



SHIRE OF CUNDERDIN

# PUBLIC HEALTH PLAN

2026-2031



# CONTENTS

<b>CONTENTS</b>	<b>2</b>
<b>MESSAGE FROM THE SHIRE PRESIDENT</b>	<b>3</b>
<b>1. EXECUTIVE SUMMARY</b>	<b>4</b>
<b>2. INTRODUCTION</b>	<b>6</b>
2.1 What is Public Health	6
2.2 Determinants of Health	7
2.3 Requirements for Public Health Planning	7
2.4 State Government Public Health Plan	8
<b>3. SHIRE SNAPSHOT</b>	<b>9</b>
<b>4. HEALTH &amp; WELLBEING PROFILE</b>	<b>10</b>
4.1 Health Conditions	10
4.2 Behaviour Risk Factors	11
4.3 Socio-Economic Profile	13
4.4 Mortality	13
4.5 Mental Health	14
4.6 Injury	15
4.7 Infectious Disease & Immunisation	16
<b>5. COMMUNITY ENGAGEMENT</b>	<b>17</b>
<b>6. PUBLIC HEALTH ACTION PLAN</b>	<b>18</b>
6.1 Vision	18
6.2 Public Health Priorities	18
6.3 Domains for Action	18
6.4 Action Plan	19
<b>7. MONITORING AND EVALUATION FRAMEWORK</b>	<b>22</b>
7.1 Integrated planning	22
7.2 Reporting	23
7.3 Implementation & Monitoring	23
<b>APPENDIX 1. COMMUNITY PROFILE</b>	<b>24</b>

# MESSAGE FROM THE SHIRE PRESIDENT

The health and wellbeing of our community is fundamental to the future of the Shire of Cunderdin.

As a regional community, we know that strong social connections, volunteering, sporting participation and community spirit are among our greatest strengths. At the same time, we face distinct challenges, including higher rates of chronic disease risk factors, transport-related injuries, and an ageing population.

This Public Health Plan provides a clear and practical roadmap for the next five years. It has been informed by local data and, importantly, by feedback from our community. Residents told us that mental health and support for older people are key priorities, and this Plan reflects those concerns.

The Shire cannot address public health issues alone. However, we are uniquely positioned to influence the environments, services and partnerships that shape health outcomes. Through leadership, advocacy and collaboration, we will work with local organisations, service providers and State agencies to create healthier opportunities for our residents.

This Plan builds on our existing strategic direction and ensures that public health considerations are embedded across our planning, infrastructure, services and community initiatives. It recognises that meaningful change takes time and requires sustained effort.

On behalf of Council, I thank the community members and stakeholders who contributed to the development of this Plan. Together, we will continue working toward our vision of:

*A safe, connected and resilient community where people of all ages are supported to be physically and mentally well.*

Cr. Alison Harris  
President  
Shire of Cunderdin

# 1. EXECUTIVE SUMMARY

The Shire of Cunderdin Public Health Plan 2026–2031 has been developed to meet the Shire’s statutory responsibilities under Part 5 of the *Public Health Act 2016 (WA)* and to affirm Council’s commitment to protecting and promoting the health and wellbeing of our community.

Public health extends beyond healthcare. It encompasses the policies, programs, infrastructure and partnerships that influence the conditions in which people live, work and age. As the level of government closest to the community, the Shire plays a critical role in shaping environments that support healthy lifestyles, reduce risk factors for disease and injury, and respond effectively to emerging public health challenges.

This five-year Plan is informed by local health data and direct community engagement undertaken in conjunction with the review of the Shire’s Strategic Community Plan.

Local health data identifies several key considerations for the health and wellbeing of residents in the Shire of Cunderdin:

- Elevated rates of overweight and obesity in adults and children
- Higher levels of tobacco use, and vaping compared to the State average
- Higher rates of alcohol consumption at levels posing short and long-term risk
- Higher rates of transport-related injury and death
- Higher prevalence of certain chronic conditions, including arthritis and asthma

Community feedback also identified mental health and the needs of an ageing population as key concerns.

In response, the Plan identifies six public health priorities:

-  Reduce use of tobacco and vapes
-  Support healthy eating & active living
-  Reduce harmful alcohol consumption
-  Reduce injury-related harm, particularly transport related injuries
-  Increase awareness and access to mental health services
-  Support wellbeing at every stage of life

Actions to address these priorities are structured under four domains consistent with the WA State Public Health Plan:

- **Promote** – Create environments that support healthy choices

- **Prevent** – Reduce risk factors for disease and injury

- **Protect** – Manage public health risks and emergencies

- **Enable** – Strengthen partnerships and community capacity

The Plan integrates with the Shire’s Integrated Planning and Reporting Framework, ensuring public health priorities are embedded in strategic planning, operational delivery and resource allocation. Progress will be monitored annually, with formal evaluation at the conclusion of the five-year term.



## 2. INTRODUCTION

### 2.1 What is Public Health

The *Public Health Act 2016* defines public health as:

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

Public health planning is a proactive, systematic approach to enhancing the health and wellbeing of communities<sup>1</sup>. It involves assessing health needs of the community, setting priorities, and developing evidence-based strategies to foster sustainable, equitable, and collaborative health improvements. Public health is about ensuring communities have fair access to the resources that support good health.

Public Health encompasses a wide range of activities and disciplines including:



Health promotion and health literacy - encouraging healthy behaviours and providing access to healthier environments.



Disease prevention - vaccination programs, screening and preventing the spread of infectious diseases.



Environmental health - ensuring clean air and water, safe food and effective management of waste and pollution.



Policy and advocacy – developing and recommending health policies and advocating for policies and laws that protect health (e.g. tobacco regulations).



Emergency preparedness and response – planning for and responding to natural disasters, pandemics etc.



Health equity and determinants of health – addressing disparities in health outcomes, and focusing on factors such as housing, education and other factors that influence health.



Community engagement and services – working with local organisations to deliver health services and supporting mental health and wellbeing programs.

<sup>1</sup> Public health planning for local government

## 2.2 Determinants of Health

There are many factors or ‘determinants’ that influence health, most of them non-medical. Importantly, there is a close relationship between people's health and the circumstances in which they grow, live, work, play and age<sup>2</sup>. These determinants can affect a person’s ability to lead a healthy life, their likelihood of becoming unwell and their overall life expectancy<sup>3</sup>.

Health determinants include general socioeconomic, cultural and environmental conditions; living and working conditions; social and community networks; psychological factors, and individual behavioural and biological factors (refer to Figure 1).



Figure 1. Determinants of Health. Source: State Public Health Plan for Western Australia 2025-2030

## 2.3 Requirements for Public Health Planning

The Department of Health and local governments share a statutory responsibility for public health. The Shire of Cunderdin has developed this Public Health Plan to meet statutory responsibilities under Part 5 of the *Public Health Act 2016*. The Shire’s Public Health Plan is a five-year strategic document that aims to identify public health priorities and future planning to work toward a healthier community.

<sup>2</sup> What are determinants of health? - Australian Institute of Health and Welfare

<sup>3</sup> State Public Health Plan for Western Australia 2025-2030

## 2.4 State Government Public Health Plan

Local Public Health Plans are required to align with the State Public Health Plan but be tailored to local needs.

The State Public Health Plan provides overarching objectives and policy priorities for Western Australia, offering a framework for local governments to adapt according to their unique community needs. The vision, objectives and guiding principles of the State Public Health Plan are shown in Figure 2.

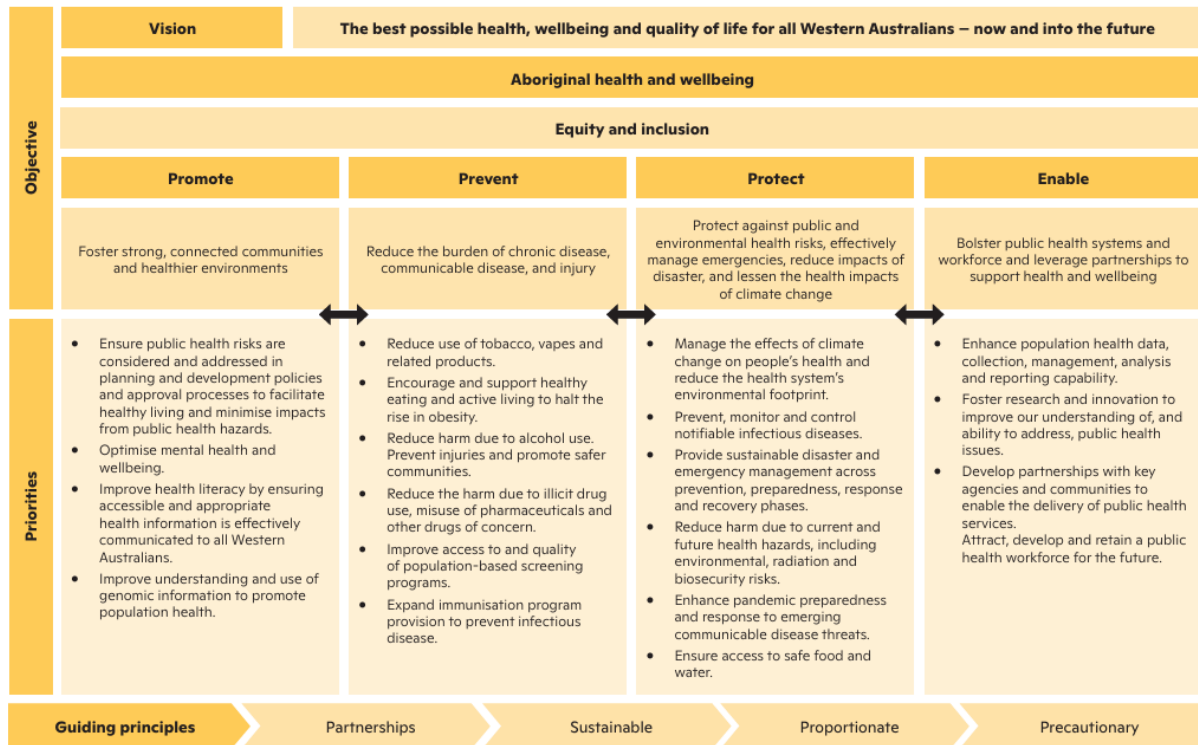










Figure 2. Western Australian Public Health Plan Framework. Source: State Public Health Plan 2025-2030

### 3. SHIRE SNAPSHOT

The Shire of Cunderdin is located central to the Wheatbelt region of Western Australia, approximately 158 kilometres east of Perth. The Shire covers an area of 1,872 square kilometres and incorporates the townsites of Cunderdin and Meckering. The estimated resident population as of June 2024 is 1,316.

	<b>People</b> <b>1,316 estimated population</b> as of 2024		<b>Housing</b> <b>40.7% of residents own their home outright</b>
	<b>Age Profile</b> A larger percentage of the population is aged <b>over 65 (18.3%)</b> compared to Western Australia (17.2%)		<b>ATSI</b> <b>3.1% of residents identify as Aboriginal and or Torres Strait Islander</b>
	<b>Education</b> Yr 12 is the highest level of attainment for <b>17.8% of residents, 33.1% have a Cet III level or above</b> qualification		<b>Employment</b> <b>3.5% unemployment rate</b> as of September quarter 2025 <sup>4</sup> compared to 4.3% in WA
	<b>Volunteers</b> <b>30.8% of residents are involved in voluntary work</b> for an organisation or group compared to a 15.9% state average		<b>Income</b> <b>19.4% of families (59) have an annual income of less than \$64,999<sup>5</sup></b>

<sup>4</sup> Department of Employment and Workplace Relations. Small area labour market data September Quarter 2025

<sup>5</sup> Epidemiology Directorate (2026). *Health and wellbeing profile: Shire of Cunderdin*. WA Department of Health: Perth.

## 4. HEALTH & WELLBEING PROFILE

Chronic diseases, such as heart disease, stroke, diabetes, some cancers and respiratory diseases, are the leading cause of death in Australia. Injuries are also common and have a profound impact on the Western Australian community<sup>6</sup>.

The prevention of chronic disease and injury remains one of Australia’s most pressing public health priorities, given the substantial impact these conditions have on individuals, families and carers, as well as the considerable costs to the health system.

The data presented in this section provides an overview of the health and wellbeing status of residents in the Shire of Cunderdin. Unless otherwise stated, the data presented in this section is sourced from the Department of Health, Epidemiology Directorate Health and Wellbeing Profile for the Shire of Cunderdin.

### 4.1 Health Conditions

In Cunderdin, rates of arthritis and asthma are notably higher than the state average. Rates of cancer, diabetes, heart disease, kidney disease and lung conditions are also marginally higher.

The Australian Cancer Atlas<sup>7</sup> identifies that in the Shire of Cunderdin there are two types of cancer which are occurring at sufficiently higher rates than the Australian average to indicate a real difference. These are Mesothelioma (32% above the Australian average) and Head and Neck Cancers (28% above the Australian average). Mesothelioma is primarily caused by exposure to asbestos while head and neck cancers are primarily caused by tobacco use and excessive alcohol consumption.

Health Condition (self-reported) <sup>1</sup>	Cunderdin	WA
Arthritis	8.8%	7.6%
Asthma	9.6%	7.3%
Cancer	3%	2.7%
Dementia	0.3%	0.7%
Diabetes	4.9%	4.4%
Heart Disease	3.8%	3.6%
Kidney Disease	1.2%	0.8%
Lung Condition	2.2%	1.6%
Mental Health Condition	6.5%	8.3%
Stroke	0.7%	0.8%
Other long-term health condition	6.8%	7.4%

\*Note. Calculated percentages represent a proportion of the number of people in the area including those who did not answer the long-term health conditions question.

<sup>6</sup> Chronic disease and injury prevention

<sup>7</sup> Australian Cancer Atlas

## 4.2 Behaviour Risk Factors

Unhealthy diets, overweight, and obesity are the leading risk factors for death, disease and disability in Western Australia (WA), after tobacco use<sup>8</sup>.

Data provided by the Department of Health, Epidemiology Directorate, highlights a number of behaviour risk factors in the Shire of Cunderdin. Overweight and obesity are the most significant concern, with 52.2% of adults (16 years and over) in the Shire of Cunderdin estimated to be obese (i.e., have a BMI of 30+), which is much higher than the State prevalence of 37.3%. The rate of obesity in children is also elevated in the Shire of Cunderdin at 15.1% compared to the State rate of 10.2%.

Low physical activity levels and dietary behaviours are likely contributors to the elevated rates of overweight and obesity. A substantial proportion of children (70.4%) and nearly half of adults (49.9%) in the Shire are not meeting recommended weekly activity guidelines. Slightly fewer children consume the recommended daily serves of fruit compared to the State average, while more children (11.8% in Cunderdin compared to the state average of 8.5%) are drinking sugar-sweetened drinks more than twice a week. Fast food is consumed by 7.1% of adults in the Shire of Cunderdin more than twice a week compared to the state average of 6% and 23.1% drink sugar-sweetened drinks more than twice a week, which again is higher than the state average.

More than a quarter of adults in the Shire of Cunderdin smoke (26.2%) and 13.1% vape, both significantly higher than State rates, contributing to an elevated rate of tobacco-attributable deaths. Additionally, 17% of residents report drinking at high-risk levels for short-term harm, again exceeding the State prevalence.

<sup>8</sup> Evidence brief: food, built environments and obesity



	Shire of Cunderdin	WA	Comparison to WA
<b>Overweight</b>			
Children (5-15 years)	15.9%	15%	≈
Adults (16+)	35.4%	37.4%	≈
<b>Obese</b>			
Children (5-15 years)	15.1%	10.2%	≠
Adults (16+)	52.2%	37.3%	≠
<b>Ate recommended serves of fruit daily</b>			
Children (2-15 years)	72.4%	75.4%	≠
Adults (16+)	34.4%	33.4%	≈
<b>Ate recommended serves of vegetable daily</b>			
Children (2-15 years)	9.7%	10.9%	≈
Adults (16+)	5.4%	4.7%	≈
<b>Do not meet recommended physical activity levels</b>			
Children (5-15 years)	70.4%	62.3%	≠
Adults (16+)	49.9%	39.1%	≠
<b>Eat fast-food more than twice a week</b>			
Children (1-15 years)	5.1%	6.2%	≤
Adults (16+)	7.1%	6%	≠
<b>Drink sugar-sweetened drinks more than twice a week</b>			
Children (1-15 years)	11.8%	8.5%	≠
Adults (16+)	23.1%	16.8%	≠
<b>Drink alcohol at high risk levels for long term harm*</b>			
Adults (16+)	35.6%	29.1%	≠
<b>Drink alcohol at high risk levels for short term harm**</b>			
Adults (16+)	17.0%	11.9%	≠
<b>ASR of illicit drug-attributable hospitalisations</b>			
Adults (16+)	84.4 per 100,000	181.8 per 100,000	≤
<b>Smoke tobacco (18+)</b>			
Adults (18+)	26.2%	13.5%	≠
<b>ASR of tobacco attributable deaths</b>			
Adults (16+)	65.1 per 100,000	48.7 per 100,000	≠
<b>Vape</b>			
Adults (18+)	13.1%	7.9%	≠

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

\*\*Drinks more than 4 standard drinks on any one day.

### 4.3 Socio-Economic Profile

Socioeconomic disadvantage can have profound effects on a community’s health outcomes. Chronic conditions tend to be more common among people living in areas of most disadvantage (lowest socioeconomic areas) than among those living in areas of least disadvantage (highest socioeconomic areas)<sup>9</sup>.

The Index of Relative Socio-economic Disadvantage (IRSD) is a general socio-economic index that summarises a range of information about the economic and social conditions of people and households within an area.

A low score indicates relatively greater disadvantage. For example, an area could have a low score if there are: many households with low income, or many people without qualifications, and many people in low skilled occupations. A high score indicates a relative lack of disadvantage. For example, an area may have a high score if there are: few households with low incomes, few people without qualifications, few people in low skilled occupations.

The IRSD score for the Shire of Cunderdin in 2021 was 1,008, which is higher compared to the state score of 1,002 indicating a relative lack of disadvantage.

### 4.4 Mortality

The crude rate of deaths in the Shire of Cunderdin is higher than the state average. The leading cause of death at both a local and state level is coronary heart disease. The life expectancy of people living in the Wheatbelt SA4 region is slightly lower than the state average.

	Shire of Cunderdin	WA	Comparison to WA
<b>Mortality<sup>10</sup></b>	19 deaths in 2023 (12 males and 7 females)	17, 475	NA
<b>Crude rate of deaths per 100,000</b>	1,423	606.5	≥
<b>Leading cause of death</b>	Coronary heart disease	Coronary heart disease	NA
<b>Life expectancy<sup>11</sup></b>	80.9 (Wheatbelt SA4)	83.6	≤

<sup>9</sup> Chronic conditions - Australian Institute of Health and Welfare

<sup>10</sup> Mortality Over Regions and Time (MORT) books, Data visualisation - Australian Institute of Health and Welfare

<sup>11</sup> Australian Bureau of Statistics. Life expectancy at birth, by Statistical Areas level 4, 2022-2024

## 4.5 Mental Health

Mental health issues, such as anxiety-related conditions, mood disorders, and behavioural conditions, are among the leading causes of disability and morbidity in WA<sup>12</sup>.

In 2024, 20.1% of Shire of Cunderdin residents aged 16 years and above were told by a doctor in the past 12 months that they had a mental health condition. This was lower than the state prevalence of 25%.

The prevalence of stress-related conditions, anxiety and depression in the Shire of Cunderdin were all lower than the state prevalence. The prevalence of diagnoses across all conditions is higher amongst females than males in the Shire of Cunderdin.

While the data indicates that there is a lower prevalence of mental health conditions in the Shire of Cunderdin, it is important to note that this may not reflect the actual experience of mental health, rather it may be reflective of limited access to mental health services in the area or people not seeking help for mental health related conditions.

	Shire of Cunderdin	WA	Comparison to WA
Mental health diagnosis*	20.1%	25%	≲
Stress related conditions	10.2%	13.5%	≲
Anxiety	13%	16.3%	≲
Depression	11.6%	13.7%	≈
Psychological distress**	18.7%	21.7%	≈

\* People aged 16+ who were told by a doctor in the past 12 months that they had a mental health condition

\*\*People aged 16+ with high or very high psychological distress

## 4.6 Injury

The major causes of injury related hospitalisation in the Shire of Cunderdin were lower or similar to the state across all causes except transport accidents.

The ASR of injury related deaths caused by transport accidents was much higher in the Shire of Cunderdin than the State. The ASR among male residents was 36.3 per 100,000 compared to 11.5 per 100,000 among females. The prevalence across both males and females was higher than the state.

	Shire of Cunderdin	WA	Comparison to WA
<b>Injury related Hospitalisations (per 100,000 in 2024)</b>			
Accidental falls	1,025.1	1,031.0	≤
Assault & neglect	40.0	106.4	≤
Transport accidents	298.2	236.9	≧
Intentional self-harm	44.2	106.6	≤
Accidental poisoning	42.2	52.3	≤
Accidental drowning	23	21.8	≈
<b>Injury related harm*</b>			
Adults (16+)	21.3%	26%	≤
Children (0-15 yrs)	24%	29.6%	≤
<b>Injury related deaths (per 100,000 in 2021)</b>			
Accidental falls	13.4	15.3	≈
Assault & neglect	1.3	0.8	≈
Transport accidents	24.4	7.2	≧
Intentional self-harm	19.5	13.5	≧
Accidental poisoning	6.6	7.8	≈
Accidental drowning	1.3	1.5	≈

\*Injury requiring treatment from a health professional.

## 4.7 Infectious Disease & Immunisation

Immunisation is known to be one of the most effective public health measures in preventing many serious diseases. In WA, however, coverage is suboptimal in some areas due to service disruption and vaccine hesitancy following the COVID-19 pandemic<sup>13</sup>.

Notifiable infectious diseases in the Shire of Cunderdin are lower or similar to the state age standardised rate. Childhood vaccinations rates are comparable.

	Shire of Cunderdin	WA	Comparison to WA
<b>Notifiable infectious diseases (per 100,000 in 2022)</b>			
Blood borne	27.1	44.1	≤
Enteric disease (gastrointestinal)	236.8	218.9	≈
STIs	223.9	600.6	≤
Vaccine Preventable diseases	448.2	714.1	≤
Vector-borne diseases	10.8	21.1	≤
<b>Childhood immunisation (% fully vaccinated in the Wheatbelt North SA3 region as of 30 September 2025) *<sup>14</sup></b>			
1 yr olds	90.05	90.33	≈
2 yr olds	88.46	87.76	≈
5 yr olds	91.99	91.95	≈

\*Data is not available at a local government level

<sup>13</sup> State Public Health Plan 2025-2030

<sup>14</sup> Current coverage data tables for all children | Australian Government Department of Health, Disability and Ageing

## 5. COMMUNITY ENGAGEMENT

The development of the Public Health Plan was informed by a two-stage data collection process, combining desktop research with direct community engagement.

Stage one involved a comprehensive review and analysis of relevant local and State health data to identify key trends, risk factors and emerging issues.

Stage two focused on community consultation to gain a deeper understanding of residents' health and wellbeing priorities. This consultation was undertaken through a community survey conducted in conjunction with the review of the Shire's Strategic Community Plan, enabling alignment between strategic planning and public health priorities.

Survey respondents were asked to rank eight public health issues in order of importance. Overall, mental health was identified as the most important public health issue, followed by concerns relating to an ageing population.

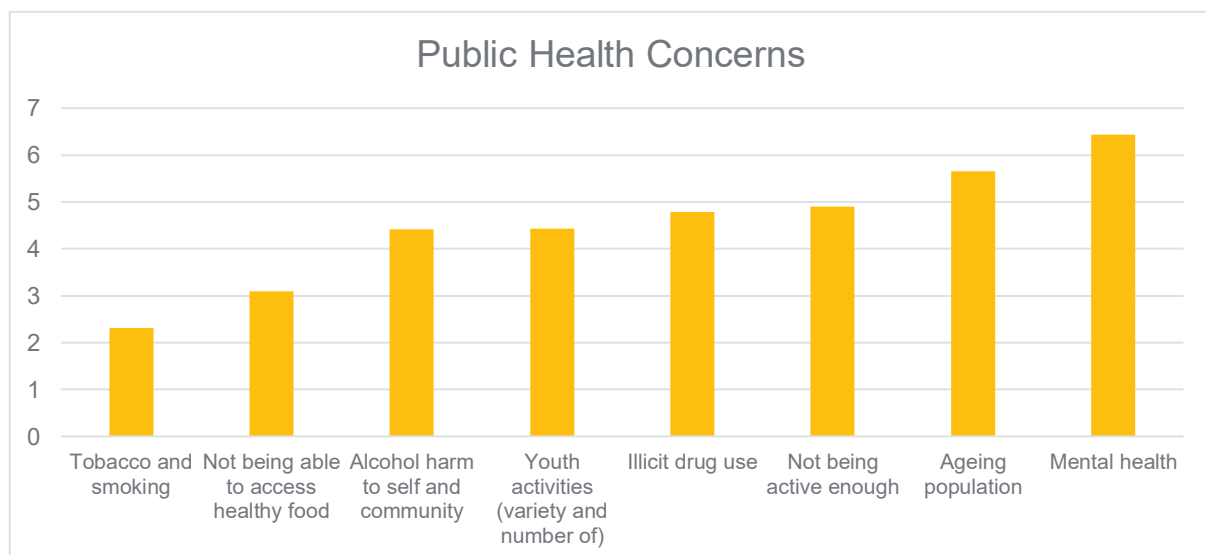


Figure 3. Local Public Health Concerns in Order of Importance



## 6. PUBLIC HEALTH ACTION PLAN

### 6.1 Vision

*A safe, connected and resilient community where people of all ages are supported to be physically and mentally well.*

### 6.2 Public Health Priorities

The following health and wellbeing priorities for the Shire of Cunderdin have been identified through an assessment of local health data and community consultation.



Reduce use of tobacco and vapes



Support healthy eating and active living to reduce rates of overweight and obesity



Reduce harmful alcohol consumption



Reduce injury-related harm, particularly transport-related injuries



Increase awareness and access to mental health services and support



Support wellbeing at every stage of life

### 6.3 Domains for Action

The Action Plan is structured around four key domains consistent with the WA State Public Health Plan:

- **Promote** – Create environments that support healthy choices
- **Prevent** – Reduce risk factors for disease and injury
- **Protect** – Manage public health risks and emergencies
- **Enable** – Strengthen partnerships and community capacity

## 6.4 Action Plan

### Promote

**Objective:** Promote healthy living by ensuring residents have access to quality open spaces, safe infrastructure and supportive environments that encourage physical and mental wellbeing.

Priority	Actions
1. Support healthy eating and active living to reduce rates of overweight and obesity	1.1 Review, maintain and enhance public open spaces and active transport infrastructure (e.g., walkways and bike paths).
	1.2 Prioritise upgrades to public infrastructure to improve accessibility and safety for all users.
	1.3 Promote the <b>Your Move</b> program to help residents find healthier and more active ways to get around.
	1.4 Apply for funding through the <b>WABN Grants Program</b> to support the development of a local bike plan to identify potential cycling infrastructure opportunities.
	1.5 Promote KidSport vouchers to increase youth participation in sport.
	1.6 Actively promote local sporting clubs and facilities.
	1.7 Ensure informal sport is considered in future facility design.
	1.8 Use Shire communication channels to promote health campaigns (e.g., LiveLighter, Make Smoking History, SunSmart, etc.).
	1.9 Encourage healthy food options at community events and facilities.
	1.10 Deliver and/or fund events and programs with local sport or community groups with the purpose of boosting long-term participation in physical activity.
2. Increase awareness and access to mental health services and support	2.1 Promote regional mental health services.
	2.2 Support local mental health awareness events (e.g. Mental Health Week, RUOK Day).
	2.3 Lead by example by actively promoting early help-seeking behaviour internally within the Shire.

## Prevent

**Objective:** Support initiatives that reduce the prevalence of chronic disease and injury risk factors within the community.

Priority	Actions
3. Reduce use of tobacco and vapes	<b>3.1</b> Review and extend smoke-free areas around playgrounds, sporting grounds and public buildings. <b>3.2</b> Install clear signage and enforce compliance.
4. Reduce harmful alcohol consumption	<b>4.1</b> Support alcohol-free community events. <b>4.2</b> Develop a policy to restrict alcohol advertising on Shire-owned assets and at Shire-run events. <b>4.3</b> Partner with local stakeholders to promote responsible service practices.
5. Reduce injury-related harm, particularly transport-related injuries	<b>5.1</b> Advocate for road safety improvements in collaboration with Main Roads WA. <b>5.2</b> Promote local road safety campaigns targeting speed, fatigue and drink driving.

## Protect

**Objective:** Monitor and respond to public health and environmental risks and effectively manage emergencies to reduce the impact of disease, environmental hazards and disasters.

Priority	Actions
6. Ensure statutory requirements under the Public Health Act 2016 are adhered to	<b>6.1</b> Public building compliance inspections. <b>6.2</b> Food business inspections and education. <b>6.3</b> Recreational water sampling. <b>6.4</b> Environmental health monitoring.
7. Promote and build awareness of public health campaigns aimed at disease prevention	<b>7.1</b> Provide locally relevant information during outbreaks or public health alerts. <b>7.2</b> Promote campaigns aimed at disease prevention and protection such as the <a href="#">Play it Food Safe campaign</a> .
8. Strengthen response to public health threats and emergencies	<b>8.1</b> Regular review and testing of emergency management plans. <b>8.2</b> Participate in multi-agency exercises. <b>8.3</b> Strengthen bushfire, heatwave and extreme weather preparedness. <b>8.4</b> Minimise the risk of mosquito borne disease transmission through ariel treatments.

## Enable

**Objective:** Leverage partnerships and facilitate opportunities that strengthen local capacity, improve access to services and support community wellbeing.

Priority	Actions
9. Ensure health services are accessible and resourced	9.1 Support local GP services and visiting health providers.
	9.2 Advocacy to sustain and grow health services in the Shire.
10. Support older people in the community	10.1 Develop and implement an Age Friendly Community Plan.
	10.2 Support programs, initiatives and events that improve the health of older adults and reduce social isolation.

# 7. MONITORING AND EVALUATION FRAMEWORK

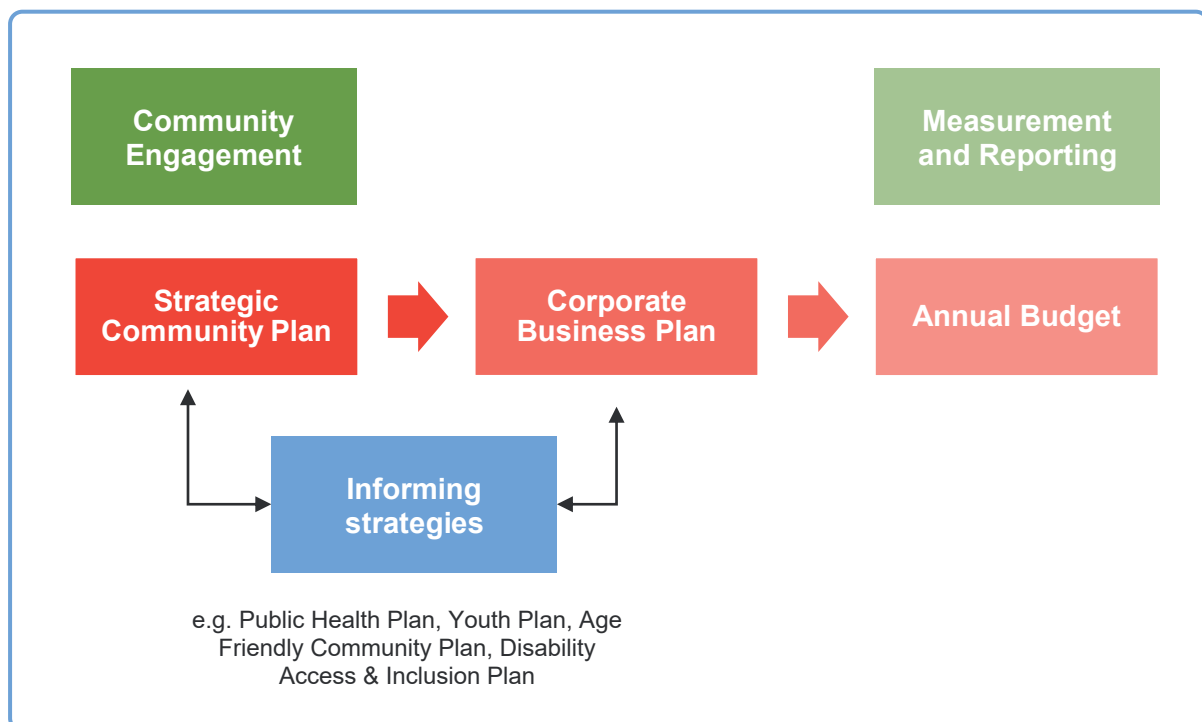
## 7.1 Integrated planning

The Public Health Plan forms part of the Shire of Cunderdin’s Integrated Planning and Reporting (IPR) Framework and aligns with, informs and supports the Shire’s broader strategic direction.

The Plan is closely linked to:

- **Strategic Community Plan** – articulating the community’s long-term aspirations and Council’s vision for the future.
- **Corporate Business Plan** – translating strategic priorities into operational actions, resource allocation and measurable outcomes.
- **Informing Strategies and Resourcing Plans** – including asset management, workforce planning and financial planning documents that support Council’s capacity to deliver services and infrastructure.

Through this integrated approach, public health priorities are embedded into organisational planning, budgeting and service delivery, ensuring a coordinated and sustainable response.



## 7.2 Reporting

In accordance with Section 22 of the *Public Health Act 2016 (WA)*, local governments are required to report to the Chief Health Officer on the performance of functions under the Act.

The Shire will meet all statutory reporting requirements, including confirming the preparation and implementation of its Public Health Plan as requested by the Chief Health Officer.

Compliance reporting will be integrated into existing governance and reporting processes to ensure efficiency and transparency.

## 7.3 Implementation & Monitoring

Responsibility for implementation of actions identified in this Plan will be assigned to relevant officers and incorporated into annual operational planning.

Progress against actions will be reviewed annually, with updates reported to Council as part of the standard reporting processes.

The Shire will:

- Monitor delivery of actions through clearly defined internal Key Performance Indicators (KPIs).
- Track relevant public health indicators over time (such as alcohol and tobacco use, overweight and obesity, chronic disease prevalence and other priority risk factors).
- Review emerging local data and evidence to inform continuous improvement.
- Adjust actions where required to respond to changing community needs or emerging public health concerns.

It is recognised that changes in health behaviours and health outcomes often occur over the long term, and that measurable improvements may not be immediately apparent. Accordingly, the Shire will focus on both process measures (delivery of actions) and outcome indicators (long-term health trends).

This Plan is intended to be a flexible and living document. New initiatives and partnership opportunities may be incorporated over its five-year life to respond to emerging priorities.

At the conclusion of the five-year term, the Plan will undergo a comprehensive evaluation and review to inform the development of the next Public Health Plan.

# APPENDIX 1. COMMUNITY PROFILE

The Shire of Cunderdin is located 158km east of Perth, in the Wheatbelt region of Western Australia. The Shire encompasses the towns of Cunderdin and Meckering.

As of 30 June 2024, an estimated 1,316 people lived in the Shire of Cunderdin. Around 52.2% were male and 47.8% were female (Figure 1). Other selected population measures are provided in Table 1.

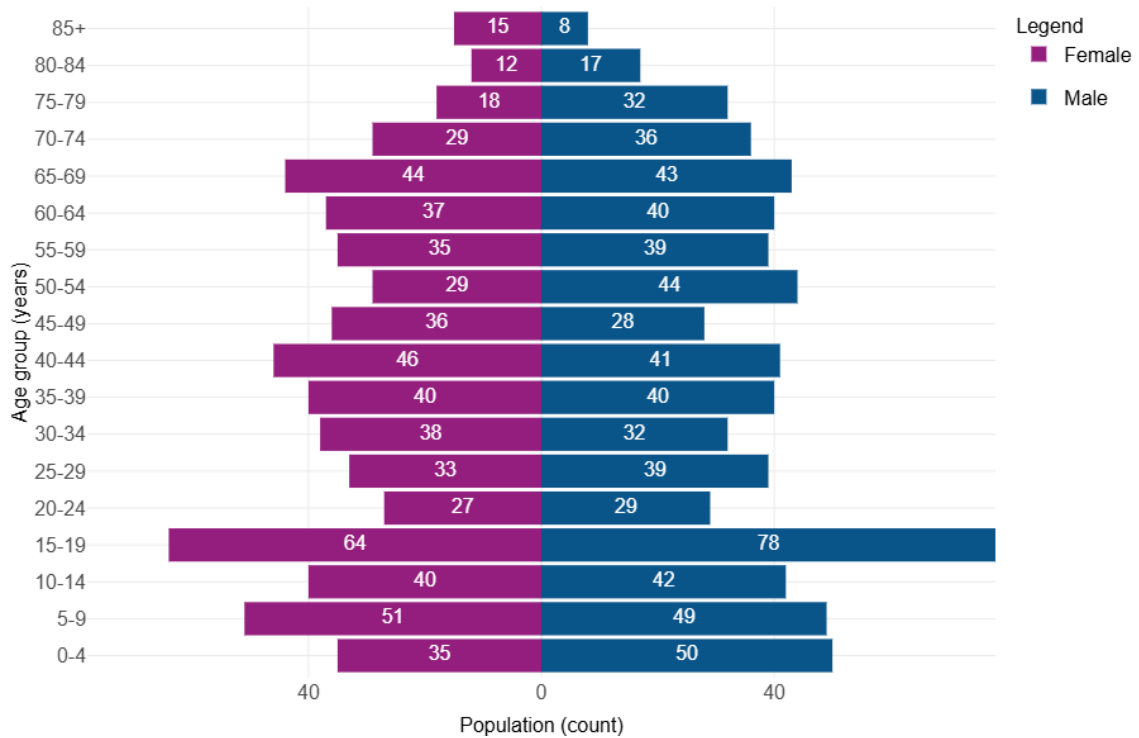


Figure 1. Population by age group and sex, Shire of Cunderdin (2024). Source: 2024 Estimated Resident Population, Australian Bureau of Statistics.

	General Population	Cunderdin (LGA)	Western Australia
<b>Geographic area (size)</b>		1,872 square kilometres	~2.53 million square kilometres <sup>15</sup>
<b>Population</b>		1,316	2,965,000 <sup>16</sup>
<b>Population density</b>		1.4 residents per km <sup>2</sup>	0.85 residents per km <sup>2</sup>
<b>Residents born overseas</b>		22.4%	38%
<b>Households where a non-English language is used</b>		5.8%	21.2%
<b>Median age of residents</b>		37 years	38 years
<b>Disability</b>		32 National Disability Insurance Scheme (NDIS) participants (Sept. 2025) <sup>17</sup>	
<b>Aboriginal and or Torres Strait Islander</b>		3.1% of residents identify as Aboriginal and or Torres Strait Islander	3.3%
<b>Average family size</b>		3.1 persons	
<b>Homeowners</b>		40.7% of residents owned a home outright.	29.2%
<b>Vehicle ownership</b>		3.8% of residents do not own a vehicle	4.9%
<b>Carers</b>		10.3% of residents provided unpaid care to a person with a disability, health condition or due to old age	10.7%
<b>Non-school qualification at Certificate III level or above</b>		33.1% of residents has a Certificate III level qualification or above (8.6% of which had a bachelor's degree level or above)	50.9% (of which 23.8% had a bachelor's degree level or above)
<b>Volunteers</b>		30.8% of residents were involved in voluntary work for an organisation or group	15.9%
<b>Year 12</b>		Yr 12 was the highest level of attainment for 17.8% of residents	Yr 12 was the highest level of attainment for 15.5% of the population

Table 1. Shire of Cunderdin Population Data. Source from the ABS 2021 Census of Population and Housing, or REMPLAN Wheatbelt unless otherwise stated

<sup>15</sup> Area of Australia - States and Territories | Geoscience Australia

<sup>16</sup> National, state and territory population, June 2024

<sup>17</sup> National Disability Insurance Scheme (NDIS) participant datasets. Participant count by Local Government area as of 30 September 2025.