

Western NSW Local Health District

Healthy Communities: Working together for a Healthier Warrumbungle LGA

June 2025



Acknowledgement of Country

Western NSW Local Health District respectfully acknowledges the traditional owners of the Country throughout Western NSW, and their continuing connection to land, water and community.

We pay our respect to traditional custodians, our Elders both past and present and acknowledge the Aboriginal people of the nations that we have the privilege to live and work on.

We share and celebrate the rich history of Aboriginal culture and recognise the diverse and proud Aboriginal nations across our District.

Warning: We advise this resource may contain images, or names of deceased persons in photographs or historical content.

Healthy Communities: Working together for a Healthier Warrumbungle LGA

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We would like to thank everyone who has contributed to this work:

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- Our partner organisations for their ongoing support and collaboration
- The Aboriginal Elders, past and present, whose knowledge and leadership continue to guide us

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Joint Statement

The Healthy Communities Project brings together local services, organisations, and community members with a shared goal: to improve the health and wellbeing of the community.

We recognise that health is shaped by more than just access to healthcare. Education, housing, employment, income, transport, food security, social connection, safety, and access to culture all play a vital role. These social and environmental factors can have a deep and lasting impact on people's lives.

By working together across sectors, we can respond to local challenges with local solutions. We believe in the strength and insight of our communities and the power of partnerships to drive real, lasting change.

The Healthy Communities Project is based on respect, shared leadership, and a commitment to creating a connected, empowered, and resilient community where everyone has the opportunity to live a healthy life.



Contents

| | |
|--|-----------|
| Executive Summary | 5 |
| 1 Part One: Context and Current State | 6 |
| 1.1 Introduction | 7 |
| 1.2 Who lives in the Warrumbungle Shire..... | 10 |
| 1.3 Health status of the community | 13 |
| 1.4 Community roles | 21 |
| 1.4.1 The role of the Shire Council in local health..... | 21 |
| 1.4.2 The role of the community in local health..... | 22 |
| 1.5 Primary and Community Health | 23 |
| 1.6 Acute and Emergency Health | 25 |
| 1.7 Addressing Health Needs for Key Groups..... | 31 |
| 1.7.1 Older People, Disability, and Palliative Care..... | 31 |
| 1.7.2 Mental Health/Drug & Alcohol (MHDA) | 33 |
| 1.7.3 Maternity, Child, Youth, and Families..... | 34 |
| 1.7.4 Aboriginal Communities | 36 |
| 2 Part Two: Community Consultation and Insights | 38 |
| 2.1 How feedback was gathered | 39 |
| 2.2 Opportunities and Constraints..... | 42 |
| 3 Part Three: Future Directions and Action Plan | 44 |
| 3.1 Strategies and Recommendations | 45 |
| Appendices | 55 |
| 3.2 Appendix A – Health and Wellbeing Survey Results..... | 56 |
| 3.3 Appendix B – Key Stakeholders | 61 |
| 3.4 Appendix C – Results from Phase 2 Advisory Groups..... | 62 |
| 3.5 Appendix D: References | 65 |

Executive Summary

Vision: A connected, empowered and resilient community where people are supported to live a healthy life.

The Warrumbungle Shire in Western NSW is known for its beautiful landscape and strong community spirit. But, like many rural areas, it faces serious health and social challenges. These include high rates of chronic disease, social isolation, domestic violence, and ongoing difficulties with accessing and navigating health services.

The Healthy Warrumbungles project was created to address these issues in a way that fits the local context. It takes elements of a place-based approach, which means working with the unique strengths, needs, and priorities of the Warrumbungle communities. The project is built on strong partnerships between local people, health services, and government agencies, recognising that lasting change requires everyone working together.

The region has particular needs, including a growing number of older residents and a higher-than-average Aboriginal population. The health system is also under pressure, particularly in primary care. In response, this project uses ideas from both “one health system” thinking and place-based planning to encourage collaboration across sectors and involve the community in designing solutions.

The result is the *Healthy Communities Master Plan*, which sets out the key actions to improve health and wellbeing in the Warrumbungle Shire:



- **Reducing smoking and vaping** with initiatives tailored to local communities.



- **Supporting families in the early years** through the First 2000 days model, with services working together from pre-pregnancy to early childhood.



- **Exploring new models of care** to maximise the potential of health facilities.



- **Mapping current services** to find gaps and guide future planning.



- **Building social connection** through health focused community groups like choirs and Yarning Groups to support wellbeing and inclusion.

This plan was developed by listening to local voices, bringing together knowledge from community members, service providers, and advisory groups. It's a shared vision for creating a healthier future, built on the strengths of the Warrumbungle region.

1

Part One: Context and Current State

1.1 Introduction

1.1.1 Why focus on the Warrumbungle region?

The Warrumbungle Shire, like many rural and remote regions, faces ongoing health and social challenges that impact the wellbeing of its communities. These include high rates of chronic disease, social isolation, domestic and family violence, and difficulties accessing and navigating health services. At the same time, the region has strong local networks, a history of community leadership, and a willingness to work together to create positive change. This document is a blueprint for a whole of health system approach to achieving improved health outcomes for the people of the Warrumbungle Shire. Its purpose is to guide the community, service providers and other key stakeholders in working together to address health needs.

Project Goals

- Build stronger connections between local services and communities, recognising that rural towns thrive when they work together.
- Identify the most important health and wellbeing challenges in the region and ensure that solutions are sustainable and shaped by the community.
- Create a shared plan that brings together all stakeholders, including health services, government, community organisations and residents.
- Consult widely with service providers, community groups and individuals to understand what's impacting health and wellbeing – and to hear ideas for improvement.
- Invite input from the broader community through surveys, pop-up street stalls and small group discussions.
- Provide feedback to everyone who shared their views, making sure we've accurately reflected what people told us.
- Collect population, health and social data to support advisory groups made up of experts and locals. Each group will focus on a specific area of health and wellbeing, identifying priorities and developing practical, evidence-based actions.
- Partner with local organisations and key stakeholders to put the plan into action – working together to make change happen.

1.1.2 The approach to improving health in the Warrumbungle region

The Healthy Warrumbungles Project is guided by place-based planning principles, recognising that the Warrumbungle region faces unique and complex health challenges. Rather than relying on universal solutions, the project focuses on locally tailored responses that reflect the specific needs of the community. It brings together service providers through a coordinated “one health system” approach, while also supporting community-led initiatives that strengthen wellbeing and resilience at a local level.

The Western NSW Local Health District (WNSWLHD) has endorsed the following definition of ‘place-based planning’:

“Place-based planning is when a community/place is supported by a broad range of government and non-government partners to locally lead, identify issues, plan and prioritise solutions, and access and develop local assets. The goal of place-based planning is to empower the community and improve wellbeing and quality of life for its participants.”

This project takes a big-picture, long-term view of health and wellbeing in the Warrumbungle region. Rather than focusing only on the services provided by the Local Health District, it considers the full range of services that affect people's health. These include:

- Local GPs
- Private aged care and home support
- Private allied health providers (like physios and psychologists)
- Disability service providers
- Visiting specialists and outreach services (such as those supported by the Rural Doctors Network)
- Services in nearby towns
- Virtual care options
- Transport to and from services

By involving a wide range of providers and working closely with the community, the project aims to identify where there are service gaps, where systems are under pressure, and where there are opportunities to share resources, improve transport options, and expand access to virtual care.

Just as importantly, this approach recognises that health is about more than medical care. Things like education, employment, housing, food access, and feeling connected to others all play a big role in people's health. These are called the social determinants of health, and the project is working to better address them by involving a broader group of stakeholders and putting in place a strong communication plan.

At the heart of this approach is a focus on wellness – not just treating illness, but supporting healthy behaviours and addressing the broader factors that shape people's health. It also means improving how services are connected and delivered.

This work is supported by partners across government, non-government organisations, and the community. It relies on strong collaboration and clear coordination, guided by a formal governance structure that sets out roles, responsibilities, and ensures everyone stays focused on community needs.

1.1.3 How this plan was developed

Guiding principles and governance

The key guiding principles of the project approach are:

- Adopting a whole-of-region perspective, while tailoring strategies to local community needs.
- Engaging key stakeholders, including service providers, community organisations, and local community members.
- Identifying and understanding the factors affecting long-term health and wellbeing outcomes.
- Supporting collaboration and co-design among stakeholders to improve service delivery and health outcomes.
- Involving all levels of government in the design and implementation of solutions.

To inform the project approach, a small project team has:

- Engaged with health and social service providers, local organisations, and community members to understand the key issues impacting health and wellbeing, as well as potential opportunities for improvement.
- Collected community input through surveys, street-based engagement (main street “pop-ups”) and focus groups.
- Provided feedback to participants to ensure community sentiment and stakeholder views were accurately reflected
- Gathered key population, health and social data to help inform several advisory groups, which will be guided by subject matter experts. They'll focus on different, but connected,

elements of health and wellbeing, prioritising issues and developing evidence-based solutions.

- Worked with partner organisations and other key stakeholders to develop a plan of action and implement it together.

The project team and the North-East Sub-Regional Health Planning Committee will continue to provide feedback through ongoing community consultation and the Engage WNSW platform.

The governance structure for the project is outlined below:

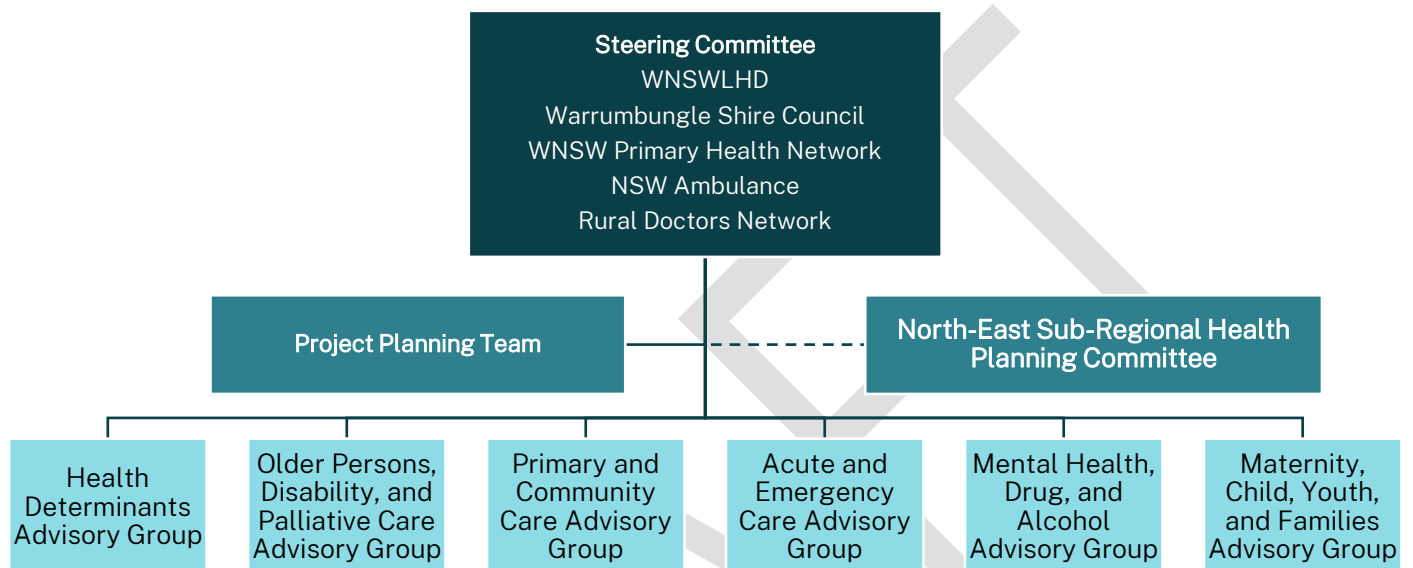


Figure 1: Governance structure

Engagement and Collaboration

The Western NSW Local Health District undertook a community ‘Health and Wellbeing’ survey covering the Western NSW Primary Health Network (PHN) footprint which encompasses both Western NSW and Far West Local Health Districts. There was a strong media campaign that distinctly highlighted the Warrumbungle Shire, a strong social media presence and several ‘main street-pop ups’.

The aim of the survey more broadly was to better understand the health needs and perspectives of the community, voiced directly from individuals. The survey covered a variety of known determinants of health such as physical activity, availability of fresh food, community connectedness, natural environment and more.

The survey was an opportunity for individual community members to tell us what is impacting their health and where there may be opportunities to improve (see Appendix A for survey results).

1.2 Who lives in the Warrumbungle Shire

1.2.1 Location

The Warrumbungle Shire is a local government area in the central western region of New South Wales, Australia, on Kamilaroi (Gamilaray), Weilwan, Kawambarai (Werrin) and Wiradjuri lands. It covers an area of 12,380 km² and includes the towns of Baradine, Binnaway, Coolah, Coonabarabran, Dunedoo, and Mendooran as well as various smaller villages of 200 people or less.

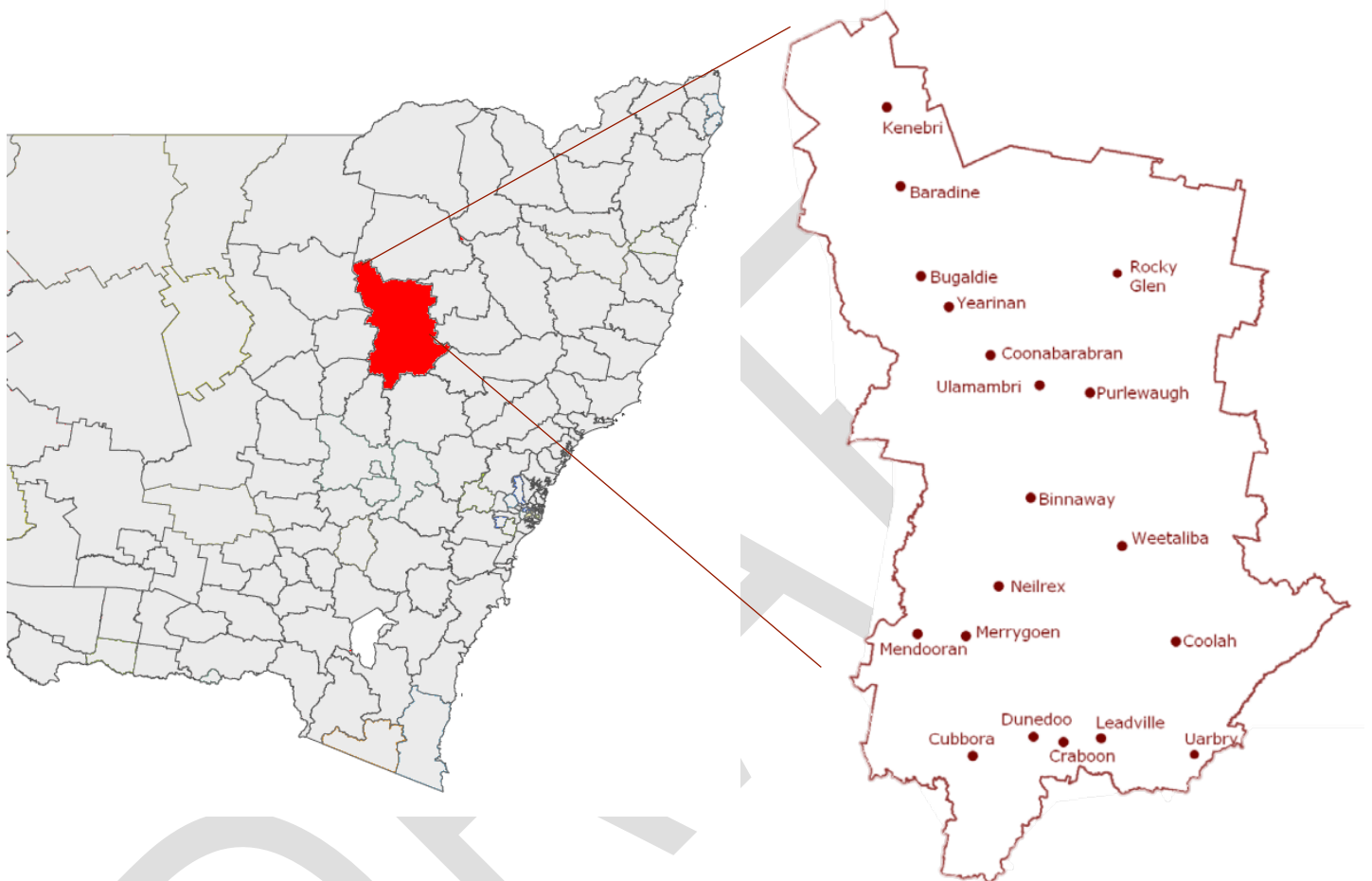


Figure 2: Warrumbungle Shire Map

The Warrumbungle Shire is positioned on the Newell Highway, approximately halfway between Brisbane and Melbourne. Several highways and main roads traverse the area providing links with surrounding regional centres. The landscape ranges from extensive plains to undulating hills, from the high basaltic plateau of the Coolah Tops in the east to the rugged mountainous peaks of extinct volcanoes in the Warrumbungle National Park, west of Coonabarabran.

“The best thing about where I live is the beautiful surrounding farmland and nature”

- Warrumbungle Shire Resident Feedback

1.2.2 Where people live and who they are

In the year 2025, there were 9275 people residing in the Warrumbungle Shire, representing 3% of the total Western NSW population and 0.1% of the NSW population.



Most people live in Coonabarabran (38%)



Most people (55%) are of working age (15-64 years)



The median age is 50 years old

Approximately 9,275 people live in the Warrumbungle Shire, spread across a broad rural area that includes several small towns and villages. Coonabarabran is the largest population centre, home to 3,500 people which represents around 38% of the Shire's total population.

The population is older than the state average, with nearly one in three residents (29%) aged 65 years or older, compared to 18% across NSW. Dunedoo and Binnaway have particularly high proportions of older residents, with 32% of their populations aged 65 and above.

Conversely, children aged 0–4 make up just 5% of the population. This figure is in line with the NSW average, though in absolute numbers this reflects only around 485 children across the entire Shire.

Aboriginal people make up 14.3% of the total population in the Warrumbungle Shire — well above the NSW average of 4.2%. Baradine has the highest proportion of Aboriginal residents at 17%, followed by Coonabarabran and Coolah.

Cultural and linguistic diversity is relatively low in Warrumbungle. Only 2% of people report speaking a language other than English at home, compared to 23% in NSW. Around 5% of residents were born overseas, with the most common countries of birth being England, New Zealand, and the Philippines. The proportion of people born in non-English speaking countries is especially low at just 2.8%, compared to 23% across the state. (*Warrumbungle Shire Local Government Area, Health and Social Profile (March 2025, Western NSW Local Health District)*)

1.2.3 How the population is changing

The population of the Warrumbungle Shire is projected to remain largely stable over the next decade, increasing by 0.6% between 2025 and 2035. However, beneath this overall stability are some important shifts in the age makeup of the community that have meaningful implications for service planning and delivery — particularly in health, aged care, and workforce support.

The number of young children in the region is expected to decrease, with the 0–4 age group declining by 1% (around 30 fewer children) and the 5–15 age group reducing by 68 children (a 6% drop). In contrast, the population of older residents will grow significantly. The number of people aged 85 and over is projected to increase by 171 individuals — a 54% increase — while those aged 70 to 84 will increase by 169 people (an 11% rise). This shifting demographic points to a growing need for aged care infrastructure, chronic disease management services, and support systems that help older residents remain active and independent.



At the same time, the working-age population (16 to 44 years) is expected to decrease slightly, falling by 55 people (2%). This trend could present challenges for maintaining a sustainable local workforce, especially in the health and care sectors, where demand is projected to grow. *(Warrumbungle Shire Local Government Area, Health and Social Profile (March 2025, Western NSW Local Health District))*

Population Growth

The slow pace of population change in Warrumbungle is shaped by what's happening behind the scenes — particularly the balance of births and deaths, and patterns of migration.

Natural population change (the difference between births and deaths) is predicted to be consistently negative throughout the 2022–2041 period. While the number of births each year is projected to decline slightly — from 92 in 2022 to 83 in 2041 — the number of deaths remains relatively stable, sitting slightly above the birth rate. By 2041, the natural population change is projected to be -31, reflecting a slow but steady ageing of the population. This underlines the importance of planning for long-term health services, palliative care, and end-of-life supports.

Migration — both internal (within Australia) and from overseas — offers a small but important offset to this trend. Internal migration is expected to contribute modestly to growth, adding between 18 and 30 people per five-year period. Overseas migration remains very low, contributing only around five people each interval. *(Department of Planning and Environment)*

Implications for the Future

The data demonstrates that while the Warrumbungle Shire's overall population size is not expected to change dramatically, the community itself is evolving. With fewer children and young adults, and a steadily growing cohort of older residents, there is a pressing need to reorient services — including health, social, and community — to meet the changing demands. This includes ensuring there are enough workers to support aged care and health services, health and community facilities that are age-friendly and accessible, and ongoing efforts to improve health outcomes for Aboriginal communities and older people. Strategic planning, cross-sector collaboration, and continued community engagement will be essential to ensure the region remains resilient and well-supported into the future.

1.3 Health status of the community

Understanding health status and the factors that affect health is particularly important for our community. Health needs include specific medical conditions and challenges, like chronic diseases, mental health issues, and age-related conditions.

Factors that influence health, known as *determinants of health*, include social conditions, the environment, culture, community networks, personal factors, and access to healthcare.

Being aware of these determinants helps us address the main causes of health problems and ensure everyone can get the care they need. For example, improving housing, jobs, and education can boost health and reduce pressure on healthcare services. By understanding both health needs and these factors, we can support the overall well-being and strength of our community.

1.3.1 Social determinants of health

Social determinants of health are factors that can make a significant difference in how healthy we are. These include things like how much money we earn, our education level, our job conditions, and the support we get from family and friends. For example, having a good job with fair pay and a safe work environment can help us stay healthy. On the other hand, struggling with low income, unemployment, or poor housing can harm our health.

Access to good education, safe housing, healthy food, and healthcare services also plays a crucial role. Social support and feeling included in the community are important too. By understanding these factors, we can work together to improve health for everyone in our community.

Socioeconomic disadvantage and remoteness

The communities of the Warrumbungle Shire face significant socioeconomic challenges that shape their daily lives and overall wellbeing. Socioeconomic disadvantage often translates to reduced financial security, limited job opportunities, and difficulty accessing essential services such as healthcare, transport, and education.

The Socio-Economic Indexes for Areas (SEIFA) provides a measure of relative disadvantage. A lower score reflects higher disadvantage. Warrumbungle's overall SEIFA score of 927 is substantially below the NSW average of 1001, indicating widespread disadvantage across the Shire. Within the region, Binnaway (658) and Baradine (783) record particularly low scores, pointing to acute localised disadvantage.

Table 1: SEIFA measures

| LGA | Coonabarabran | Coolah | Dunedoo | Baradine | Binnaway | Warrumbungle LGA (total) | NSW |
|------------|---------------|--------|---------|----------|----------|--------------------------|------|
| SEIFA 2021 | 928 | 983 | 958 | 783 | 658 | 927 | 1001 |

The Warrumbungle Shire's Index of Relative Socioeconomic Disadvantage (IRSD) rating of 2 (on a scale where 1 is most disadvantaged and 10 is least disadvantaged) reinforces the depth of need across the shire.

Geographic isolation compounds these issues. According to the Modified Monash Model, most of Warrumbungle is classified as MM5—small rural towns—while Baradine is rated MM6, considered remote.

Income, education, employment, and housing

Income, education, and housing are closely linked to health outcomes. In the Warrumbungle Shire, these foundational determinants present significant challenges.

Nearly two-thirds of households (63%) are classified as low-income, far higher than the NSW average of 40.8%. This economic pressure limits choices and reduces resilience to unexpected expenses.

Car access is slightly better than the state average (4.9% without a vehicle compared to 9%), reflecting the rural necessity of private transport. However, this doesn't guarantee individual mobility within households, particularly for those unable to drive or share a vehicle.

Education levels are also lower than the NSW average. One in five mothers (21.6%) have low educational attainment, which can influence future employment opportunities and affect intergenerational health outcomes. Local unemployment sits slightly above the NSW average (3.4% vs. 3.2%), but persistent underemployment and lack of career pathways can have broader implications for mental health and financial wellbeing.

The Warrumbungle Shire also experiences higher rates of overcrowded housing (5.1%) and single-parent families (28.1%), both known risk factors for childhood disadvantage. Additionally, 8.7% of the population lives with disability, which is over 2.5 percentage points above the state average, highlighting a significant cohort requiring additional support. (PHIDU, MBS)

Table 2: Income, education, employment and housing

| | Low-income households | Dwellings without Motor Vehicles | Low educational attainment (mothers) | Unemployment | Overcrowding | Single parent families | Disability |
|------------------|-----------------------|----------------------------------|--------------------------------------|--------------|--------------|------------------------|------------|
| Warrumbungle LGA | 63.0% | 4.9% | 21.6% | 3.4% | 5.1% | 28.1% | 8.7% |
| NSW | 40.8% | 9.0% | 15.8% | 3.2% | 8.2% | 19.7% | 6.0% |

Source: PHIDU

1.3.2 Health behaviours, biomedical, and psychosocial factors

The people of the Warrumbungle Shire experience a higher burden of disease and premature death than the average New South Wales resident. This is not due to a single cause but rather a complex interplay of behavioural, biomedical, and social factors that begin early in life and accumulate over time.

Potentially avoidable deaths in Warrumbungle occur at a rate 44% higher than the state average. These are deaths that, in many cases, could have been prevented through earlier intervention, better health service access, and stronger community supports. Mortality rates are particularly elevated for several major health conditions: smoking-related deaths are 19% higher, circulatory disease deaths are 30% higher, and deaths from chronic respiratory disease (COPD) are 44% higher. Diabetes-related mortality is also 32% higher, and injury and poisoning deaths are 40% higher than the state average. (PHIDU)

Hospitalisation patterns reflect a similar story. For example, admissions for chronic respiratory conditions such as COPD are 65% higher than the NSW average. Self-harm hospitalisations – particularly among males – are also higher than the NSW average. (PHIDU)

Health related behaviours and biomedical risk factors

Underlying many of these outcomes are modifiable lifestyle factors. Smoking, for instance, remains a serious concern. The adult smoking rate in Warrumbungle is 45% higher than the state average, and risky alcohol consumption is 21% higher. These behaviours increase the risk of chronic conditions, including cancer, heart disease, and liver disease, and they place a heavy burden on both individuals and the healthcare system.

Physical inactivity is also a challenge. Around 84% of adults in the region do not get enough exercise, which is 10% higher than the state average. Combined with poorer nutrition and a higher prevalence of obesity, which is 38% higher than the NSW rate, this contributes to an increased risk of cardiovascular disease, diabetes, and musculoskeletal issues. Fruit intake is slightly lower than the state average but shows less variation compared to other behavioural health indicators in the Warrumbungle Shire.

These behavioural risk factors are not just personal choices. They're shaped by local environments, access to services, cost of healthy food, availability of recreational facilities, and the pressures of everyday life in a rural setting. Addressing them requires a whole-of-community approach, not just individual responsibility.

Maternity, child and family

The early years of life are foundational for long-term health, yet children and families in the Warrumbungle Shire face more risks than those in metropolitan areas. Pregnant women in the Shire are 2.4 times more likely to smoke during pregnancy than women across NSW, placing their babies at greater risk of low birth weight and developmental delays.

While the rate of low birthweight babies is slightly higher than the state average, developmental vulnerability is a more pressing concern. Children in Warrumbungle are 37% more likely to be developmentally vulnerable on two or more domains — such as physical health, emotional maturity, or language — by the time they start school. This vulnerability can have lasting impacts on educational achievement and mental health into adolescence and adulthood.

Childhood obesity is also a growing concern. Children and teens in Warrumbungle are 14% more likely to be overweight and 72% more likely to be obese than their peers across the state. These patterns establish early risk factors for lifelong health issues, particularly if not addressed through family-centred prevention and intervention strategies.

Despite these challenges, some outcomes are encouraging. Childhood vaccination rates at five years of age are very high (above 98%) suggesting strong engagement with early childhood health services and a positive foundation for further prevention efforts.

AEDC data

The Australian Early Development Census (AEDC) is a nationwide data collection of early childhood development at the time children commence their first year of full-time school. The AEDC highlights what is working well and what needs to be improved or developed to support children and their families by providing evidence to support health, education and community policy and planning.

What do people say about the barriers to exercise?

“Lack of age-related exercise groups like Masters Athletics”
– Coolah Resident Feedback

“There is very little organized activities available in my community.”
– Mendooran Resident Feedback






The AEDC is held every three years, with the 2024 AEDC data collection being the sixth collection. The census involves teachers of children in their first year of full-time school completing a research tool, the Australian version of the Early Development Instrument. The Instrument collects data relating to five key areas of early childhood development referred to as ‘domains’, these include:

- Physical health and wellbeing.
- Social competence.
- Emotional maturity.
- Language and cognitive skills (school-based).
- Communication skills and general knowledge.

The AEDC domains have been shown to predict later mental health, wellbeing and academic success. The 2024 AEDC data reveals:



Table 2.1 - AEDC domain results over time for this community.

| | | 2009 | | 2012 | | 2015 | | 2018 | | 2021 | | 2024 | | Significant change | | |
|---|--|------------|-----|------|-----|------|----|------|----|------|----|------|----|--------------------|--------------|-----------|
| | | n | % | n | % | n | % | n | % | n | % | n | % | 2009 vs 2024 | 2021 vs 2024 | |
|  | Physical health and wellbeing | On track | 118 | 84.9 | 123 | 84.8 | 76 | 73.8 | 82 | 77.4 | 72 | 74.2 | 73 | 67.0 | Decrease | Decrease |
| | | At risk | 13 | 9.4 | 11 | 7.6 | 14 | 13.6 | 7 | 6.6 | 9 | 9.3 | 16 | 14.7 | No change | No change |
| | | Vulnerable | 8 | 5.8 | 11 | 7.6 | 13 | 12.6 | 17 | 16.0 | 16 | 16.5 | 20 | 18.3 | Increase | No change |
|  | Social competence | On track | 111 | 79.9 | 116 | 80.0 | 76 | 73.8 | 73 | 68.9 | 69 | 71.1 | 87 | 79.8 | No change | Increase |
| | | At risk | 25 | 18.0 | 22 | 15.2 | 15 | 14.6 | 17 | 16.0 | 18 | 18.6 | 11 | 10.1 | Decrease | Decrease |
| | | Vulnerable | 3 | 2.2 | 7 | 4.8 | 12 | 11.7 | 16 | 15.1 | 10 | 10.3 | 11 | 10.1 | Increase | No change |
|  | Emotional maturity | On track | 106 | 76.3 | 118 | 81.4 | 66 | 64.1 | 80 | 75.5 | 74 | 76.3 | 89 | 81.7 | Increase | No change |
| | | At risk | 25 | 18.0 | 21 | 14.5 | 25 | 24.3 | 16 | 15.1 | 13 | 13.4 | 12 | 11.0 | Decrease | No change |
| | | Vulnerable | 8 | 5.8 | 6 | 4.1 | 12 | 11.7 | 10 | 9.4 | 10 | 10.3 | 8 | 7.3 | No change | No change |
|  | Language and cognitive skills (school-based) | On track | 126 | 90.6 | 119 | 82.1 | 87 | 84.5 | 84 | 79.2 | 71 | 73.2 | 84 | 77.1 | Decrease | No change |
| | | At risk | 5 | 3.6 | 17 | 11.7 | 9 | 8.7 | 13 | 12.3 | 16 | 16.5 | 10 | 9.2 | No change | Decrease |
| | | Vulnerable | 8 | 5.8 | 9 | 6.2 | 7 | 6.8 | 9 | 8.5 | 10 | 10.3 | 15 | 13.8 | Increase | No change |
|  | Communication skills and general knowledge | On track | 114 | 82.0 | 108 | 74.5 | 80 | 77.7 | 82 | 77.4 | 71 | 73.2 | 82 | 75.2 | Decrease | No change |
| | | At risk | 21 | 15.1 | 34 | 23.4 | 19 | 18.4 | 12 | 11.3 | 16 | 16.5 | 18 | 16.5 | No change | No change |
| | | Vulnerable | 4 | 2.9 | 3 | 2.1 | 4 | 3.9 | 12 | 11.3 | 10 | 10.3 | 9 | 8.3 | Increase | No change |

Note on significant change: Significant change has been colour coded: green text represents a positive change, red text represents a negative change. At risk has not been colour coded as any changes should be interpreted in context with changes in the percentage of children who are vulnerable and on track.

Note on denominators: The denominator may be different for each domain (as well as each of the three summary indicators), as there may be varying numbers of children with valid scores for each domain/summary indicator.

Figure 3: 2024 AEDC Data

Between 2009 and 2024, the AEDC results for the Warrumbungle Shire show a mixed pattern of developmental vulnerability among children starting school. The most notable decline is in Physical Health and Wellbeing, where the proportion of children "on track" fell from 84.0% in 2009 to 67.0% in 2024, while vulnerability more than tripled to 18.3%. Language and Cognitive Skills (school-based) also show a long-term decline, with vulnerability rising from 5.8% to 13.8% over the same period, alongside a consistent drop in children assessed as "on track".

In contrast, Emotional Maturity has improved, with a higher proportion of children now on track (81.7% in 2024 compared to 76.3% in 2009) and a reduction in those at risk. Social Competence rebounded in 2024 after a dip in previous years, returning to 2009 levels with nearly 80% of children on track. Communication Skills and General Knowledge has declined modestly, with vulnerability

rising from 2.9% to 8.3%. Overall, while strengths remain in social and emotional development, increasing vulnerability in physical health and foundational learning domains suggests a need for targeted early supports, particularly in health, language, and motor development.

Relationships, safety and justice

Health is deeply connected to safety, relationships, and the experience of justice. In the Warrumbungle Shire, the rate of domestic violence incidents is more than double the NSW average, and reported sexual assaults are also significantly higher. These experiences are traumatic in their own right, but they also contribute to longer-term health problems such as anxiety, depression, and substance use. (BOSCAR)

Interestingly, drug offences are slightly lower than the state average, though this may reflect differences in policing, reporting, or patterns of use rather than lower community impact. Overall, the data point to a community that is dealing with substantial stress and social disruption, which cannot be addressed solely within the health system. (BOSCAR)

Mental health

Mental health outcomes in the Warrumbungle Shire reflect the cumulative stress of disadvantage, isolation, and limited access to services. Levels of psychological distress are 13% higher than the state average, and suicide rates are twice as high. While self-harm hospitalisations are slightly lower overall, the elevated suicide rate is a red flag, indicating the need for proactive, community-based approaches to mental health care and suicide prevention. (PHIDU)

Cancer Screening Participation

Preventative health measures, such as cancer screening, can improve survival rates and reduce the need for invasive treatments. However, participation in cancer screening in Warrumbungle is mixed. While breast screening rates are slightly higher than the state average, bowel screening is lower, and cervical screening participation is significantly lower at 17% below the NSW average. This suggests a gap in regular health engagement, especially among women, and highlights a need for more targeted education and outreach. (PHIDU, HealthStats NSW)

Disability prevalence and supports

Nearly 9% of the population in Warrumbungle is living with a disability, significantly above the state average. NDIS participation also reflects this demand, with a greater proportion of residents accessing disability supports. Ongoing support for both older adults and younger people with disability will require sustained investment and local coordination. (PHIDU)

1.3.3 Key health issues (morbidity and mortality)

Understanding the leading causes of illness and death in a community provides vital insight for planning effective health services and allocating resources where they are needed most. In the Warrumbungle Shire, patterns of morbidity and mortality reveal a population that is experiencing poorer health outcomes across multiple fronts compared to the rest of New South Wales.

Avoidable deaths — a key measure of how well a health system is working — occur at a rate 58% higher than the state average. These are deaths that could potentially have been prevented through early intervention, timely access to care, and better support for health-promoting behaviours. The scale of this gap signals the need for more responsive, accessible, and community-led health services.

When examining specific causes of death, several areas stand out. Cancer remains a leading cause of mortality, with death rates 12% higher than the NSW average. Even more concerning are the figures for circulatory conditions, such as heart disease and stroke, which are responsible for 32% more deaths in the Warrumbungle Shire than elsewhere in the state. Respiratory diseases, including

chronic obstructive pulmonary disease (COPD), are also significantly overrepresented, with death rates nearly doubling the state average.

Chronic conditions like diabetes contribute to these poor outcomes, with diabetes-related deaths nearly 50% higher than the state average. Deaths from injury and poisoning — often associated with accidents, substance use, or self-harm — are also disproportionately high, occurring at a rate 40% above the NSW average. These figures suggest that preventable deaths are not confined to older populations but affect younger and working-age residents as well. (PHIDU)

Together, these patterns reflect a community carrying a heavier burden of disease, shaped by socioeconomic pressures, service access limitations, and health behaviours. Addressing these challenges requires a comprehensive and coordinated response — one that is informed by local needs, engages with community voices, and strengthens both prevention and care across the lifespan.

1.3.4 Environmental determinants of health

Environmental factors such as air and water quality, housing conditions, waste management, and exposure to extreme weather significantly influence the health of individuals and communities. To support long-term community wellbeing, effective health planning must consider environmental factors alongside clinical and social determinants of health.

Air quality

Air quality in the Warrumbungle Shire is influenced by seasonal events such as dust storms, hazard reduction burns, and bushfires — particularly during the summer months. Fine particulate matter (PM2.5) is monitored in real time through the PurpleAir network. Ongoing monitoring is essential to protect respiratory health, particularly for vulnerable groups including older adults, young children, and people with chronic respiratory conditions.

Water quality

The Warrumbungle Shire Council conducts weekly water sampling at sites across the region, with samples analysed by NSW Health to ensure compliance with the Australian Drinking Water



Guidelines. In 2021–22, 34 water samples did not meet the required standards. Protecting public health depends on consistent monitoring, timely reporting, and effective management of identified risks. (Source: *Warrumbungle Shire Council Drinking Water Monitoring Program*)

Heat-related emergency department presentations

Currently, there is no local data available on heat-related emergency department presentations in the Warrumbungle Shire. However, as the number and intensity of hot days continue to rise, these presentations are likely to place increasing pressure on the health system in future years.

Waste generation

In 2021–22, residents of the Warrumbungle Shire generated an average of 0.43 tonnes of waste per person, with approximately 48 kilograms recycled per person. While this is lower than the NSW state average of 1.03 tonnes per person, the local recycling rate also falls below the state average of 46.3 per cent. Despite the relatively low overall waste volume, there is an opportunity to improve recycling behaviours. Strong waste and recycling systems support environmental sustainability and help mitigate health risks linked to pollution and inadequate waste management.

Climate change and severe weather events

Climate projections for the Central West and Orana region, which includes the Warrumbungle Shire, indicate a clear warming trend. By 2039, average temperatures are expected to rise by approximately 0.7°C, increasing to 2.1°C by 2079, compared with the 1990–2009 baseline. The number of hot days is projected to increase, while cold nights become less frequent. The risk of severe fire weather is also expected to rise across summer, spring, and winter.

The Warrumbungle Shire has already faced several severe weather events in recent years. In September 2022, flooding resulted in the third natural disaster declaration since late 2021. Such events pose growing threats to both physical and mental health and can disrupt critical infrastructure and services. Proactive, climate-resilient planning will be essential to support community adaptation and safeguard health in the face of increasing climate-related risks. (Sources: *NSW Department of Planning and Environment Climate Projections; Warrumbungle Shire Council Media Releases*)

1.3.5 Aboriginal health and wellbeing

Aboriginal people make up about 14.3% of the total population in the Warrumbungle Shire – well above the NSW average of 4%. Baradine has the highest proportion of Aboriginal residents at 17%, followed by Coonabarabran and Coolah. Aboriginality is not in itself a determinant of health, but there is a unique combination of social, cultural, historical, and structural factors that influence health outcomes for Aboriginal people. These include systemic disadvantage, experiences of racism, disconnection from land and culture, and reduced access to culturally safe and responsive healthcare.

The Aboriginal population in the Warrumbungle Shire is significantly younger than the non-Indigenous population, with over one-third of Aboriginal residents under the age of 15. This youthful demographic presents unique opportunities and challenges – particularly in ensuring access to early intervention, culturally appropriate primary care, and health promotion targeted at young people and families. It also underscores the importance of investing in youth mental health, preventive care, and culturally supported transitions from adolescence to adulthood.

Health outcomes for Aboriginal people in the region reflect broader patterns of inequity. Between 2018 and 2022, the median age at death for Aboriginal people in the relevant Statistical Area 4 (SA4) region was 63.2 years for males and 66 years for females – markedly lower than the state average. The leading causes of death were all chronic conditions, including coronary heart disease, chronic obstructive pulmonary disease (COPD), lung cancer, diabetes, and cerebrovascular disease.

These conditions are largely preventable and manageable with appropriate, timely care and a strong focus on the social determinants of health.

Despite the high burden of chronic disease, uptake of preventive care remains a challenge. In 2023–2024, 470 Aboriginal and Torres Strait Islander health checks (MBS item 715) were recorded in the Warrumbungle Shire. While this reflects positive engagement with primary health care, the figure likely represents only a portion of the eligible population and suggests that barriers to access remain. These may include limited transport, availability of services, a lack of Aboriginal health professionals, or past negative experiences with the health system.

In terms of self-reported health, 42% of Aboriginal people in the shire report having one or more long-term health conditions. In addition, 12.9% have a diagnosed mental health condition — highlighting the need for trauma-informed, culturally safe mental health services and community-led social and emotional wellbeing initiatives.



Figure 4: Total population age groups vs Aboriginal population age groups

Note: Care should be taken when comparing age groups by Indigenous status. Aboriginal and Torres Strait Islander populations are often undercounted in the Census, and age data may be less reliable due to differences in identification and reporting. This means comparisons between Aboriginal and non-Aboriginal populations should be interpreted with caution.

1.4 Community roles

1.4.1 The role of the Shire Council in local health

Warrumbungle Shire Council plays a central role in supporting the health, wellbeing, and social connection of its communities, not only through formal infrastructure and services but also by fostering a sense of place, belonging, and participation across the region. Despite a modest ratepayer base and the geographic challenges of delivering services across a dispersed rural area, the Council invests in a wide array of programs and facilities that directly and indirectly support the health of the community. Some of these programs are supported by Commonwealth and State funding. These include:

- Six public swimming pools, providing safe spaces for recreation, physical activity, and social connection during the warmer months.
- Six library branches or service points, promoting lifelong learning, literacy, digital inclusion, and social engagement.
- Children's Services, including Long Day Care, Preschool, Mobile Play Services, and Out of School Hours (OOSH) care — essential for early childhood development, family wellbeing, and workforce participation.
- Youth services, such as the Drop-In Centre, school holiday programs, the RYDA Driving Education initiative, PCYC's Safer Driving Program, Youth Week events, and the Youth Careers Expo. These offerings not only support young people's safety and development but also strengthen their connection to place and community.
- Walking paths and recreational tracks, which promote physical activity, mental health, and access to nature for all ages.



Beyond its direct service delivery, the Council auspices *Warrumbungle Community Care*, a comprehensive community support service that enables older adults, people with disability, and their carers to live independently and safely in their own homes. Funded by the Australian Government Department of Health and Aged Care, Transport for NSW, and NSW Health, this service provides:

- Meals on Wheels to support nutritional needs and regular contact for vulnerable residents.
- Community Transport, which is vital in a region where distance and transport disadvantage can otherwise limit access to healthcare and social participation.
- Social Support and Carer Respite, helping to prevent isolation and burnout while strengthening informal care networks.
- Home Maintenance to ensure living environments remain safe and accessible.
- Delivery of Home Care Packages as an approved aged care provider, allowing eligible residents to access personalised support to meet their individual needs.

This program is currently under review due to Aged Care reform changes and financial viability.

1.4.2 The role of the community in local health

In the Warrumbungle Shire, community itself is a vital contributor to health and wellbeing. In small towns and rural areas, neighbours often check on one another, volunteer for Meals on Wheels or local events, and play an active role in supporting those who are isolated, elderly, or managing chronic health conditions. Sporting clubs, churches, volunteer groups, and cultural associations are deeply embedded in daily life, offering both structured and informal support networks that buffer against the challenges of distance and disadvantage.

These community-led contributions may not always appear in formal health data, but they are central to how people in the region stay well, recover from illness, and feel connected. As health and primary care services continue to evolve, recognising and investing in the informal strengths of local communities will be essential to creating sustainable, place-based models of care that truly reflect the needs and values of the people they serve.

“There are many opportunities for more people to be involved in the myriad of volunteer groups operating in Dunedoo. Involvement could improve wellbeing.”

– Dunedoo Resident Feedback

1.5 Primary and Community Health

Primary care is typically the first point of contact for people seeking healthcare outside of a hospital or specialist setting. It encompasses the diagnosis and management of acute and chronic health conditions, as well as preventative health and health promotion services.

1.5.1 General Practitioners (GPs)

The Warrumbungle Shire is serviced by five general practices:

- Baradine Surgery
- Coonabarabran Medical Centre
- Warrumbungle Medical Centre
- Coolah District Medical Centre
- Dunedoo Medical Centre

The average annual GP practice attendances per person in 2023 was 6.1, compared to a NSW average of 6.6. (*Warrumbungle Shire Local Government Area, Health and Social Profile (March 2025, Western NSW Local Health District)*)

1.5.2 Pharmacies, dentists, and allied health

Pharmacy services are available in Baradine, Binnaway, Coonabarabran, Coolah, and Dunedoo. In many services, pharmacists provide informal primary care support, particularly when access to GPs may be difficult.

Access to private dental services in the Warrumbungle Shire is limited. The Western NSW Local Health District (WNSWLHD) operates a mobile oral health clinic that visits Baradine annually, and an outreach dental clinic in Coonabarabran that provides services exclusively for children. Coonabarabran has a private dental clinic.

Private allied health services are also limited. Two clinics operate in Coonabarabran, offering physiotherapy and sand therapy. Marathon Health delivers early intervention speech pathology services in Coolah and Dunedoo. Allied health providers from neighbouring shires may offer visiting services across the region.

1.5.3 Visiting primary care services

A range of visiting primary care services are available in the Warrumbungle Shire including:

- Optometry in Baradine and Coonabarabran provided by the Brian Holden Vision Institute Foundation
- Optometry in Coonabarabran provided by the NSW Rural Doctors Network
- Pathology services in Baradine, Coonabarabran, and Coolah

Marathon Health also provides visiting primary care services that vary by town. These include dietetic services and the Commonwealth Psychosocial Support Program.

1.5.4 LHD community health services

WNSWLHD provides allied health services, including speech pathology at Coonabarabran Community Health Centre. Additional inpatient allied health support is available through the Virtual



Allied Health Service (VAHS), which includes speech pathology, physiotherapy, occupational therapy, and social work.

Coolah primary and community health services include, baby health, hospital in the home, women's health, mental health drug and alcohol services, needle exchange and support for dialysis in the home. A community health nurse is available 5 days per week.

In-person physiotherapy services are provided one day per week. All other allied health services are accessed virtually via the Virtual Allied Health Service

Virtual services include telehealth services, Virtual Rural Generalist Service (VRGS), vCare, virtual pharmacy.

In Dunedoo, community health services are provided by generalist early childhood and women's health nurses.

Primary and community health services in Baradine include child health, maternal health, immunisation programs, and ambulatory care clinic. (<https://www.nsw.gov.au/departments-and-agencies/wnswlhd/service-directory>)

1.6 Acute and Emergency Health

When people in the Warrumbungle Shire need acute or emergency health care they rely on a network of local hospitals and ambulance services to provide timely support.

Public hospital services in the area are managed by the Western NSW Local Health District (WNSWLHD), which oversees both acute care (like emergency and inpatient services) and community health care.

There are four WNSWLHD-managed health facilities in the Warrumbungle region:

Coonabarabran Hospital, Baradine Multipurpose Service, Coolah Multipurpose Service, and Dunedoo Multipurpose Service.

These local hospitals are supported by a wider health network. For more specialised care, patients may be referred to larger hospitals in Dubbo, Mudgee, or Orange, and sometimes to major tertiary hospitals in Sydney, such as Westmead or Royal Prince Alfred (RPA).

Because of the shire's location near the Hunter New England region, some residents also choose to travel to nearby towns like Gunnedah or Tamworth, or to private hospitals in Sydney, depending on their needs and circumstances.

This section provides a snapshot of where people in the Warrumbungle Shire go for care, the types of emergency and acute services available in the region, and data on how acute and emergency services are currently meeting the needs of the community.

Understanding how, when, and where people access care helps inform how hospital and health services are planned and resourced — ensuring that local services can respond to changing needs and maintain a balance between demand and available capacity.

1.6.1 Health facilities in the Warrumbungle Shire

Each hospital facility in the Warrumbungle Shire plays a vital role in supporting the health and emergency needs of its local community — but they differ in the types of care they offer, the age of infrastructure available, and the number of treatment spaces and beds.

Coonabarabran Hospital is the oldest and largest facility in the region, built in 1985. It provides 24/7 emergency care, hospital admissions, minor procedures (such as scopes), chemotherapy outreach, and community health services. It also supports renal dialysis and has a small day surgery unit.

Baradine, Coolah, and Dunedoo operate under the Multipurpose Service (MPS) model, which combines hospital services and residential aged care within a single facility. The infrastructure varies in age, with Coolah receiving a partial rebuild in 2018, Dunedoo established in 2007, and Baradine dating back to 1995. The table below gives an overview of the number of hospital beds, emergency spaces, and aged care beds at each site.

What improvement would you like to see first?

“More promotion of health services - we have great health people looking after us”

– Coonabarabran Resident Feedback

Table 3: Summary of Local Hospital beds and treatment spaces

| Facility | Hospital Bed Count (incl. staffed) | Emergency Spaces | Aged Care Beds |
|------------------------|------------------------------------|------------------|----------------|
| Baradine MPS | 5 beds (3 currently staffed) | 2 | 13 |
| Coolah MPS | 6 beds | 2 | 20 |
| Coonabarabran Hospital | 25 beds (10 currently staffed) | 4 | — |
| Dunedoo MPS | 5 beds | 2 | 25 |

1.6.2 Emergency Care

For most people in the region, when a health emergency happens – like chest pain, a bad fall, or sudden illness – they go to the closest hospital. That might be Coonabarabran, which sees nearly half of all emergency visits, or smaller local facilities in Baradine, Coolah, or Dunedoo.

Over the past five years, visits to emergency departments (EDs) by Warrumbungle residents have gone up by 16%. Some of that was due to COVID-19 testing in the early days of the pandemic, but even now, EDs are being used more and more.

When we look closer at the data, we see that:

- 85.7% of presentations did not result in hospital admission.
- 14.3% of visits required inpatient care.
- 4.4% of cases involved transfer to another facility.
- A small but increasing number of people left before receiving treatment.

An increase in the number of category 4 and 5 presentations (lower acuity conditions) suggests that many of these visits are for non-urgent issues, like infections, minor injuries, or medication needs. These are thin that could often be managed more appropriately by a GP. This suggests people are sometimes turning to the hospital because they don't have, or aren't aware of other, options. (Source: NSW MOH Clinical Services Planning Analytics Portal (CaSPA) EDAA v24. Inclusions: Residence LGA 07 = Warrumbungle)

Changes in the demand for Emergency Department services

Most people stay within the region for emergency care. In 2023–24:

- Coonabarabran Hospital was the most visited ED, with over 23,000 visits in five years.
- Smaller hospitals in Dunedoo, Baradine, and Coolah handled nearly a third of all ED visits combined.
- Dubbo Health Service, the closest major hospital, saw 14% of presentations.
- A small number of people also went to Mudgee, Tamworth, and Gunnedah.

Table 4: Total Presentations and Growth - Total number of emergency department (ED) presentations, for residents of Warrumbungle Shire

| | 19/20 | 20/21 | 21/22 | 22/23 | 23/24 | Total | % change (5 yr) | CAGR |
|----------------------------|-------|--------|-------|-------|--------|---------------|-----------------|------|
| Total presentations | 8,738 | 10,014 | 9,700 | 9,258 | 10,161 | 47,871 | 16% | 3.8% |

Source: NSW MOH Clinical Services Planning Analytics Portal (CaSPA) EDAA v24. Inclusions: Residence Shire 07 = Warrumbungle

Note: The Compound Annual Growth Rate (CAGR) summarises average yearly growth over a period, even when growth rates vary from year to year, helping to compare long-term trends.

1.6.3 Acute care

When someone becomes seriously unwell, they may need to be admitted to hospital for acute care. This type of care usually involves a short stay and more intensive treatment. This could be for pneumonia, surgery, or managing a chronic condition like diabetes or heart disease

In 2023–2024, almost 4,000 residents of the Warrumbungle Shire were admitted to hospital for acute care. Not all hospitals provide the same level of care. Smaller rural hospitals can manage many common health needs, while larger hospitals – like Dubbo Health Service – offer a broader range of services, including access to specialists, more complex diagnostic tests and procedures.

The data shows that in 2023–24:

- Around 30% of local residents who were admitted to hospital received care within the Warrumbungle region, allowing them to stay closer to home.
- Of all local residents admitted to hospital, 35% received treatment at Dubbo Health Service – the most common hospital destination.
- A further 20% of admitted local residents were treated at public hospitals outside both Warrumbungle Shire and Dubbo.

This pattern has remained consistent in recent years. The most common destinations outside the region include:

- Mudgee Hospital, which regularly receives a steady number of Warrumbungle patients (3% of all hospital admissions).
- Hospitals in the Hunter New England region (5% of all hospital admissions)
- Specialist tertiary hospitals for advanced procedures, such as heart surgery, neurosurgery, or vascular care.



This movement of patients, known as "outflow," reflects both the need for specialist care and the flow of people within the hospital network that ensures people can access the right care when they need it — even if that means travelling further from home.

Table 5 All inpatient demand by Warrumbungle Shire residents, year – year

| Data | Separations | | | Bed Days | | Avg Length of Stay | |
|---|-------------|-------------|------------------|--------------|--------------|--------------------|-------------|
| | 22/23 | 23/24 | % of total 23/24 | 22/23 | 23/24 | 22/23 | 23/24 |
| Dubbo Health service | 1,251 | 1,388 | 35% | 4,210 | 5,223 | 3.1 | 3.5 |
| Private Hospital and day procedures centres | 761 | 760 | 19% | 2,223 | 2,208 | 2.5 | 2.4 |
| Coonabarabran Hospital | 665 | 636 | 16% | 2,003 | 2,163 | 2.7 | 3.1 |
| Coolah | 168 | 201 | 5% | 843 | 947 | 5.0 | 4.7 |
| Baradine | 125 | 153 | 4% | 343 | 389 | 2.5 | 2.4 |
| Dunedoo | 126 | 146 | 4% | 749 | 910 | 5.9 | 6.2 |
| Other WNSWLHD hospitals | 178 | 219 | 6% | 774 | 876 | 4.0 | 3.7 |
| Tertiary referral hospitals* | 231 | 221 | 6% | 1,158 | 1,469 | 4.0 | 3.7 |
| Other NSW Hospitals | 208 | 180 | 5% | 622 | 582 | 2.6 | 2.9 |
| Total | 3732 | 3923 | | 12991 | 14833 | 3.17 | 3.48 |

Source: CaSPA FlowInfo Inclusions: LGA of residence- Warrumbungles; hospital name – all; Patient type – all; Age – all; HiTH – all. Day only – all. Exclusions: Episode entirely within ED; SRGs = Chemotherapy, Renal Dialysis and Unqualified Neonates.

* Tertiary referral hospitals include those in peer groups A1 Principle Referral, A2 Paediatric Specialist and A3 Ungrouped acute - Tertiary Referral

When we look at the reasons people from the Warrumbungle Shire were admitted to hospital, the most common conditions included general medical issues, broken bones and joint problems (orthopaedic procedures), and respiratory illnesses. Many of these are linked to chronic and potentially preventable diseases, such as chronic obstructive pulmonary disease (COPD), complications from diabetes, and heart disease. These types of conditions continue to place steady pressure on both hospital beds and outpatient services.

Maternity services are not available within the Warrumbungle Shire. Most local families needing pregnancy and birth care travel to Dubbo, while others go to hospitals in Tamworth, Gunnedah, or Mudgee. For many families, especially those without reliable transport, travelling long distances for antenatal and postnatal care can be stressful and difficult — and may impact how and when they access care.

1.6.4 Hospital Services and Capacity in the Warrumbungle Shire

While the previous section explored where Warrumbungle Shire residents go when they need hospital care, it's also important to understand what services are being delivered by local hospitals — regardless of where the patients come from. This section focuses on hospital activity within the shire itself, including who is admitted, how local services are used, and how they compare across facilities. It presents data on admission trends, how busy (or full) the hospitals are on average, and how long people typically stay when admitted. Together, this helps build a clearer picture of the capacity and role of each hospital in supporting acute care needs across the region.

Inpatient activity and changing demand patterns

Across the Warrumbungle Shire the four hospitals have around 1200 patients stay in their facilities each year. This total number of stays has increased year on year, with a 10% growth over the past

five years, rising from 1,159 in 2019/2020 to 1,276 in 2023/2024. However this overall growth varies by facility.

- **Dunedoo MPS** experienced a growth in patient admissions, with an increase of 80 stays in hospital over the five-year period.
- **Coolah MPS** also saw a rise in admissions from 182 admissions in 2019/2020 to 222 admissions in 2023/2024.
- **Baradine MPS** had a minimal change in admissions over the five-year period.
- **Coonabarabran Hospital**, which accounts for the largest share of inpatient activity in the shire, saw a small decrease in admissions, from 714 separations in 2019/2020 to 703 admissions in 2023/2024.

Table 6: Inpatient separations, 2019 – 2024, facilities in the Warrumbungle Shire

| Hospital | 2019/2020 | 2020/2021 | 2021/2022 | 2022/2023 | 2023/2024 | Grand Total |
|----------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Coonabarabran | 714 | 808 | 702 | 742 | 703 | 3669 |
| Coolah | 182 | 144 | 170 | 193 | 222 | 911 |
| Baradine | 169 | 142 | 138 | 149 | 177 | 775 |
| Dunedoo | 94 | 92 | 117 | 153 | 174 | 630 |
| | 1159 | 1186 | 1127 | 1237 | 1276 | 5985 |

Source: NSW MoH Clinical Services Planning Analytics Portal (CaSPA) FlowInfo v24. Includes: Hospital Name: Coonabarabran, Coolah, Dunedoo, Baradine. Excludes: Patient Type: Not Recorded, Other, Unqualified Neonate (Well baby); ED Only Name: Entirely in ED; HITH Flag: Episode Entirely as HITH; SRG v6 name: Chemotherapy, Obstetrics, Renal Dialysis, Unqualified Neonate

Occupancy of hospitals

Hospital bed occupancy helps show how full local hospitals are. When beds are mostly full, it can mean resources are being used well — but if they’re full too often, it might be a sign that the hospital is under pressure and struggling to keep up with demand. On the other hand, if beds are often empty, it could mean the service isn’t being used to its full potential, or that it’s hard to keep hospital services running in that area.

Hospital bed use has been growing at Coolah and Dunedoo, with both seeing more patients staying overnight in recent years. These sites now have moderate to high occupancy, reflecting increased demand. In contrast, bed use at Coonabarabran and Baradine has remained steady, with low to moderate occupancy and thus some underused capacity available to support local and regional needs.

Length of Stay

The average length of stay (ALOS) provides a sense of how long patients are typically in hospital and can reflect both clinical complexity and system design (e.g., availability of post-acute or community care options).

- **Dunedoo MPS** recorded the longest ALOS over the five-year period, however this decreased over the timeframe.
- **Coolah MPS** maintained an ALOS of 5–7 days.
- **Coonabarabran Hospital** has a shorter ALOS of around 3 days.
- **Baradine MPS** had the shortest and most consistent ALOS at around 2.3–2.6 days.

Virtual Care Models

Virtual care services play an increasingly important role in supporting health facilities across the Warrumbungle Shire. The Virtual Rural Generalist Service (VRGS), Virtual Allied Health Service (VAHS), and vCare provide local clinicians with access to specialist advice, after-hours medical support, and remote allied health input.

1.6.5 Ambulance services

Current locations and roles

Ambulance services are essential across the region, with stations in Baradine, Coolah, Coonabarabran, and Dunedoo. These crews respond to local emergencies and handle long-distance patient transfers to larger hospitals like Dubbo and Mudgee.

This often leaves stations uncovered during transfers, increasing response times for new emergencies.

Long Distances, Limited Coverage

Travel to referral hospitals can take two hours or more, affecting urgent care for stroke, trauma, or cardiac events. In these cases, virtual care and remote support services (like vCare) help clinicians manage patients until they can be transferred.

Aeromedical Retrieval

Helicopter and plane-based retrievals are coordinated through a state-wide system. Between January and March 2025, there were over 5,000 ambulance responses in the broader Dubbo area (including Warrumbungle), with 117 life-threatening cases. While this data is regional, it gives insight into demand.

Retrieval

Emergency retrieval services are an important component of healthcare in the Warrumbungle Shire. NSW Ambulance operates a statewide network of rotary-wing (helicopter) and fixed-wing aircraft, coordinated through centralised control centres and supported by the Aeromedical Retrieval Network. Specialist retrieval is also available through services such as the Newborn and Paediatric Emergency Transport Service (NETS).

Between January and March 2025, the Dubbo statistical area – which includes most of the Warrumbungle Shire – recorded over 5,000 ambulance responses, including 117 Category 1 cases (life-threatening emergencies), according to the Bureau of Health Information. While the data is not specific to Warrumbungle towns, it provides context for regional demand. Telehealth and remote clinical support systems, such as vCare, are increasingly used to assist paramedics with decision-making and patient stabilisation, particularly during lengthy transports.

1.7 Addressing Health Needs for Key Groups

This section provides an overview of the health needs, service access, and population trends for key groups in the Warrumbungle Shire. It includes locally relevant data and reflects insights provided by advisory and governance groups.

1.7.1 Older People, Disability, and Palliative Care

Demographic Overview

The Warrumbungle Shire is experiencing a significant shift in its population profile, with an increasing proportion of residents entering older age. This trend is expected to drive greater demand for age-related health services, disability support, and palliative care.



30% of residents are aged 65 or older (compared to 18% across NSW)

Projected 54% increase in the 85+ age group by 2041

706 people living with profound or severe disability across all age groups

5% of population aged 0-64 (NDIS eligible) live with disability (compared to 3.2% state average)

Residential and community Aged Care

Aged care services in the Warrumbungle Shire are delivered through a mix of residential facilities and community-based supports, with increasing demand anticipated due to the projected growth in the 85+ age group.

Residential aged care is available in Coonabarabran through Cooina, a 78-bed independently operated facility. In Baradine, Coolah, and Dunedoo, aged care is provided via local Multipurpose Health Services (MPS), integrating residential care with hospital and community services.

Community-based aged care is a vital component of the local service system. Cooina also delivers a range of in-home supports through the Commonwealth Home Support Program (CHSP), including allied health, and social group activities. Home care services offered by Cooina include personal care, nursing, shopping support, and transport. (<https://www.coindacoona.com.au/>)

Warrumbungle Community Care, supported by the Warrumbungle Shire Council, provides a comprehensive suite of aged care and support services across the shire, which are funded by CHSP and the Community Transport Program (CTP). (<https://www.warrumbungle.nsw.gov.au/Community-Recreation/Community-Care>) These include:

- Meals on Wheels
- Community transport
- Home maintenance
- Carer respite
- Home care packages

Additionally, Social Futures offers a care finder service to assist older people in navigating the My Aged Care system and accessing appropriate supports.

Healthy ageing initiatives play an important role in supporting independence and wellbeing. Warrumbungle Community Care delivers individualised social support programs that promote community engagement and reduce isolation. Activities include:

- Monthly luncheons held across the shire

- Coolah Wednesday Activity Group
- Dunedoo Social Group
- Daily welfare checks
- Monthly social bus trips

Disability supports and NDIS access

Access to disability-specific services in the Warrumbungle Shire remains limited, with significant gaps in local availability, workforce capacity, and service diversity. These challenges contribute to long wait times, reduced participant choice, and limited access to appropriate support.

Service availability is primarily concentrated in Coonabarabran, where organisations such as *Breakthru*, *LiveBetter* and *Wellways* operate. These providers offer a range of services including disability support workers, allied health, psychosocial supports, and accommodation assistance. A small number of additional services are delivered by providers based in surrounding centres such as Gilgandra, Mudgee, and Tamworth, but service reach is often restricted by travel distances and staffing constraints.

Recent changes to NDIS provider travel policies, have altered the way providers can claim travel costs for delivering services in rural and remote areas. While these changes aim to improve fairness and transparency, they may reduce the financial viability for providers delivering occasional or low-volume services across long distances. This could result in fewer outreach services into the Warrumbungle Shire, especially in more remote towns. (*NDIS 2024-2025 Annual Payment Review*)

Workforce shortages are a critical and ongoing barrier to service delivery. Difficulties in recruiting and retaining skilled staff such as disability support workers, allied health professionals, and behaviour support practitioners affects continuity of care and limits the types of supports participants can access locally. In some cases, clients are forced to travel outside the shire or accept services that do not meet their individual needs.

The limited number of Specialist Disability Accommodation (SDA) and Supported Independent Living (SIL) options within the Warrumbungle Shire means that many NDIS participants must relocate to access appropriate housing and support. This often disconnects people from their informal support networks – such as family, friends, and community – and contributes to poorer social and health outcomes.

At the same time, there are opportunities to strengthen local employment in the disability support sector. Building the local disability workforce – particularly through traineeships, micro-credentials, and partnerships with schools and TAFE – could simultaneously address service gaps and stimulate economic development.

Palliative Care services

Community based palliative care services are offered through a variety of different service providers including:

- General practitioners.
- Community nursing teams.
- Hospital in the Home.
- Authorised Palliative Care Plans – through Ambulance NSW.
- NSW Health Out of Hospital Care Packages – such as Community Packages (ComPacks), Safe and Supported at Home (SASH), and End of Life (EoL).

WNSWLHD provides specialist palliative care services to the Warrumbungle Shire. This nurse-led consultancy model of care provides support to primary care providers and inpatient teams to provide quality palliative care. Baradine and Coonabarabran are serviced by the Dubbo Specialist

Palliative Care team, while Coolah and Dunedoo are serviced by the Mudgee Specialist Palliative Care team. The Palliative Care Advisory After Hours service provides after hours support across the local health district.

1.7.2 Mental Health/Drug & Alcohol

Mental health and substance use challenges are significant across the Warrumbungle Shire, reflecting broader patterns in rural and regional communities. Contributing factors include geographic isolation, socioeconomic disadvantage, and limited access to timely, coordinated care. Local data shows increasing reliance on inpatient psychiatric services, particularly for depression, stress-related disorders, and substance-related issues, indicating growing and complex demand for mental health and drug and alcohol support across prevention, crisis, and long-term care.

Service demand and burden of disease

Analysis of local inpatient data shows that the most common reasons for psychiatric admission among Warrumbungle Shire residents are:

- Depressive episodes
- Reactions to severe stress and adjustment disorders
- Substance-related disorders, particularly involving cannabinoids and stimulants
- Schizoaffective disorders, schizophrenia, and bipolar affective disorder

These patterns highlight a need for both specialised acute care and long-term, community-based supports. On average, 21 admissions per year are directly attributed to drug and alcohol-related issues, primarily occurring at Coonabarabran and Dubbo hospitals. However, this number likely underrepresents the full burden, as many other admissions — such as for injury or mental health conditions — involve substance use as a contributing factor. *(CaSPA FlowInfo v24 Inclusions: LGA of residence- Warrumbungles; hospital name - all; Patient type - all; Age - all; HiTH - all. Day only - all. Exclusions: Episode entirely within ED:SRGs = Chemotherapy, Renal Dialysis and Unqualified Neonates.)*

Acute and emergency services

There are no dedicated inpatient mental health beds within the Warrumbungle Shire. People experiencing acute mental health episodes may initially present to local hospitals and, if required, be transferred to specialised facilities within WNSWLHD, including those in Dubbo, Orange (Bloomfield), and Bathurst.

Crisis and emergency response services include:

- Mental Health Emergency Care: a 24/7 virtual service providing emergency mental health assessment and support via phone and video.
- Local emergency departments and GPs play a key role in initial assessment and referral pathways.

Community mental health services

Community mental health teams operate as part of WNSWLHD's regional hub model, providing:

- Assessment and ongoing review
- Case management
- Acute crisis response
- Consultation and support for emergency departments and general practitioners

“We need a suitable place for people with mental health issues to go when they are not in crisis but need support. This could prevent the issues escalating and becoming a major problem ruining their own and families live”
– Coonabarabran Resident Feedback

These services are designed to improve continuity of care between inpatient and community settings and are supported by virtual service delivery to enhance access.

Non-government and private sector supports

Several non-government organisations (NGOs) and private providers also deliver mental health services across the shire. These include:

- Neami National – Suicide Prevention service
- Wellways – mental health and disability supports
- Breakthru – community-based recovery services
- The Benevolent Society – Rural Youth Mental Health service
- Barnardos Australia – operating from Coonabarabran, offering mental health, family support, and youth-focused programs
- Residential Aged Care Virtual Service – for mental health support in aged care settings

Mental health promotion and peer support programs

Preventive and promotional programs play a vital role in strengthening mental health and wellbeing at the community level. Key initiatives include:

- Drought Support Team: A peer support worker model offering free, confidential support to individuals and families affected by drought and adversity, including children and adolescents.
- Rural Adversity Mental Health Program (RAMHP): RAMHP coordinators (based in Dubbo and Tamworth) support local communities to recognise mental health challenges and access services.

1.7.3 Maternity, Child, Youth, and Families

Children, young people, and families in the Warrumbungle Shire face unique challenges shaped by rural living, access to services, and socioeconomic stressors. While a number of programs support early childhood development, youth engagement, and maternal health, service gaps persist – particularly in areas such as mental health, family support, and early intervention. There is a need for more coordinated, accessible, and culturally safe services across the early years and into adolescence.



96 births per year

14% children developmentally vulnerable on 2 or more domains (compared to 5.6% in 2009)

23rd in NSW for reported domestic violence incidents (out of 168 local government areas)

Early childhood and education services

Early childhood education in the Warrumbungle Shire is provided through a mix of preschools, long day care centres, and mobile playgroups. Services include:

- Yuluwurri Kids Coonabarabran – preschool
- Coolah Preschool and Kindergarten Inc.
- Dunedoo Preschool
- Baradine Preschool Incorporated
- Binnaway Preschool
- Mendooran Preschool



- Connect Five Children’s Services – mobile playgroups for children aged 0–5 who do not have access to other services

Despite this range, access remains uneven – especially for families in more remote communities or with complex needs. Transport, limited hours, and long waitlists can all present barriers to participation.

Primary and secondary education is provided through several government and Catholic schools across the shire. Most smaller towns are serviced by K–12 central schools.

The Wellbeing and Health In-reach Nurse (WHIN) Coordinator program is a collaborative initiative between NSW Health and the NSW Department of Education. WHINs are co-located within public schools, working closely with school wellbeing and learning support teams to enhance student health, wellbeing, and educational outcomes. In the Warrumbungle Shire, WHINs are stationed at Binnaway, Baradine, Coolah, and Coonabarabran public schools.

Maternal and Perinatal Care

The Warrumbungle Shire does not have local birthing facilities. Pregnant women typically travel to Dubbo, Mudgee, or Tamworth to give birth. While this is common in rural settings, it can create stress and financial burden for families.

Community midwives provide essential antenatal and postnatal care through local health facilities, including home visits and early parenting support. However, workforce shortages and limited appointment availability can delay care or require families to travel for more comprehensive support. There is a need for more consistent perinatal mental health screening and culturally appropriate care options, especially for Aboriginal families.

Child and family wellbeing services

Domestic violence remains a significant concern within the Warrumbungle Shire. As of May 2025, the shire was ranked 23rd in New South Wales for domestic violence incidents per capita, with 84 reported cases. This reflects a broader trend across NSW, where domestic violence assaults have increased from 34,618 in 2021 to 38,108 in 2025. (BOSCAR)

Support services are available to assist affected families. Barnardos Australia operates from Coonabarabran, providing family support services including homelessness assistance, counselling, domestic violence support, mental health services, drug and alcohol support, and specialist Aboriginal programs. Mission Australia also offers homelessness and housing support within the region.

Out of home care and child protection

Child protection concerns are prominent in the region. In 2023–2024, there were 28 children and young people in Out-of-Home Care (OOHC) in the Warrumbungle Shire. Of these, 9 identified as Aboriginal, reflecting the ongoing overrepresentation of Aboriginal children in statutory care. An additional 262 children were subject to reports of Risk of Significant Harm (ROSH) and 327 were

involved in concern reports. These figures reflect both the vulnerability of children in the area and the demand for early intervention and family support services. (Source: Department of Communities and Justice, 2023–2024..)

Youth engagement and community programs

Youth services are primarily led by the Warrumbungle Shire Council, which delivers a range of activities and engagement opportunities including:

- A youth drop-in program (Coonabarabran)
- School holiday activities and Youth Week events
- RYDA driver education and PCYC Safer Driving Program
- Careers expos, PRIDE events, and the *Love Bites* program

The 2357 Development Group previously ran the Empowering Youth project, which focused on connecting 18–24-year-olds with personal development and community engagement opportunities.

While these initiatives are well-received, they are limited by funding cycles, staffing, and geographic spread. There is an opportunity to expand outreach youth work and embed youth voices more strongly in local planning.

“More healthy recreation for young people would be good such as bike-riding, martial arts, yoga, etc”
- Coolah Resident Feedback

1.7.4 Women’s Health

Women in the Warrumbungle Shire face a range of unique health challenges, many of which are shaped by broader issues of disadvantage, challenges with service access, and social stressors. Participation in key preventative health measures, such as cervical screening, is significantly lower than the state average, indicating barriers to regular engagement with primary care and health promotion initiatives. High rates of domestic and family violence, alongside elevated rates of sexual assault, further compound women’s health risks – both physically and mentally – contributing to long-term issues such as anxiety, depression, and substance misuse. These concerns are amplified in areas of acute disadvantage, such as Binnaway and Baradine. The rising health burden related to chronic disease, mental health, and injury in the region also affects women directly, particularly those in unpaid or under-recognised caregiving roles. Addressing the health needs of women requires a whole-of-community response that improves access to trauma-informed care, enhances outreach for preventative services, and strengthens support networks across the lifespan.

1.7.5 Aboriginal Communities

While Aboriginal health is a clear priority, it is not addressed as a separate stream within this project. This is because the factors affecting Aboriginal health and wellbeing are deeply connected to all other areas the project seeks to improve – such as chronic disease, mental health, housing, social connection, and service access. Creating lasting change requires cultural safety to be embedded across every element of the work, rather than isolated to a single section or advisory group. This approach recognises that improving health outcomes for Aboriginal people must be everyone’s responsibility and that genuine inclusion means weaving Aboriginal perspectives, leadership, and priorities through the entire project – not treating them as an add-on. Community feedback

consistently reinforces the importance of holistic models of care that recognise the interconnection between physical health, mental wellbeing, community connection, and culture.

DRAFT

2

Part Two: Community Consultation and Insights

2.1 How feedback was gathered

Consultation is a crucial element of the planning process. While many towns across rural and regional NSW experience similar challenges, there is always an element of nuance between towns. The project laid out three phases of consultation to ensure that there was adequate community buy-in and a true understanding of the experience of individuals in each town across the Warrumbungle region.

2.1.1 Key stakeholders

The process commenced with engagement of key stakeholders, including partner organisations and health and social service providers. A list of stakeholders is included as Appendix B.

2.1.2 Phases of consultation

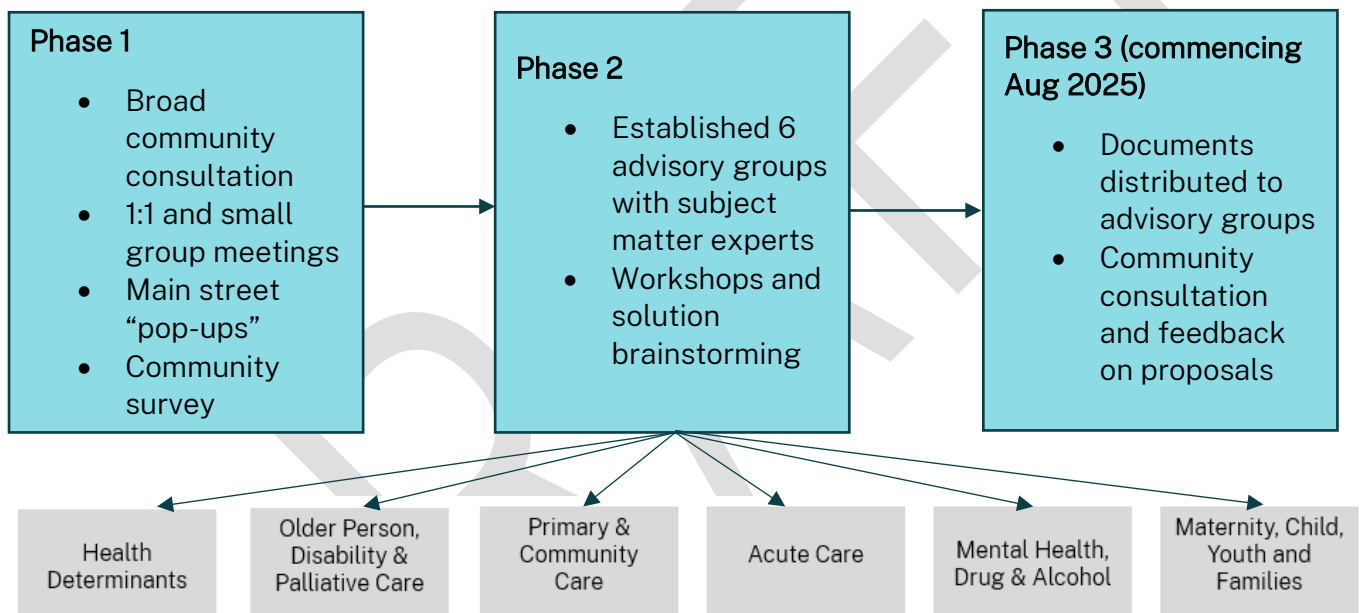


Figure 5: Healthy Warrumbungles Consultation Phases and Advisory Groups

2.1.3 Community survey

A Health and Wellbeing survey was structured to capture the insights of members of various communities, about:

- Overall health and wellbeing
- Keeping healthy
- Perspectives about individual community
- Health and wellbeing concerns
- Health service priorities
- Health service access

Results relevant to the Warrumbungle Shire are included as Appendix A.

2.1.4 Consultation Feedback:

Several common themes were identified during phase 1 of consultation. These themes were then explored in more detail during the phase 2 consultation workshops. The detailed results from phase 2 consultation are available in Appendix C.

| Theme | Issues Raised |
|---------------------|---|
| Access to services | Travel to access care is costly and can be a barrier for many |
| | Transport options can be limited particularly for older people, people with disability, and children |
| | Supply and knowledge of available services |
| | Access to specialist care – particularly if travel for multiple visits is required |
| | Wait times for GPs can vary across towns |
| | Limited options for bulk billing GPs |
| | Access to Allied Health can be variable and limited |
| | Reliance on community pharmacy for primary care services |
| Social and Cultural | Complex social issues including domestic violence rates |
| | Social isolation and connectedness |
| | Limited culturally safe and connected care options for Aboriginal people |
| Health and Wellness | Limited focus on health promotion, health prevention, and wellness |
| | Burden of chronic disease |
| Workforce | Workforce shortages across sectors |
| | Limited education and training pathways |
| | Limited employment opportunities |
| Environmental | Concerns about the renewable energy zones (including impact on health and emergency services, social/cultural impacts, and workforce shortages) |



2.1.5 North-East Sub-Regional Planning Committee

The North-East Sub-Regional Health Planning Committee was established as part of the WNSWLHD Meaningful Engagement Strategy. The committee began meeting in February 2025 and meets quarterly.

The role of the Committee is to provide a mechanism for community members, agencies, service providers and WNSWLHD staff to partner in strategic service planning, design, delivery and evaluation at a regional level.

Representation on the Committee includes:

- Community representatives x 2 for each town
- Youth representatives
- Local Aboriginal Lands Councils
- Maaruma-Li Aboriginal Medical Service
- Department of Education
- Department of Regional NSW
- Rural Doctors Network
- Transport for NSW
- Western NSW Primary Health Network

The identified community priorities for the Committee for 2025 are:

- Women's health
- Domestic violence
- Youth health and wellbeing
- Access to specialist services
- Discharge processes
- Transfer and transport home
- Limited access to GPs
- Mental health, drug and alcohol
- Suicide prevention
- Transport
- Health of the community
- Healthy Warrumbungles Project

The Committee provides updates and reports on the priorities to the WNSWLHD Board.

2.2 Opportunities and Constraints

Phase 1 and 2 of consultation, as well as data collected from a variety of sources, identified opportunities to leverage and constraints to be considered in the implementation of the project solutions.

2.2.1 Constraints

Workforce challenges

Workforce challenges are felt acutely in rural communities and the Warrumbungle Shire is no different. Whilst the data demonstrates relatively low levels of unemployment in the region, attracting, recruiting and retaining suitably skilled and qualified staff is an ongoing challenge.

Internet and phone connectivity

Internet and phone connectivity refers to both ability to physically connect as well as financial ability to connect. Whilst the ability to connect to a network is relatively good in the towns of the shire however, a number of 'black spots' exist when outside of the town boundaries. Connection 'black spots' as well as financial constraints to accessing technology, impact residents' health in a number of ways including their ability to contact emergency services, access virtual services such as telehealth and children's ability to participate in education from home to name just a few.

Reforms and funding challenges

Ongoing government and legislative reforms such as Medicare, My Aged Care and the NDIS are noteworthy in terms of changing the funding landscape for many providers of health, aged and social care sectors. These changes will require ongoing monitoring.

2.2.2 Opportunities

Maximising resources

Working together to reduce duplication and optimising efficiencies, where possible, is key to improving the available resources within the Warrumbungle Shire. Fostering and maintaining good working relationships between agencies, services providers and the community is the ideal to have stakeholders working together for a common goal of improving outcomes for those within the shire.

Leverage improvements in technology.

Rapid advancements in technology are yielding significant results. There are opportunities to expand current service provision particularly in the field of virtual care models, including virtual care booths, which will drastically reduce the need to travel for some patients.

Recruitment and retention initiatives

The ability to recruit and retain particularly a highly skilled workforce is not unique to the Warrumbungle Shire this is an issue being experienced not just around Australia but is a global issue. There are several opportunities that could be harnessed to make the region stand out when it comes to being a desirable location to live and work. Some opportunities exist to explore career pathways such

Do you have suggestions for improving health and wellbeing in your community?

“Education on healthy living...The more healthy you are the less services you need”

– Dunedoo Resident Feedback

as with a shared health professional model across multiple towns or the establishment of a local welcome experience where new residents are invited to a new residents event, provided information and key community members from sporting and recreation clubs are invited to meet and greet the new residents.

Employment opportunities

There are notable gaps in training and education pathways in the region, however as technology improves more opportunities to access online education and training can and should be encouraged. We know over the coming two decades there will be an increasing proportion of older people in the region, this will mean a greater demand for many health, aged and social care related services to be delivered. This creates a need as well as an opportunity for the development of partnerships between schools, training and education providers and service providers to work in collaboration to meet the needs of the region.

Improved knowledge about services

We have heard throughout consultation of gaps in information and knowledge about what services are being provided within the region. There are a number of opportunities to address this issue ranging from leveraging community stakeholders to share reputable information on relevant community social media channels through to working with NSW Health organisations and partners such as eHealth and the National Health Service Directory (NHSD) to provide relevant and up-to-date health provider information.



3

Part Three: Future Directions and Action Plan

3.1 Strategies and Recommendations

The following is the strategies and recommendations plan, arranged by Advisory Group. The rationale for the plan being structured this way is to ensure the richness from consultation feedback is upheld and maintained by the relevant subject matter experts. This structure also provides an accountability framework for implementation at both strategic and operational levels. It is envisaged that additional members will be approached to join the Advisory Groups to assist with implementation.

While most of the implementation plan is arranged according to the relevant Advisory Group, in both phases of consultation several common themes emerged which can be grouped together as follows:

- Workforce sustainability – including education and training pathways, welcome experience, professional networks.
- Service mapping of health services and providers including allied health, virtual services and visiting specialists; and subsequent development of a corresponding service directory
- Access to information on upcoming grant opportunities and supplementary funding and support to write such submissions.
- Transport.
- Welcoming spaces in health care settings – with a particular focus on local and Aboriginal artworks on display.
- Reducing social isolation through engagement of volunteers across community/age specific groups.
- Social isolation, poor mental health, vaping and child/youth wellbeing were raised as being the key health needs of the communities

Strategies and Recommendations:

Vision: *A connected, empowered and resilient community where people are supported to live a healthy life.*

Mission: *To improve health outcomes for the people of the Warrumbungle Shire, through a strong, locally represented collaborative; that will focus on sustainable interventions that promote wellness, prevention, education and support access to relevant services.*

| Older Persons, Disability and Palliative Care Advisory Group | | | |
|--|--|---|---|
| OLDER PEOPLE | | | |
| Goal: To enhance the wellbeing and independence of older people in the Warrumbungle Shire by supporting them to live fulfilling and connected lives as they age. | | | |
| Strategy 1: Ensure the appropriate care for older people is available when needed | | | |
| Action | Lead/Partners | Stakeholders | To Commence |
| 1 | Investigate the adequacy of the number of Residential Aged Care beds in the region now and for the future. | Lead: WNSWLHD Partners: DoHA | Community Aged Care Providers Within 1 year |

| | | | | |
|--|--|---|--|---------------|
| 2 | Explore options to increase the number of home care package providers in the region. | Lead: WNSWLHD Partners: DoHA | Community Aged Care Providers Private Nursing Care Providers Disability Providers | Within 1 year |
| Strategy 2: Recognise and prioritise social connectedness as a fundamental component of health and wellbeing. | | | | |
| 3 | Explore options to develop a community choir with a health and wellness focus. | Lead: WNSWLHD Partners: WSC | Community | Within 1 year |

DISABILITY

Goal: To enable people with disability to live healthy, fulfilling, and independent lives by ensuring equitable access to inclusive services, supports, and opportunities within the community.

Strategy 3: Improve access to services by implementing a coordinated and person-centred approach to system navigation across sectors.

| Action | Lead/Partners | Stakeholders | To Commence |
|--|--|--|----------------|
| 1 Develop a mechanism to identify current approved NDIS service providers who provide services in the shire with the view to better oversight for NDIS participants access to choice of providers | Lead: WNSWLHD Partner: TBC | Private allied health and home support providers Community NGOs (Marathon Health) Aboriginal Community Controlled Health Organisations (ACCHOs) | Within 2 years |
| 2 Explore options to strengthen connections between providers, the community, and Local Area Coordinators to improve understanding and navigation of the NDIS system. | Lead: WNSWLHD Partners: Marathon Health | Community Service providers Local Area Coordinator (Social Futures) | Within 1 year |
| 3 Improve the identification of people with disability in healthcare settings and provide targeted education to support healthcare providers in | Lead: WNSWLHD Partners: RDN & PHN | Community Health care providers | Within 2 years |

| | | | | |
|---|--|-------------------------------------|------------------------|----------------|
| | delivering appropriate and inclusive care. | | | |
| Strategy 4: Promote inclusion and independence for people with disability by increasing access to meaningful employment opportunities. | | | | |
| 4 | Explore and establish formal partnership options that create meaningful employment opportunities for people with disability. | Lead: TBC Partner: | NGOs e.g. Joblink Plus | Within 3 years |

PALLIATIVE CARE

Goal: To optimise quality of life for people with life-limiting conditions by delivering compassionate, person-centred care and providing holistic support to their families and carers.

Strategy 3: Raise awareness of options around palliative care including access pathways.

| Action | Lead/Partners | Stakeholders | To Commence |
|--------|--|--|-----------------|
| 1 | Explore avenues to obtain additional funding (includes grants and hospital auxiliary) for palliative care spaces in LHD facilities. Lead: WNSWLHD Partner: PHN | Community GPs | Within 2 years |
| 2 | Increase community education and awareness around options for palliative care. Lead: PHN Partner: WNSWLHD | Community GPs | Within 6 months |
| 3 | Create and maintain safe, culturally appropriate spaces – both within LHD facilities and in outdoor settings – that support the needs and preferences of patients and carers during the palliative care experience. Lead: WNSWLHD Partner: WSC | Community ACCHOs Local Aboriginal Land Councils | Within 2 years |

Primary and Community Care Advisory Group

Goal: To deliver high quality primary care that empowers the community to achieve and maintain good health and wellbeing.

Strategy 1: Ensure sustainable primary care exists within the shire.

| Action | Lead/Partners | Stakeholders | To Commence |
|--------|--|--|---------------|
| 1 | Explore feasibility of alternative models (including networked general practice, Nurse Practitioners, single employer) Lead: PHN Partners: RDN, WNSWLHD, NSW Ambulance | General Practitioners Nurse Practitioners | Within 1 year |

| | | | | |
|---|---|---|---|---------------|
| | model, s19(2) exemptions, virtual services). | | Allied Health – inc. Pharmacy, Aboriginal Health Practitioners, | |
| 2 | Investigate options for shared medical officer training models between general practices and LHD. | Lead: PHN Partners: RDN, WNSWLHD | General practitioners | Within 1 year |

Strategy 2: Enhance community awareness of available healthcare options when local General Practitioners are unavailable.

| | | | | |
|---|---|---|----------------------------|---------------|
| 3 | Ensure the community are informed of available alternatives for non-emergency care e.g. HealthDirect. | Lead: WNSWLHD Partners: NSW Ambulance, PHN, RDN, WSC | Community General Practice | Within 1 year |
|---|---|---|----------------------------|---------------|

Strategy 3: Foster a supportive professional environment.

| | | | | |
|---|---|--|---|----------------|
| 4 | Implement opportunities to strengthen connectedness amongst health professionals by facilitating regular networking opportunities, peer support, and collaborative practice models. | Lead: PHN Partners: NSW Ambulance, RDN, WNSWLHD | All health care providers in the Warrumbungle Shire | Within 2 years |
|---|---|--|---|----------------|

Maternity, Child, Youth and Families

MATERNITY

Goal: To provide quality, culturally appropriate, and evidence based maternity care that supports the health and wellbeing of women and their babies.

Strategy 1: Ensure comprehensive family centred care is provided.

| Action | Lead/Partners | Stakeholders | To Commence |
|--------|--|---|----------------|
| 1 | Lead: WNSWLHD Partners: PHN, WSC | Community Local Aboriginal Land Councils HNELHD ACCHOs | Within 1 year |
| 2 | Lead: WNSWLHD- Maternity Services, Primary and Community Health Partners: PHN, Marathon | Community GPs HNELHD ACCHOs | Within 2 years |

| | | | | |
|---|--|--|-----------------------------|---------------|
| | Welcome Baby To Country/Community ceremonies). | | | |
| 3 | Explore current options and potential enhancement of family connectedness groups (mothers groups, playgroups, library music groups etc). | Lead: WSC Partners: Education | HNELHD WNSWLHD ACCHOs | Within 1 year |

CHILD

Goal: To ensure children are happy, healthy, and thriving today and into future generations by supporting their wellbeing, development, and resilience.

Strategy 2: Children have the best start to life.

| | | | | |
|---|--|--|--|----------------|
| 4 | Strengthen and support the implementation of the First 2000 days approach – from conception to school age – by enhancing existing initiatives that: <ul style="list-style-type: none"> - Assist parents in preparing for pregnancy and birth - Provide safe and evidence based maternity care - Support the transition to parenthood - Increase preventative health actions during early years | Lead: WNSWLHD Partners: PHN, Marathon | Community GPs Government agencies (DoE, DCJ, Police) HNELHD | Within 5 years |
| 5 | Identify available community spaces and community grant funding for recreation for children. | Lead: WSC Partners: MCF-AG | Community, sporting clubs | Within 2 years |

YOUTH

Goal: To ensure young people living in the community are safe, resilient, and supported to achieve a bright and successful future.

Strategy 3: Ensure young people are afforded opportunities to engage now, to optimise their health and wellbeing into the future.

| | | | | |
|---|---|--|--|----------------|
| 6 | Explore options to increase partnerships to facilitate youth connectedness (gaming, arts, Aboriginal culture e.g. Culture Club, and sport), including identifying available community spaces and grant funding for recreation (community garden, breakfast clubs) | Lead: WSC Partners: Centacare, WSC, Dept of Education, Police | Community Schools Sporting clubs Local Aboriginal Land Councils | Within 2 years |
|---|---|--|--|----------------|

| | | | | |
|---|---|--|-------------------|---------------|
| 7 | Identify opportunities to deliver anti-vaping education campaigns in schools and youth groups | Lead: Health determinants-AG Partners: Police, WSC, Dept of Education | Community Schools | Within 1 year |
|---|---|--|-------------------|---------------|

FAMILIES

Goal: To promote early recognition and timely response to domestic and family violence by ensuring accessible, culturally safe, and well-coordinated support services are available across the community.

Strategy 4: Foster a whole-of-community approach to effectively prevent and respond to domestic violence.

| | | | | |
|---|--|---|------------------------------|---------------|
| 9 | Investigate additional opportunities to strengthen the existing community response to domestic violence, including enhanced collaboration with the Warrumbungle Shire Interagency Domestic Violence Committee. | Lead: Warrumbungle DV Committee Partners: Police, NSW Ambulance, WSC | Community Schools WNSWLHD | Within 1 year |
|---|--|---|------------------------------|---------------|

WOMEN'S HEALTH

Goal: To improve women's health and wellbeing by ensuring access to preventative care, trauma-informed support, and culturally safe, well-coordinated services that respond to the unique needs of women across.

Strategy 4: Strengthen local collaboration to improve access to preventative care and support services that address the health and wellbeing needs of women.

| | | | | |
|---|---|---|-----------|---------------|
| 1 | Establish a Warrumbungle Women's Health Collective to improve engagement in preventative care, coordinate trauma-informed support, and advocate for services that meet the unique needs of women in the region. | Lead: Community Partners: WNSWLHD, WSC, PHN, RDN | Community | Within 1 year |
|---|---|---|-----------|---------------|

Health Determinants

Goal: To reduce the incidence of smoking and vaping among residents of the Warrumbungle Shire through targeted prevention, education, and support programs.

Strategy 1: Implement a whole of community approach to reduce smoking and vaping.

| Action | Lead/Partners | Stakeholders | To Commence |
|--|--|----------------------|---------------|
| 1 Investigate education packages for health professionals, | Lead: RDN Partners: PHN | Health professionals | Within 1 year |

| | | | | |
|---|--|--|---|-----------------|
| | particularly GPs and pharmacists, on the dangers of vaping | | | |
| 2 | Promote existing evidence-based smoking and vaping cessation programs – such as Quit for New Life, Quitline, and the PAVE app – with targeted outreach focusing on pregnancy and Aboriginal communities to support quitting or reducing use. | Lead: WNSWLHD Partners: PHN, WSC, NSW Ambulance | Community GPs Local Aboriginal Land Councils ACCHOs Allied Health Providers (inc. pharmacy) | Within 1 year |
| 3 | Establish a coordinated mechanism for relevant local authorities to collaborate on reducing access to tobacco and vaping products – by preventing new tobacconist shops, expanding smoke- and vape-free areas, and enhancing surveillance on supply sources. | Lead: WNSWLHD Partners: WSC, Police | Community GPs Local Aboriginal Land Councils ACCHOs Allied Health Providers (inc. pharmacy) | Within 2 years |
| 4 | Promote pathways for community members to report illegal tobacco and vape sales. | Lead: WSC Partners: WNSWLHD, Police | Community | Within 6 months |
| 5 | Enhance existing signage and public messaging about smoke-free and vape-free areas in town, sporting grounds, and community venues | Lead: WSC Partners: Police | Community Sporting groups Local businesses | Within 6 months |

Mental Health, Drug and Alcohol

Goal: To promote prevention, support wellbeing, and facilitate recovery for people experiencing mental health or substance misuse challenges.

Strategy 1: Empower the community by increasing awareness and understanding of mental health and substance misuse issues.

| Action | Lead/Partners | Stakeholders | To Commence |
|---|--|--|----------------|
| 1 Conduct a comprehensive mapping of existing mental health, drug and alcohol programs across the Warrumbungle Shire to identify service coverage, gaps, and opportunities. Promote and | Lead: WNSWLHD Partners: Warrumbungle Local Drug and Alcohol Team (LDAT) | NGOs e.g. Headspace ACCHOs Community | Within 2 years |

| | | | | |
|--|---|--|-------------------------------------|--|
| | support community education and peer-led programs such as RAMHP Mental Health First Aid, Yarning for Youth, and buddy support initiatives to build local capacity and early intervention. | | Sporting clubs Dept of Education | |
|--|---|--|-------------------------------------|--|

Strategy 2: Ensure the system is visible and accessible through multiple points of entry to improve user navigation and engagement.

| | | | | |
|---|--|---|----------------------------|----------------|
| 2 | Strengthen collaboration and communication between local service providers, emergency responders, and tertiary care providers to improve navigation and patient outcomes. Explore and implement navigation support mechanisms such as peer navigators, buddy systems, and locally tailored referral tools. | Lead: WNSWLHD Partners: Police, NSW Ambulance, service providers, NGOs | Community GPs HNELHD | Within 3 years |
|---|--|---|----------------------------|----------------|

Strategy 3: Establish clear and coordinated pathways to support recovery and promote wellness for individuals accessing services.

| | | | | |
|---|---|--|-----------|---------------|
| 3 | Enhance pathways to rehabilitation and recovery through programs like Pathways to Community Living, micro-enterprises (e.g. lawn crews, art hubs) | Lead: WNSWLHD Partners: Police, NSW Ambulance, WSC, service providers, NGOs | Community | Within 1 year |
|---|---|--|-----------|---------------|

Acute and Emergency Care

Goal: To develop an integrated and coordinated health system that delivers care across many locations.

Strategy 1: Optimise existing resources and strengthen the delivery of care closer to home.

| Action | Lead/Partners | Stakeholders | To Commence By |
|--------|---|--|----------------|
| 1 | Lead: WNSWLHD Partners: PHN, RDN | Community GPs/GP VMOs Allied Health Providers NSW Ambulance | ~June 2026 |
| 2 | Lead: WNSWLHD Partners: PHN, RDN | Community GPs/GP VMOs Allied Health Providers | ~ June 2026 |

| | | | | |
|---|---|---|---|-------------|
| | | | NSW Ambulance | |
| 3 | Investigate current suitability of LHD Facilities to support changing models of care and facilitating discharge planning to step-down/sub-acute/geri speciality | Lead: WNSWLHD Partners: PHN, RDN | Community GPs/GP VMOs Allied Health Providers NSW Ambulance | |
| 4 | Investigate and develop options to establish a holistic chronic care pathway to include role of nursing and allied health | Lead: WNSWLHD, PHN Partners: | Community GPs/GP VMOs Allied Health Providers Service Providers e.g. Marathon Health NSW Ambulance HNELHD | ~March 2026 |

Shared solutions

Goal: To achieve improved health outcomes for all people living in the Warrumbungle region.

Strategy 1: Develop and implement tailored solutions addressing non-health specific factors – such as housing, education, and employment – that significantly impact people’s overall health and wellbeing.

| Action | Lead/Partners | Stakeholders | To Commence |
|---|--|---|-------------|
| 1 Develop and promote education and training pathways to build a sustainable local workforce. | Lead: TBC Partners: TBC | Community | TBC |
| 2 Implement a welcome and onboarding experience for new people moving to the shire to support social connectedness. | Lead: WSC Partners: PHN, WNSWLHD, RDN | Community Local service providers NSW Ambulance Police | TBC |
| 3 Strengthen professional networks to foster collaboration, support, and ongoing development across sectors. | Lead: WSC Partners: PHN, WNSWLHD | Community Local service providers | TBC |
| 4 Investigate the current provision and dissemination of transport information to the community and | Lead: WSC Partners: TBC | Community | TBC |

| | | | | |
|---|---|---|--------------------------------------|-----|
| | identify opportunities to improve accessibility and effectiveness. | | | |
| 5 | Investigate options to develop a comprehensive service map of healthcare providers in the region, including allied health, virtual care, visiting specialists, and other services, to improve access and coordination. | Lead: TBC Partners: TBC | Community Local service providers | TBC |
| 6 | Create welcoming health care spaces by incorporating local and Aboriginal art to foster a culturally safe environment where vulnerable community members feel respected and comfortable. | Lead: WNSWLHD Partners: TBC | Community ACCHOS | TBC |
| 7 | Investigate the establishment of a central point of contact to disseminate funding and grant application information and provide support for writing applications. | Lead: 2357 Community Development Group, Coolah Community Development Group Partners: TBC | Community | TBC |
| 8 | Review existing social groups within the region and explore opportunities to create synergies between social and health providers – such as volunteers, Koori Yarning Group, and peer support groups – to enhance overall social connectedness. | Lead: TBC Partners: TBC | Community | TBC |

Appendices

Appendix A – Health and Wellbeing Survey Results

Appendix B – Key Stakeholders

Appendix C – Phase 2 Advisory Group Results

Appendix D - References

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3.2 Appendix A – Health and Wellbeing Survey Results

In 2025, the Western NSW Local Health District, Far West Local Health District, and NSW Primary Health Network conducted a Health and Wellbeing Survey as part of a joint health needs assessment. The survey ran from 1st March 2025 to 7th May 2025 and was heavily promoted as part of the Healthy Warrumbungles project. 78 responses were received from the Warrumbungle region. Whilst it is acknowledged that this number of responses cannot be seen as representative of the whole shire, it has provided insight into the perspectives of community members.

Demographics of respondents



Most responses: 50-64 age group (43%)

Lower number of responses from younger age groups (16-34 year age group = 7% of responses)

80% responses from female respondents

12% response rate from Aboriginal community (estimated Aboriginal population of 14%)

General health

Participants were asked: “How would you rate your health?”

61% of respondents rated their health as **good or excellent**.

50-54 year age group were most positive about their health.

Responses to questions about the community

The following responses relate to questions about the community:

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|---|----------------|----------|----------------------------|----------|-------------------|
| I feel proud to live in this community | 25 (32%) | 26 (33%) | 20 (26%) | 4 (5%) | 1 (1%) |
| This community copes pretty well when faced with challenges | 19 (24%) | 29 (37%) | 7 (9%) | 1 (1%) | 19 (24%) |
| For a town of this size, it has good facilities like shops, schools and libraries | 3 (4%) | 31 (40%) | 13 (17%) | 24 (31%) | 6 (8%) |
| I have a connection to the community | 21 (27%) | 32 (41%) | 12 (15%) | 7 (9%) | 4 (5%) |
| There is easy access to sports, recreational and leisure facilities | 4 (5%) | 33 (42%) | 10 (13%) | 22 (28%) | 6 (8%) |
| There is easy access to arts and cultural experiences | 2 (3%) | 20 (26%) | 15 (19%) | 31 (40%) | 7 (9%) |
| People here get involved in local issues, programs, committees and activities | 5 (6%) | 36 (46%) | 20 (26%) | 11 (14%) | 4 (5%) |

| | | | | | |
|---|----------|----------|----------|----------|----------|
| I can get help from my friends, family and neighbours when needed | 11 (14%) | 42 (54%) | 9 (12%) | 10 (13%) | 5 (6%) |
| I feel safe living in this community | 16 (21%) | 37 (47%) | 13 (17%) | 7 (9%) | 3 (4%) |
| All groups in this community are treated with respect | 7 (9%) | 25 (32%) | 19 (24%) | 16 (21%) | 6 (8%) |
| I have experienced racism or discrimination here | 7 (9%) | 21 (27%) | 8 (10%) | 21 (27%) | 17 (22%) |
| Living costs are affordable here, e.g. food, petrol, housing | 2 (3%) | 19 (24%) | 13 (17%) | 30 (38%) | 11 (14%) |

Health Challenges

When asked “What health challenges do you experience?” the following responses were received:

| Health Challenge | Warrumbungle (%) |
|-----------------------------------|------------------|
| Weight/nutrition | 34 (44%) |
| Lack of exercise | 27 (35%) |
| Arthritis/osteoporosis | 26 (33%) |
| Mental health/ well being | 21 (27%) |
| High blood pressure | 20 (26%) |
| Chronic pain | 17 (22%) |
| Breathing problems (asthma, COPD) | 12 (15%) |
| Cancer | 8 (10%) |
| Heart disease | 6 (8%) |
| Physical disability | 6 (8%) |
| Diabetes (Type 1 or 2) | 5 (6%) |
| Intellectual disability | 2 (3%) |
| Kidney disease | 2 (3%) |
| Alcohol or other drug use | 1 (1%) |
| Dementia/Alzheimer's disease | 1 (1%) |
| Stroke | 1 (1%) |

Responses to questions about service use

Questions were asked about access to GPs, use of ED and acceptability of virtual services.

In the past 12 months, how often did you visit your GP face to face or virtually (e.g. Doctor, AMS)?

| Responses | Warrumbungle % |
|-------------------|----------------|
| I didn't see a GP | 7 (9%) |
| 1-2 times | 24 (31%) |
| 3-4 times | 31 (40%) |
| More | 15 (19%) |
| Not answered | 1 (1%) |

How long do you wait for an appointment?

| Responses | Warrumbungle (%) |
|-------------------------|------------------|
| I can get in on the day | 0 |
| Within 2 or 3 days | 6 (8%) |
| Within a week | 7 (9%) |
| More than a week | 57 (73%) |
| Not answered | 8 (10%) |

In the past 12 months, how often did you use the Emergency Department because you had difficulty getting in to see a GP (e.g. Doctor, AMS)?

| Responses | Warrumbungle (%) |
|---------------------------------------|------------------|
| I didn't use the Emergency Department | 35 (45%) |
| 1-2 times | 30 (38%) |
| 3-4 times | 9 (12%) |
| More | 2 (3%) |
| Not answered | 2 (3%) |

In the past 12 months have costs ever prevented you from visiting a GP when needed?

| Responses | Warrumbungle (%) |
|--------------|------------------|
| Yes | 22 (28%) |
| No | 55 (71%) |
| Not answered | 1 (1%) |

Do you think virtual health services are suitable options for you to access healthcare?

| Responses | Warrumbungle (%) |
|--|------------------|
| Yes | 11 (14%) |
| Sometimes | 42 (54%) |
| Only if it means there is no travel involved | 6 (8%) |
| No, I don't have the technology | 2 (3%) |
| No, I don't like it | 16 (21%) |
| Not answered | 1 (1%) |

When asked to rate the difficulty of accessing a range of services, the following responses were received:

| | Easy | Neither easy nor difficult | Difficult | Not answered | Not applicable |
|---------------------------|----------|----------------------------|-----------|--------------|----------------|
| General Practitioner (GP) | 8 (10%) | 12 (15%) | 55 (71%) | 2 (3%) | 1 (1%) |
| Specialist Doctor | 2 (3%) | 11 (14%) | 60 (77%) | 4 (5%) | 1 (1%) |
| Dentist | 15 (19%) | 27 (35%) | 32 (41%) | 3 (4%) | 1 (1%) |
| Allied health* | 2 (3%) | 10 (13%) | 59 (76%) | 6 (8%) | 1 (1%) |

| | | | | | |
|---------------------------------|----------|----------|----------|----------|--------|
| Aboriginal Health Service ** | 4 (5%) | 4 (5%) | 11 (14%) | 57 (73%) | 2 (3%) |
| In home aged care | 6 (8%) | 18 (23%) | 12 (15%) | 40 (51%) | 2 (3%) |
| Emergency Department | 31 (40%) | 24 (31%) | 20 (26%) | 2 (3%) | 1 (1%) |
| Childcare | 4 (5%) | 9 (12%) | 16 (21%) | 47 (60%) | 2 (3%) |
| Residential aged care | 6 (8%) | 13 (17%) | 16 (21%) | 41 (53%) | 2 (3%) |
| Ambulance services | 29 (37%) | 27 (35%) | 12 (15%) | 8 (10%) | 2 (3%) |
| Mental Health Services | 2 (3%) | 8 (10%) | 39 (50%) | 27 (35%) | 2 (3%) |
| Drug and Alcohol Service | 1 (1%) | 5 (6%) | 23 (29%) | 47 (60%) | 2 (3%) |

* (physio, dietician, speech therapist etc)

** (Community Health or Aboriginal Medical Service (AMS))

When asked what the key service issues are, the following responses were received:

| | Ranked 1 | Ranked 2 | Ranked 3 | % Ranked 1 | % Ranked 2 | % Ranked 3 |
|--|-------------|-------------|-------------|---------------|---------------|------------------|
| Not enough GPs | 31 | 11 | 7 | 40% | 14% | 9% |
| Access to medical specialists | 7 | 11 | 15 | 9% | 14% | 19% |
| Hospital access/ services/ emergency department/staff shortages | 6 | 5 | 2 | 8% | 6% | 3% |
| Transport to health services | 3 | 3 | 2 | 4% | 4% | 3% |
| Mental health services | 6 | 6 | 5 | 8% | 8% | 6% |
| Long waiting times for health services | 7 | 14 | 12 | 9% | 18% | 15% |
| Dental services | 1 | 2 | 1 | 1% | 3% | 1% |
| Allied health services physiotherapy, dietician, podiatrist, optometrists, etc | 5 | 7 | 11 | 6% | 9% | 14% |
| Early childhood services for under 5-year-olds | 3 | 3 | 6 | 4% | 4% | 8% |
| Aged care services | 2 | 2 | 4 | 3% | 3% | 5% |
| Drug and alcohol services | 1 | 1 | 2 | 1% | 1% | 3% |
| X-rays, scanning/ medical testing services | 3 | 3 | 6 | 4% | 4% | 8% |
| Bulk billing/ cost of medical services | 2 | 10 | 6 | 3% | 13% | 8% |
| Aboriginal Health Services | 1 | 1 | 2 | 1% | 1% | 3% |
| Palliative Care | 0 | 0 | 0 | 0% | 0% | 0% |

Barriers to exercise

When asked how often they are physically active, the following responses were received:

| Exercise Frequency | Warrumbungle (%) |
|--------------------|------------------|
| 1-2 days | 24 (31%) |

| | |
|----------------------|----------|
| 3-4 days | 22 (28%) |
| 5-6 days | 11 (14%) |
| 7 days | 14 (18%) |
| Generally inactive | 6 (8%) |
| Unable at the moment | 0 |
| Not answered | 1 (1%) |

When asked to identify the barriers to exercise, the following responses were received:

| Barriers to exercise | Warrumbungle (%) |
|--|------------------|
| Lack of time | 29 (37%) |
| Lack of motivation | 32 (41%) |
| I have health issues or injuries, including pain | 22 (28%) |
| Cost of activities or memberships | 14 (18%) |
| Weather conditions | 10 (13%) |
| None | 11 (14%) |
| I don't have access to facilities or equipment | 15 (19%) |
| Lack of social support | 12 (15%) |
| No safe places to exercise | 12 (15%) |
| Lack of sporting clubs | 5 (6%) |
| I don't know how to exercise safely | 4 (5%) |

While the number of survey responses from the Warrumbungle region was relatively small and not fully representative, the data highlights several consistent themes:

- Community members reported relatively positive perceptions of their own health, with 61% rating it as good or excellent, yet a significant proportion also identified challenges related to weight, physical activity, arthritis, and mental health.
- Access to health services emerged as a key concern, particularly long wait times for GP appointments, limited availability of specialist and allied health services, and cost barriers.
- Although most respondents felt connected to and proud of their community, access to recreational, cultural, and affordable living options was more mixed.
- The data reinforces the need for localised strategies to address workforce shortages, improve service accessibility, and invest in preventative health, while also enhancing community inclusion, infrastructure, and health literacy – especially among younger populations and men, who were under-represented in the survey.

Final Reflections

There is a strong sense of frustration and fatigue with the ongoing challenges of rural healthcare. Yet, the community's love for where they live is clear – and so is their willingness to participate in solutions. They are asking for action, not consultation alone.

As one resident put it:

"I hope this isn't just another tick-the-box exercise. We need real change this time."

3.3 Appendix B – Key Stakeholders

The below table outlines the key stakeholders who have been engaged to provide consultation and feedback on issues relating to health and wellbeing in the community.

| Local Health District teams | Partner Organisations | Others | |
|---------------------------------|--|--|-----------------------------------|
| Health Service Managers | NSW Ambulance local teams | Maaruma-Li Aboriginal Medical Service | General Practice |
| Medical Officers | Warrumbungle Shire Council Interagency Meeting | Commonwealth Dept of Health and Ageing | Rotary |
| Planning Team | Warrumbungle Shire Council teams | Local Progress Association Representatives | Local Aboriginal Lands Councils |
| Finance | Rural Doctors Network teams | Private Allied Health Providers | Mackillop Family Services |
| Community Engagement | Primary Health Network teams | Little Wings | Centacare |
| Mental Health, Drug and Alcohol | | Community Pharmacy | Hospital Auxiliary |
| Aged Care | | Marathon Health | Coolah District Development Group |
| Disability | | Barnardos | Individual Community Members |
| Child and Family Health | | Health Councils | |
| Aboriginal Health and Wellbeing | | | |
| Community Nursing | | | |

3.4 Appendix C – Results from Phase 2 Advisory Groups

The following table outlines the results and potential solutions identified during the advisory group workshops:

| Advisory Group | Prioritised Concerns Raised | Potential Solutions |
|--------------------------------------|---|---|
| Health Determinants (HD-AG) | <ul style="list-style-type: none"> ➤ Smoking and vaping particularly in pregnant women and the Aboriginal community | <p>Multi-agency approach to:</p> <ul style="list-style-type: none"> • Undertake community education, prevention and health promotion. • Increase support to quit/reduce in targeted populations e.g. pregnant women and Aboriginal people. • Work with GPs on education. • Work with Pharmacies and other providers to promote reducing/quit programs. • Assess smoke/vape free zones and compliance of supply |
| Older People | <ul style="list-style-type: none"> ➤ Access to aged care services ➤ Loneliness and isolation | <ul style="list-style-type: none"> • Investigate current and future provision of aged care beds and home care packages. • Explore options for a choir with health/wellbeing focus |
| Disability | <ul style="list-style-type: none"> ➤ Navigation of NDIS ➤ Identification of disability in health care settings ➤ Employment opportunities | <ul style="list-style-type: none"> • Better understand approved NDIS providers in the region • Consider options to strengthen connections between providers, community, and Local Area Coordinators • Explore current landscape and any additional options for partnerships for employment opportunities |
| Palliative Care (OPDPC-AG) | <ul style="list-style-type: none"> ➤ Understanding of palliative care ➤ Variation in palliative care options ➤ Family friendly and culturally appropriate palliative care spaces | <p>Explore options around:</p> <ul style="list-style-type: none"> • Accessing funding for palliative care spaces • Community education and/or information on palliative care and what is available. |
| Primary and Community Care (P&CC-AG) | <ul style="list-style-type: none"> ➤ Timely and affordable access to primary care – GPs and allied health | <ul style="list-style-type: none"> • Exploring alternative models in primary care |

| | | |
|--|--|--|
| | <ul style="list-style-type: none"> ➤ Lack of support in health professional field across the Shire ➤ Strengthen networks amongst local providers – consider a networked practice/super clinic | <ul style="list-style-type: none"> • Campaign informing community of alternatives for non-emergency care. • Establishing a health professionals network to improve retention rates. |
| Maternity | <ul style="list-style-type: none"> ➤ Focus on health and wellbeing. ➤ Helping Aboriginal families feel safe and supported. ➤ Limited virtual antenatal classes ➤ Isolation of new parents/carers | <ul style="list-style-type: none"> • Promote evaluated healthy lifestyle programs in pregnancy. • Investigate virtual antenatal/birth class with links with other providers to ensure culturally appropriate e.g. AMIHS, AMS etc. • Explore options to link with or establish family social groups. |
| Child | <ul style="list-style-type: none"> ➤ Child health and wellbeing needs to be a higher priority, recognising getting early childhood right has lifelong benefits. ➤ High rates of childhood obesity in the shire | <ul style="list-style-type: none"> • Consideration of implementing a First 2000 Days model. |
| Youth | <ul style="list-style-type: none"> ➤ High rates of childhood obesity ➤ Youth disengagement ➤ Vaping ➤ Onset of mental health issues | <ul style="list-style-type: none"> • Link with the Health Determinants AG for quit vaping initiative. • Explore options to increase partnerships with providers to increase connectedness. • Determine available community resources applicable to young people and ways to enhance their reach. |
| Families | <ul style="list-style-type: none"> ➤ High rates of domestic violence ➤ Limited opportunities for dads to participate | <ul style="list-style-type: none"> • Explore options to link with local domestic violence committees and any potential to strengthen partnerships. |
| Mental Health, Drug and Alcohol (MHDA-AG) | <ul style="list-style-type: none"> ➤ System navigation is difficult ➤ Opportunities exist for peer support ➤ Limited community support for those impacted by mental health and/or substance misuse | <ul style="list-style-type: none"> • Mapping existing services for the entire care continuum. • Explore options for providers and community to work together |
| Acute Care (AC-AG) | <ul style="list-style-type: none"> ➤ Opportunities exist to explore new models of care | <ul style="list-style-type: none"> • Strengthen regional integration and sustainability of acute and subacute services across the |

| | | |
|--|--|--|
| | <ul style="list-style-type: none">➤ Burden of chronic disease is significant➤ Facilities outdated➤ Opportunities for developing new clinical networks e.g. step-down care and improved links with other facilities | <p>Warrumbungle region and beyond</p> <ul style="list-style-type: none">• Consider holistic models for managing chronic conditions and avoiding unnecessary hospital presentations |
|--|--|--|

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3.5 Appendix D: References and Data Sources

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