specialist care. Its role is structured advocacy, facilitation and partnership.



Action	Shire role	Existing foundation	Potential partners	Timing	Measure of progress
4.1 Maintain relationships with local and regional health providers and participate in relevant partnerships, funding opportunities and joint initiatives that respond to community health and service access needs and provide a clear benefit to the Shire.	Facilitate / Partner	Existing local health services, community and regional partnerships	WACHS, WAPHA, GP and allied health providers, neighbouring local governments, regional organisations	Ongoing	Relevant engagement and participation in partnerships or joint initiatives documented.
4.2 Advocate for sustained access to GP, mental health, allied health, aged care, dental and visiting specialist services where evidence identifies unmet need	Advocate	Health Profile and WAPHA Needs Assessment	State and Commonwealth agencies, WACHS, WAPHA	Ongoing	Advocacy submissions, correspondence or meetings documented.

4.3 Promote available telehealth, Patient Assisted Travel Scheme, visiting services and health service information through the Shire website and community channels.	Facilitate	Existing health services and Shire communications	WACHS, Medical Centre, CRC	Review annually	Current service links and information maintained and promoted.
4.4 Advocate for transport solutions that improve access to regional health and community services, while maintaining realistic expectations about the Shire's capacity to provide transport.	Advocate / Partner	Community bus and regional links	WACHS, community transport providers, neighbouring local governments	Ongoing	Transport needs raised with relevant agencies and partnership opportunities considered.
4.5 Continue to support projects that assist the attraction and retention of essential workers, including appropriate housing and early childhood services, subject to Council priorities and funding.	Lead / Advocate / Partner	Early childhood centre funding, housing initiatives	State Government, employers, education and health sectors	2027 - 2031	Relevant projects or funding applications progressed.
4.6 Strengthen relationships with Aboriginal organisations and representatives to support culturally safe access to health information, community programs and relevant services.	Partner / Facilitate	Aboriginal community, NAIDOC and cultural initiatives	Aboriginal organisations, WACHS, Aboriginal Health, WAPHA	Ongoing	Aboriginal representatives involved in relevant planning and activities.
4.7 Provide links through Shire communication channels to reliable information about available local and regional health, aged care, mental health, disability, family support and emergency services.	Facilitate	Shire website and DAIP information actions	Service providers, CRC	Establish or review in 2027, update annually	Relevant service information and links reviewed periodically.
4.8 Advocate for the reinstatement of a Community Health Nurse service in Morawa, recognising the importance of locally accessible community health services, particularly for children, families and other residents who may experience barriers to accessing services outside the Shire.	Advocate	Public Health Profile, existing relationships with health service providers, evidence of local service access needs	WACHS, DoH, neighbouring health services	Commence 2027 and ongoing as required	Service needs formally raised with WACHS and relevant agencies, advocacy undertaken and outcomes monitored through the annual Public Health Plan review.

Priority 5 Evidence Based Leadership and Public Health Planning



Objective: Embed public health considerations into Shire decision making and maintain a practical system for monitoring, reporting and reviewing the Plan.

Why this matters: The Public Health Plan is most effective when integrated into normal Shire decision making rather than treated as a separate program. Practical governance, annual review, monitoring of relevant health trends and inclusive engagement will help keep the Plan achievable and responsive.

Shire role and limitation: Implementation remains subject to the Shire's statutory responsibilities, organisational capacity, Council priorities and available resources.

Action	Shire role	Existing foundation	Potential partners	Timing	Measure of progress
5.1 Adopt and publish the Public Health Plan in accordance with the *Public Health Act 2016*.	Lead	Public Health Profile and draft planning framework	DoH, community	2027	Plan adopted and published.
5.2 Coordinate implementation of the Public Health Plan through existing Shire planning and reporting processes, including allocating responsibility for implementation, incorporating relevant actions into corporate and operational planning and undertaking an annual review of progress.	Lead	Existing corporate, service planning and reporting arrangements	Relevant Shire service units, Council	Ongoing following adoption	Responsibility allocated and annual review of progress completed, with relevant actions incorporated into Shire planning and budgeting processes where applicable.

5.3 Monitor relevant population health indicators and emerging public health risks, and consider changes to priorities where new evidence, legislation or local circumstances warrant a response.	Lead	Public Health Profile, existing planning and emergency management processes	DoH, WACHS, WAPHA, ABS	Ongoing / as new data becomes available	Relevant health trends and emerging risks considered as part of the annual review of the Public Health Plan.
5.4 Review significant new strategies, policies and infrastructure proposals for relevant public health implications where practical.	Lead	Existing planning and project assessment processes	Internal teams, specialist advisers	Ongoing	Public health considerations documented in relevant proposals.
5.5 Undertake accessible and inclusive community and stakeholder engagement during implementation and review of the Plan, proportionate to the scale of each action and with consideration given to Aboriginal people, people with disability, older people, young people and others who may experience barriers to participation.	Lead / Facilitate	DAIP consultation processes and communication channels	Community, Aboriginal representatives, service providers	Ongoing	Relevant engagement activities and inclusive consultation methods documented where appropriate.
5.6 Seek external grants and partnership funding for actions that cannot reasonably be met by existing Shire resources.	Lead / Partner	Existing grant seeking and project development activity	Healthway, Lotterywest, State agencies, industry	Ongoing	Applications submitted and funding outcomes recorded.
5.7 Undertake a final review of the Public Health Plan to inform development of the next Plan.	Lead	Annual reports and indicator data	DoH, partners	5-year review 2031	Review completed and recommendations documented.

8. Implementation, Monitoring and Review

Implementation of the Public Health Plan will be coordinated by the Shire through its existing planning, service delivery and reporting processes. Responsibility for individual actions will reflect the Shire's role as identified in the Action Plan, including where the Shire will lead, deliver, partner, facilitate or advocate. Where responsibility for an issue sits outside local government, the Shire will work with relevant government agencies, health and community service providers, Aboriginal organisations, community groups and other partners to support appropriate responses and advocate for the needs of the Morawa community.



Implementation will focus on:

- incorporating relevant Public Health Plan actions into existing corporate, operational and budget planning processes,
- building on existing Shire services, facilities, programs and activities,
- strengthening partnerships and advocacy where other organisations have primary responsibility or relevant expertise, and
- progressing actions in accordance with identified community needs, available resources and organisational capacity.

Actions will be implemented within the Shire's statutory responsibilities, organisational capacity and available resources. Inclusion of an action in the Plan does not constitute a commitment to additional expenditure unless separately considered through the Shire's annual budget and corporate planning processes. Some actions may also depend on external funding, partnerships or decisions by other agencies.

The timing and scope of actions may be adjusted over the life of the Plan in response to changing community needs, emerging public health issues, new evidence, legislative requirements or other relevant circumstances.

Monitoring and Reporting

Progress against the Public Health Plan will be reviewed annually using practical measures identified in the Action Plan. Monitoring will focus primarily on what has been achieved, rather than creating additional reporting requirements for the Shire.

The annual review will consider:

- progress against actions and measures,
- relevant partnerships, advocacy and funding outcomes,
- available population health information and emerging public health risks,
- significant changes in community needs or service access, and
- opportunities to refine or reprioritise actions where appropriate.

Reporting will occur through the Shire's existing Council and corporate reporting processes and in accordance with the requirements of the Public Health Act 2016. Population health outcomes are influenced by many factors and may change over a much longer period than the life of this Plan. Evaluation will therefore consider the Shire's contribution to public health outcomes, rather than attributing changes in community health solely to Shire activities.

A final review will be undertaken towards the end of the Plan period to assess progress, consider changes in Morawa's public health needs and inform development of the next Public Health Plan.



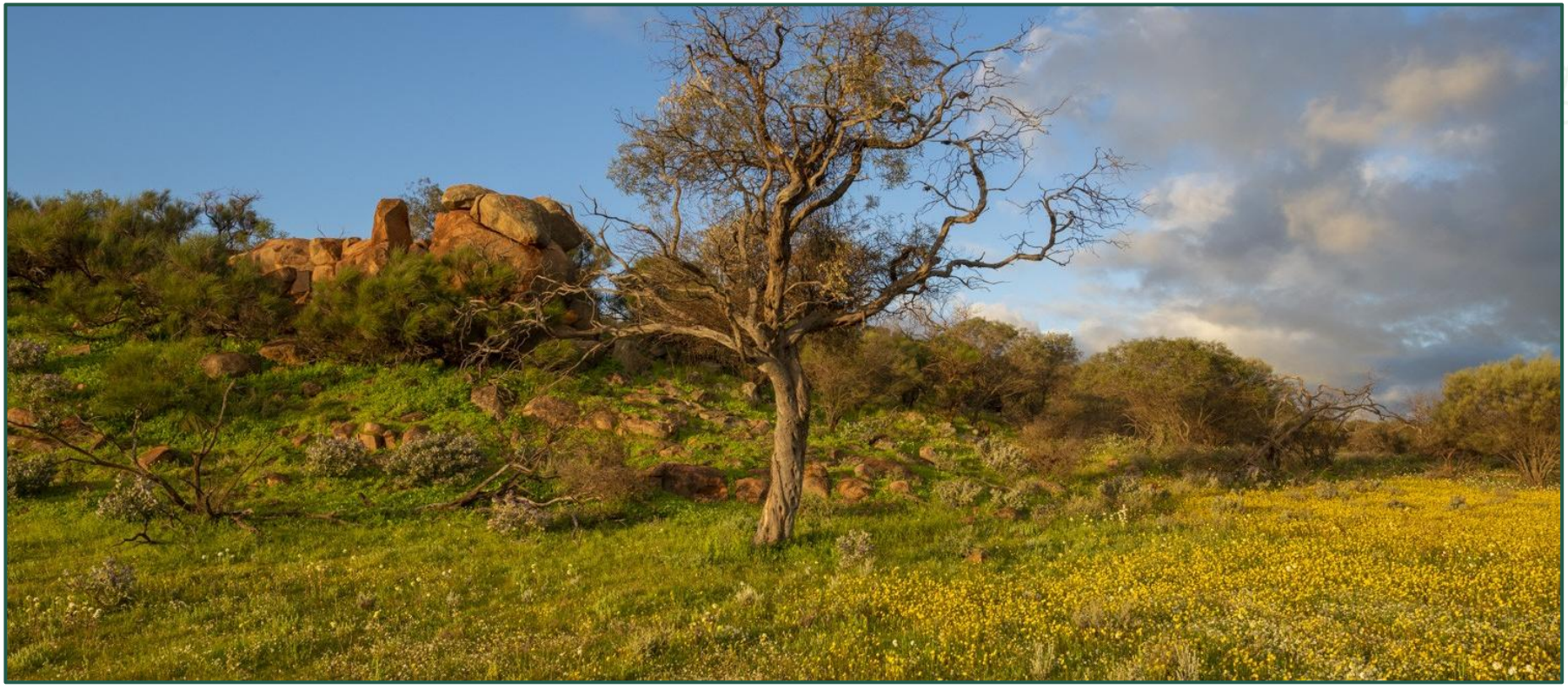
9. Key Supporting Documents and Data Sources

Shire of Morawa Public Health Profile 2026.
Public Health Act 2016 (WA).
State Public Health Plan for Western Australia 2025 - 2030.
Shire of Morawa strategic, corporate and service plans.

ACRONYMS

ABS – Australian Bureau of Statistics
DAIP – Disability Access and Inclusion Plan
DFES – Department of Fire and Emergency Services
DLGSC – Department of Local Government, Sport and Cultural Industries
DoH – Department of Health
LEMC – Local Emergency Management Committee
WACHS – WA Country Health Service
WAPHA – WA Primary Health Alliance





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