



Shire of

Bruce Rock

Where friends become family

Public Health Plan

2026-2031

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Acknowledgement of Country

The Shire of Bruce Rock acknowledges the Ballardong Noongar people as the Traditional Custodians of the land where we live. We pay our respect to Elders past and present.



Message from the Shire President



I am pleased to present the Shire of Bruce Rock Public Health Plan 2026-2031, which provides a framework to support the health and wellbeing of our community over the next five years.

In Bruce Rock we value the opportunities that come with living in a rural area and recognise the importance of creating an environment where people of all ages can enjoy a healthy, active and fulfilling life.

This Plan has been informed by local health data and community feedback. It recognises that there are some challenges we face and need to address to support the health and well-being of all of our residents.

The Plan identifies eight priority areas and actions we will take to address these. Many factors that influence health and wellbeing sit beyond the direct responsibility of local government, however we have an important role in creating opportunities, building partnerships and advocating for the needs of our community. Implementing this plan will therefore require collaboration between Council, community organisations, health services, local businesses, volunteers and residents.

I would like to thank everyone who contributed to the development of this Plan. Your insights and experiences have helped shape a practical and locally relevant approach to improving health and wellbeing in Bruce Rock.

Cr Ram Rajagopalan

President

Shire of Bruce Rock

1. Executive summary

The Shire of Bruce Rock Public Health Plan 2026–2031 is a five-year strategic document developed to meet the Shire's statutory responsibilities under Part 5 of the *Public Health Act 2016*. It aligns with the WA State Public Health Plan 2025–2030 and has been tailored to the unique health needs, priorities and circumstances of the Shire.

The Shire of Bruce Rock is located in the Wheatbelt region of Western Australia, incorporating the main townsite of Bruce Rock as well as the smaller towns of Ardath, Babakin, Kwolyin and Shackleton. The estimated resident population of the Shire as of June 2024 is 1,066. The Shire is characterised by an older population profile, a higher proportion of Aboriginal and Torres Strait Islander people than the WA average and a higher prevalence of long-term health conditions.

A comprehensive review of local health data identified several areas where the Shire's health outcomes differ from state averages:

Rates of arthritis and asthma are higher than the State rate	Lung Cancer ASR of 85.9 compared to the state prevalence of 42.2	66.7% of children 12 - < 15 months are fully vaccinated <i>(compared to 94.6%)</i>
74% of children do not meet recommended physical activity guidelines <i>(compared to state average of 62.3%)</i>	26% of the population are aged 65+ <i>(WA, 16.1%)</i>	27.7 transport accident deaths per 100,000 <i>(compared to 7.2 in WA)</i>

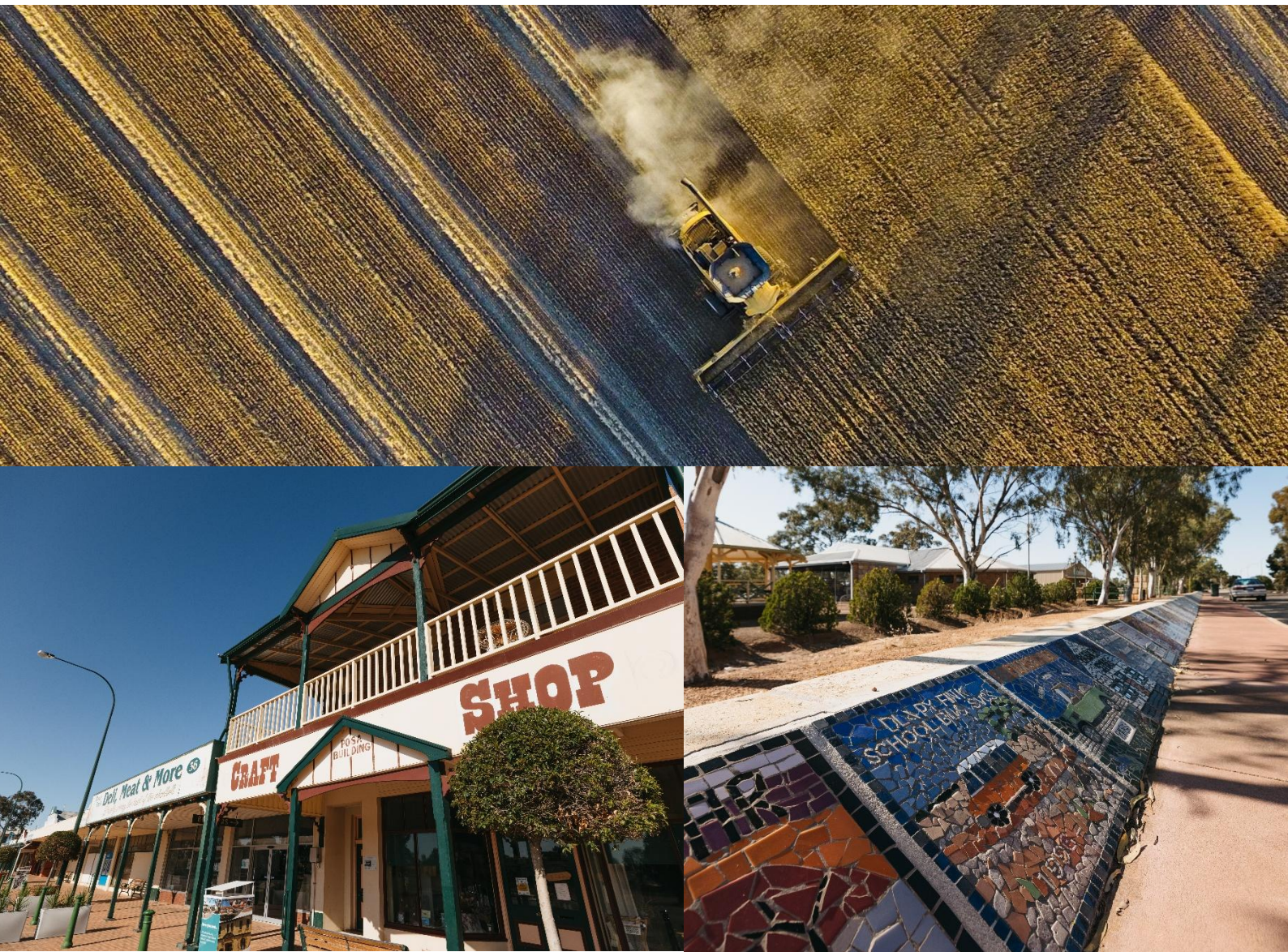
Eight priorities have been identified through the integration of health data analysis and community consultation.

	Healthy Lifestyles & Healthy Places		Mental health, wellbeing and social connection
	Cancer & Chronic Disease Prevention		Reduce alcohol and tobacco related harm
	Injury Prevention & Safety		Healthy ageing
	Children & Young People		Aboriginal Health & Cultural Wellbeing

Actions to address public health priorities in the Shire of Bruce Rock are structured under four domains consistent with the WA State Public Health Plan:

Promote	Create opportunities that encourage healthy living and social connection.
Prevent	Improve health outcomes by addressing risk factors and supporting early action to prevent disease and injury.
Protect	Support safe and sustainable communities through effective environmental health and emergency preparedness measures.
Enable	Strengthen partnerships, infrastructure and community capacity to support long-term health and wellbeing outcomes.

Actions in this plan reflect the scope and resources of local government and are intended to be delivered in partnership with state agencies, health services, community organisations and local businesses. The Plan will be reported to Council annually and formally reviewed at the mid-term in 2028, with a full review upon conclusion of the five-year term.



2. Introduction

2.1 What is Public Health

The *Public Health Act 2016* defines public health as the health and wellbeing of the community, together with the policies, programs and safeguards that protect, maintain, promote and improve health while preventing illness and disability.

Public health planning is a proactive process that identifies community health needs, sets priorities and implements evidence-based actions to improve health and wellbeing. It aims to ensure all members of the community have equitable access to the conditions and services that support good health.

Public health includes a broad range of activities, including:

- health promotion and health literacy
- disease prevention and control
- environmental health
- emergency preparedness and response
- health equity and addressing the social determinants of health
- policy development and advocacy
- community engagement and access to health and wellbeing services.

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 age¹. These determinants can affect a person's ability to lead a healthy life, their likelihood of becoming unwell and their overall life expectancy².

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

¹ What are determinants of health? - Australian Institute of Health and Welfare

² 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 Bruce Rock 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.

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.

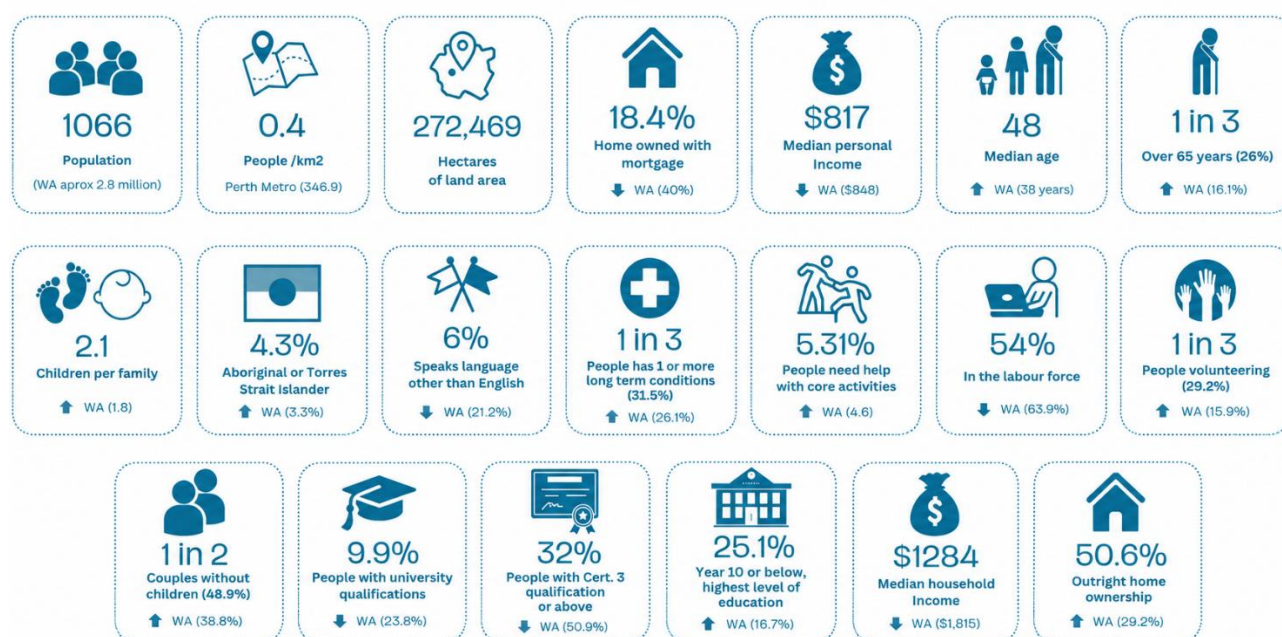
Vision			
To achieve the best possible health, wellbeing and quality of life for all Western Australians, now and into the future.			
Cross-cutting priorities			
All public health actions are underpinned by a commitment to: • Aboriginal health and wellbeing • Equity and inclusion			
Objectives			
Promote	Prevent	Protect	Enable
Foster strong, connected communities and healthier environments	Reduce the burden of chronic disease, communicable disease and injury	Protect against public and environmental health risks, effectively manage emergencies, reduce impacts of disaster, and lessen the health impacts of climate change.	Bolster public health systems and workforce and leverage partnerships to support health and wellbeing.
Guiding Principles			
Partnerships	Sustainable	Proportionate	Precautionary

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

3. Shire Snapshot

The Shire of Bruce Rock is located in the Wheatbelt region of Western Australia, approximately 245 kilometres east of Perth. The Shire covers an area of 2,724 square kilometres and includes the main townsite of Bruce Rock as well as the smaller towns of Ardath, Babakin, Kwolyin and Shackleton. The resident population at the time of the 2021 ABS Census of Population and Housing was 1,066.

The information presented in the infographic below, provides a community snapshot in time as of the most recent Census night (2021 ABS Census of Population and Housing), based on place of usual residence. It contains a sample of the many different social determinants which collectively shape people's health and wellbeing outcomes.



Key Characteristics of the Shire of Bruce Rock that are of relevance to public health planning include:

- A higher proportion of Aboriginal and Torres Strait Islander people than the WA average.
- An older population profile, with a higher median age and around one-third of residents aged 65 years and over.
- A higher prevalence of long-term health conditions, affecting around one-third of residents.
- Slightly higher proportion of people requiring assistance with core activities.
- Lower median personal, family and household incomes than the WA average.
- Lower levels of educational attainment.

4. Health & Wellbeing Profile

The data presented in this section provides an overview of the health and wellbeing status of residents in the Shire of Bruce Rock. Unless otherwise stated, the data presented in this section is sourced from the Shire of Bruce Rock Health and Wellbeing Data Summary collated by the WA Country Health Service – Wheatbelt Public Health Unit, May 2026.

4.1 Health Conditions

Chronic diseases, such as heart disease, stroke, diabetes, some cancers and respiratory diseases, are the leading cause of death in Australia³.

In the Shire of Bruce Rock, self-reported rates of arthritis and asthma are higher than the state average. Rates of cancer, heart disease and lung conditions are also marginally higher.

Health Condition (self-reported)	Bruce Rock	Western Australia
Arthritis	10.9%	7.6%
Asthma	10.1%	7.3%
Cancer	3.9%	2.7%
Dementia	0.7%	0.7%
Diabetes	5.1%	4.4%
Heart Disease	4.2%	3.6%
Kidney Disease	0.5%	0.8%
Lung Condition	2.5%	1.6%
Mental Health Condition	8.4%	8.3%
Stroke	0.4%	0.8%
Other long-term health condition	7.3%	7.4%

Table 1 Self-Reported Health Conditions in the Shire of Bruce Rock. Source: ABS 2021 Census of Population and Housing

³ Chronic disease and injury prevention

Compared to both WA state and metro areas, Bruce Rock has a noticeably higher incidence of lung cancer (double the state rate and metro rate). Rates of breast and prostate cancer are also elevated compared to the State and metro areas.

Cancer Incidence (per 100,000 persons, 2014-2018)	Bruce Rock	Metro	State
Lung cancer	85.9	42.2	42.2
Breast cancer	177.9	130.7	128.9
Cervical cancer	0.0	6.9	7.2
Prostate cancer	204.9	148.8	149.6
Melanoma	32.9	51.9	54.5

Table 2 Cancer Incidence, Bruce Rock. Source: WA Country Health Service⁴

4.2 Mortality

The crude death rate in the Shire of Bruce Rock is higher than the Western Australian average. Between 2019 and 2023, the leading causes of death among Bruce Rock residents were dementia (including Alzheimer's disease), coronary heart disease, lung cancer, chronic obstructive pulmonary disease (COPD), and colorectal cancer.

Life expectancy in the Wheatbelt SA4 region is slightly below the state average. Recent data also indicates a declining trend in life expectancy across the Wheatbelt since 2022 (refer to Table 2 in Appendix 1).

This data, coupled with the demographic profile of the Shire, highlights the ongoing impact of chronic disease and an ageing population on community health outcomes. The higher mortality rate and lower life expectancy compared with the state average indicate the need for continued efforts to prevent and manage chronic diseases, promote healthy lifestyles, support healthy ageing, and improve access to health services.

	Shire of Bruce Rock	Western Australia	Comparison to WA
Mortality ⁵	9 deaths in 2023 (6 males and 3 females)	17, 475	NA
Crude rate of deaths per 100,000	835.9	606.5	Higher
Leading cause of death 2019-2023	Dementia including Alzheimer's disease	Coronary heart disease	NA
Life expectancy ⁶	80.9 (Wheatbelt SA4)	83.6	Lower

Table 3 Mortality Data for the Shire of Bruce Rock. Source: Australian Institute of Health and Welfare and Australian Bureau of Statistics

⁴ Shire of Bruce Rock Health and Wellbeing Data Summary, WA Country Health Service – Wheatbelt Public Health Unit May 2026

⁵ Mortality Over Regions and Time (MORT) books, Data visualisation - Australian Institute of Health and Welfare

⁶ Australian Bureau of Statistics. Life expectancy at birth, by Statistical Areas level 4, 2022-2024

4.3 Behaviour Risk Factors

Unhealthy eating, physical inactivity, overweight and obesity are major contributors to preventable illness, disability and premature death. Data from the Shire of Bruce Rock Health and Wellbeing Data Summary⁷ indicates that several behavioural risk factors are more prevalent in the Shire than across Western Australia, including:

- higher fast-food consumption among adults
- higher sugary drink consumption among children
- lower levels of physical activity among adults and children
- lower consumption of the recommended daily serves of fruit and vegetables
- higher rates of childhood overweight.

These findings highlight the need for initiatives that promote healthy eating, increase physical activity and support healthy weight across all age groups. Improving access to affordable, nutritious food and creating opportunities for active lifestyles will be important to improving long-term health and wellbeing outcomes in the Shire.

	Shire of Bruce Rock	Western Australia	Comparison to WA
Overweight			
Children (5-15 years)	16.0%	15%	Higher
Adults (16+)	37%	37.4%	Similar
Ate recommended serves of fruit daily			
Children (2-15 years)	69.3%	75.4%	Lower
Do not meet recommended physical activity levels			
Children (5-15 years)	74.1%	62.3%	Higher
Adults (16+)	55.6%	39.1%	Higher
Drink sugar-sweetened drinks more than twice a week			
Children (1-15 years)	12.6%	8.5%	Higher

Table 4 Shire of Bruce Rock Behavioural Risk Profile. Source: WA Country Health Service⁸

⁷ Shire of Bruce Rock Health and Wellbeing Data Summary prepared by the WA Country Health Service – Wheatbelt Public Health Unit

⁸ Shire of Bruce Rock Health and Wellbeing Data Summary, WA Country Health Service – Wheatbelt Public Health Unit May 2026

4.4 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)⁹.

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.

The IRSD for the Shire of Bruce in 2021 was 979 (compared to the state score of 1,002), and it ranked 64 out of 139 local government areas in Western Australia. This indicates that the Shire of Bruce experiences higher levels of socio-economic disadvantage than approximately half of the local government areas in Western Australia.

4.5 Early Childhood Development

The Australian Early Development Census (AEDC) provides a measure of how children are developing across key domains including physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication skills. Early childhood development is a key determinant of lifelong health and wellbeing. Children who are developmentally vulnerable are at greater risk of experiencing poorer outcomes later in life.

The 2024 AEDC results for Bruce Rock identified developmental vulnerability among children entering their first year of school in the areas of:

- Physical health and wellbeing (13.3%)
- Social competence (13.3%)
- Emotional maturity (6.7%)
- Language and cognitive skills (6.7%)

Overall, 13.3% of children were developmentally vulnerable in one or more domains, while 13.3% were vulnerable in two or more domains.

Compared with the Western Australian average, Bruce Rock had a lower proportion of children vulnerable in one or more domains, a slightly higher proportion vulnerable in two or more domains, and a lower proportion of children developmentally on track across all five domains.

Geography	Physical	Social	Emotional	Language	Communication	DV1	DV2	SEIFA score (I)
Australia	10.0	10.7	10.0	7.7	8.9	23.54	12.46	0.00
Western Australia	10.5	9.9	10.3	8.3	9.7	24.11	12.59	0.00
Bruce Rock	13.3	13.3	6.7	6.7	0.0	13.33	13.33	0.00

Table 5 Shire of Bruce Rock AEDC Snapshot 2024. Source: Australian Early Development Census 2024

⁹ Chronic conditions - Australian Institute of Health and Welfare

4.6 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 Western Australia¹⁰.

Data for the Merredin Statistical Areas Level 2 (which includes the Shire of Bruce Rock) indicates that the prevalence of mental health conditions is comparable to the State average, with similar findings reported across the Wheatbelt region.

While prevalence is consistent with Western Australia, improving access to mental health support remains a priority for regional communities. The WA Mental Health and Alcohol and Other Drugs Strategy¹¹ identifies several priorities for the Wheatbelt, including improved access to community-based mental health services, alcohol and other drug support, harm reduction initiatives, crisis support and appropriate accommodation options. These priorities reinforce the importance of local initiatives that promote mental wellbeing, strengthen community connections and improve access to support services.

	Merredin SA2	Western Australia
Any mental health disorder with 12-month symptoms	21.5%	23.1%
Anxiety disorder with 12-month symptoms	16.8%	18.2%
Affective disorders with 12-month symptoms	6.4%	8.5%%

Table 6 Prevalence of Mental Health Conditions. Source: Australian Bureau of Statistics¹²

4.7 Injury & Hospitalisations

Compared with the Western Australian average, Bruce Rock has higher rates of:

- Hospitalisations due to accidental falls among residents aged 65 years and over.
- Tobacco-related hospitalisations and deaths.
- Alcohol-related hospitalisations and deaths.
- Hospitalisations and deaths resulting from transport-related injuries.

	Shire of Bruce Rock	Western Australia	Comparison to WA
Hospitalisations for accidental fall (per 100,000, 2015-2019)			
Children (0-4 years)	1,023.9	655.6	Higher
Elderly (65+ years)	5,539.1	4,814.1	Higher

¹⁰ State Public Health Plan 2025-2030

¹¹ Mental Health and Alcohol and Other Drugs Strategy

¹² Australian Bureau of Statistics. Modelled estimates of indicators from the National Study of Mental Health and Wellbeing, 2020-2022 for Statistical Areas Level 2 (SA2s). Released 26 May 2026

Hospitalisations for transport accidents (per 100,000, 2015-2019)			
All ages	423.2	236.9	Higher
Transport accident deaths (per 100,000 in 2021)			
All ages	27.7	7.2	Higher
Alcohol attributable deaths (per 100,000 in 2021)			
All ages	40.9	26.0	Higher
Tobacco attributable deaths (per 100,000 in 2021)			
All ages	66.8	48.7	Higher
Tobacco hospitalisations (per 100,000 in 2021)			
All ages	654.9	366.8	Higher

Table 7 Prevalence of Injury. Source: Department of Health WA¹³

in 2019, the leading causes of hospital admissions among Bruce Rock residents were (refer to Figure 3) neoplasms (12.9 per cent), factors influencing health status (10.8 per cent), injury and poisoning (10.6%), digestive diseases, ill-defined conditions (8.4%), blood diseases (7.0%).

Hospitalisation rates were significantly higher than the state average for several conditions. Among males, higher rates were observed for injury and poisoning, digestive diseases, circulatory diseases (1.83 times the State rate) and neoplasms (tumours). Among females, higher rates were recorded for injury and poisoning, musculoskeletal diseases, endocrine and nutritional diseases, blood diseases (2.67 times the State rate) and neoplasms.

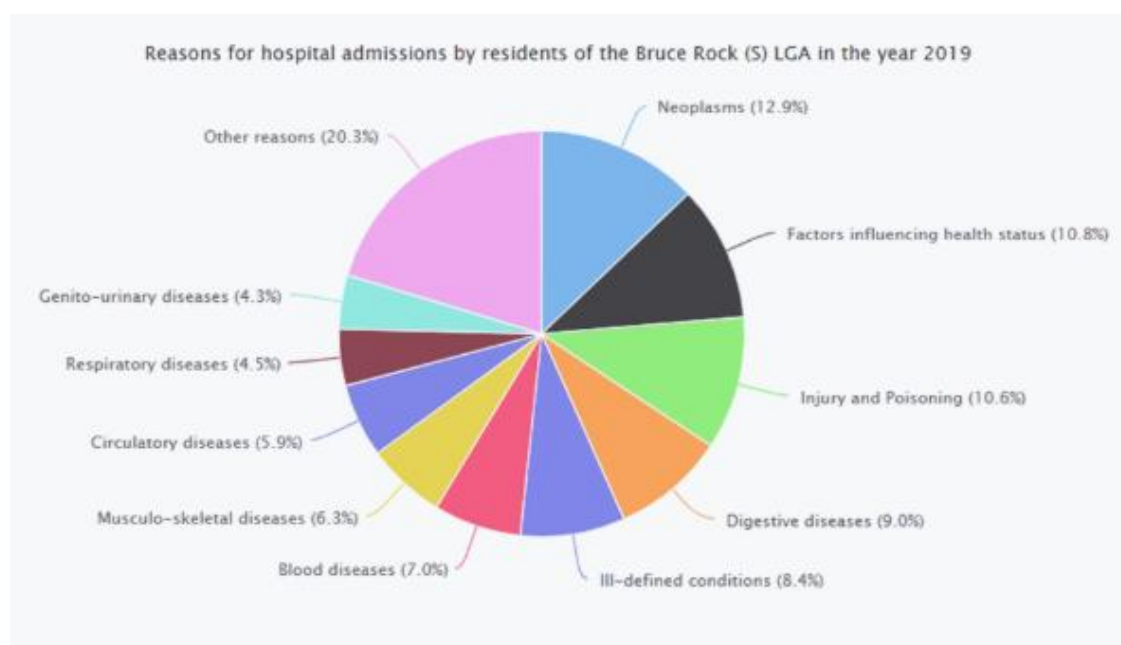


Figure 3. Major Causes of Hospitalisations 2015-2019. Source: Department of Health WA¹⁴

¹³ Shire of Bruce Rock Health and Wellbeing Data Summary, WA Country Health Service – Wheatbelt Public Health Unit May 2026

¹⁴ Shire of Bruce Rock Health and Wellbeing Data Summary, WA Country Health Service – Wheatbelt Public Health Unit May 2026

These findings highlight the significant burden of chronic disease, injury and preventable risk factors within the community. Higher rates of tobacco and alcohol related harm indicate a need for ongoing health promotion and prevention initiatives aimed at reducing substance related illness and mortality. Elevated rates of falls among older adults point to the importance of healthy ageing strategies, injury prevention programs and environments that support mobility and independence. The prevalence of hospitalisations for chronic conditions such as cancer, circulatory disease and endocrine disorders reinforces the need for initiatives that promote healthy lifestyles, early detection, disease prevention and access to appropriate health services.

4.8 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 pandemic¹⁵.

Compared to both WA state and metro areas, Bruce Rock has:

- Higher reports of vaccine preventable diseases
- Comparable rates of STIs and vector-borne diseases
- Much lower rates of enteric disease
- Lower rates of immunisation amongst the 12 - < 15 months age cohort

	Shire of Bruce Rock	Metro	WA
Notifiable infectious diseases (per 100,000 2014 - 2018)			
Enteric disease (gastrointestinal)	100.6	224.8	233.4
STIs	553.7	535.0	584.1
Vaccine Preventable diseases	607.9	448.6	465.0
Vector-borne diseases	47.6	45.9	55.4
Childhood immunisation (% fully vaccinated as of 30 September 2020)			
12 - < 15 months	66.7	94.6	94.6
24 - < 27 months	100.0	92.4	92.2
60 - < 63 months	100.0	93.9	94.0

Table 8 Infectious Diseases and Immunisation. Source: WA Country Health Service¹⁶

¹⁵ State Public Health Plan 2025-2030

¹⁶ Shire of Bruce Rock Health and Wellbeing Data Summary, WA Country Health Service – Wheatbelt Public Health Unit May 2026

5. Community Engagement

The Shire of Bruce Rock has undertaken several rounds of community engagement to understand the health and wellbeing needs of residents. The Shire's original Public Health and Wellbeing Plan 2023–2027 was informed by extensive community consultation and analysis of local health data, with further surveys conducted in 2024 and 2026 to validate and update community priorities.

While response numbers to the 2024 and 2026 surveys, were modest, the findings were consistent across both surveys and aligned with broader health trends identified through available health data.

The consultation indicates that access to healthcare services remains the community's highest priority, with residents highlighting the importance of improving access to local medical services. Mental health also emerged as a key priority. Respondents consistently identified mental health as a significant concern and expressed strong support for initiatives that promote mental wellbeing, social connection and early intervention. Earlier consultation undertaken to develop the 2023–2027 Plan similarly identified anxiety, depression and alcohol misuse as significant mental and social health issues within the community.

Across both the 2024 and 2026 surveys, respondents identified chronic disease as the most pressing public health issue facing the community, followed by mental health. Physical inactivity and unhealthy weight were also identified as important concerns, with residents expressing support for practical initiatives such as free fitness classes, walking infrastructure, public exercise equipment and more affordable healthy food options.

The community also recognised the importance of supporting an ageing population, improving road safety, reducing harm associated with alcohol and illicit substance use, and maintaining effective environmental health services and recreational infrastructure.

When asked which programs and initiatives would provide the greatest benefit, respondents consistently prioritised mental health promotion and awareness initiatives. There was also strong support for programs that encourage healthy eating and active lifestyles, reduce alcohol-related harm, improve road safety, and increase awareness of cancer and communicable disease prevention.



6. Current Role of Local Government

The Shire of Bruce Rock provides a range of services and programs to support the health and wellbeing of its community. These include:



Infrastructure and property services, including the provision and upkeep of local roads, public facilities, footpaths, drainage and waste collection and management.



Recreation facilities such as parks, sports fields, the Aquatic Centre and Recreation Centre.



Environmental health surveillance and education to prevent disease and control environmental health hazards, including water and food safety, noise and air pollution and mosquitoes.



Planning and building approvals involving assessment of development proposals and review of designs.



Community programs and events including support for community groups, workshops and events.



Administration of ranger and emergency services.



Cultural facilities and services such as libraries, museums and cemeteries.



Community services that include the provision of a Medical Centre, and the investment towards the attraction and retention of a local General Practitioner, Dentist and Allied Health professionals.

7. Public Health Action Plan

7.1 Vision

The Shire of Bruce Rock is a place where people at all stages of life are supported to be healthy, connected and active.

7.2 Public Health Priorities

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

In addition to the below actions the Shire has a legislative responsibility to manage environmental health risks and emergency management.

	Priority	Key Focus Areas
	Healthy Ageing	Falls prevention Active ageing Social participation Healthy eating and physical activity
	Healthy Lifestyles & Healthy Places	Physical activity Healthy eating Active recreation Safe and accessible community infrastructure
	Cancer & Chronic Disease Prevention	Cancer screening participation Sun safety Healthy lifestyle behaviours Chronic disease prevention and management
	Reduce Tobacco and Alcohol Related Harm	Smoking and vaping prevention Alcohol harm reduction
	Injury Prevention and Safety	Road safety Falls prevention Community emergency preparedness
	Children & Young People	Early childhood development Immunisation promotion Youth leadership and participation.
	Mental Health, Wellbeing and Social Connection	Community connectedness Volunteer support Social inclusion Mental health awareness



Aboriginal Health and Cultural Wellbeing

Cultural awareness
Reconciliation initiatives
Inclusive community practices

7.3 Domains for Action

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

Promote	Create opportunities that encourage healthy living and social connection.
Prevent	Improve health outcomes by addressing risk factors and supporting early action to prevent disease and injury.
Protect	Support safe and sustainable communities through effective environmental health and emergency preparedness measures.
Enable	Strengthen partnerships, infrastructure and community capacity to support long-term health and wellbeing outcomes.



7.4 Action Plan

Promote	
Objective: Create opportunities that encourage healthy living and social connection.	
Priority	Actions
1. Healthy ageing	1.1 Promote opportunities for older adults to participate in physical activity, recreation and community events 1.2 Advocate and plan for age-friendly community infrastructure and services 1.3 Support age-friendly initiatives that enable older residents to remain active, independent and connected
2. Healthy Lifestyles & Healthy Places	2.1 Promote healthy lifestyle messages through Council communications and community events 2.2 Partner with local organisations to deliver health promotion activities 2.3 Promote local sport and recreation programs and initiatives
3. Mental Health and Social Connection	3.1 Support local mental health awareness events and initiatives (e.g. Mental Health Week, RUOK Day, ACT, BELONG, COMMIT) 3.2 Promote mental health awareness campaigns and available support services 3.3 Advocate for improved community mental health services 3.4 Facilitate and/or support community events and activities that foster social connection and inclusion
4. Aboriginal health and cultural wellbeing	4.1 Support activities that celebrate and promote local Aboriginal culture and history 4.2 Promote reconciliation initiatives and cultural awareness opportunities 4.3 Support partnerships with Aboriginal organisations and community members
5. Children and young people	5.1 Support local initiatives that promote early childhood development and school readiness 5.2 Support youth leadership, volunteering and mentoring opportunities, in particular the work of Wheatbelt and Beyond Youth Mentoring 5.3 Provide opportunities for young people to contribute to community decision-making

Prevent

Objective: Improve health outcomes by addressing risk factors and supporting early action to prevent disease and injury.

Priority	Actions
6. Cancer and chronic disease prevention	6.1 Work with health providers and community groups to encourage screening participation 6.2 Support community education regarding cancer and chronic disease prevention, early detection and risk reduction strategies
7. Reduce Tobacco and Alcohol Related Harm	7.1 Support smoke-free and vape-free environments 7.2 Promote responsible alcohol consumption messages 7.3 Support the delivery of alcohol-free and family-friendly community events 7.4 Support campaigns that raise awareness of smoking and alcohol related harm
8. Injury Prevention & Safety	8.1 Promote falls prevention initiatives targeting older residents 8.2 Support road safety awareness campaigns targeting all road users 8.3 Collaborate with relevant agencies to deliver or support injury prevention campaigns (including farm and workplace safety campaigns) and training opportunities
9. Children and young people	9.1 Support community awareness of childhood immunisation through the promotion of reliable information and health campaigns 9.2 Advocate for services and programs that support vulnerable children and families

Protect

Objective: Support safe and sustainable communities through effective environmental health and emergency preparedness measures.

Priority	Actions
10. Environmental Health	10.1 Continue to deliver environmental health functions in accordance with legislative requirements, including food premises inspections, public building inspections and recreational water monitoring 10.2 Investigate and respond to environmental health complaints and public health risks 10.3 Monitor emerging environmental health risks and implement appropriate mitigation measures 10.4 Implement mosquito surveillance and control activities to minimise the risk of vector-borne disease transmission 10.5 Provide locally relevant information during outbreaks or public health alerts
11. Emergency preparedness and resilience	11.1 Maintain and test Local Emergency Management Plans in line with legislative requirements 11.2 Participate in multi-agency emergency management planning, training and exercises 11.3 Improve community preparedness for bushfire, heatwave, storm and other natural hazard events

Enable

Objective: Strengthen partnerships, infrastructure and community capacity to support long-term health and wellbeing outcomes.

Priority	Actions
12. Healthy ageing	12.1 Review Shire facilities, footpaths and public spaces against age friendly design principles and implement priority improvements to support mobility and independence 12.2 Advocate for expanded provision of aged care and support services
13. Health Lifestyles & Healthy Places	13.1 Continued support of GP services 13.2 Advocate for the retention and expansion of allied health and visiting specialist services 13.3 Maintain safe, accessible and walkable streets, footpaths and public spaces 13.4 Support the provision and maintenance of parks, recreation facilities and community infrastructure 13.5 Promote community safety through well-maintained public environments

8. Monitoring and evaluation framework

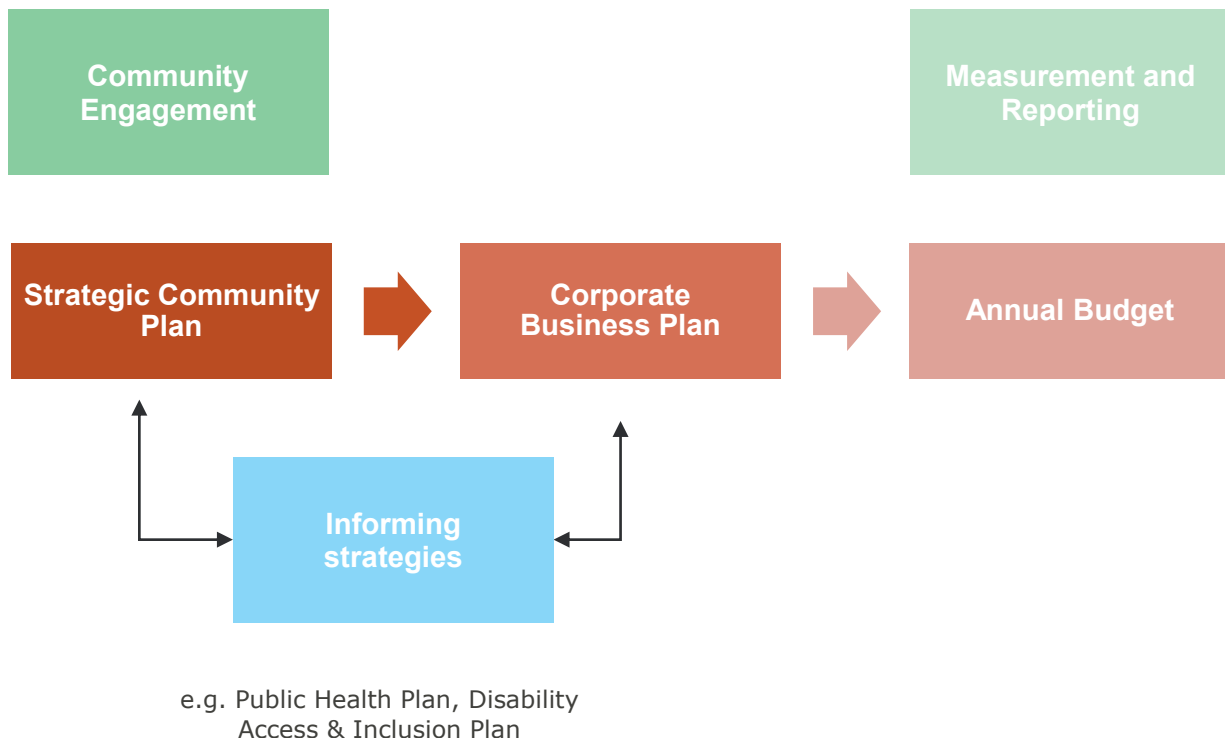
8.1 Integrated planning

The Public Health Plan forms part of the Shire of Bruce Rock'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.



8.2 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.

8.3 Implementation & Monitoring

Implementation of this Public Health Plan will be integrated into the Shire's existing planning, budgeting and reporting processes, with responsibility for individual actions allocated to the relevant business areas and officers.

Implementation progress will be monitored throughout the life of the Plan and reported to Council each year. To support effective delivery, the Shire will:

- monitor the progress and completion of actions through existing performance management and reporting processes
- use available health data, community feedback and emerging research to guide decision-making and inform continuous improvement
- update priorities and actions where required to respond to changing community needs, emerging public health issues and new opportunities.

The Shire recognises that meaningful improvements in health and wellbeing are often realised over an extended period and may not be evident within the life of the Plan. Accordingly, monitoring will focus on both the successful delivery of planned actions and longer-term changes in community health outcomes.

This Plan is intended to be a flexible document that can respond to changing circumstances over its five-year term. As new evidence, partnerships and funding opportunities become available, additional initiatives may be incorporated to ensure the Plan continues to reflect community priorities.

A full evaluation will be completed at the conclusion of the Plan to assess its achievements, identify lessons learned and inform the preparation of the Shire's next Public Health Plan.

Appendix 1. Community Profile



The following section presents a demographic profile for the Bruce Rock LGA based on 2021 Census data obtained from the Australian Bureau of Statistics (2025). The data provides an overview of the population, families and dwellings based on place of usual residence at the time of the Census. To support public health planning, the data has been grouped according to the social determinants of health, which influence the conditions in which people are born, grow, live, work and age. Figures highlighted in yellow indicate notable differences from the Western Australian average. These differences are intended to identify areas of variation only and have not been tested for statistical significance.

TABLE 1 – AUSTRALIAN BUREAU OF STATISTICS QUICK STATS¹⁷

Measure	Bruce Rock LGA	Metro (Perth)	Country WA	WA State	Australia
Demographics					
Total population (no.)	979	2,116,647	534,804	2,660,026	25,422,788
Female (%)	48.6	49.4	49	49.7	49.3
Male (%)	51.4	50.6	51	50.3	50.7
Aboriginal/Torres Strait Islander (%)	4.3	2	8.4	3.3	3.2
Born in Australia (%)	76.1	59.5	72.1	62	66.9
Born Overseas (%)	23.9	40.5	27.9	38	33.1
Households where non-English is used (%)	6	23.7	10.6	21.2	24.8
Median age (years)	48	37	40	38	38
Proportion aged 0-4 (%)	5.4	6.1	6.5	6.1	5.8
Proportion aged 65+ (%)	26	15.8	17.5	16.1	17.2
Education & Tertiary Qualifications					
Attends primary school (%)	23.9	27.9	26.9	27.6	27
Attends secondary school (%)	14.8	22.4	20.1	21.8	21.2
Attends tertiary/vocational (%)	6.9	24	11.2	21.3	23.3
Bachelor degree or above (%)	9.9	26.5	13.5	23.8	26.3
Certificate 3 or above (%)	32	53.2	41.2	50.9	51.8
Highest attainment Year 10 or below (%)	25.1	15.4	21.8	16.7	17.2
Health					
Requires assistance with core activities (%)	5.3	4.6	3.4	4.6	5.8
One or more long-term health conditions (%)	31.5	26	26.7	26.1	27.7
One condition (%)	20.5	18.2	18.1	18.2	18.8
Two conditions (%)	7.2	5.3	5.7	5.3	5.9
Three+ conditions (%)	3.8	2.5	2.9	2.6	3
Other long-term health condition (%)	7.3	7.6	6.7	7.4	8
No long-term health conditions (%)	46.2	62.4	56.9	61.2	60.2
Income					
Median personal income (\$/week)	817	859	810	848	805
Median family income (\$/week)	1,762	2,259	2,013	2,214	2,120
Median household income (\$/week)	1,284	1,865	1,597	1,815	1,746
Dwelling					
Median rent (\$/week)	160	350	265	340	375
Avg no. bedrooms per dwelling	3.2	3.3	3.3	3.3	3.1
Avg no. people per household	2.4	2.6	2.5	2.5	2.5
Median mortgage repayment (\$/month)	748	1,907	1,560	1,842	1,863

¹⁷ Source, Table 1: 2021 Bruce Rock, Census All persons QuickStats | Australian Bureau of Statistics. (2021). Abs.gov.au; Australian Bureau of Statistics. <https://www.abs.gov.au/census/find-census-data/quickstats/2021/LGA51120>

Measure	Bruce Rock LGA	Metro (Perth)	Country WA	WA State	Australia
Dwelling					
Avg no. bedrooms per dwelling	3.2	3.3	3.3	3.3	3.1
Avg no. people per household	2.4	2.6	2.5	2.5	2.5
Avg no. vehicles per dwelling	2.2	1.9	2	1.9	1.8
Unoccupied private dwellings (%)	8.3	8.5	19.6	10.9	10.1
Proportion family households (%)	68.4	71.5	69.8	71.2	70.5
Proportion lone person households (%)	29.3	24.9	27.4	25.4	25.6
Home owned outright (%)	50.6	28.5	32.1	29.2	31
Home owned with mortgage (%)	18.4	41.9	31.7	40	35
Dwelling rented (%)	21.1	26.6	30.3	27.3	30.6
Family					
Avg children per family with children	2.1	1.8	1.9	1.8	1.8
Couple families without children (%)	48.9	37.6	43.9	38.8	38.8
One parent families (%)	9.6	15.1	15	15.1	15.9
Employment & Volunteering					
In the labour force (%)	54	65.2	59.4	63.9	61.1
Not in the labour force (%)	29.8	29.7	30.2	29.8	33.1
Unemployed (%)	3.7	5.3	4.2	5.1	5.1
Previously served in ADF (%)	3.1	2.5	2.9	2.6	2.4
Voluntary work for organization/group (%)	29.2	15.1	19.3	15.9	14.1
Provided unpaid assistance (%)	10	10.9	10.4	10.7	11.9

TABLE 2: GEOGRAPHIC TRENDS IN LIFE EXPECTANCY AT BIRTH (CENSUS DATA 2016 - 2024)

Measure	2016-2018			2022-2024			Trend
Life expectancy at Birth	Male	Female	Persons	Male	Female	Persons	
Greater Perth	81.7	85.8	83.7	82.3	86.5	84.3	↑
Wheatbelt	78.6	84.3	81.4	78.2	83.7	80.9	↓
Country WA	78.9	83.6	81.2	79.5	83.9	81.7	↑
Total WA	80.5	85.1	82.8	81.5	85.7	83.6	↑
Australia	80.7	84.9	82.8	81.1	85.1	83	↑

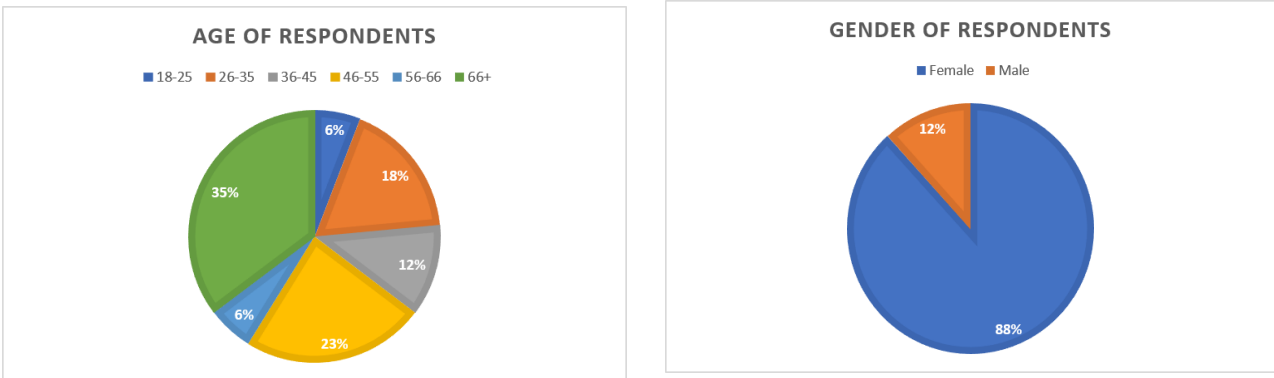
Source: Life expectancy, 2022 - 2024. (2022). Australian Bureau of Statistics.
<https://www.abs.gov.au/statistics/people/population/life-expectancy/2022-2024>

Appendix 2. Community Engagement Report

Input into the Shire of Bruce Rocks Public Health Plan was sought from community members through a residents and rate payer survey in November 2024 and an additional survey conducted in June 2026 to confirm public health priorities for the community.

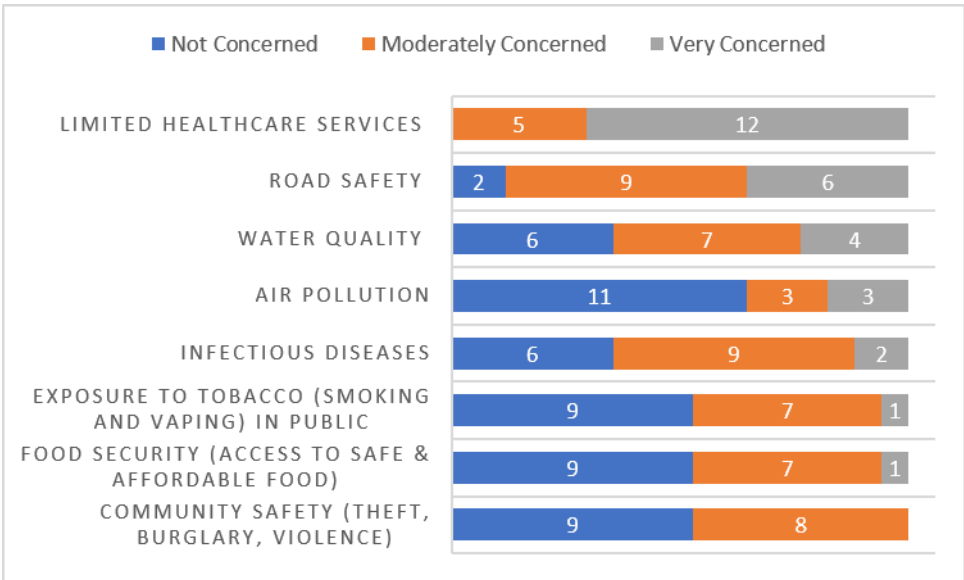
2024 SURVEY RESULTS

The 2024 survey generated **17 responses**, the majority of which were from female residents. A range of age groups are represented in the results, with the majority being from the 66+ age cohort.



Level of concern with Public Health Risks

The survey asked respondents to rate their level of concern with a range of health risks in their community. Limited access to healthcare services was rated as the highest concern followed by road safety. The areas of lowest concern were air pollution and community safety.



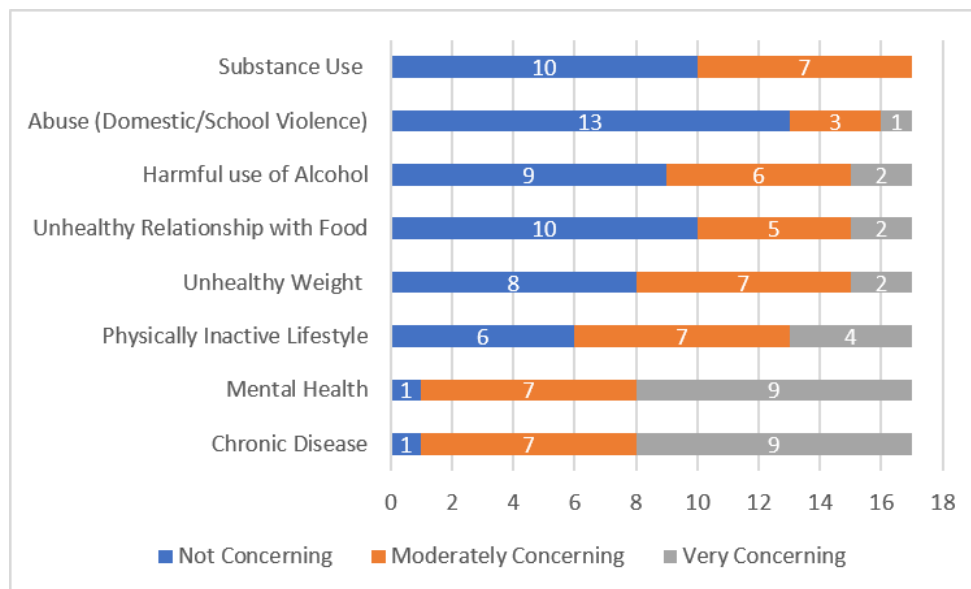
Public Health Measures Provided by the Shire

Respondents were asked to rate the level of importance of public health measures provided by the Shire. All respondents indicated that the provision of medical services

is very important. Other highly rated services included recreational facilities, walk/cycle paths, parks, playgrounds and open spaces and environmental health programs.

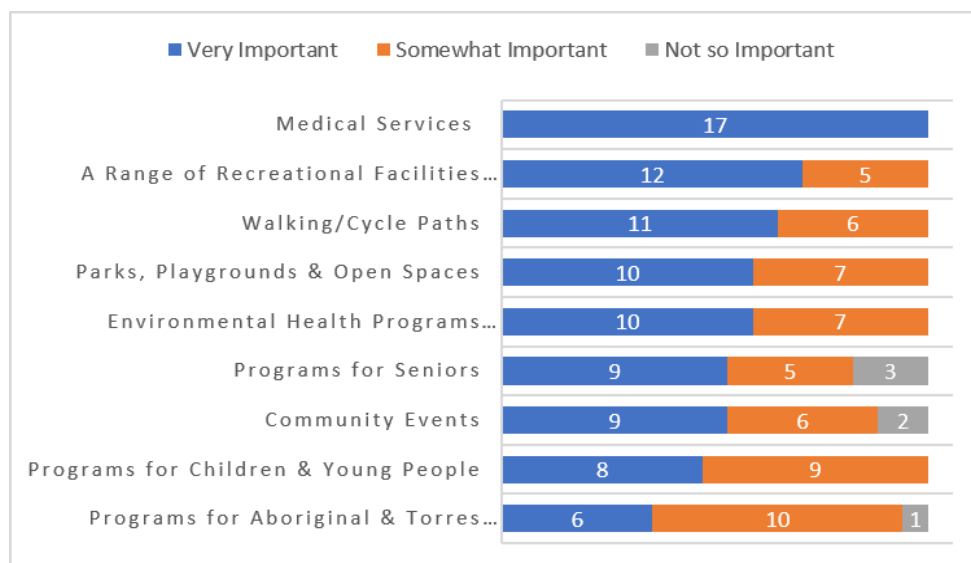
Health Concerns

A list of health concerns was presented in the survey, and respondents were asked to indicate how much of a concern each was to them or a member of their family. Chronic disease and mental health were rated of equal highest concern followed by physical inactivity and unhealthy weight.



Programs & Initiatives to Support Priority Health Concerns

Respondents were asked to identify which programs/initiatives should be offered in their community to help lower the risks associated with the health concerns identified in the previous question.



The following suggestions were made:

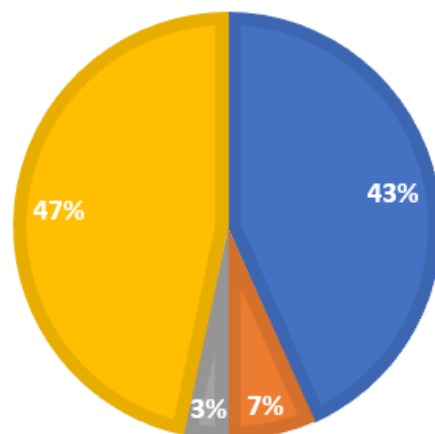
- One on one counselling
- Educational workshops
- Community programs and activities
- Online resources and health services

- Telehealth services
- Emergency helplines
- School based wrap around services for young people

Healthy Eating

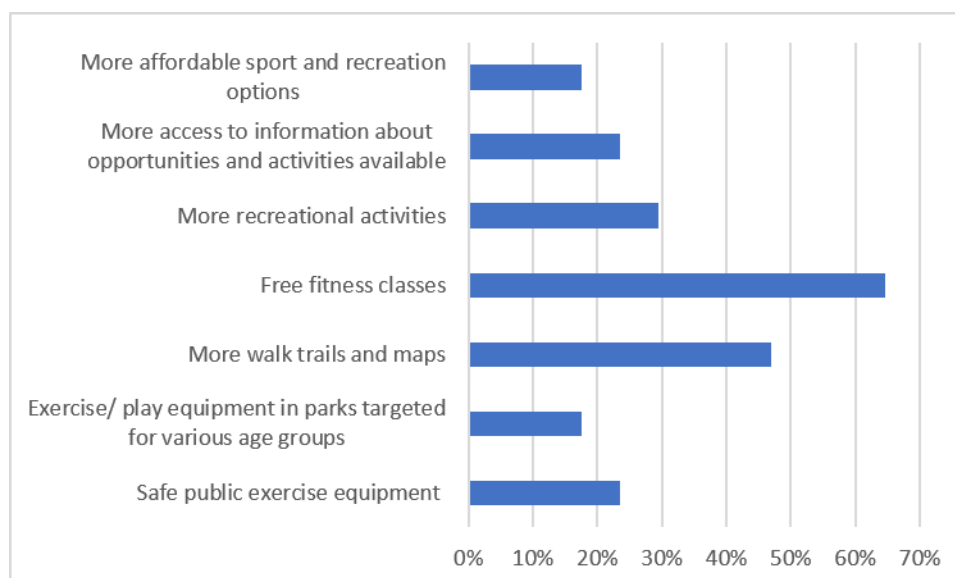
Respondents were asked what would encourage them to eat more healthily. The most common responses were lower food prices and greater availability of affordable healthy options in local shops, highlighting cost as a significant factor influencing healthy eating behaviours.

- Healthier foods were affordable in shops
- More health foods in cafes
- Healthy foods were easy to identify
- Cheaper pricing



Physical Activity

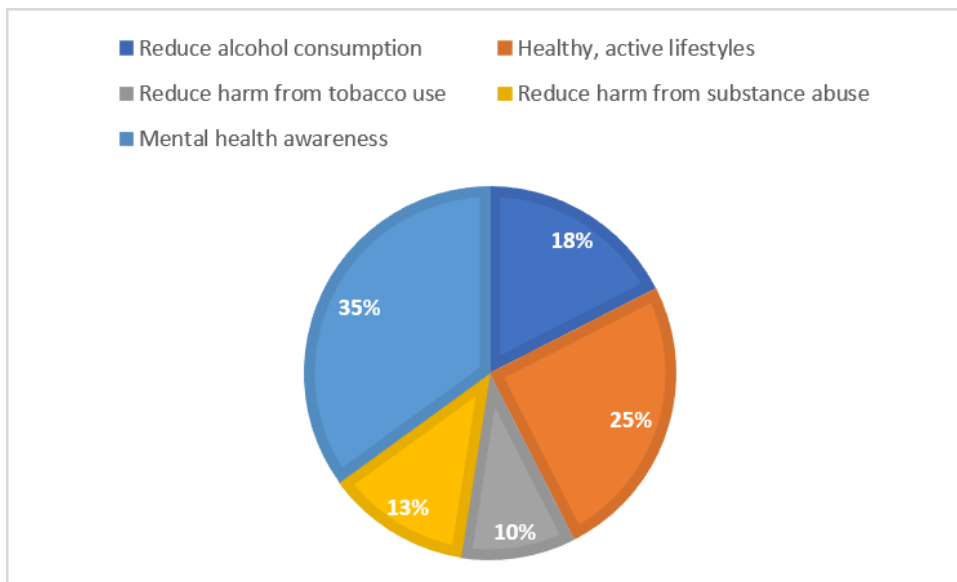
Respondents were asked what would encourage them to be more physically active. Free fitness classes was the most common response (65%), followed by more walk trails (47%). Additional suggestions for consideration included a dog park with walking track around the perimeter and more range in the types of fitness classes available (e.g., Thai Chi, Yoga, etc.)



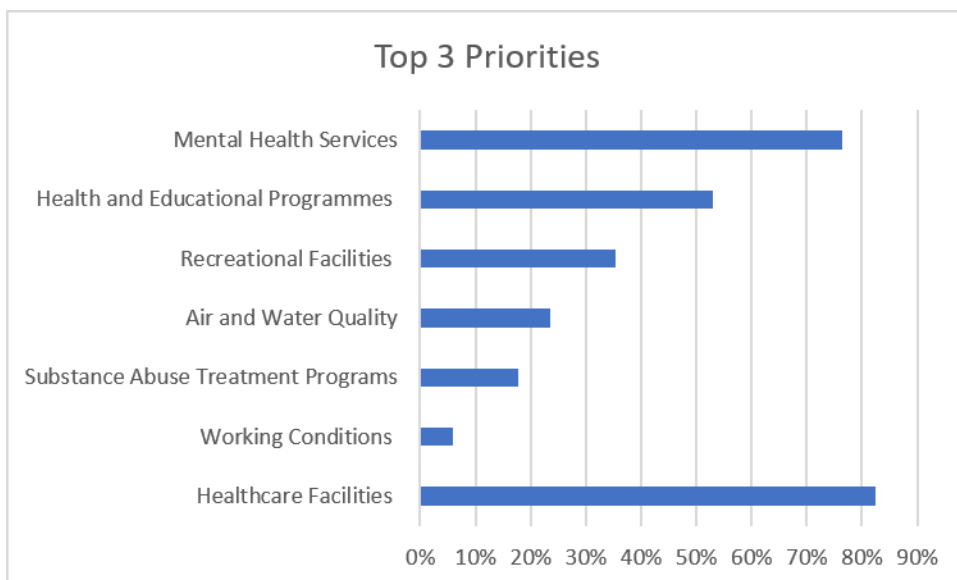
Targeted Programs & Initiatives

Respondents were asked what targeted programs and initiatives would benefit the community. Mental health awareness programs/initiatives were identified as being of greatest need followed by initiatives that promote healthy and active lifestyles and reduce alcohol consumption.

Additional suggestions included the need for targeted initiatives for young people and older people in the community and programs like Act Belong Commit that encourage inclusion.



Top 3 Health Priorities



The survey asked respondents to identify the top three health priorities that need attention in their community. Healthcare facilities were rated as the number one priority followed by mental health services and health and education programs.

Information

Respondents were asked to identify how they receive health information in the community. Social media and word of mouth were the most common responses followed by health care providers.

General Comments

The final question of the survey asked for general comments on health-related risks or concerns for the community. Only two comments were received:

"Access to healthcare, consistent care. Isolation is a barrier to good, consistent healthcare"

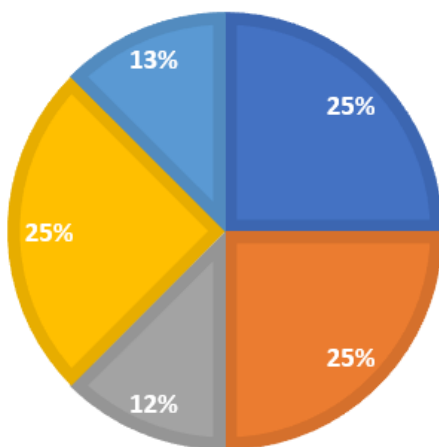
"More environmental control over local businesses using strong chemicals in the open"

2026 SURVEY RESULTS

The 2026 survey received **8 responses**, the majority of which were from female residents. A range of age groups are represented in the results.

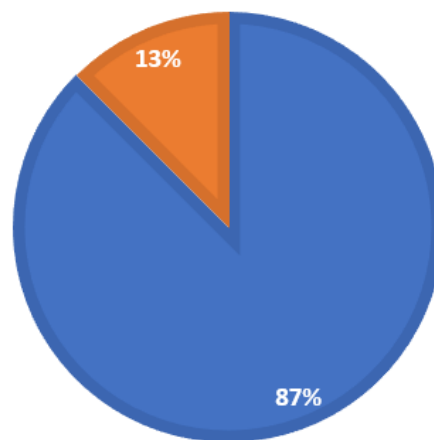
AGE OF RESPONDENTS

■ 26-35 ■ 36-45 ■ 46-55 ■ 56-65 ■ 66+



GENDER OF RESPONDENTS

■ Female ■ Male



Priority Public Health Concerns

Respondents were asked to rank the public health issues they considered most important for the Shire of Bruce Rock to address, with 1 being the highest priority and 10 the lowest.

Chronic disease was identified as the most pressing public health concern for residents followed by mental health, an aging population, illicit substance use and harmful consumption of alcohol.



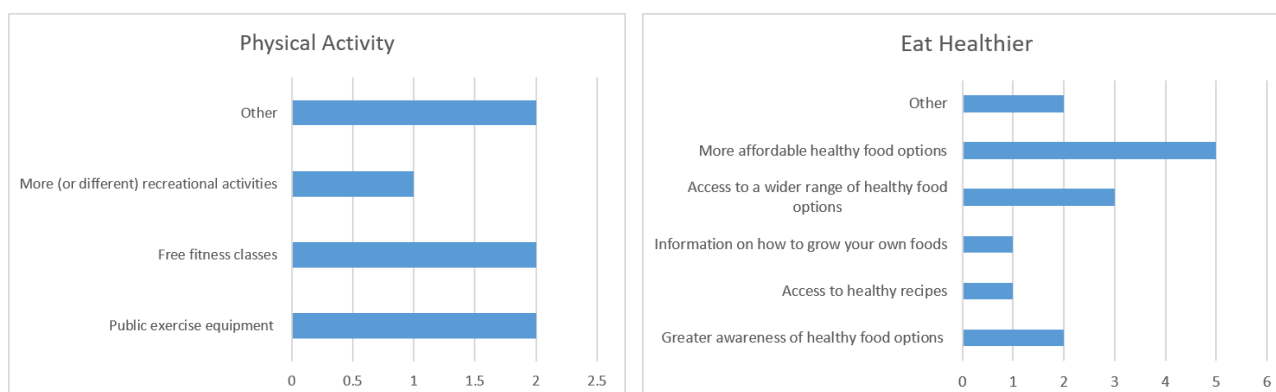
Healthy Lifestyles

Respondents were asked what would:

- Encourage them to be more physically active; and
- Encourage them to eat healthier

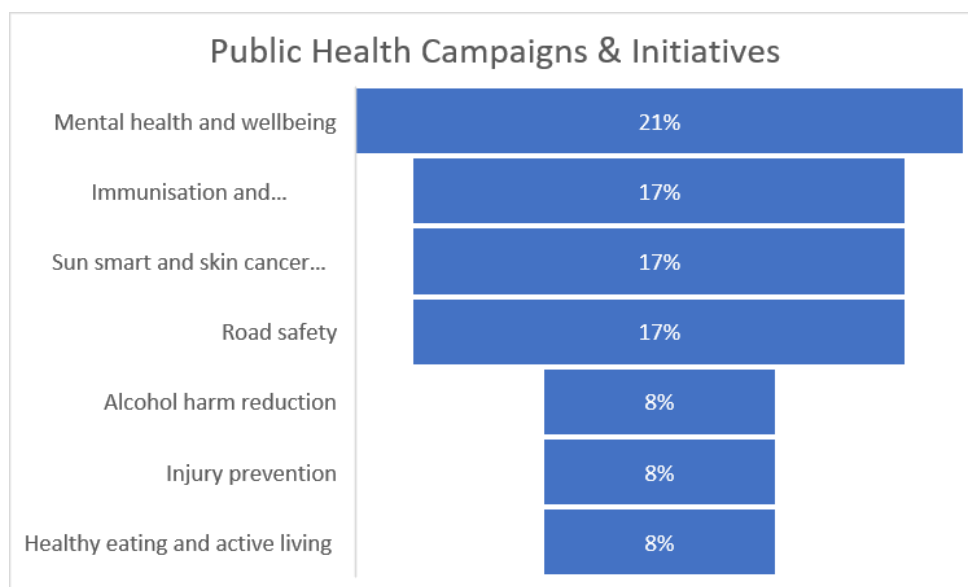
Public exercise equipment and free fitness classes were the most commonly identified initiatives that would encourage greater physical activity. For healthier eating, more affordable healthy food options was the most frequently selected factor.

One respondent also noted that access to better quality, longer-lasting fruit and vegetables would help them make healthier food choices.



Public Health Programs

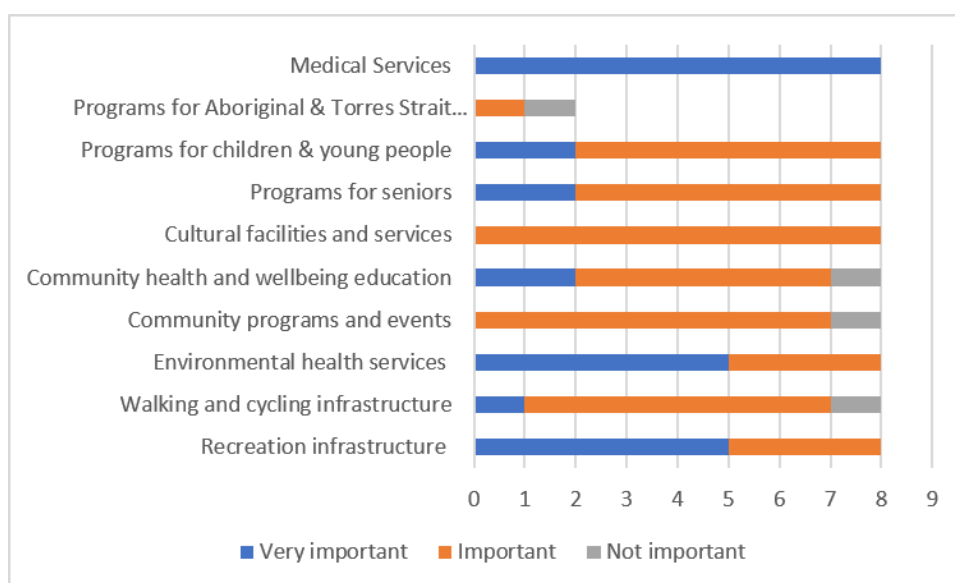
Respondents were asked to identify the three public health promotion campaigns or initiatives they believed would provide the greatest benefit to the community. Mental health and wellbeing initiatives, such as *Act Belong Commit*, were identified as the highest priority, followed by immunisation and communicable disease prevention, sun smart and skin cancer prevention and road safety.



Services & Facilities

Respondents were asked how important various services and facilities are in supporting the health and wellbeing of the Bruce Rock community.

Medical services were identified as very important by 100% of respondents. Environmental health services and Recreation Infrastructure were also rated as being of high importance to all respondents.



Other Health & Wellbeing Issues

The final question of the survey was open ended and asked if there was anything else the Shire of Bruce Rock should consider in updating its Public Health and Wellbeing Plan. Below are the verbatim responses received:

Access to community programs to share food.

Found when I was walking today an open drain near the railway line that was flowing strongly. Could not cross. Should this be enclosed? Seemed a risk

Neurodiverse people being included in things & more education taught instead of being ignored or bullied