

An aerial photograph of a rural landscape. The foreground is dominated by a large, flat area of bright red soil, likely a field or a cleared area. In the middle ground, there are several buildings, including a large white structure and a smaller one, surrounded by trees and a fence. The background shows a vast, flat expanse of red soil with sparse vegetation. The overall scene is a typical rural setting in a semi-arid region.

**Murchison Shire**

**Public Health Plan**

**2026 - 2030**

*Part of Council's Planning for the Future*

**Adopted**

**28 May 2026**

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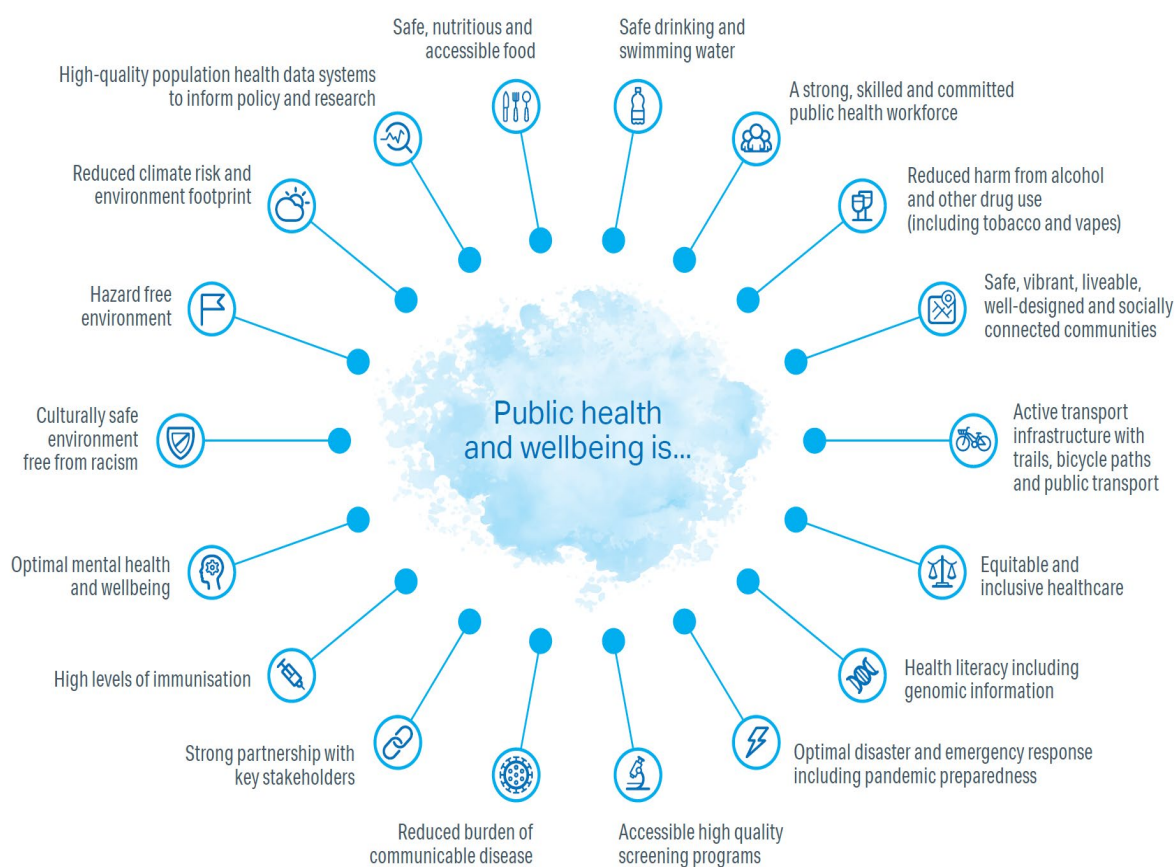
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# 1 Preamble

All local governments are required to plan for the future of their district under s.5.56(1) of the *Local Government Act 1995*. Recent amendments to the *Public Health Act 2016* have now required Local Government to prepare and adopt a Local Public Health Plan that sits alongside the State Public Health Plan 2025-2030. (SPHP)

Public health refers to the health and wellbeing of the public; it is much more than just the provision of health services and the management of environmental health risks and instead encompasses all aspects of life that enable the community to thrive (*Figure 1*). By actively planning for the best public health outcomes for a community, local governments can support and drive the changes required.

Public health planning aligns with, and places a public health lens over, the integrated planning and reporting framework as an informing strategy. This allows a local government to set its priorities within its resourcing capability and deliver short, medium, and long-term community priorities and aspirations.



[Ref 1] Fig1 Public health and wellbeing (sources WA Department of Health)

To ensure the best possible health, wellbeing, and quality of life for all Western Australians, now and into the future, the objectives of the updated SPHP are to promote, prevent, protect and enable public health. Additionally, there are two overarching objectives relating to Aboriginal health and wellbeing and equity and inclusion that should be integrated across these objectives.

Importantly each local government is required to prepare a Local Public Health Plan based on evidence and tailored to its own circumstances.

In our case, as outlined under "Shire Context", the overall size, nature and makeup of the Shire are of significant influence.

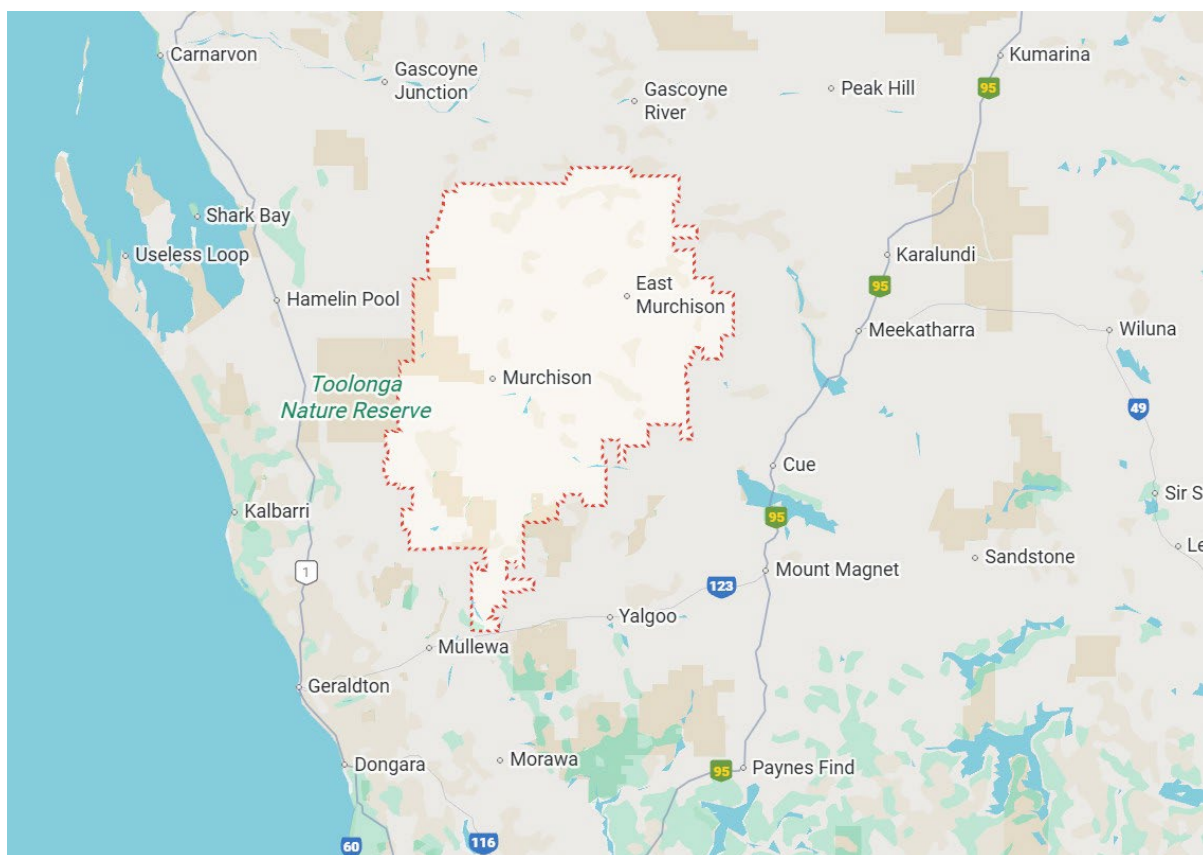
## 2 Context

The evolution of the development and current demographic makeup of the Shire since its inception significantly influences the Local Public Health Plan.

### 2.1 Murchison Outline

The Shire of Murchison lies within the Mid-West region of Western Australia. It is a large local government area, with a land area of some 49,500 sq km and some 1,848km of roads, 1,808km unsealed and sparsely populated with the most recent population being 105 with 75 electors. Nationally it is classified as a Rural Remote Extra Small Local Government, one of five within Western Australia.

The Shire Office is located in the Murchison Settlement on land excised from the Wooleen pastoral lease and vested in the Council. It is approximately 669km from Perth, 300 kilometres north east of Geraldton and 200 km north of Mullewa on the Carnarvon Mullewa Road.



The Shire was established in 1961 following from its origins as the Murchison Districts Road Board, which was established in 1875, and then combined with the Upper Murchison Roads Board in 1907. In 2004 a portion of the then Mullewa Shire was transferred to the Murchison Shire.

Until 1963 the Shire was administered from one or another of the stations, and in that year 400 hectares were excised from the Wooleen pastoral lease and vested in the Shire with the Murchison Settlement proclaimed in 1988.

A house, which contained the office, was built, as was a workshop and airstrip. These were followed

by sporting facilities and, in 1986, a new office. Subsequent developments included staff housing, community centre, museum, roadhouse, additional staff houses and the Settlement grew incrementally.

The Settlement is the engine room for the entire operation of the Shire with all people who reside in the Settlement either Shire employees or related to Shire employees.

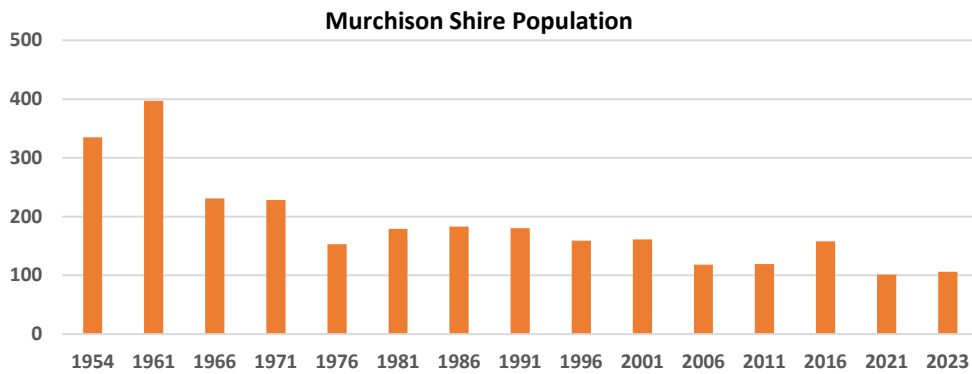
Historically some of the physical works involving new projects had a significant active and on occasions a physical contribution from local pastoral residents.

Most community economic development actions were undertaken by community working groups, many of those in our pastoral sector with shire staff recruited to run the Shires' operation.

The Murchison Monologue, vegetation plantings, cemetery planning layouts and rangelands walking trail are typical examples where building works were assisted directly by local residents. Social life between stations was also prominent with the Settlement becoming an increasing focal point over time.

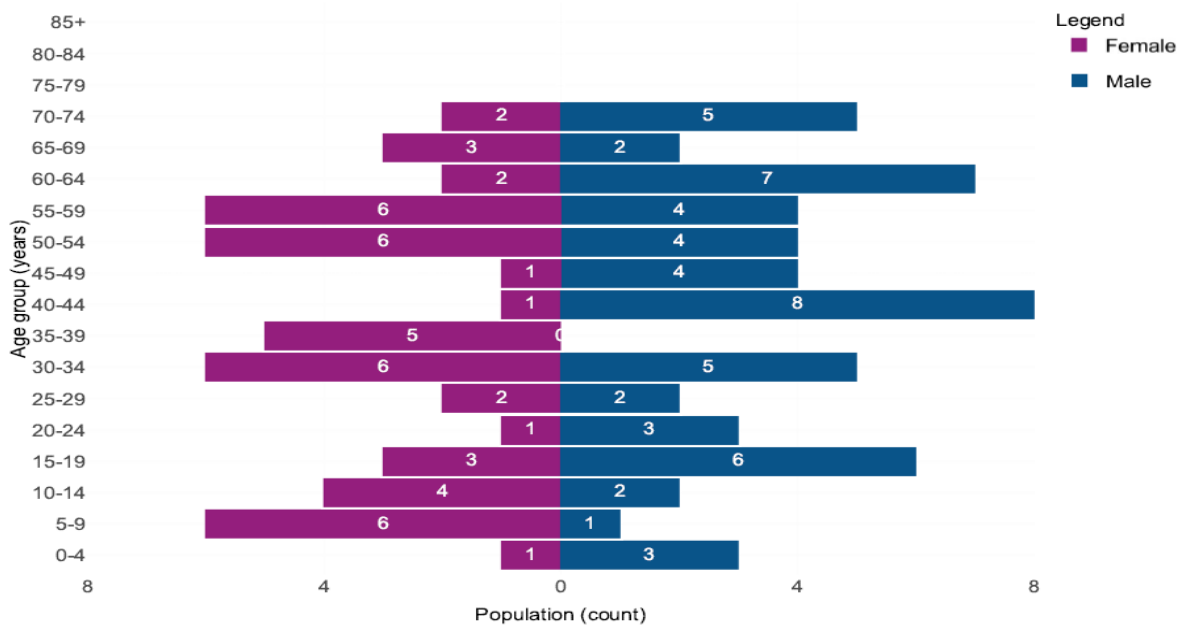


Due to a range of factors including general societal changes, a decline in sheep production in favour of beef production, the need to have off farm income through diversification of use and some stations not operating for pastoral purposes, the population has shrunk by some 75% from 395 to 105 since the establishment of the Shire in 1961.



## 2.2 Demographics

These net shifts in demographics have seen the Shire operate with less people, with the remaining residents having strong ties to the local community. As indicated in [Ref 2]-Fig 1 the number of people residing within the Shire is extremely low.



[Ref 2]-Fig 1 Population by age group and sex Shire of Murchison Estimated Resident Population ABS 2024.

The makeup of the Shire has also significantly altered as follows.

Shire Occupation	1961	2025
No of Owner / Occupied Stations Primarily for pastoral use	26	10
No of Owner / Occupied Stations Pastoral and other significant uses		4
No of Stations Externally owned with Local Managers		8
No of CSIRO / SKAO occupied Stations		2
No of Stations Crown Land Managed Stations		2
Shire Settlement		1
PIA Wajarri Settlement		1
<b>Total Occupation</b>	<b>26</b>	<b>28</b>

Source Shire of Murchison Research

Population Measure	Count	%
Aboriginal	53	48.2
Persons born overseas	23	20.9
Persons who do not speak English at home	27	26.7
Persons who are unemployed	0	0.0
Families with annual income < \$64,999	0	0.0

Source 2021 Census Population and Housing Australian Bureau of Statistics

From the Shires' Local Public Health Planning perspective the following broad classification has had a significant impact on planning considerations.

Classification	Comments
<b>Murchison Settlement</b>	<p>Pop around 20 all of whom are Shire Employees.</p> <p>All Settlement land comprises Crown Land established to allow the Shire to run its operations. As such only Shire employees can live and reside in the settlement, a situation that is unlikely to change. Therefore, growth in this sector will be modest but will be entirely driven by the Shire's needs.</p> <p>Many of the Public Health outcomes under this plan are directly influenced by the Shire's management and operation within the Murchison Settlement. Advocacy remains important.</p>
<b>Pastoral Stations</b>	<p>Pop around 35.</p> <p>The majority of the Shire comprises Crown Land Pastoral lease that can be resumed by the crown if circumstances dictate. There are very few freehold allotments. Generally pastoral use is regulated with minimal opportunities for additional economic growth and any diversification use permits dependant on the pastoral operation continuing, meaning growth is anticipated to be minimal.</p> <p>The former Boolardy and Kalli Stations are now occupied by CSIRO / SKAO with virtually all employees maintaining residences outside of the Shire.</p> <p>Many of the Public Health outcomes under this plan are less directly influenced by the Shire's operations, given the sparse nature of the Shire, with most outcomes delivered indirectly through the Shire's management and operation within the Murchison Settlement. Advocacy remains important.</p>
<b>PIA Wajarri Aboriginal Community</b>	<p>Pop around 50.</p> <p>Located approx. 70km from the Murchison Settlement and located on Aboriginal Reserved Land. All services such as housing, school, water, power and specific health delivery support is via various government agencies.</p>

Classification	Comments
	As such, only outcomes delivered indirectly through the Shire's management and operation within the Murchison Settlement are likely to apply, with responsibility for Aboriginal health and well-being resting with the State Government. Advocacy remains important.
<b>Mining Activities</b>	Murchison Shire contains large areas under Mining exploration but only has a small number of mining leases. One previously operated mine located in the north-east corner of the Shire may reopen but access and operations would be via Cue. Developments outside the Settlement are possible but would require major investment in upgrading road infrastructure to provide the requisite economic conditions to justify the capital investment required.  Many of the Public Health outcomes under this plan are less directly influenced by the Shire's operation with most outcomes delivered indirectly through the Shire's management and operation within the Murchison Settlement or directly via each mining development.

Source Shire of Murchison Research

### 2.3 SEIFA Index of Disadvantage

The 2021 Census of population and housing (Census) provides information on a range of social and economic characteristics of Australia's population. People using Census data are often interested in a summary measure, rather than looking at individual characteristics. SEIFA is one of the commonly used summary measures.

SEIFA combines Census data such as income, education, employment, occupation, housing and family structure to summarise the socio-economic characteristics of an area. Each area receives a SEIFA score indicating how relatively advantaged or disadvantaged that area is compared with other areas.

SEIFA is a collection of four indexes, each summarising a different aspect of the socio-economic conditions in an area based on different Census data as follows:

- ~ the Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) focuses on both advantage and disadvantage
- ~ the Index of Relative Socio-economic Disadvantage (IRSD) focuses on relative socio-economic disadvantage
- ~ the Index of Education and Occupation (IEO) focuses on relative education and occupation advantage and disadvantage
- ~ the Index of Economic Resources (IER) focuses on economic advantage and disadvantage.
- ~ A low score indicates a relatively greater disadvantage and a lack of advantage in general.
- ~ The decile groups rank each local government into categories of 10% of all local governments. The lower the decile the lower the ranking relative to other local government.

[Ref 3]

Summary for Murchison from the 2021 Census is as follows

Index of Relative Socio-economic Disadvantage		Index of Relative Socio-economic Advantage and Disadvantage		Index of Economic Resources		Index of Education and Occupation	
Score	Decile	Score	Decile	Score	Decile	Score	Decile
834	1	885	2	832	1	1013	9

These rankings are not surprising given the low population and sparsely settled nature of the Shire. The Index of Education and Occupation being in the upper range seems an outlier as only remote distance education is available in the Shire and it is most likely affected by the very small numbers involved and those whose education may have been undertaken elsewhere outside the Shire.

## 2.4 Community Plan and Broader Identity Raison D'être

Council's Vision of

*"Working together to preserve the unique character of the Shire, supporting diverse and sustainable lifestyle and economic priorities"*

This vision is delivered through the following four well-being priorities. [Ref 5]



### Economic

To develop the region's economic potential to encourage families and businesses to stay in the area



### Environmental

To improve the sustainability of land use and improve the condition of the environment



### Social

To develop, co-ordinate, provide and support services and facilities that enhance the quality of life in the Shire



### Civic Leadership

To provide good governance for the Murchison Shire

This is also encapsulated in the Murchison Masterplan Report Vision which states:

*"To ensure that Murchison Settlement is an attractive focal point that enables the Shire to function successfully and deliver a range of services that will underpin community, cultural and economic development within the Settlement and broader Shire"*

It is also addressed in the Council's Organisational Rationale and Recruitment Strategy with the following overarching rationale

Out here, the land stretches further than the eye can see...and so do the stories.

Murchison isn't a town. It's something rarer. A place where people make things happen, not because it's easy, but because it matters.

We are a community of doers, thinkers and caretakers, shaped by vast skies, red earth, and generations of resilience.

Where others might see remote, we see connected. To each other. To the land. To every starlit sky and every sunrise worth waking up for.

Tourism, science, agriculture, art – it all happens here. Not just around us, but because of us.

From outback adventures to world-class observatories, from station stays to stargazing, Murchison is more than a destination. It's a testament to what happens when people live with purpose and place in mind.

Because in Murchison, we don't just live in nature – we live for it. We protect it, we work with it, and we celebrate it in everything we do. It shapes our way of life, inspires our stories and guides our future.

It's in our hands, in our hearts, and in every path we choose to walk.

*It's in our nature.*

The structure of the makeup of staff, interactions with community and strategies, policies and actions will shape operations and, by implication, public health and well-being.

With respect to some specific public health aspects the following Community Plan actions and strategies are relevant:

<b>Strategy</b>	<b>Description</b>
<b>Social</b>	
Health Services	<i>Explore strategies to improve the delivery of health services to residents of the Shire.</i>
Support for Community Groups	<i>Provision of human resources to assist community groups.</i>
Refurbishment of Community Centre	<i>The Community Centre is a key building within the Murchison Settlement. The Centre was built in the 1980's and has been maintained since this time; however, it is due for refurbishment.</i>
Regional Community Emergency Services Manager	<i>Emergency Services planning and response are key issues for the Shire. Additional resources would improve planning and response to emergency situations.</i>
Explore Education Opportunities	<i>Explore potential opportunities to improve access to existing education services for residents within the Shire.</i>
<b>Civic Leadership</b>	
Communication Strategies and more involvement with Pia Wadjari	<i>Increase communication between the Council and all sectors of the Community (both ways).</i>
Regional Collaboration	<i>Work collaboratively with neighbouring shires, state and federal government and private enterprise to ensure the efficient and effective use of the Shire's scarce resources.</i>
Strategic Planning	<i>Ongoing reviews of the Community Strategic Plan.</i>
Asset Management	<i>Meet the required level of service in the most cost-effective manner for present and future residents.</i>

## 2.5 Health Service Providers

Local Government is not formally responsible for delivering health services, and in the case of Murchison, these services are delivered by a range of service providers including the West Australian Country Health Service (WACHS). A snapshot of what is provided is outlined in Appendix 1.

## 2.6 Overall Approach

Given the nature of the Shire, public health and well-being form part of the fabric of the Shire's operations and are one of many foci which are part of the Shire's raison detre. Given our remoteness and small, dispersed population, working with WACHS remains important. The approach to this local health plan has been prepared with these considerations in mind.

## 3 Health and Well-being Objectives and Priorities

A local government is required to establish public health objectives based on the current public health risks identified for the community and in line with the SPHP. Priorities should be determined for each of the objectives and should outline how the objectives will be achieved.

As indicated under "Context" this is a difficult task for the Shire to undertake but, through the Department of Health's Health and Wellbeing 2015-2024 Profile which was published in 2026 and developed in part through community surveys, a range of public health aspects was established.

These, along with other considerations, provide the basis for the Shire's objectives and priorities which link into subsequent actions.

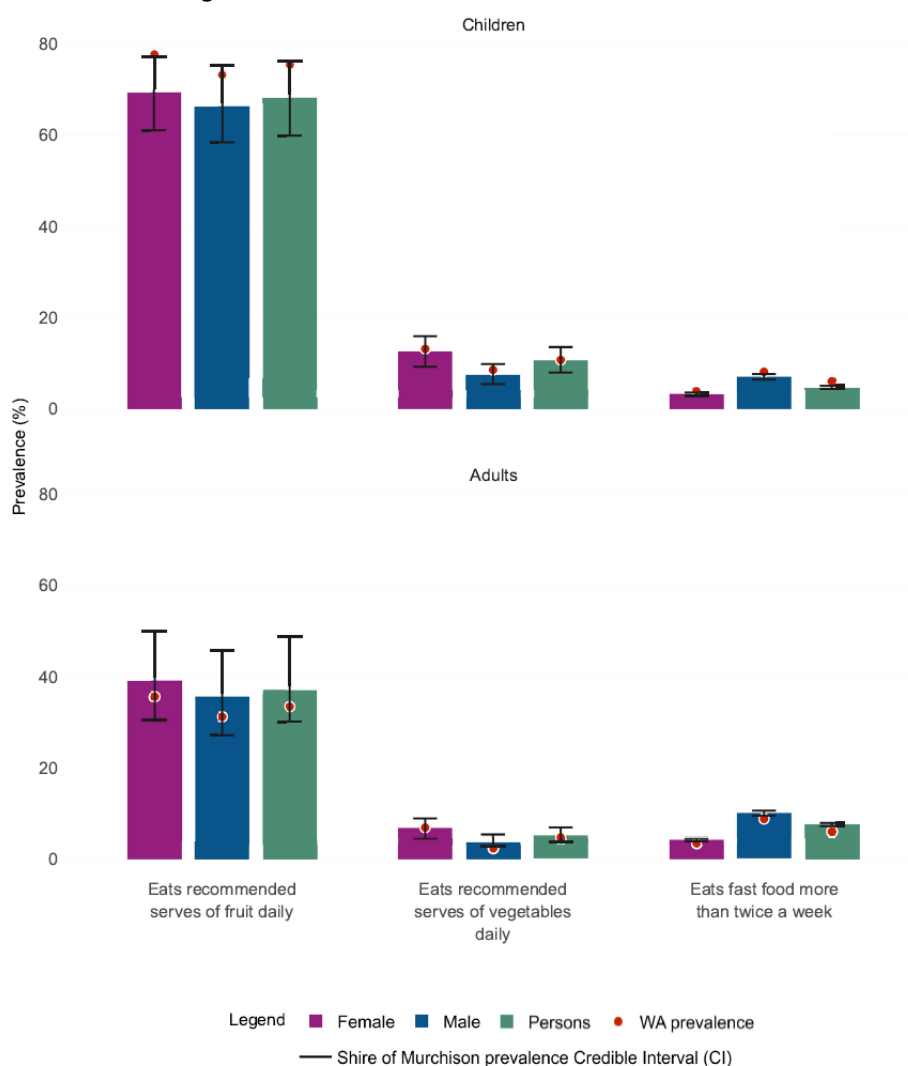
### 3.1 Nutrition

Healthy eating and active living are fundamental to health and well-being and are essential for the prevention of chronic disease and improvements in a range of health outcomes across the lifespan. This includes maintaining a healthy weight and preventing obesity. Our current food environment promotes excess energy intake from cheap, energy dense, nutrient poor, and/or highly processed products which should be limited or avoided in a healthy diet. These products, known as discretionary food and drinks, are high in saturated fat, added sugar and/or salt, and tend to displace more nutritious and minimally or unprocessed foods from the 5 core food groups, such as vegetables, fruit, and wholegrain cereals. Poor nutrition and physical inactivity contribute to high rates of obesity and the chronic diseases they causes.

Multiple complex systems contribute to overweight and obesity, including food supply, transport, urban design, advertising, education, trade, legal, economic, biological and psychosocial factors. Improving urban design and environments, increasing availability of affordable nutritious foods, and increasing the knowledge and skills necessary to choose nutritious foods and drinks is important in supporting Western Australians to engage in active living and healthy eating. [Ref 1]

Diet has an important effect on health and can influence the risk of diseases such a coronary heart disease, type 2 diabetes, stroke and some cancers. The Australian Dietary Guidelines outline the recommended daily serves of fruit and vegetables for children and adults. [Ref 2]

Surveys revealed the following.



[Ref 2]-Fig 2 Prevalence (%) of nutrition indicators for children (1-15 years or 2-15 years) and adults (16 years and above by sex, Shire of Murchison, 2024.

General Overview

**Food Consumption**

Fruit

Vegetables

Fast Food

**Adults**

Below WA prevalence

At WA prevalence

At WA prevalence

**Children**

Below WA prevalence

At WA prevalence

At WA prevalence

Context and Opportunities

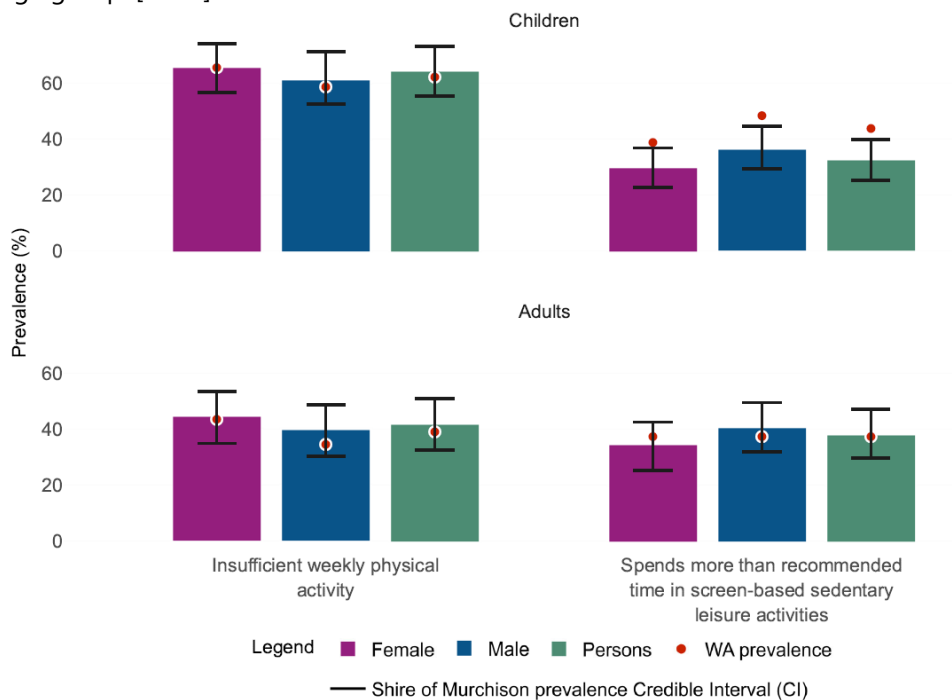
- i There is only one fast food outlet in the Shire located at Murchison Oasis Roadhouse in the Murchison Settlement and for many residents, access is only occasional.
- ii Most food is purchased via direct collection in Geraldton or via a freight delivery on a weekly preorder basis meaning that the choice and freshness of fruit and vegetables are more restricted to a weekly cycle
- iii Numbers are extremely small
- iv Education and information have the potential to deliver a positive impact
- v Murchison Settlement’s Community Garden operation is critical to improving access to fresh produce.
- vi Management and operation of the Murchison Oasis Roadhouse as a community operation with a community focus providing opportunities for improved health and well-being outcomes.

**3.2 Physical Inactivity and Sedentary behaviour**

Regular physical activity and a balanced diet both improve mental health and enhance quality of life, independent of weight loss. [Ref 1]

Physical Activity reduces the risk of cardiovascular disease, some cancers and type 2 diabetes, and also helps improve musculoskeletal health, maintain body weight and reduce symptoms of depression.

Data on physical activity were obtained through surveys with categorisation according to guidelines for each age group. [Ref 2]



[Ref 2]-Fig 5 Prevalence (%) of insufficient activity (5-15years, 18 years and above) and sedentary behaviour (0-15 years, 16 years and above) indicators for children and adults by sex, Shire of Murchison, 2024.

## General Overview

Item	Adults	Children
Insufficient Weekly Activity	At WA prevalence	At WA prevalence
Spends more than recommended time in screen-based sedentary leisure activities	Below WA prevalence	Below WA prevalence

## Context and Opportunities

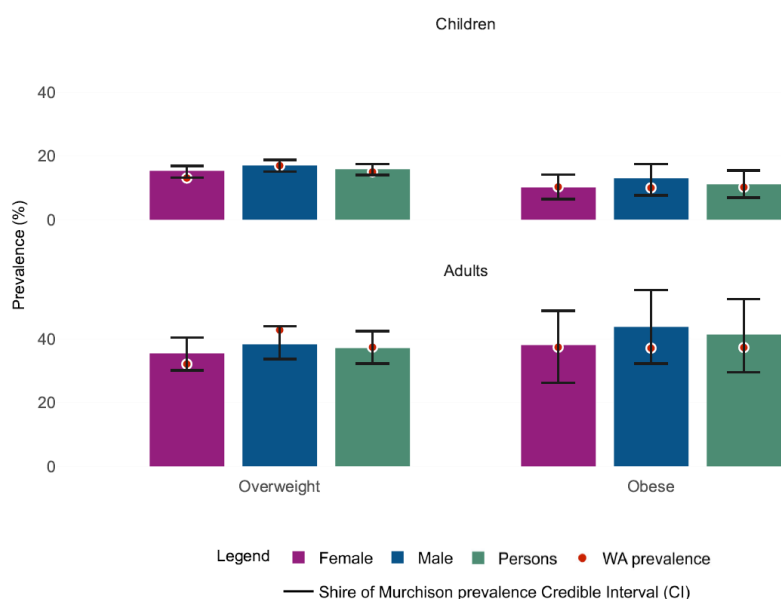
- i Murchison Settlement has very limited sporting facilities (lawn bowls, swimming pool) and no organised sports
- ii Numbers are extremely small, which limits the potential for organised sports and activities
- iii Opportunities exist to introduce physical activities within the Murchison Settlement as part of the Shire's organisational and recruitment strategy
- iv Remote distance creates a significant disadvantage for access to organised sports

## 3.3 Overweight and Obesity

Obesity is a chronic, relapsing, progressive condition that leads to physiological changes and ill health over time and is a major risk factor for chronic conditions including cardiovascular disease, type 2 diabetes, and some cancers. Overweight and obesity is a major cause of preventable disease and death in WA.

Obesity and related chronic conditions are closely linked to social and environmental determinants of health, including income, education, and access to nutritious food and recreational facilities. Food security is a fundamental human right however Aboriginal communities, especially those remote areas, are disproportionately affected. This can be due to several factors, such as limited access to affordable and nutritious food. The paradox of abundant, cheap unhealthy food and unaffordable healthy options further exacerbates health disparities. [Ref 1]

Overweight and obesity in adults are associated with cardiovascular disease, type 2 diabetes, some cancers, musculoskeletal disorders (particularly osteoarthritis) dementia and a range of other conditions. Data on overweight and obesity were obtained through surveys with categorisation within according to guidelines for each age group. [Ref 2]



[Ref 2]-Fig 8 Prevalence (%) of overweight and obesity in children (5-15 years) and adults (16 years and above) by sex, Shire of Murchison, 2024.

## General Overview

Item	Adults	Children
Overweight	At WA prevalence	At WA prevalence
Obese	At WA prevalence	Below WA prevalence

## Context and Opportunities

- i There is only one fast food outlet in the Shire located at Murchison Oasis Roadhouse in the Murchison Settlement, and for many residents, is only occasional.
- ii Most food is purchased via direct collection in Geraldton or via a freight delivery on a weekly preorder basis meaning that the choice and freshness of fruit and vegetables are more restricted.
- iii Numbers are extremely small
- iv Education and information have the potential to deliver a positive impact
- v Management and operation of the Murchison Oasis Roadhouse as a community operation with a community focus provides opportunities for improved health and wellbeing outcomes.

## 3.4 Smoking-related harm

A comprehensive approach to tobacco control includes strong legislation, regulation and policy, public education campaigns, and support services for quitting. Although these measures have significantly reduced the prevalence of tobacco use in WA, smoking is still the leading preventable cause of disease and death in WA.<sup>49</sup> Smoking causes lung cancer, chronic respiratory diseases, cardiovascular disease, and a range of other diseases and cancers. On average, people who do not smoke are estimated to live 10 years longer than people who do smoke.

Higher levels of tobacco use in some population groups contribute to significant health, social and financial inequalities. Priority population groups known to have high prevalence of smoking, include:

- ~ people living in lower socio-economic conditions
- ~ people living in regional and remote areas
- ~ people from the LGBTQI+SB community
- ~ people who are dependent on alcohol and other drugs.
- ~ older people
- ~ people experiencing homelessness
- ~ people living with a mental illness

While current smoking prevalence among WA secondary school students is historically low, the risk of young people becoming addicted to nicotine through vaping and alternative nicotine products, and transitioning to tobacco use, is a growing challenge. Vaping can lead to nicotine dependence, increase the likelihood of starting to smoke tobacco, and expose people who vape, and bystanders, to harmful chemicals.

Recent changes to the regulation of vaping products in Australia strengthen enforcement by prohibiting the sale of vapes outside pharmacies and banning personal importation. The enhanced penalties and new compliance framework involving national collaboration support WA to reduce unlawful vaping and improve public health.

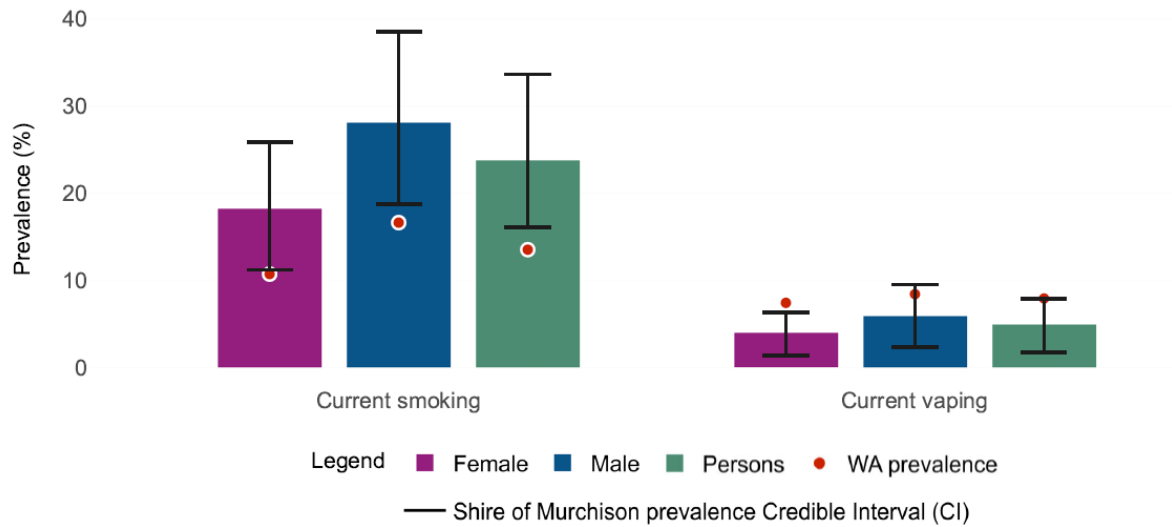
Despite a declining trend, smoking continues to be prevalent in some Aboriginal communities. Strengthening the cultural determinants of health and addressing the social determinants of health is crucial to reducing smoking prevalence amongst Aboriginal people. Some population groups are more at risk of harm from exposure to tobacco use, such as pregnant women, infants and children, and people living with a chronic health condition.

Sustained, comprehensive, population-wide tobacco, vape and related control efforts are required to reduce the serious impact of tobacco use and vaping now and into the future. [Ref 1]

Tobacco use, including past and current use and exposure to second-hand smoke, increases the risk of a number of health conditions, including cancer, respiratory diseases & cardiovascular diseases. [Ref 2]

### Tobacco smoking and vaping prevalence

Data on smoking and vaping prevalence were obtained through surveys with categorisation as follows.



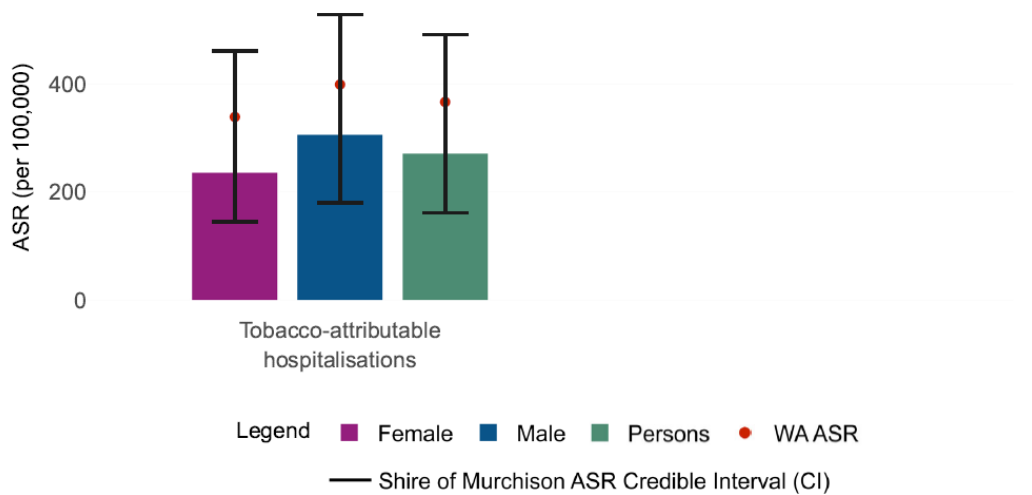
[Ref 2]-Fig 11 Prevalence (%) of current smoking and vaping (18 years and above) by sex, Shire of Murchison, 2024.

#### Overview

Item	Female	Male
Current Smoking	Above WA prevalence	Above WA prevalence
Current Vaping	Below WA prevalence	Below WA prevalence

### Tobacco-attributable hospitalisations

Data on tobacco-attributable hospitalisations are categorised as follows.



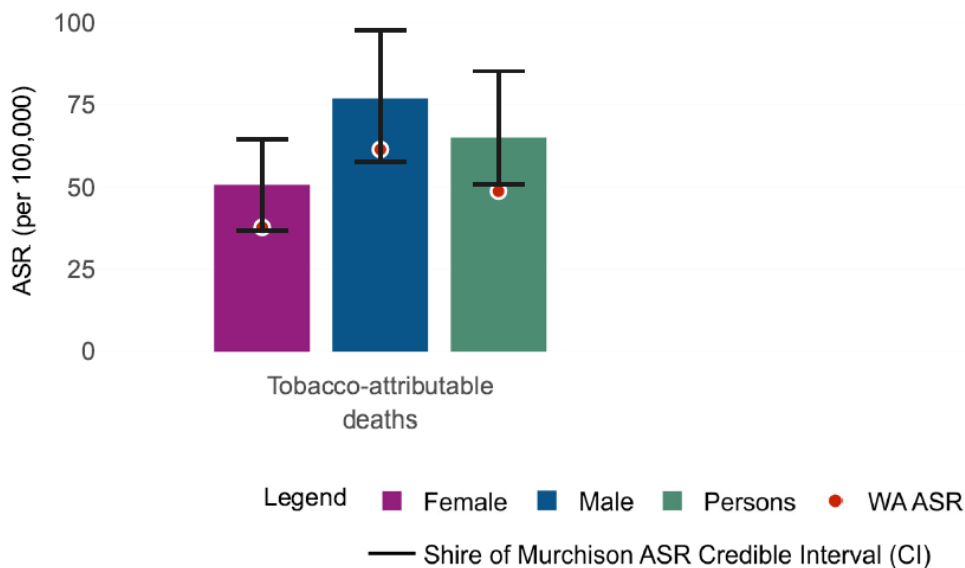
[Ref 2]-Fig 13 ASR (per 100,000 of tobacco-attributable hospitalisations (all ages) by sex, Shire of Murchison, 2024.

#### Overview

Item	Female	Male
Tobacco-attributable hospitalisations	Below WA prevalence	Below WA prevalence

### Tobacco-attributable deaths

Data on tobacco-attributable deaths are categorised as follows.



[Ref 2]-Fig 15 ASR (per 100,000 of tobacco-deaths (all ages) by sex, Shire of Murchison, 2021.

#### Overview

Activity	Female	Male
Tobacco-attributable deaths	Below WA prevalence	Below WA prevalence

#### Context and Opportunities

- i There is only one source for purchase of tobacco products with the Shire located at Murchison Oasis Roadhouse in the Murchison Settlement
- ii Education and information have the potential to deliver positive impact

### 3.5 Alcohol-related harm

Alcohol use in WA is high by national and world standards, with one in three adults drinking alcohol at levels that are associated with risk of harm from alcohol related disease or injury. While more young people (under 18 years) in WA are choosing not to use alcohol, one in three continue to drink at levels considered risky for adults. Harms caused by alcohol are a whole of community issue, although some groups experience greater risk of harm due to economic, cultural, social, geographical and educational factors.<sup>65</sup> The impact of alcohol use in regional and remote communities can be increased by geographical isolation, limited access to programs and services, and stresses presented by weather conditions such as drought and flooding

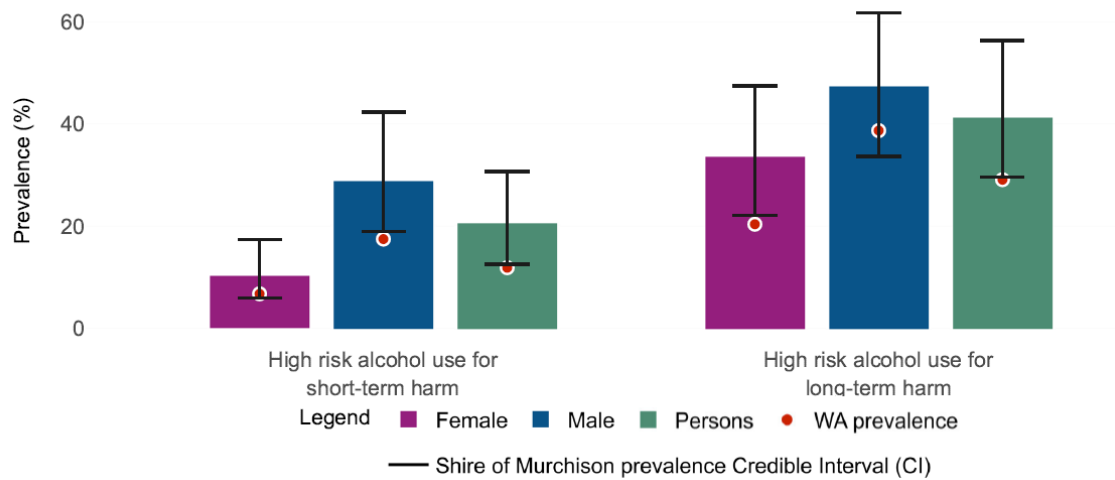
Alcohol-related harm is associated with significant economic, health and social costs such as unemployment, homelessness, poverty, frequency and severity of family domestic violence, and family breakdown – impacting children, families and the wider community.

In WA, alcohol demand, supply and harm reduction are addressed through a cross-agency approach. [Ref 1]

Alcohol use increase the risk of some health conditions including coronary heart disease, stroke, high blood pressure and liver and pancreatic disease. It also increases the risk of violence and ant-social behaviour, accidents and mental illness. [Ref 2]

### Alcohol use prevalence

Data on the prevalence of alcohol consumption is categorised as follows.



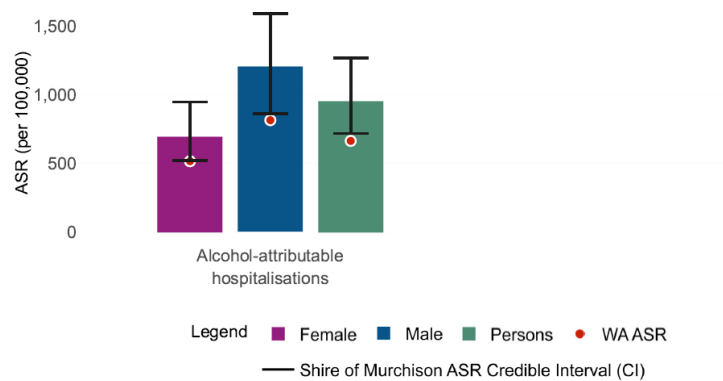
[Ref 2]-Fig 17 Prevalence (%) of high-risk alcohol use (16 years and above) by sex, Shire of Murchison, 2023.

#### Overview

Item	Female	Male
High risk alcohol use for short-term harm	Above WA prevalence	Above WA prevalence
High risk alcohol use for long-term harm	Above WA prevalence	Above WA prevalence

### Alcohol-attributable hospitalisations

Data on alcohol-attributable hospitalisations are categorised as follows.



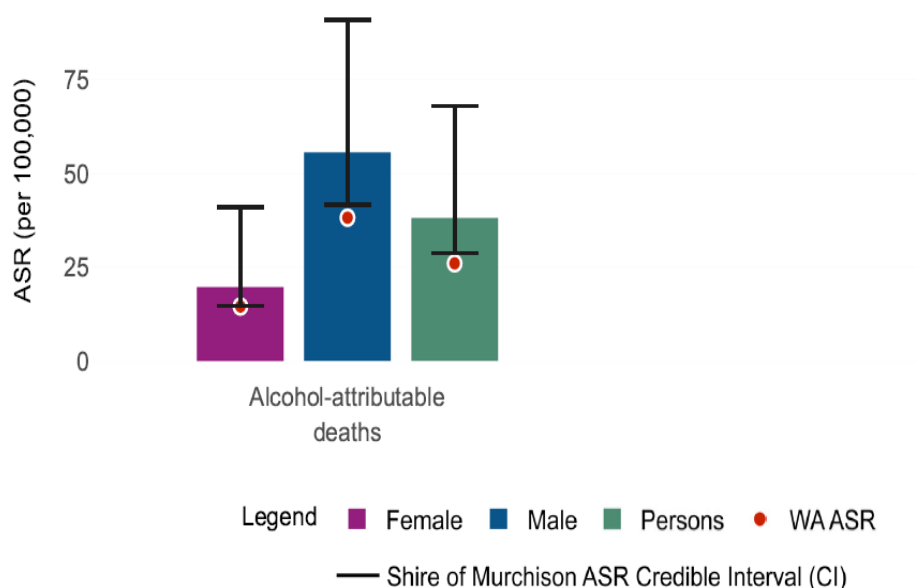
[Ref 2]-Fig 19 ASR (per 100,000 of alcohol-attributable hospitalisations (all ages) by sex, Shire of Murchison, 2024. Ref 1

#### Overview

Item	Female	Male
Alcohol-attributable hospitalisations	Above WA prevalence	Above WA prevalence

### Alcohol-attributable deaths

Data on tobacco-attributable deaths are categorised as follows.



[Ref 2]-Fig 6 ASR (per 100,000 of alcohol-deaths (all ages) by sex, Shire of Murchison, 2021.

#### Overview

Item	Female	Male
Alcohol-attributable deaths	Above WA prevalence	Above WA prevalence

#### Context and Opportunities

- i There are very limited sources within the Murchison Settlement where alcohol can be purchased and none with takeaway provisions. The Murchison Sports Cub operates a bar without takeaway around 6-8 times per annum and a specific function basis.
- ii There is scope for the Murchison Oasis Roadhouse to serve alcohol as part of a meal via a Restaurant Licence
- iii Education and information have the potential to deliver a positive impact

### 3.6 Illicit drug-related harm

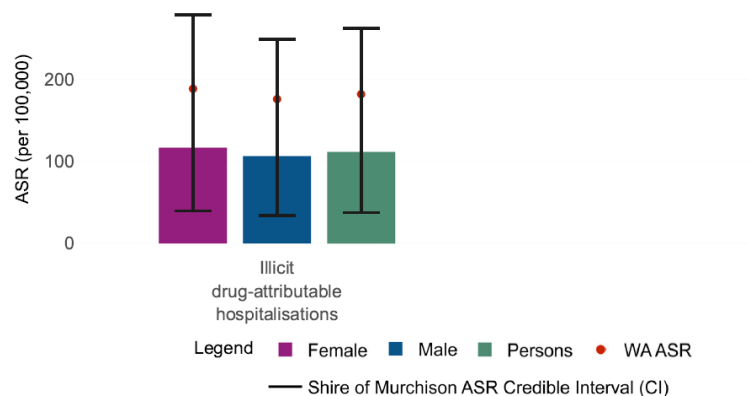
One in 5 people in WA report use of an illicit drug in the previous 12 months,55 with harms spanning health, social and economic domains which range from injury, overdose, transmission of blood-borne viruses, mental health issues, violence, and engagement with criminal justice, to trauma and child protection issues.

Social and structural determinants significantly contribute to illicit drug use and can include complex issues such as social and economic exclusion, poverty, marginalisation, racism and stigmatisation. Prescription drug misuse continues to be an issue in Australia, contributing to rising levels of harm.

Australian governments address alcohol and other drug use (AOD) in the community through a long-standing commitment to a harm minimisation framework. This internationally recognised approach prevents and reduces the harms associated with AOD use through three pillars: harm reduction, demand reduction and supply reduction [Ref 1]

### Illicit drug-attributable hospitalisations

Data on alcohol-attributable hospitalisations are categorised as follows.



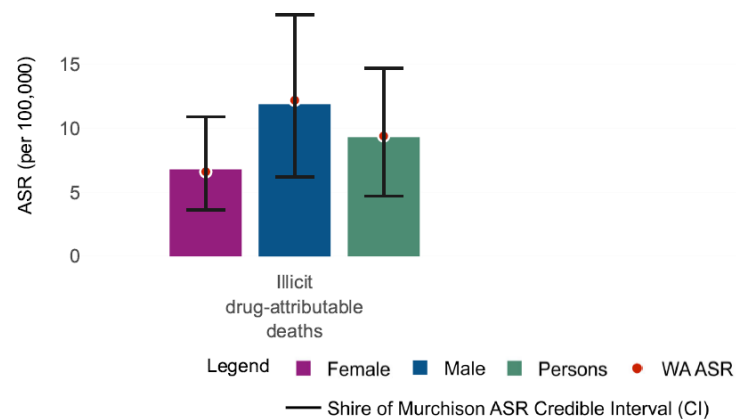
[Ref 2]-Fig 23 ASR (per 100,000 of illicit drug attributable hospitalisations (all ages) by sex, Shire of Murchison, 2024.

#### Overview

Item	Female	Male
Illicit drug-attributable hospitalisations	Below WA prevalence	Below WA prevalence

### Illicit drug-attributable deaths

Data on tobacco-attributable deaths are categorised as follows.



[Ref 2]-Fig 25 ASR (per 100,000 of illicit drug attributable deaths (all ages) by sex, Shire of Murchison, 2021

#### Overview

Item	Female	Male
Illicit drug-attributable deaths	At WA prevalence	At below WA prevalence

## 3.7 Mental Health

A high level of mental health and wellbeing enables individuals to actively participate in community and family life, contribute socially and economically, and lead long, meaningful lives. It enhances the ability to cope with stress, work productively, and engage with society. Low levels of mental health and wellbeing are linked to physical ill-health, harmful alcohol and other drug use and lower quality of life. Mental health issues, such as anxiety-related conditions, mood disorders, and behavioural conditions, are among the leading causes of disability and morbidity in WA. Nearly half of the Australian population (45 per cent) aged 16 to 85 years are expected to experience a mental health condition at some point in their life.<sup>28</sup> Suicide, which contributes significantly to the burden of disease in WA, remains a key

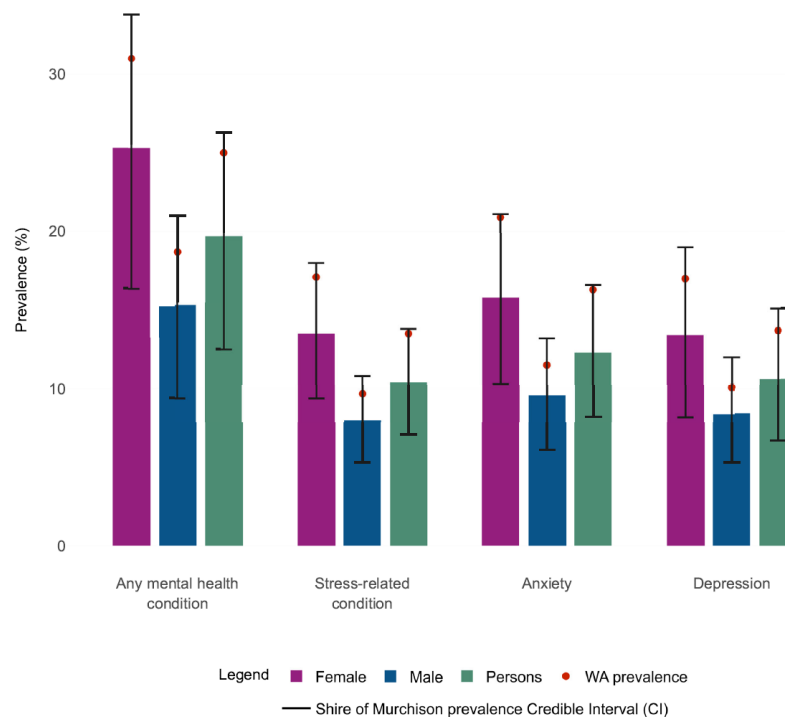
priority for prevention, with efforts focusing on reducing suicide, suicide attempts, and self-harm.<sup>29</sup> Improvements in mental wellbeing can reduce the risk of suicide regardless of the presence or absence of a diagnosed mental health condition; the risk of suicidal thoughts, feelings and behaviours can increase with decreasing levels of wellbeing.

Improving mental wellbeing involves 2 key approaches: enhancing protective factors that promote higher levels of mental wellbeing, such as social connection and access to supportive environments, and reducing risk factors that contribute to poor mental health outcomes, including social isolation and unhealthy lifestyle behaviours. Supportive factors for positive mental health and wellbeing include strong family functioning, supportive communities, social support networks, physical activity, employment, a healthy diet, and access to green spaces and nature. [Ref 1]

People with mental health condition are at an increased risk of experiencing other disorders including physical disorders and diabetes. [Ref 2]

### Mental Health conditions prevalence

Data on Mental Health conditions prevalence are categorised as follows.



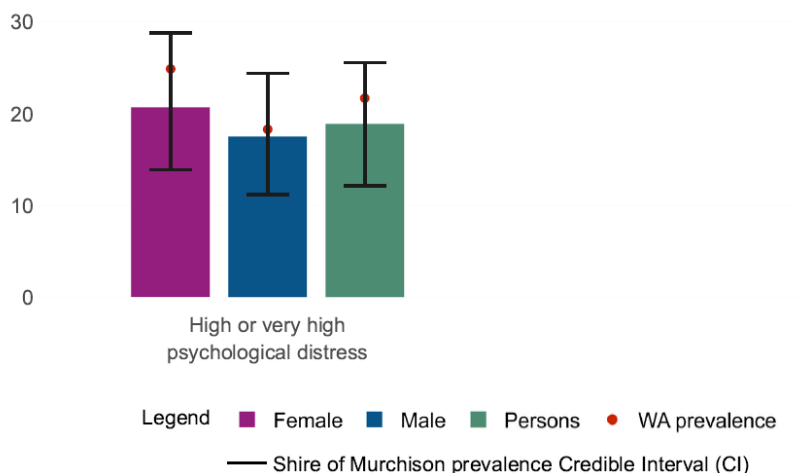
[Ref 2]-Fig 27 ASR (per 100,000 of illicit drug attributable hospitalisations (all ages) by sex, Shire of Murchison, 2024.

### Overview

Item	Female	Male
Any mental health condition	Below WA prevalence	Below WA prevalence
Stress-related condition	Below WA prevalence	Below WA prevalence
Anxiety	Below WA prevalence	Below WA prevalence
Depression	Below WA prevalence	Below WA prevalence

### Psychological distress prevalence

Data on Psychological distress conditions prevalence are categorised as follows.



[Ref 2]-Fig 29 ASR (per 100,000 of illicit drug attributable hospitalisations (all ages) by sex, Shire of Murchison, 2024.

#### Overview

Item	Female	Male
High or very high psychological distress	Below WA prevalence	Below WA prevalence

#### Context and Opportunities

- i Some equity and inclusion actions may assist
- ii Education and information have the potential to deliver a positive impact, particularly through community-based initiatives and partnerships with WACHS and other service providers.
- iii The Shire’s organisational and recruitment strategy provides opportunities to support staff wellbeing and promote a mentally healthy workplace.
- iv Access to mental health services is limited, with most services delivered externally or via outreach, telehealth, or emergency response.
- v Opportunities exist to strengthen community connection and social participation within Murchison Settlement and across pastoral stations.

### 3.8 Aboriginal Health and well-being

Aboriginal health and wellbeing is influenced by a wide range of factors, including connection to Country, culture, family, community, and identity. These cultural determinants are central to social and emotional wellbeing and are recognised as protective factors that support resilience, healing, and positive health outcomes. Social determinants such as housing, education, employment, income, and access to services also play a significant role in shaping health outcomes for Aboriginal people.

Aboriginal people, particularly those living in regional and remote areas, continue to experience poorer health outcomes compared with non-Aboriginal Australians. These disparities are linked to historical and ongoing impacts of colonisation, intergenerational trauma, systemic disadvantage, and reduced access to culturally safe health services.

The PIA Wajarri Aboriginal Community is located approximately 70 km from the Murchison Settlement and is situated on Aboriginal Reserve Land. All essential services, including housing, schooling, water, power, and health support, are provided by various government agencies. As such, the Shire’s direct influence on Aboriginal health outcomes is limited, with responsibility for Aboriginal health and wellbeing resting primarily with the State Government.

### *Context and Opportunities*

- i The State Government is responsible for Aboriginal Health and well-being wellbeing, education, employment, justice, safety, housing, land and waters, languages, and digital inclusion at the PIA Wadjarri Aboriginal Community. Current progress is unknown
- ii Given Murchison's remoteness, opportunities to have some of these deliverables undertaken by the State with better integration with the broader shire could be pursued.

### **3.9 Equity and inclusion**

Equity and inclusion are essential to ensuring that all people have the opportunity to achieve good health and wellbeing. Equity recognises that some individuals and groups may require additional support or resources to achieve comparable health outcomes, due to social, economic, cultural, or environmental factors. Inclusion ensures that all people feel valued, respected, and able to participate fully in community life.

Local governments play an important role in promoting equitable access to services, facilities, programs, and opportunities. This includes considering the needs of people who may experience disadvantage or barriers to participation, such as people with disability, older adults, young people, Aboriginal people, culturally and linguistically diverse communities, and those living in remote or isolated settings.

In the Shire of Murchison, geographic isolation, limited access to services, and a small, dispersed population create unique challenges for equity and inclusion. Ensuring that all residents have fair access to information, services, and opportunities requires tailored approaches, strong partnerships, and flexible service delivery models.

Local events, such as clean-up drives and tree planting initiatives, foster community engagement, which not only enhances the look of the neighbourhood but also strengthens social ties. Creating green spaces, such as parks and community gardens, provides venues for social interaction while improving air quality and biodiversity, and provides shade to reduce harmful ultraviolet (UV) exposure.

When communities are engaged in environmentally sustainable practices, they contribute to the preservation of natural resources, reduce pollution, and mitigate climate change, ensuring a healthier planet for future generations. [Ref 1]

### *Context and Opportunities*

- i The strong community focus of the Shire in relation to our very small community means a stronger than perhaps normal interdependent relationship exists, with Shire staff taking a more hands on supportive role than would otherwise be the case, in support of the rangelands sector.
- ii Many of the current and future actions of the Shire in and around the Murchison Settlement, and though the broader road maintenance and construction role, address this objective as Inclusion and Equity forms a significant part of our raison detre.
- iii Sealing the remain 27.54km unsealed section of the Carnarvon-Mullewa Road to encourage medical practitioners and allied health services to safely access the Murchison Settlement to deliver allied medical services.

### 3.10 People and Community

A strong, connected community is fundamental to health and wellbeing. Social connection, participation, and a sense of belonging contribute to resilience, mental health, safety, and overall quality of life. Community cohesion is particularly important in small and remote local government areas, where residents often rely on one another for support, information, and shared resources.

The Shire of Murchison has a unique community profile, characterised by a very small population, dispersed pastoral stations, and a central settlement that functions as the primary hub for services, social interaction, and community events. These characteristics create both challenges and opportunities for strengthening community wellbeing.

Community wellbeing is influenced by access to services, opportunities for social participation, cultural identity, safety, and the physical environment. Local governments play a key role in fostering inclusive, connected communities through infrastructure, events, communication, and partnerships.

#### *Context and Opportunities*

- i A number of elements fall into normal Shire operations, with public health outcomes intrinsically intertwined into the fabric of the community.
- ii The Shire has an important role to play in emergency evacuations, road rescues, administering RFDS medications and providing very basic medical rooms for potential visiting medical practitioners at the Murchison Settlement

### 3.11 Healthy Partnerships

Developing strong partnerships is essential for the effective design, implementation, and evaluation of public health initiatives. These partnerships facilitate a collaborative approach to health planning, promoting shared ownership of initiatives, building trust, and increasing understanding and engagement on important public health issues. [Ref 1]

The large, sparsely settled and remote location means that access to health-related treatments such as doctors, hospitals, dentist etc that many would take for granted, are not available or can necessarily be delivered in the Shire. The Murchison Local Government Authority Selected Health Service Information (WACHS) provided in Appendix 1 [Ref 3] outlines the current situation. This has a direct effect on public health outcomes.

In the Shire of Murchison, partnerships are especially important due to the Shire's small population, geographic isolation, and limited local service availability. Working collaboratively with external agencies and neighbouring local governments enables the Shire to access expertise, funding, and support that enhances community wellbeing.

#### *Context and Opportunities*

- i Improved recognition and articulation of health and well-being considerations within the Shire's normal operation
- ii Increased liaison with health-related service providers and practitioners to provide improved service delivery at the Murchison Settlement.
- iii Access to Community Development network across the Murchison Region to facilitate locum services and participation in these services

## 4 Quality of Life Focus Actions

Within the framework to ensure the best possible health, wellbeing, and quality of life now and into the future the following approach plans and actions are proposed with roles to promote, prevent, protect and enable public health whilst also addressing objectives relating to Aboriginal health and wellbeing and equity and inclusion wherever applicable.

Element	Quality of Life Focus Actions	Objectives	Health Risk
<b>A Safe nutritious and accessible food</b>	A1 Maintain Free Weekly Freight Delivery pickup service in and around Geraldton for delivery into the Murchison Settlement	3.1 Nutrition	Lifestyle Disease
	A2 Provide opportunities for other parts of the community remote from Murchison to access the Shire's Free Freight delivery service	3.1 Nutrition	Lifestyle Disease
	A3 Provide healthy eating meals to Council Meetings and other Shire events	3.1 Nutrition	Lifestyle Disease
	A4 Promote health eating as part of food safety programs and food business inspections	3.1 Nutrition	Lifestyle Disease
	A5 Implement the Shire's Local Meat initiative with produce used in and sold from the Murchison Oasis Roadhouse	3.1 Nutrition	Lifestyle Disease
	A6 Maintain and expand the Murchison Settlement's Community Garden which includes fruit vegetables and eggs	3.1 Nutrition 3.9 Equity & Inclusion	Lifestyle Disease
	A7 Provide Community Garden Produce for use and retail from the Murchison Oasis Roadhouse	3.1 Nutrition	Lifestyle Disease
	A8 Provide a range of nutritious food options at the Murchison Oasis Roadhouse	3.1 Nutrition	Lifestyle Disease
	A9 Conduct surveillance of food businesses to ensure food safety standards are maintained	3.10 People & Community	Disease
<b>B Safe drinking and swimming water</b>	B1 Provide and operate a chlorinated supply of drinking water at the Murchison Settlement	3.1 Nutrition	Disease
	B2 Monitor drinking water quality of non-scheme supplies	3.10 People & Community	Disease
	B3 Liaise with the Public and Aboriginal Health Division of the Department of Health to receive update advice regarding provision of potable water to the Pia Wadjarri Aboriginal Community	3.1 Nutrition	Disease
	B4 Operate the Community Caravan Park Swimming Pool at the Murchison Settlement to the appropriate health standards	3.3 Physical Activity 3.3 Overweight & Obesity	Disease
	B5 Maintain swimming pool fencing of facilities within the Murchison Settlement	3.10 People & Community	Drowning
	B6 Conduct surveillance of Settlement pool and water park for microbiological risks	3.10 People & Community	Disease

Element	Quality of Life Focus Actions	Objectives	Health Risk
<b>B Safe drinking and swimming water</b>	B7 Provide community access to the pool through the Shire's local loyalty scheme	3.3 Physical Activity 3.3 Overweight & Obesity	Lifestyle Disease
	B8 Provide access to the PIA Wadjari Community School for educational and swimming related activities	3.3 Physical Activity 3.3 Overweight & Obesity 3.8 Aboriginal Health & well-being	Lifestyle Disease
<b>C A strong skilled and committed public health work workforce</b>	C1 Ensure staff are trained appropriately to manage the RFDS emergency medication box and act as a conduit with RFDS medical practitioners to assist in treatment	3.10 People & Community 3.11 Healthy Partnerships	Safety
	C2 Support Staff to participate in the Department of Health Advisory Council for our district (DHAC)	3.9 Equity and Inclusion 3.10 People & Community	Lifestyle Disease
	C3 Continue to work with our Environmental Health Officer to deliver services and information relating to public health	3.10 People & Community	Lifestyle Disease
	C4 Capacity build staff to test and adjust both pool and drinking water as required	3.10 People & Community	Lifestyle Disease
<b>D Reduce harm from alcohol use</b>	D1 Monitor operations of the Murchison Sports Club to promote safe alcohol consumption	3.5 Alcohol-related harm	Lifestyle Disease
	D2 Change operations of the Murchison Oasis Roadhouse from an largely unrestricted BYO basis to a Restaurant License with meals only consumption of alcohol and no take-away	3.5 Alcohol-related harm	Lifestyle Disease
	D3 Conduct and support no alcohol events	3.5 Alcohol-related harm	Lifestyle Disease
	D4 Support Geraldton Community Wellness Group's Alcohol Harm minimisation activities and actions	3.5 Alcohol-related harm	Lifestyle Disease
<b>E Reduce harm from tobacco and vape use</b>	E1 Maintain sales of smoke products at the Murchison Oasis Roadhouse in the current restricted range of tobacco products with no vaping sold	3.4 Smoking-Related harm	Lifestyle Disease
	E2 Support State and Federal public health campaigns to reduce tobacco and vape use	3.4 Smoking-Related harm	Lifestyle Disease
	E3 Continue to support Shire Events as smoke and vaper free	3.4 Smoking-Related harm	Lifestyle Disease
	E4 Support Geraldton Community Wellness Group's Alcohol & Other Drugs harm minimisation activities and actions [Ref 5]	3.4 Smoking-Related harm	Lifestyle Disease
<b>F Reduce harm from other drug use</b>	F1 Support Geraldton Community Wellness Group's Alcohol & Other Drugs harm minimisation activities and actions [Ref 5]	3.6 Illicit drug related harm	Lifestyle Disease
	F2 Installation of needle and syringe boxes in all public toilets. Have information readily available for disposal.	3.6 Illicit drug related harm	Lifestyle Disease

Element	Quality of Life Focus Actions	Objectives	Health Risk
<b>G Safe vibrant liveable well-designed and socially connected communities</b>	G1 Provide new and expanded facilities in accordance with the Murchison Settlement Masterplan Report [Ref 7] including improvements to the amenity of the settlement, construction of a new playground, upgrade to the Community Centre and Refurbishment and extension of the Murchison Oasis Roadhouse	3.9 Equity & Inclusion	Lifestyle Disease
	G2 Finalise construction of 5 new Key Worker Dwellings	3.7 Mental Health 3.9 Equity & Inclusion	Mental Health
	G3 Finalise construction of new 3 cabins to Caravan Park	3.7 Mental Health 3.9 Equity & Inclusion	Mental Health
	G4 Continue to conduct the Shire's Annual Events including Christmas Tree Day, Anzac Day and Camp Oven Muster Festival	3.9 Equity & Inclusion 3.10 People & Community	Mental Health
	G5 Continue to financially support Biggest Morning Tea Cancer Fund Raising Event	3.7 Mental Health 3.9 Equity & Inclusion 3.10 People & Community	Mental Health
	G6 Continue to expand the range of community events on offer in the Murchison Settlement	3.7 Mental Health 3.9 Equity & Inclusion 3.10 People & Community	Mental Health
	G7 Continue with implementing the Shire staff community integration strategy which includes programs for staff buy in to living in a remote small community and delivery of local community events	3.7 Mental Health 3.9 Equity & Inclusion 3.10 People & Community	Mental Health
	G8 Continue to implement actions under the Shire's Disability Action and Inclusion Plan	3.9 Equity & Inclusion	Injury
	G9 Explore the potential establishment of school room as part of a future redevelopment of the community centre	3.7 Mental Health 3.9 Equity & Inclusion 3.10 People & Community	Lifestyle Disease
	G10 Continue to provide community and Health related information from the Shires Website, Facebook and Community Information List	3.9 Equity & Inclusion	
<b>H Active transport infrastructure with trails, bike paths and public transport</b>	H1 Continue with implementing the Shire's road maintenance plan	3.9 Equity & Inclusion	Safety & Injury
	H2 Promote Tourism attractions that encourage active transport such as swimming, hiking, walking for all levels of involvement	3.9 Equity & Inclusion 3.10 People & Community	
	H3 Introduce way-finding signage to the settlement for local trail options	3.9 Equity & Inclusion 3.10 People & Community	

Element	Quality of Life Focus Actions	Objectives	Health Risk
<b>H Active transport infrastructure with trails, bike paths and public transport</b>	H4 Liaise with the City of Greater Geraldton and Main Roads WA and others to fast track the sealing of the remain 27.54km unsealed section of the Carnarvon-Mullewa Road so that medical practitioners can safely access the Murchison Settlement from Geraldton and deliver a range of allied health services.	3.9 Equity & Inclusion 3.10 People & Community 3.11 Healthy Partnerships	Safety & Injury
<b>I Equitable inclusive health care</b>	I1 Continue to undertake emergency evacuations, road rescues I2 Continue to administer RFDS medications under medical guidance I3 Continue to provide a very basic medical rooms for potentially visiting medical practitioners at the Murchison Settlement I4 Continue to provide community access to health related audiometric and skin cancer testing services delivered to Shire staff. I5 Advocate for access to health services Murchison should be receiving in line with current policies I6 Work with WACHS to support delivery of health related services to the Pia Wadjarri Community and where appropriate determine if broader community access can be facilitated.	3.10 People & Community 3.10 People & Community 3.11 Healthy Partnerships 3.10 People & Community 3.11 Healthy Partnerships 3.9 Equity & Inclusion 3.10 People & Community 3.11 Healthy Partnerships 3.8 Aboriginal Health & well-being 3.9 Equity & Inclusion 3.11 Healthy Partnerships	Safety & Injury Lifestyle Disease Lifestyle Disease Lifestyle Disease Lifestyle & Communicable Disease Lifestyle & Communicable Disease
<b>J Health literacy including genomic information</b>	J1 Seek advice and information from relevant departments as to what health literacy including genomic information is available and determine how best this can be provided to the community	3.9 Equity & Inclusion, 3.11 Healthy Partnerships	Lifestyle & Communicable Disease
<b>K Optimal disaster and emergency response including pandemic preparedness</b>	K1 Continue to support and oversee the operation of the Murchison Bushfire Brigade K2 Continue to provide Emergency Management Responses in accordance with the Emergency Management Plan K3 Provide Emergency Management Flood Damage Repair and Restoration responses as part of declared Flood Recovery Events	3.10 People & Community 3.10 People & Community 3.9 Equity & Inclusion	Safety & Injury Safety & Injury Safety & Injury
<b>L Accessible high quality screening programs</b>	L1 Liaise with health practitioners to see what screening programs can be delivered locally and establish partnerships to facilitate those that can.	3.8 Aboriginal Health & well-being, 3.9 Equity & Inclusion	Disease

Element	Quality of Life Focus Actions	Objectives	Health Risk
<b>M Reduced burden of communicable disease</b>	M1 Liaise with health practitioners to see what the Shire can do to assist	3.10 People & Community	Disease
	M2 Monitor and implement mosquito control programs at the Murchison Settlement	3.10 People & Community	Disease
	M3 Manage waste collection and disposal to ensure compliance with legislation, minimise waste to landfill and reduce exposure to vector borne disease	3.10 People & Community	Disease
<b>N Strong partnership with key stakeholders</b>	N1 Liaise with health practitioners to see what the Shire can do to facilitate a partnership and strategic approach	3.10 People & Community	Lifestyle & Communicable Disease
	N2 Work with neighbouring Shires in the Murchison Region to support attendance and attraction of locum practitioners	3.10 People & Community	Lifestyle & Communicable Disease
<b>O High levels of immunisation</b>	O1 Support and promote WA immunisation approaches and actions	3.10 People & Community	Disease
<b>P Optimal mental health and well-being</b>	P1 Support Geraldton Community Wellness Group's mental health activities and actions	3.7 Mental Health	Mental Health
<b>Q Cultural safe environment free from racism</b>	Q1 Work with PIA Wajarri Aboriginal Community to develop promote and integrate culturally appropriate community based initiatives that celebrate cultural heritage	3.8 Aboriginal Health & well-being	Mental Health
<b>R Hazard free environment</b>	R1 Provide new and expanded facilities in accordance with the Murchison Settlement Masterplan report [Ref 7] including improvements to the amenity of the settlement through increased plantings	3.9 Equity & Inclusion	Heat Stress
<b>S Reduced climate risk and environmental footprint</b>	S1 Construct and install solar micro grid as an extension to the Murchison Settlement's Power Supply	3.9 Equity & Inclusion	Heat Stress
	S2 Upgrade waste management plant equipment and facilities with increased emphasis on expanding local mulch operations	3.9 Equity & Inclusion 3.10 People & Community	Heat Stress
<b>T High-quality population health data systems to inform policy and research</b>	T1 Liaise with health practitioners to see what the Shire information can be derived that will assist in overall health planning	3.10 People & Community 3.11 Healthy Partnerships	Lifestyle & Communicable Disease

## 5 Evaluation of the Plan

The Murchison Shire will regularly track the progress relating to the Quality of Life Focus Actions under this plan and report annually via Council's Annual Report.

As we progress, some of these elements may also be included in an updated Community Plan and Corporate Plan

## 6 References

The following references are relevant to the production of the plan

- Ref 1 State Public Health Plan for Western Australia 2025-2030  
<https://www.health.wa.gov.au/~media/Corp/Documents/About-us/Public-Health-Act/State-Public-Health-Plan-2025-2030.pdf>
- Ref 2 Health and Wellbeing Profile Shire of Murchison 2015 – 2024
- Ref 3 Murchison Local Government Authority Selected Health Service Information (WACHS)  
[Appendix 1](#)
- Ref 4 Australian Bureau of Statistics. Socio-Economic Indexes for Australia (SEIFA), 2021  
[Australian Bureau of Statistics](#)
- Ref 5 Midwest Local Government Planning Guide. Geraldton Community Wellness Group  
<https://www.mwhpn.com.au/other-health-networks/>
- Ref 6 Shire of Murchison Strategic Community Plan 2016/17 – 2026/27  
<https://www.murchison.wa.gov.au/documents/other-council-documents>
- Ref 7 Murchison Settlement Masterplan Report  
<https://www.murchison.wa.gov.au/documents/other-council-documents>
- Ref 8 Murchison Settlement Roadhouse Precinct Detailed Concept Design
- Ref 9 Murchison Vast Sky Experience Business Case  
<https://www.murchison.wa.gov.au/documents/other-council-documents>
- Other Other responsibilities that from time to time arise including but not limited to enforcement of legislative requirements as per the Public Health Act, Environmental Protection Act and other Acts and regulations as well as improvements to monitoring compliance and education.

## 7 Previous

Nil

## 8 Appendices

Appendix1 Murchison Local Government Authority Selected health service information May 2026  
(WACHS)

# Murchison Local Government Authority

## Selected health service information (May 2026)

### Background

Murchison Local Government Authority (LGA) CEO contacted WACHS to seek health service information to inform public health planning processes.

WACHS confirmed the Murchison LGA had already received the Department of Health (DOH) Epidemiology produced LGA level profile document providing a comprehensive overview of health conditions and services utilisation for Murchison LGA residents.

This overview of selected information from this process has been provided to complement the DOH produced profile for Murchison LGA.

WACHS consulted with community and health service stakeholders in 2021/22 to inform Meekatharra Hospital infrastructure development processes. This included identifying health services and health care needs in the Murchison LGA catchment. Consultation was completed in 2022 and some details may have changed in subsequent years. No data has been updated with exception of the estimated resident population (ERP) and health service utilisation by Murchison LGA residents.

### Population

Murchison LGA is Wajarri country, located 302km northeast of Geraldton and 742km north of Perth. Murchison LGA is the only LGA in Australia without a town or regional centre. Murchison LGA has an ERP of 105<sup>1</sup> and with almost equal proportions of non-Aboriginal and Aboriginal residents.

The Murchison LGA population has declined by 10 per cent since 2020.

Most of the population are working aged adults (15-44, 40%; 45-64, 32%).

In 2021 Aboriginal people made up 51 per cent of the population.



Table 1. Murchison LGA ERP 2024

Age	2020	2021	2022	2023	2024
0-14 years	25	28	25	21	17
15-44 years	41	34	37	37	42
45-64 years	43	39	38	36	34
65+ years	8	7	8	12	12
Total	117	108	108	106	105

<sup>1</sup> ABS Estimated Resident Population, 2024

# Health Services

Murchison LGA visiting health services include as required visiting WACHS allied and community health and the Geraldton Regional Aboriginal Medical Service (GRAMS) General Practitioner (GP) visits to Pia Wadjarri Remote Community School.

## Inpatient demand

In 2024-25, nine Murchison residents received inpatient care in WA hospitals, predominantly in Geraldton Hospital (n=4) or metropolitan hospitals (n=4). One person was admitted to Carnarvon hospital. Average age of admission was 25 years.

## Emergency Department demand

In 2024-25, the number of ED attendances for Murchison residents was 34. Most (80%) presented to Midwest Hospitals, most commonly Geraldton (n=14) or Mullewa (n=9). Smaller numbers presented to other Midwest Hospitals such as Carnarvon, Meekatharra and Morowa. Five people attended EDs in the Pilbara and two attended metropolitan ED's.

## Outpatient demand

There were 17 outpatient services recorded for Murchison LGA residents in 2024-25, with most provided from Geraldton (71%). The remainder received outpatient services from metropolitan public hospitals.

**The following information was provided in 2021/2022. Changes may have occurred since this time.**

## Primary care

The GRAMS GP clinic in Mt Magnet provides a monthly visiting GP service to Pia Wadjarri. GRAMS are also contracted to provide school health services in Pia Wadjarri on behalf of WACHS.

The RFDS previously provided a monthly FIFO clinic at Murchison Settlement, primarily as children were living in the settlement. The service ceased when the family left.

RFDS has 15 emergency chests located within the Mullewa/Murchison LGA catchment with support as required provided by RFDS. Chests are located at stations, one roadhouse and one government location (specific locations are not publicly available).

## Population Health

### Community health

WACHS community health visits to Murchison LGA operate at Pia Wadjarri 'as required', with staff using the electronic birth register to determine when visits are needed. They will also contact the school to find out which families are in town and whether there are children at high risk who require urgent assessment.

### Allied health

WACHS provides a range of visiting allied health services including physiotherapy, occupational therapy (OT), dietetics, podiatry, social work and speech pathology to adults and children in the Murchison Health District.

Allied health staff (predominantly dietetics, speech pathology and occupational therapy) provide services to Pia Wadjarri Remote Community School via outreach from Geraldton. Service frequency is 'as required', dependent on number and acuity of patients.

Telehealth services (video and telephone options) can be used to increase access to care. Local schools have more reliable internet connectivity, although bandwidth in Pia Wadjarri is known to be poor.

## Mental Health Promotion

Mental health promotion and awareness emerged as a strong community need in Murchison LGA.

WACHS Midwest provide training to the broader Murchison health district in Gatekeeper Training for suicide prevention, Mental Health First Aid, Aboriginal Mental Health First Aid, Red Dust Healing, Deadly Thinking Youth and support communities with mental health promotion events such as 'R U Ok Day'. Training within the Murchison LGA community can be provided on request.

## Paediatrics

Children from Pia Wadjarri/Murchison LGA requiring paediatric assessment travel to Mount Magnet, Mullewa or Geraldton where specialist pediatric services are based. Telehealth services (video and telephone options) could be explored to increase access to care.

## Aged Care

Provision of aged care packages and respite care is a recognised challenge within the Murchison Health District. Meekatharra is the only site in the catchment with respite beds and is significantly distanced from other Murchison locations. In-home services may be available dependent on service provider and staff availability.

## Palliative Care

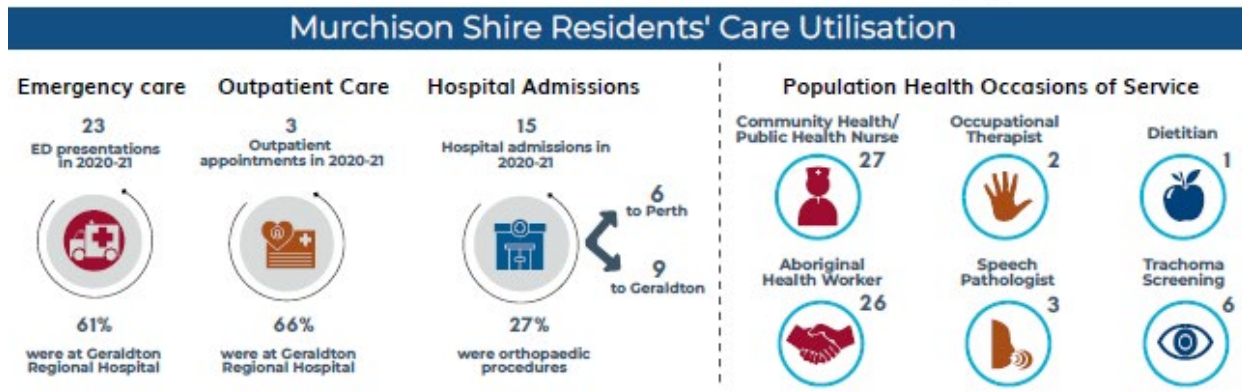
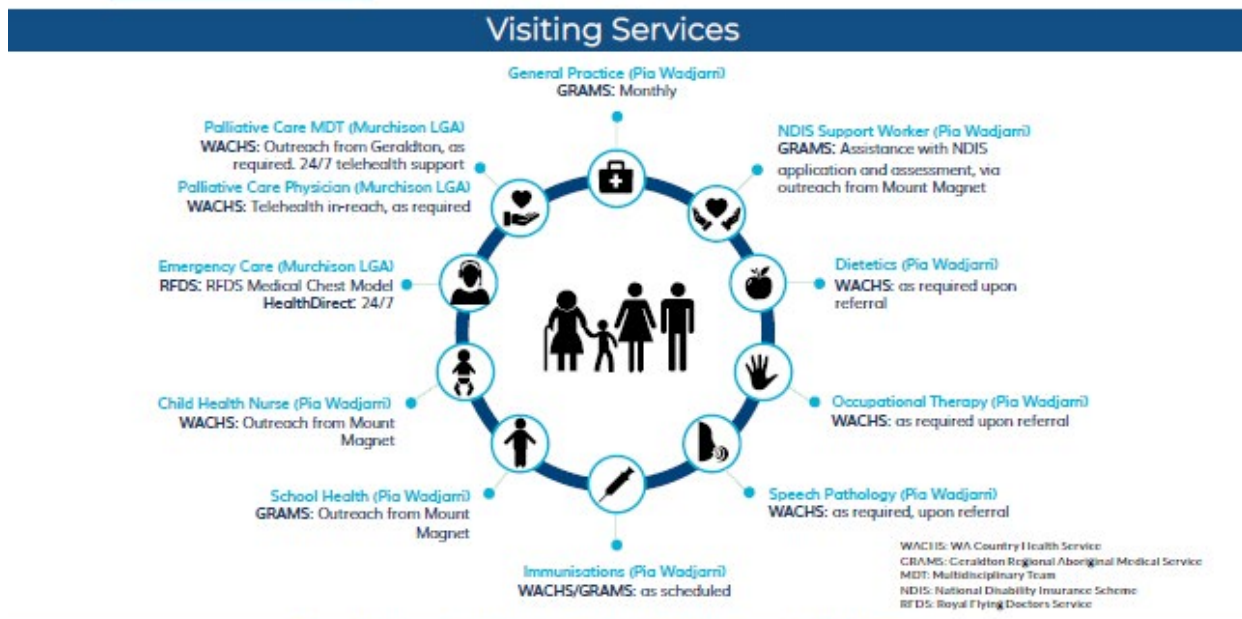
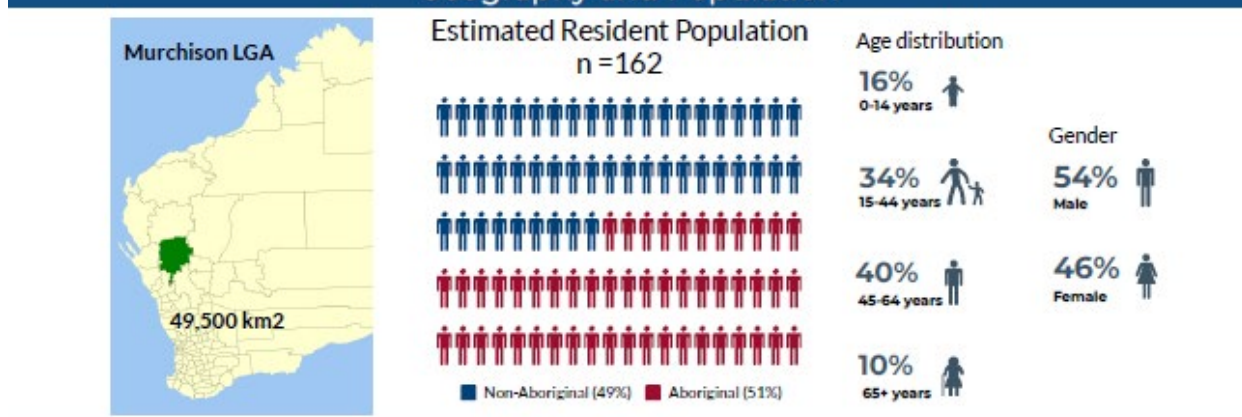
The WACHS Midwest regional palliative care team includes a GP, clinical nurse consultant, social worker, occupational therapist, AHW/ALO and physiotherapist. This team offers palliative care services and support to individuals and families across the Murchison. Outreach visits are scheduled as required by the individual and their family, with a palliative care nurse available via telehealth 24/7 to provide support and advice.

Specialist advice and consulting is provided by a palliative care physician in-reach telehealth model, including physician-led care into the home. Palliative care respite can be arranged at Meekatharra Hospital (and Mullewa Hospital once the redevelopment is complete) or can be provided in the home, where palliative care staff will stay with the patient to give the carer a period of rest.

## Dental Service

North Metropolitan Health Service operates public dental services throughout the Murchison Health District. Service provision in most of the communities is via the mobile dental van. The service provides free dental services for children, eligible adults who hold a healthcare or pension card and emergency

private patients. A visiting dental service was an expressed need from the Murchison LGA community, for adults, children attending school of the air and children attending Pia Wadjari remote community school.





**murchison**shire

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