



Mount Alexander Shire

TOPLINE REPORT



The Active Living Census is a core component of the Healthy Loddon Campaspe initiative, funded by the Victorian Government.

This report presents the topline findings for the Mount Alexander Shire and was prepared by the Healthy Loddon Campaspe team.

For more information, visit www.healthyloddoncampaspe.au/alc

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Contents

List of tables	i
Executive Summary	1
1. Introduction	5
1.1. Background	5
1.2. Context.....	6
1.3. Research objectives.....	7
1.4. Methodology	7
1.4.1. Sample frame / distribution.....	8
1.4.2. Questionnaire	8
1.4.3. Enumeration period	9
1.4.4. Returns / response rate.....	9
1.4.5. Data file preparation	9
1.4.6. Sampling error / weighting.....	9
1.5. About this report.....	11
2. Respondent Profile	13
2.1. ABS population benchmarks	13
2.2. Health indicator population benchmarks	17
3. Movement Behaviours	20
3.1. Aerobic physical activity.....	20
3.2. Muscle strengthening activities.....	24
3.3. Active travel and travel to work or education	28
3.3.1. Walking	28
3.3.2. Cycling.....	32
3.3.3. Adult's travel to work or education	35
3.3.4. Children's travel to school	42
3.4. Recreational screen time	44
3.5. Sleep	48
3.6. Participation in desired level of physical activity	52
3.7. Barriers to physical activity participation.....	56
3.8. Sport, exercise and recreation participation	63
3.8.1. Participation in sport, exercise and recreation activities	63
3.8.2. Types of sport, exercise and recreation activities participated in.....	68
3.8.3. Facilities for sport, exercise and recreational activities	74
3.8.4. Travel to get to and from activities and their facilities	75
3.8.5. Quality and accessibility of facilities available for main activities	82
3.8.6. Quality and accessibility of specific facilities	84
3.9. Perceived ease of being physically active in local area.....	86
4. Diet	90
4.1. Food security	90
4.2. Fruit and vegetable consumption.....	93
4.2.1. Fruit consumption	94
4.2.2. Vegetable consumption.....	97
4.2.3. Barriers to fruit consumption	101
4.2.4. Barriers to vegetable consumption.....	107

4.3.	Water consumption	113
4.4.	Sugar sweetened beverages	116
4.5.	Ease of access to healthy food locally	120
5.	Use of public facilities and open spaces	124
5.1.	Frequency of public open space use	124
5.2.	Frequency of footpath use	128
5.3.	Frequency of off-road walking and cycling track use	131
5.4.	Use of other public facilities or open spaces	135
5.4.1.	Types of public facilities or open spaces used	135
5.4.2.	Reasons for use of public facilities or open spaces	142
5.4.3.	Suggested improvements to encourage greater use of public facilities and open spaces	150
5.5.	Perceived safety in local area	153
5.5.1.	Adult safety in local area	154
5.5.2.	Children's safety in the local area	157
6.	Health and Wellbeing	160
6.1.	Self-reported health status	160
6.2.	Life satisfaction	164
6.3.	Perceived value to society	167
6.4.	Mental wellbeing	171
6.5.	Body mass index (BMI)	174
7.	Risk behaviours	179
7.1.	Smoking	179
7.2.	Vaping	182
7.3.	Alcohol consumption	186
7.4.	Gambling	189
7.4.1.	Gambling frequency	189
7.4.2.	Types of gambling	192
Appendix A: Detailed description of weighting		195
Appendix B: Questionnaire		198
Appendix C: Detailed tables		199

List of tables

Table 2.1.1	Achieved sample composition	14
Table 2.1.2	Achieved sample distribution for demographic characteristics.....	15
Table 2.2.1	Health indicator population benchmarks	18
Table 3.1.1	Aerobic physical activity by selected demographic groups	21
Table 3.1.2	Aerobic physical activity by selected health and behaviour characteristics	23
Table 3.2.1	Muscle strengthening activities by selected demographic characteristics	24
Table 3.2.2	Muscle strengthening activities by selected health and behaviour characteristics	26
Table 3.3.1.1	Walking frequency by selected demographic characteristics	28
Table 3.3.1.2	Walking frequency by selected health and behaviour characteristics	30
Table 3.3.2.1	Cycling frequency by selected demographic characteristics	32
Table 3.3.2.2	Cycling frequency by selected health and behaviour characteristics	34
Table 3.3.3.1	Adult's travel to work/education by selected demographic characteristics.....	37
Table 3.3.3.2	Adult's travel to work/education by selected health and behaviour characteristics.....	39
Table 3.3.4.1	Children's travel to school by selected demographic characteristics	42
Table 3.3.4.2	Children's travel to school by selected health and behaviour characteristics	43
Table 3.4.1	Recreational screen time by selected demographic characteristics.....	45
Table 3.4.2	Recreational screen time by selected health and behaviour characteristics	47
Table 3.5.1	Sleep by selected demographic characteristics	49
Table 3.5.2	Sleep duration by selected health and behaviour characteristics	51
Table 3.6.1	Participation in desired level of physical activity by selected demographic characteristics.....	53
Table 3.6.2	Participation in desired level of physical activity by selected health and behaviour characteristics.....	55
Table 3.7.1	Barriers to physical activity participation.....	56
Table 3.7.2	Top five barriers to physical activity participation by selected demographic characteristics.....	59
Table 3.7.3	Top five barriers to physical activity participation by selected health and behaviour characteristics.....	60
Table 3.8.1.1	Participation in sport, exercise and recreational activities by selected demographic characteristics.....	64
Table 3.8.1.2	Participation in sport, exercise and recreational activities by selected health and behaviour characteristics	66
Table 3.8.2.1	Activity types by frequency of participation.....	68
Table 3.8.2.2	Top ten activities by selected demographic characteristics	70
Table 3.8.2.3	Top ten activities by selected health and behaviour characteristics.....	72
Table 3.8.3	Main recreational facilities used by frequency of activity.....	75
Table 3.8.4.1	Travel to and from main activities	77
Table 3.8.4.2	Travel to and from main activity facilities	80
Table 3.8.5.1	Quality of facilities by activity	82
Table 3.8.5.2	Accessibility of facilities by activity.....	83

Table 3.8.6.1	Quality ratings for most used facilities or spaces	84
Table 3.8.6.2	Accessibility ratings for most used facilities or spaces	85
Table 3.9.1	Perceived ease of being physically active in local area by selected demographic characteristics	86
Table 3.9.2	Perceived ease of being physically active in local area by selected health and behaviour characteristics	88
Table 4.1.1	Adult food security by selected demographic characteristics	90
Table 4.1.2	Adult food security by selected health and behaviour characteristics	92
Table 4.2.1.1	Fruit consumption by selected demographic characteristics	94
Table 4.2.1.2	Fruit consumption by selected health and behaviour characteristics	96
Table 4.2.2.1	Vegetable consumption by selected demographic characteristics	98
Table 4.2.2.2	Vegetable consumption by selected health and behaviour characteristics	100
Table 4.2.3.1	Barriers to fruit consumption	101
Table 4.2.3.2	Top five barriers to fruit consumption by selected demographic characteristics	103
Table 4.2.3.3	Top five barriers to fruit consumption by selected health and behaviour characteristics	104
Table 4.2.4.1	Barriers to vegetable consumption	107
Table 4.2.4.2	Top five barriers to vegetable consumption by selected demographic characteristics	109
Table 4.2.4.3	Top five barriers to vegetable consumption by selected health and behaviour characteristics	110
Table 4.3.1.1	Water consumption by selected demographic characteristics	113
Table 4.3.1.2	Water consumption by selected health and behaviour characteristics	115
Table 4.4.1.1	Sugar sweetened beverage consumption by selected demographic characteristics	117
Table 4.4.1.2	Sugar sweetened beverage consumption by selected health and behaviour characteristics	119
Table 4.5.1	Perceived ease of access to healthy food in local area by selected demographic characteristics	120
Table 4.5.2	Perceived ease of access to healthy food in local area by selected health and behaviour characteristics	122
Table 5.1.1	Frequency of public open space use by selected demographic characteristics	125
Table 5.1.2	Frequency of public open space use by selected health and behaviour characteristics	127
Table 5.2.1	Frequency of footpath use by selected demographic characteristics	128
Table 5.2.2	Frequency of footpath use by selected health and behaviour characteristics	130
Table 5.3.1	Frequency of off-road walking and cycling track use by selected demographic characteristics	132
Table 5.3.2	Frequency of off-road walking and cycling track use by selected health and behaviour characteristics	134
Table 5.4.1.1	Types of public facilities or open spaces used by user types	136
Table 5.4.1.2	Public facilities and open spaces by selected demographic characteristics	137
Table 5.4.1.3	Public facilities and open spaces by selected health and behaviour characteristics	139
Table 5.4.2.1	Reasons for using public facilities or open spaces by user types	142

Table 5.4.2.2	Top 10 reasons for using public facilities or open spaces by selected demographic characteristics	144
Table 5.4.2.3	Top 10 reasons for using public facilities or open spaces by selected health and behaviour characteristics	146
Table 5.4.2.4	Reason for use of public facilities and open spaces by facility type	149
Table 5.4.3.1	Summary of improvements that would encourage more regular use of open spaces	151
Table 5.4.3.2	Improvements specific to the top five towns	153
Table 5.5.1.1	Adult's perceived safety in local area by selected demographic characteristics	154
Table 5.5.1.2	Adult's perceived safety in local area by selected health and behaviour characteristics	156
Table 5.5.2.1	Children's perceived safety in local area by selected demographic characteristics ..	157
Table 5.5.2.2	Children's perceived safety in local area by selected health and behaviour characteristics	158
Table 6.1.1	Self-reported health status by selected demographic characteristics	160
Table 6.1.2	Self-reported health status by selected health and behaviour characteristics	162
Table 6.2.1	Life satisfaction by selected demographic characteristics	164
Table 6.2.2	Life satisfaction by selected health and behaviour characteristics	166
Table 6.3.1	Perceived value to society by selected demographic characteristics	168
Table 6.3.2	Perceived value to society by selected health and behaviour characteristics	169
Table 6.4.1	Mental wellbeing by selected demographic characteristics	171
Table 6.4.2	Mental wellbeing by selected health and behaviour characteristics	173
Table 6.5.1	Body Mass Index by selected demographic characteristics	175
Table 6.5.2	Body Mass Index by selected health and behaviour characteristics	177
Table 7.1.1	Smoking by selected demographic characteristics	179
Table 7.1.2	Smoking by selected health and behaviour characteristics	181
Table 7.2.1	Vaping by selected demographic characteristics	183
Table 7.2.2	Vaping by selected health and behaviour characteristics	184
Table 7.3.1	Risky alcohol consumption on single occasion by selected demographic characteristics	186
Table 7.3.2	Risky alcohol consumption by selected health and behaviour characteristics	188
Table 7.4.1.1	Gambling frequency by selected demographic characteristics	189
Table 7.4.1.2	Gambling frequency by selected health and behaviour characteristics	191
Table 7.4.2.1	Types of gambling	193
Table 7.4.2.2	Types of gambling by selected demographic characteristics	194
Table A1	Extent of missing values among weighting characteristics	196
Table A2	Mount Alexander – Population benchmarks used for calibration	197
Table C1	Population by LGA	199
Table C2	Health behaviours by LGA	200
Table C3	Activities – Walking	201
Table C4	Activities – Swimming	202
Table C5	Activities – Bush walking / Hiking	203

Table C6	Activities – Fitness: Indoor group activities / aerobics	204
Table C7	Activities – Jogging / running	205

Executive Summary

E1 Background and methodology

The 2025 Active Living Census (ALC) was conducted by the City of Greater Bendigo (CoGB) on behalf of the Healthy Loddon Campaspe (HLC) initiative. HLC is funded by the Victorian Government and aims to improve health outcomes across the Loddon Campaspe region.

A non-probabilistic self-selection survey approach was used. All residents across the Loddon Campaspe region were eligible to participate, and a broad promotional campaign was undertaken to encourage widespread awareness and engagement. The survey was administered primarily online (with a limited number of hard copies), with the aim of reaching as many community members as possible between May 26 and July 6, 2025. For each participating Local Government Area (LGA), the table below shows the number of survey responses alongside the total population of residents aged 3 years and over.

 Population: 117,254 Response: 4,158	 Population: 49,830 Response: 890	 Population: 37,565 Response: 1,052
 Population: 19,766 Response: 859	 Population: 13,167 Response: 643	 Population: 7,570 Response: 642

* Population benchmarks for residents aged 3 years and over sourced from Australian Bureau of Statistics' 2021 Census data

The total number of responses received was 8,244. Among a residential population of 245,157 people aged 3 years and over, this represents an overall response rate of 3.4%. This report presents the results collected from the 859 respondents from the Mount Alexander Shire. Compared to population benchmarks, females, children and adolescents, those who are employed, from 4-5 person households and those with marginal food security were over-represented. Weighting was applied at the LGA level so that results could be generalised to the Loddon Campaspe population. The weighting benchmarks used for adults in the 2025 ALC were age by education, sex, and country of birth, while children (aged 3 to 17) were weighted by sex and age only.

E2 Health indicator population benchmarks

The 2025 ALC incorporated several established health measures to enable comparisons with the broader Victorian adult population aged 18 and over. The most relevant benchmark data for Victoria was sourced from the 2023 Victorian Population Health Survey (VPHS), conducted by the Victorian Department of Health and Human Services. Where VPHS data was unavailable, benchmark data was supplemented with information from the 2022 Australian National Health Survey (NHS).

Mount Alexander Shire participants in the 2025 ALC generally demonstrated healthier behaviours compared to Victorian benchmarks, with comparable adherence to fruit and vegetable

recommendations and overweight or obesity rates, fewer reports of engaging in health risk behaviours such as smoking, vaping, gambling and consumption of sugar sweetened beverages, and a smaller proportion failing to meet physical activity and muscle strengthening recommendations. Conversely, a comparatively higher proportion of 2025 ALC respondents self-reported their health as fair or poor, reported low levels of life satisfaction, and consumed risky amounts of alcohol.

E3 Movement behaviours

The 2025 ALC survey incorporated items designed to assess 24-hour movement behaviours among Loddon Campaspe residents aged three years and older. This enables an evaluation of adherence to age-specific recommendations established by government and non-government expert bodies to support optimal health and wellbeing.

Overall, Mount Alexander Shire respondents showed strong adherence to aerobic physical activity recommendations, with 71.9% meeting recommendations, while just under half met the muscle-strengthening recommendations. Across both behaviours, adults were more likely than children to achieve recommended levels, and males reported higher participation than females. Active travel patterns varied, with around one in five respondents walking daily and cycling weekly. In contrast, recreational screen time was high across the sample, with over half exceeding recommended limits, particularly adolescents, although sex differences were minimal. Sleep adherence was comparatively stronger, with roughly 73.6% meeting age-specific recommendations and minimal differences were seen between children and adults or between males and females. The positive correlation seen between these movement behaviours and health and wellbeing outcomes further highlights the need for greater investment in health policy and promotion to assist our community members to be more active.

Adults were more likely than children to report that they were not as active as they would like to be. A range of barriers to participation were also reported, with lack of time particularly common among adults and cost-barriers more frequently reported by females. Because these groups have expressed a desire to be more active, understanding the key reasons for their insufficient activity is essential for informing targeted efforts to better support them. Perceptions of the local environment for physical activity were generally positive, with around 70.2% of respondents agreeing that it was easy to be active where they live. Males were more likely than females to hold this view. These respondents also tended to be more physically active; however, it is unclear whether they are more active because their local area supports physical activity, or whether they perceive their area as supportive because they are already active.

E4 Diet

Overall, the diet-related findings from the 2025 ALC highlight significant challenges across the Mount Alexander Shire population, particularly in relation to food security and vegetable intake. Around one-fifth of respondents experienced some level of food insecurity, with higher rates among groups already facing broader health and social disadvantages. Approximately one-quarter of respondents consumed the recommended volume of water per day, while over 6.4% reported consuming sugar-sweetened beverages daily. Adherence to fruit and vegetable consumption recommendations was low, with less than half meeting the fruit recommendations and just 11.1% meeting the vegetable recommendations. Adherence to fruit recommendations was lower among adults than children, and males were less likely to meet the vegetable recommendations than females.

Barriers to eating enough fruit and vegetables were widely reported, with the most common including personal preferences, cost and limited time. Perceptions of ease of access to healthy food in the local area were generally positive with no significant difference seen between males and females or across age groups. Those who reported agreeing that it was easy to access healthy food locally were more likely to report more positive health and wellbeing, and more likely to meet vegetable intake recommendations.

E5 Public facilities and open spaces

Respondents reported frequent use of public spaces and pedestrian infrastructure, though patterns varied by age. Just over half used public open spaces weekly, with higher use among children than adults. Footpaths were used more often, with almost three quarters of respondents, particularly children, using them weekly. Off-road walking and cycling tracks were slightly less commonly used, with 41.9% using them weekly and no differences in use between age groups. Use of parks, sports grounds, halls and community centres, swimming facilities and playgrounds was widespread, with children more engaged in recreational and play-based facilities. Common reasons for using public facilities or open spaces included exercise or health and fitness (68.6%), socialising (67.4%), fun or enjoyment (59.5%) and for mental health and wellbeing (51.6%), with children more likely to use spaces for unstructured play, socialising and fun, and adults more likely to use them for mental health, time in nature and time to themselves. Perceptions of safety in the local area were generally high, with 41.8% of adults reporting always feeling safe, and 89.3% of parents agreeing that their child is safe in their local area.

Suggestions for improvements most commonly related to walking tracks and footpaths, with 17.9% of respondents indicating they would be more likely to use public facilities and open spaces if footpaths were increased, upgraded, extended or better connected to parks, tracks and trails. Other commonly identified suggestions included more or improved exercise equipment and facilities (12.4%), more, improved or better-connected bicycle tracks, lanes and skate facilities (11.4%), enhanced accessibility to parks and public facilities (10.9%) and improved provision and quality of toilets and change rooms including better disability access (6.6%).

E6 Health and wellbeing indicators

The 2025 ALC asked all respondents to report their (or their child's) general health status and provide height and weight measurements to calculate BMI, while adults also self-reported their life satisfaction, perceived value to society, and mental wellbeing. Among adults, one quarter (26.8%) rated their health as fair or poor, 11.1% reported low life satisfaction, 20.3% felt they were not valued by society, and 25.3% had poor mental wellbeing based on the WHO-5 index. In contrast, children's health ratings were markedly higher, with just 5.3% of parents or guardians reporting fair or poor health for their child. Obesity was almost twice as common among adults (18.3%) as among children (10.0%), indicating substantial health and wellbeing challenges among adults living in Mount Alexander Shire and underscoring the need for targeted investment to support improved population health. Across all five indicators, people experiencing financial stress or food insecurity were more likely to report poorer health and wellbeing. Consistent patterns also emerged between poorer health and less favourable health behaviours.

E7 Risk behaviours

Risk behaviours varied across the sample of Mount Alexander Shire adults, with 56.8% of adult respondents reporting risky single-occasion alcohol consumption, 9.9% currently smoking, 2.7% currently vaping, and 20.2% gambling at least once in the past 12 months. No differences were in risky behaviour engagement between males and females. Current smoking rates were high among respondents with poor mental wellbeing, and alcohol and gambling were associated with perceived value by society. Several clear links between risk behaviours were seen with other risk behaviours, particularly between smoking, vaping and risky alcohol intake. This suggests that public health interventions should take an integrated, multi-risk approach that targets clusters of co-occurring behaviours rather than addressing each behaviour in isolation.

1. Introduction

1.1. Background

The Active Living Census (ALC) is a population health survey which provides locally and regionally relevant, reliable and valid data on the health behaviours, activity levels, preferences and needs of the Loddon Campaspe population. The data collected enables evidence-based planning for local health and recreation services and a better understanding of the health behaviours, needs and preferences of the local community. First completed in 2014 within the City of Greater Bendigo, the 2019 ALC was expanded to capture data from residents across all six Local Government Areas (LGAs) within the Loddon Campaspe region: City of Greater Bendigo, Mount Alexander Shire, Central Goldfields Shire, Loddon Shire, Macedon Ranges Shire and Campaspe Shire.

The ALC is integral to the Healthy Loddon Campaspe (HLC) initiative which aims to improve health outcomes across the Loddon Campaspe region and “make health everyone’s business”. The HLC model includes an overarching governance structure providing strategic oversight of the initiative, a local and regional Health Broker workforce, activation projects and using a data and research driven approach. The ALC provides the data required to:

- Provide a snapshot of current data as a benchmark for evaluating the success of local initiatives, including those introduced by HLC
- Inform targeted efforts and investment for activation projects and health broker policy work
- Increase coordination between groups across the community, and a heightened focus on evidence-based priorities
- Increase opportunities to attract projects and initiatives to the region, including informing grants and funding proposals
- Provide valid and reliable evidence to drive ongoing change across the region
- Allow for analysis to draw comparisons between different demographics
- Provide data for researchers to use in their own work, which often leads to new opportunities

Not only does the ALC capture data on behavioural risk factors to better understand the priority areas for targeted public health intervention, but it also captures in-depth, contextual information from residents about where and how these efforts could be targeted. Notably, the ALC addresses the key priorities for quality risk factor surveillance that were highlighted by The World Alliance for Risk Factor Surveillance in 2015¹, including the use of appropriate measures, sampling and data collection methodologies to enable reliable, robust and meaningful data to be collected and analysed in a way that meets the needs of the data users (e.g., community groups, program planners, policy makers etc.) and allows for comparisons with other key datasets to be made.

The 2025 ALC provides a much needed 6-year follow-up on the 2019 Loddon Campaspe region wide ALC, and an 11-year follow-up on the 2014 City of Greater Bendigo ALC. A separate report will explore changes over time using these three datasets.

¹ **Campostrini, S., McQueen, D., Taylor, A., & Daly, A.** (2015). *World Alliance for Risk Factor Surveillance White Paper on Surveillance and Health Promotion*. AIMS Public Health, 2(1), 10–26. <https://doi.org/10.3934/publichealth.2015.1.10>

1.2. Context

The Loddon Campaspe region encompasses six local government areas across the geographic centre of Victoria: about 60 to 120 minutes' drive from Melbourne. The population includes approximately 253,152 people, approximately 112,862 occupied households, and covers 19,027 square kilometres. The region includes the City of Greater Bendigo, Mount Alexander Shire, Central Goldfields Shire, Loddon Shire, Macedon Ranges Shire and Shire of Campaspe Councils, with regional centres including Bendigo, Gisborne, Castlemaine, Kyneton, Echuca, and Maryborough, small towns, and rural areas.



Data from the 2019 ALC showed that residents in the Loddon Campaspe region reported higher levels of health risk behaviours compared to Victorian benchmarks, including sugar-sweetened beverage consumption (VPHS 2014²) and excessive alcohol consumption (VPHS 2016³). Additionally, lower levels of life satisfaction were recorded compared to the Victorian average (VPHS 2016 and NHS 2017-18⁴), and a greater proportion of ALC respondents were overweight or obese according to their Body Mass Index (calculated based on self-reported height and weight) compared to 2016 VPHS respondents.

In comparison, smoking rates were lower amongst Loddon Campaspe residents compared to the Victorian average (VPHS 2016 and NHS 2017-18), however it is unclear whether the differences reflect the general decline in smoking over the years or whether they reflect a meaningful difference within the region. Adherence to the physical activity recommendations was greater amongst ALC

² Department of Health and Human Services. (2016). *Victorian population health survey 2014: Modifiable risk factors contributing to chronic disease in Victoria*. Victorian Government. <https://www.health.vic.gov.au/publications/victorian-population-health-survey-2014-modifiable-risk-factors>

³ Department of Health and Human Services. (2018, July). *Victorian Population Health Survey 2016: Selected survey findings* (ISBN 978-0-7311-7323-5; ISSN 2206-7434). Victorian Government. <http://www.health.vic.gov.au/survey/vahi.vic.gov.au+11>

⁴ Australian Bureau of Statistics. (2018, December 12). *National Health Survey: First results, 2017–18 financial year* (Cat. No. 4364.0.55.001). <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey/2017-18>

respondents compared to the 2016 VPHS respondents, however the questions used to determine adherence differed, so these differences should be interpreted with caution.

In addition to these differences in health behaviours and outcomes amongst residents in the Loddon Campaspe region compared to state-wide averages, the Loddon Campaspe population is growing at a fast rate, with notable changes being experienced by many communities in this region since the COVID-19 pandemic began. Moreover, changes to population distribution, daily living routines and habits, inflation, and climate change over the recent years will have undoubtedly had an impact on the population including their health behaviours (e.g., healthy eating and physical activity), and their preferences and needs to live a healthy lifestyle. Thus, the 2025 ALC provides essential data to adequately understand these changes that have not been captured via other means.

This report presents the 2025 ALC results exclusively for residents from Mount Alexander Shire. In some places, data from the 2019 ALC and 2025 ALC have been compared but for the most part, this report presents only data from the 2025 survey. The 2019 ALC reports can be accessed at: [2019 Active Living Census | Healthy Loddon Campaspe](#)

1.3. Research objectives

The 2025 ALC was designed to measure current physical activity levels, recreation, and health behaviours and trends in the Loddon Campaspe region. The main objectives for the 2025 ALC were to:

- Address gaps in current available data (i.e., Department of Health Community Profiles; Victorian Population Health Survey; National Health Survey)
- Benchmark against other relevant data sets by providing relevant, reliable and valid health data at a local area level that is not currently available from other sources
- Assist the planning, development and enhancement of public spaces, open spaces and recreation facilities
- Better understand the barriers people face to being active and meeting health recommendations, to inform future policies and initiatives
- Allow for comparisons to be made between different demographics (age, sex, LGA, etc.) and subregions within an LGA
- Provide results specific to each LGA to ensure that strategies developed from the data are locally driven
- Identify subgroups within the population requiring further targeting / investigation
- Provide data to support the evaluation of health and wellbeing initiatives conducted in local areas

1.4. Methodology

The principal requirement of the 2025 ALC was to provide an opportunity for all Loddon Campaspe residents to have the opportunity to participate in the survey. The project utilised a non-probability sampling design, whereby the survey was promoted across the Loddon Campaspe region via a comprehensive campaign, including via print, television, radio, and social media methods. The in-

scope population for the survey was all children and adolescents (aged from 3 to 17 years) and adults aged 18 years and over living in one of the six LGAs across the region.

1.4.1. Sample frame / distribution

The 2025 ALC was primarily conducted online via the Software-as-a-Service (SaaS) platform called Qualtrics. All residents aged over 13 years were eligible to complete the survey. Additionally, parents and guardians were invited to provide proxy responses on behalf of children aged 3 to 17 years. The survey was promoted with an integrated advertising and communications campaign via radio, television, print, and social media in the Loddon Campaspe region before and during the enumeration period. More than 1,600 TV ads were aired, reaching over 3 million viewers, alongside 373 radio spots and 36 media articles across 16 outlets. Digital promotion generated nearly 2 million social media impressions and 198,000 engagements, supported by extensive organic posts shared by 145 community groups and 70 sporting clubs. Hard-copy materials included over 54,000 postcards, 2,000 posters, 120 large corflute signs, and 20 A2 signs, with targeted mailbox drops delivering postcards to more than 34,700 households across 280+ towns and suburbs. Direct promotion also included two subscriber emails, council communication channels, and on-the-ground activities such as café sessions, voucher giveaways, a promotional truck and Footy Record advertising. All advertising collateral contained a QR code and URL that would take residents directly to the online survey.

A limited number of hard copy questionnaire booklets (n=1000) were printed and distributed at key community locations (e.g., libraries, community houses) in attempt to reach community members living in more rural and remote areas, those with limited internet connectivity, and those who required assistance with completing the survey.

Case study: A case study was conducted to explore the uptake and experience completing a shortened version of the survey among neurodivergent people. The shortened survey contained only the items that were essential for the impact evaluation of the broader HLC initiative. Hard copies were distributed via relevant stakeholders, with some choosing to complete it during a supported session and others choosing to take it home to complete in their own time.

1.4.2. Questionnaire

The 2025 ALC remained comparable with the 2019 survey, however it was updated in accordance with the HLC monitoring, evaluation and learning (MEL) plan, as well as adaptations made to: 1) allow for comparisons against State-wide and National surveys, 2) allow establishment of adherence to national behavioural recommendations, and 3) capture data regarding current state and local priority areas (e.g., food insecurity, vaping). Finalisation of the survey design and development was a collaborative effort between Healthy Loddon Campaspe, and a working group of representatives across each of the six Loddon Campaspe LGAs.

Survey testing: A test–retest reliability study was carried out to assess the newly developed survey items among adult residents of the Loddon Campaspe region. Participants, recruited through social media and HLC's usual communication channels, completed the same online survey twice, one week apart. In total, 122 participants provided complete responses for both rounds. The findings demonstrated strong reliability, with a high level of agreement across demographics, nutrition, physical activity, and health risk behaviour measures. This consistency indicates that the survey captures stable and reproducible information, minimising measurement error and respondent bias.

Following the test–retest study, the full 2025 ALC survey was pilot tested with participants from outside the catchment area to identify any issues and gather additional feedback on completing the form. Insights from this pilot were incorporated into the final version of the questionnaire (see Appendix B).

1.4.3. Enumeration period

The Active Living Census (ALC) was open for participation from 26 May to 6 July 2025. In the lead-up to the survey, a comprehensive marketing campaign commenced in April across the Loddon Campaspe region. This included television, radio, print media, and social media advertisements aimed at raising awareness of the ALC and encouraging broad community engagement. To further boost participation, a prize draw was offered, featuring 143 prizes valued at over \$12,000. These strategies supported a self-selection approach designed to maximise community reach and survey responses.

1.4.4. Returns / response rate

In total, 8,244 individual responses to the 2025 Active Living Census were received by the close of the enumeration period. This comprised 7,913 online completions and a further 331 individual responses through the paper-based version of the survey. Based on the regional population of 245,157 residents aged 3 years and over, this represents an individual response rate of 3.4%. For the Mount Alexander region specifically, there were 859 individual responses received, from the population of 19,766 individuals aged 3 years and up, making the response rate for Mount Alexander 4.3%. While this proportion is modest, it is important to note that the 2025 ALC was not designed as a true census-style survey, and despite the extension of the media campaign, it is unlikely that all residents were aware of or able to participate.

Campaign analytics provide further context for this response level. During the enumeration period, there were 20,950 survey link clicks with a 33% completion conversion rate, alongside 2,167 QR code scans (yielding 77 completions; 3.6% conversion). The ALC communications campaign achieved strong regional visibility, with over 1,600 TV ads reaching 3.1 million viewers, 373 radio ads, 36 local media articles, nearly 2 million social media impressions, and more than 54,000 pieces of hard copy collateral delivered across towns and suburbs. This extensive promotional reach highlights both the scale of effort to raise awareness and the inherent challenges of achieving high completion rates for a voluntary, non-mandatory survey of this length.

1.4.5. Data file preparation

Survey responses were collected through three sources: online submissions, hard copy surveys, and shortened case study surveys. Hard copy and case study responses were manually entered into the online survey platform to ensure consistent formatting. All three datasets were then downloaded and merged into a single master data file. Open-ended and 'other specify' responses were coded systematically to enable quantitative analysis. Partial responses were included in the final dataset if respondents had completed up to the end of Section B, which captured core information required for the Healthy Loddon Campaspe (HLC) impact evaluation.

1.4.6. Sampling error / weighting

As with most surveys of this type, the achieved sample distribution differed from the Mount Alexander population distribution for age, sex, residents' household location, education, and other demographics and was therefore not representative of the Loddon Campaspe population (see Section 2.1 below for further details). This suggests that sampling error influenced the achieved sample, potentially due to

differential response rates across demographic and geographic groups. Factors such as disability, limited internet access, lower English proficiency, or reduced motivation or capacity to complete a survey may have affected participation across age, sex, education and location.

Furthermore, sampling error may have occurred due to the nature of the survey itself. The survey was focussed on 'active living' and contained questions on use of public facilities, open spaces, and walking and cycling tracks, and participation in various health behaviours. Thus, non-active residents may not have perceived the survey as being relevant to them and may have been less likely to respond as a result. Likewise, active residents may assume they don't need to complete the survey as they are already 'active enough'. Despite efforts in pre-survey communications to encourage participation across all activity levels, the survey should be considered as a sample of residents who self-selected to participate. Therefore, results from the 2025 ALC may not accurately reflect the attitudes and behaviours of the population of all Mount Alexander residents.

Sampling error was partially controlled using GREG (generalised regression) weighting, which calibrated the sample to align with ABS population benchmarks. This method adjusts the influence of individual respondents by increasing the weight of under-represented groups and decreasing the weight of over-represented groups, thereby improving the accuracy and representativeness of results. For the 2025 ALC, adult respondents were weighted by age, education, sex, and country of birth, while children (aged 3 to 17 years) were weighted by sex and age only. All benchmarks and weights were calculated separately for each LGA. Weighting was applied to enable results to be generalised to the broader Loddon Campaspe population or analysed at the individual LGA level. Further details on the weighting methodology are provided in Appendix A.

1.5. About this report

This report presents findings from the 2025 ALC for Mount Alexander residents only, with results shown for all respondents and, where relevant, by key subgroups. It begins with an overview of participant demographics in Section 2, followed by movement behaviours and dietary habits in Section 3 and 4, and an overview of use, quality and accessibility of public facilities and open spaces in Section 5. The report then presents findings on health and wellbeing indicators in Section 6, concluding with Section 7 providing an examination of risk-taking behaviours.

Appendices are presented at the end of the document, and provide further information on the report for the following areas:

- Appendix A – Weighting and missing data handling
- Appendix B – The questionnaire
- Appendix C – Detailed tables

Due to the nature of hardcopy forms, some respondents did not answer or did not provide a logical response (e.g., responded 'Yes' and 'No' to age) to all questions. Only 'valid' responses, unless otherwise stated, have been included in the base size when calculating results. That is, all 'Not answered', 'Not applicable' and 'Skipped by design' responses were excluded from analysis. A small number of responses were received from residents outside the Loddon Campaspe region and were excluded from the results. Additionally, a small proportion of respondents did not provide enough information to identify their LGA. These responses were included in the overall analysis but excluded from LGA-level reporting.

The 2025 ALC results are subject to non-sampling error, which may affect data quality and interpretation. These errors can result from inaccurate reporting (e.g., recall bias, misinterpretation of questions, or incorrect survey completion) as well as social desirability bias or reluctance to disclose certain behaviours. Additionally, differential non-response among specific population subgroups can lead to bias. As noted earlier, parents were permitted to complete the survey on behalf of their children, which may introduce further inaccuracies. As a result, the findings may not fully represent all residents of the Mount Alexander region. Given these limitations, the survey results should be interpreted with caution and considered alongside other data sources and within the broader policy context.

Please note that due to rounding, results in tables may not sum to 100%. Standard notation in tables includes the following:

- 'n' – base size or number of respondents used when calculating results
- '%' – proportion of responses within the base size.

Throughout the report, detailed tables are provided giving a breakdown of responses by a range of demographic and health characteristics. It may be noted that the bases for particular subgroups (e.g. sex) do not sum to the base for the total sample. This is due to missing responses for the question used to derive the sub-group (that is, for this example, if individuals did not provide their sex or the sex provided did not fall into the 'male' or 'female' category, they were not used for analysis as there were too few responses to make robust statistical comparisons).

Significance testing was conducted at the 99% confidence level. Survey-weighted analyses were performed using Stata's survey procedures (svy commands), with linearised variance estimation to account for weighting. Associations between categorical variables were first examined using design-

adjusted chi-square tests. Where overall associations were statistically significant, post-hoc comparisons were conducted using survey-weighted regression models appropriate to the outcome type, and differences between groups were assessed using predicted probabilities. For continuous variables, survey-weighted means were estimated and compared across groups using design-adjusted methods.

In tables, cell colouring is used to indicate the presence of significant differences in proportions or mean scores between the subgroups of interest (at the 99% level of confidence). For the tables in this report, subgroups are going down the left side of the table. So, significance testing compares results down the column for each group rather than across the rows. As demonstrated in the example table below, purple highlighted cells represent a significantly *higher* result compared to the corresponding blue shaded cells which reflect a significantly *lower* result by comparison. Grey highlighted cells represent *both* a significantly greater and significantly lower result than other shaded comparisons.

In the example table below, there were no significant differences recorded between males and females. In the sex grouping significant differences were observable amongst males in different age groups. For example, looking at the Result 3 column, males aged 18 to 34 years (54.1%), 35 to 49 years (55.7%) and 50 to 69 years (52.9%) were significantly more likely to provide this response than males aged 70 years and above (42.5%). Result 1 column shows that males aged 18 to 34 years (10.4%) are significantly less likely to provide this response than males aged 70 years and above (17.6%). Additionally, males aged 35 to 49 (14.5%) are both more likely to provide this response than males aged 18 to 34 years and less likely to provide this response than males aged 70 years and above.

In the example table below, there were no significant differences recorded between males and females. In the sex grouping significant differences were observable amongst males in different age groups. For example, looking at the Result 3 column, males aged 18 to 34 years (54.1%), 35 to 49 years (55.7%) and 50 to 69 years (52.9%) were significantly more likely to provide this response than males aged 70 years and above (42.5%). Result 1 column shows that males aged 18 to 34 years (10.4%) are significantly less likely to provide this response than males aged 70 years and above (17.6%). Additionally, males aged 35 to 49 (14.5%) are both more likely to provide this response than males aged 18 to 34 years and less likely to provide this response than males aged 70 years and above.

Table Example

	Unweighted base n	Result 1 %	Result 2 %	Result 3 %
Total sample	8,547			
Sex and age				
Males	3,122	17.9	35.0	52.8
Females	5,035	18.2	34.6	53.5
Males, 18 to 34	957	10.4	32.2	54.1
Males, 35 to 49	1,722	14.5	37.9	55.7
Males, 50 to 69	2,496	16.7	37.2	52.9
Males, 70+	1,358	17.6	35.0	42.5

Row percentages
(may not sum to 100% due to rounding)

2. Respondent Profile

The respondent profile, or the achieved sample distribution, for the 2025 ALC was measured across a range of demographic characteristics. The extent to which the achieved sample distribution (i.e., the composition of survey respondents) matches the Mount Alexander population distribution indicates how representative the pool of respondents is to the resident population.

If the percentage of respondents in a particular group (e.g., people aged 70 years and over) from the 2025 ALC sample is greater than the percentage of this group in the population, this respondent group is 'over-represented' in the achieved sample (see Table 2.1.1). Conversely, a respondent group is 'under-represented' if the achieved sample has a lower percentage of respondents in this group when compared to the population distribution. Data in Section 2.1 are unweighted and provided for all age groups where available.

In Section 2.2, unweighted respondent characteristics for a range of health indicators are compared to available population benchmarks. Due to the limited availability of comparable health benchmarks for children, this section compares weighted results to health indicators for respondents aged 18 years and over only.

2.1. ABS population benchmarks

Table 2.1.1 shows the population distribution of residents aged 3 years and over in the Mount Alexander Shire sourced from the 2021 ABS Census. These are compared to the distribution of respondents achieved in the 2025 ALC. When interpreting the achieved sample distribution as a proportion of the ABS population distribution, a percentage below 100% indicates that a respondent group is under-represented in the achieved sample, while a percentage above 100% indicates a respondent group is over-represented.

For the 2025 ALC, females were over-represented in the achieved sample when compared to their proportions in the population. Both male and female child and adolescent respondents (3 to 11 years and 12 to 17 years), and females aged 35 to 49 were also over-represented in the survey. Under-representation was most notable amongst young adult males and females aged 18 to 34 years. Note that ABS benchmarks do not include any alternate sex categories so a comparison for respondents falling into the "Other" category in the ALC (n=7, <1%) is not available. Throughout the report, only the two main sex classifications are used for subgroup comparisons due to the small base size for the other category.

The over-representation of females and under representation of young adult respondents is relatively common for population health surveys, particularly those conducted using an online survey. One example is the 2016 VPHS conducted via Computer Assisted Telephone Interviewing (CATI) with a stratified random sample of Victorian residents. The 2016 VPHS achieved sample had an over-representation of females (57.2% in achieved sample vs 51.1% in Victorian population), and an under-representation of respondents aged 18 to 24 years (7.0% in achieved sample vs 12.8% in Victorian population).

In addition to age and gender, the distribution of respondents also differed from that of the population dependent upon the subregion in which they lived. Residents from Maldon and surrounds were under-represented, and residents from Campbells Creek / Guildford and surrounds were slightly over-represented. To correct for the under- and over-representation of particular subgroups of respondents, results have been weighted by location, age, sex and (for respondents aged 18 years and over) education and country of birth. Survey results provided in Section 3 of this report onwards are based

on weighted results ensuring they most closely reflect the views of the Mount Alexander Shire population. Further information regarding weighting is provided in Appendix A.

Table 2.1.1 Achieved sample composition

Age group	ABS population ¹ (Mount Alexander Shire)		Active Living Census ² (unweighted)		ALC % as a % of the population
	N	%	N	%	%
Total sample	19,766		859		
Sex					
Males	9,858	49.9	261	30.9	61.9
Females	9,909	50.1	584	69.1	137.9
Age					
3-11 years	1,709	8.6	144	17.0	196.7
12-17 years	1,286	6.5	93	11.0	168.8
18-34 years	2,651	13.4	47	5.5	41.4
35-49 years	3,620	18.3	180	21.3	116.1
50-69 years	6,539	33.1	254	30.0	90.7
70+ years	3,964	20.1	129	15.2	76.0
Sex and age					
Males, 3 to 11	877	8.9	68	26.1	292.6
Males, 12 to 17	706	7.2	56	21.5	299.3
Males, 18 to 34	1,476	15.0	8	3.1	20.5
Males, 35 to 49	1,771	18.0	36	13.8	76.7
Males, 50 to 69	3,178	32.3	57	21.8	67.7
Males, 70+	1,842	18.7	36	13.8	73.8
Females, 3 to 11	830	8.4	75	12.9	154.2
Females, 12 to 17	579	5.8	37	6.4	109.0
Females, 18 to 34	1,173	11.8	38	6.5	55.3
Females, 35 to 49	1,850	18.7	144	24.8	132.8
Females, 50 to 69	3,363	33.9	194	33.4	98.4
Females, 70+	2,117	21.4	93	16.0	74.9
Subregion					
Campbells Creek / Guildford and surrounds	2,913	14.5	164	19.3	133.0
Castlemaine	8,154	40.6	342	40.2	99.1
Chewton / Taradale / Elphinstone and surrounds	2,616	13.0	109	12.8	98.4
Harcourt and surrounds	2,185	10.9	101	11.9	109.2
Maldon and surrounds	2,403	12.0	53	6.2	52.1
Newstead and surrounds	1,830	9.1	82	9.6	105.8

¹ Population benchmarks sourced from ABS Census 2021, population aged 3 years and above

² Base sizes include respondents aged 3 years and over living in Mount Alexander Shire

Additional demographic characteristics with available population benchmarks were also collected in the 2025 ALC and the comparative distribution of respondents aged 18 years and over are presented in Table 2.1.2.

Results revealed an over-representation of respondents who are employed, living in households with four to five people and respondents who are marginally food secure. Groups that were under-represented include those who speak a main language other than English, Aboriginal and Torres Strait Islanders, those who were unemployed or retired, those living in single-person households and those experiencing very low or low food security. These differences to the benchmarks indicate that results should be interpreted with caution when comparing to the Mount Alexander Shire general population despite the previously mentioned weighting applied.

Table 2.1.2 Achieved sample distribution for demographic characteristics

Age group	ABS population ¹ (Mount Alexander Shire)		Active Living Census ² (unweighted)		ALC % as a % of the population
	n	%	n	%	
Total sample	16,767		610		
Country of birth					
Born overseas	2,422	15.6	99	16.3	104.6
Born in Australia	13,107	84.4	508	83.7	99.2
Main language					
Speaks other main language	507	3.4	9	1.5	43.9
Speaks English as main language	14,486	96.6	597	98.5	102.0
Aboriginal and/or Torres Strait Islander status					
Aboriginal and/or Torres Strait Islander	187	1.2	6	1.0	82.8
Not Aboriginal or Torres Strait Islander	15,561	98.8	604	99.0	100.2
LGBTQIA+ Status³					
LGBTQIA+	-	-	99		-
Non-LGBTQIA+	-	-	507		-
Neurodivergent⁴					
Yes	-	-	79	13.8	-
No	-	-	414	72.3	-
Maybe	-	-	61	10.6	-
Not sure	-	-	19	3.3	-
Requires help with self-care, body movement or communication activities					
Requires help	950	6.3	38	6.3	98.4
Does not require help	14,011	93.7	570	93.8	100.1
Level of education					
Less than Bachelor level education	5,003	34.1	201	33.2	97.3
Holds a Bachelor degree or higher	9,648	65.9	404	66.8	101.4
Employment status					
Unemployed/Retired	7,195	46.3	196	32.3	69.7
Employed	8,346	53.7	411	67.7	126.1

Household size					
1 person	2,785	33.2	130	21.3	64.3
2-3 people	4,309	51.3	331	54.4	105.9
4-5 people	1,168	13.9	139	22.8	164.0
More than 5 people	132	1.6	9	1.5	94.0
Household financial status ⁴					
Just getting along, poor or very poor	-	-	147	24.2	-
Reasonably comfortable, very comfortable or prosperous	-	-	461	75.8	-
Food security (last 12 months) ⁵					
Very low food security	-	3.7	13	2.1	57.7
Low food security	-	5.8	28	4.6	79.3
Marginal food security	-	4.9	66	10.8	221.2
High food security	-	84.8	502	82.4	97.2

¹ Population benchmarks sourced from ABS Census 2021

² Base sizes include respondents aged 18 years and over living in Mount Alexander Shire

³ ABS 2022 estimates suggest 5.3% of the Victorian population is LGBTI+, estimates for Mount Alexander Shire are not available

⁴ Population benchmark data not available

⁵ Australian sample of adults living outside of a capital city from the 2022 National Nutrition and Physical Activity Survey, estimates for Mount Alexander Shire are not available

* Totals in subgroups don't sum to base due to invalid responses being excluded from analysis

2.2. Health indicator population benchmarks

Table 2.2.1 provides a summary of how the 2025 ALC population compared to available benchmarks for a range of health and wellbeing indicators. Throughout the report, ALC estimates are compared to the 2022 NHS Victoria-specific data and the 2023 VPHS where available. These comparisons are indicative only as the methodology used for each study varied and this has the potential to influence results.

The 2025 ALC indicated differences in the health and wellbeing of Mount Alexander Shire residents compared to state benchmarks. For example, there were fewer reports of engaging in health risk behaviours among ALC respondents including smoking, vaping, gambling and consuming sugar sweetened beverages daily. Specifically, 9.9% of ALC respondents indicated that they currently engaged in smoking, and 2.7% indicated that they currently engaged in vaping compared to 13.9% and 7.2% of 2023 VPHS respondents, respectively. Because of the two-year time gap between surveys, it is uncertain whether this difference reflects a general decline in smoking and vaping rates over recent years or is due to lower rates specifically in the Mount Alexander Shire. The proportion of ALC respondents who indicated that they had gambled at least once in the year prior to survey completion was slightly lower than VPHS respondents (20.2% compared to 39.1%). Daily sugar-sweetened beverage consumption was comparatively lower among ALC respondents (7.4%) than VPHS respondents (19.0%), with the difference more pronounced among males (6.0% compared to 23.4%). Conversely, risky alcohol intake among Mount Alexander Shire residents was comparatively higher than Victorian benchmarks. Specifically, a greater proportion of ALC respondents reported to have consumed four (females), or five (males), or more standard drinks on at least one occasion in the last 12 months and therefore be at greater risk of harm (56.8%) than those who responded to the VPHS 2023 (41.3%) or NHS 2022 (17.9%).

Adherence to vegetable intake recommendations was comparable to Victorian benchmarks, whereas adherence to fruit intake recommendations was higher. A little over half (52.0%) of Mount Alexander Shire ALC respondents met the fruit intake guidelines, compared with 36.7% of 2023 VPHS respondents. A greater proportion of respondents to the 2025 ALC met the aerobic physical activity recommendations (22.8% failed to meet the recommendations) compared to the 2023 VPHS respondents (47.1%), however the proportion was more comparable to respondents in the 2022 NHS (28.2%). Additionally, a significantly higher proportion of ALC respondents met the muscle strengthening recommendations of two or more sessions per week (53.3%) compared to the 2022 NHS respondents (24.5%). There are currently no comparable benchmark datasets, however among the 2025 ALC respondents, 47.0% met recreational screen time recommendations of three hours per day for adults. Conversely, 72.4% of adult respondents met the sleep duration recommendations as outlined by the Sleep Health Foundation⁵.

Health and wellbeing measures indicate poorer self-reported health and lower life satisfaction in the ALC sample compared to the available benchmark data. A greater proportion of ALC respondents reported their health as fair or poor (26.8%) compared to 2023 VPHS respondents (20.9%) and 2022 NHS respondents (13.0%). Similarly, a greater proportion of ALC respondents recorded low to medium life satisfaction (29.0%) than those who participated in the VPHS 2023 (21.9%). ALC respondents were also slightly more likely to be overweight or obese (58.6%) than VPHS respondents (53.9%), although the proportion was slightly lower than the 2022 NHS respondents (65.3%). BMI was calculated using self-reported height and weight and should be interpreted cautiously due to potential

⁵ Sleep Health Foundation 2015. Sleep needs across the lifespan. Blacktown: Sleep Health Foundation. <https://irp.cdn-website.com/0da81f14/files/uploaded/Sleep-Needs-Across-Lifespan.pdf>

reporting bias. BMI itself is also a limited measure of overweight and obesity as it does not account for body composition or fat distribution.

Table 2.2.1 Health indicator population benchmarks

Health and wellbeing indicators	Population benchmark (VIC)		Active Living Census ¹ (weighted)	ALC % as a % of the population ⁴
	NHS ²	VPHS ³		
Self-reported health status			n=551	
% rating health as fair or poor (persons)	13.0	20.9	26.8	128.1
% rating health as fair or poor (females)	13.5	20.7	25.9	125.3
% rating health as fair or poor (males)	12.2	20.8	27.6	132.5
Body Mass Index (BMI)			n=427	
% overweight or obese range (BMI ≥25.0) (persons)	65.3	53.9	58.6	108.8
% overweight or obese range (BMI ≥25.0) (females)	58.8	47.5	49.5	104.3
% overweight or obese range (BMI ≥25.0) (males)	72.1	60.6	66.0	108.9
Aerobic physical activity recommendations			n=598	
% not meeting recommendations (persons)	28.2	47.1	22.8	48.4
% not meeting recommendations (females)	29.8	48.7	29.1	59.7
% not meeting recommendations (males)	26.2	45.2	16.4	36.4
Muscle strengthening recommendations			n=555	
% not meeting recommendations (persons)	75.5	-	46.7	61.9
% not meeting recommendations (females)	77.2	-	52.5	68.0
% not meeting recommendations (males)	74.1	-	41.2	55.5
Screen time recommendations			n=591	
% not meeting screen time recommendations (persons)	-	-	53.0	-
% not meeting screen time recommendations (females)	-	-	50.9	-
% not meeting screen time recommendations (males)	-	-	55.1	-
Sleep duration recommendations			n=593	
% not meeting sleep recommendations (person)	-	-	27.6	-
% not meeting sleep recommendations (females)	-	-	30.1	-
% not meeting sleep recommendations (males)	-	-	24.8	-
Fruit intake recommendations			n=606	
% not meeting fruit recommendations (persons)	55.3	63.3	48.0	75.8
% not meeting fruit recommendations (females)	53.0	61.1	51.1	83.7
% not meeting fruit recommendations (males)	58.2	65.5	45.0	68.7
Vegetable intake recommendations			n=603	
% not meeting vegetable recommendations (persons)	93.6	90.3	89.6	99.2
% not meeting vegetable recommendations (females)	90.6	88.5	85.7	96.9

% not meeting vegetable recommendations (males)	96.5	94.3	93.4	99.0
Smoking status		n=554		
% current smokers (persons)	11.1	13.9	9.9	71.2
% current smokers (females)	8.7	11.3	11.5	101.7
% current smokers (males)	14.0	16.7	8.4	50.1
Vaping status		n=549		
% current vapers (person)	3.9	7.2	2.7	37.1
% current vapers (females)	2.5	5.5	5.0	91.0
% current vapers (males)	5.1	8.9	0.4	4.3
Alcohol consumption (single occasion past 12 months)⁵		n=553		
% had 4 or more standard drinks (persons)	17.9	41.3	56.8	137.6
% had 4 or more standard drinks (females)	11.6	30.1	49.4	164.2
% had 5 or more standard drinks (males)	24.1	53.2	64.4	121.0
Gambling		n=555		
% gambling (person)	-	39.1	20.2	51.7
% gambling (females)	-	32.7	16.0	49.0
% gambling (males)	-	45.8	24.4	53.2
Sugar-sweetened beverage consumption		n=609		
% drinks SSB daily (persons)	-	19.0	7.4	39.2
% drinks SSB daily (females)	-	14.9	8.7	58.6
% drinks SSB daily (males)	-	23.4	6.0	25.8
Life satisfaction		n=547		
% rating satisfaction as low to medium (0 to 6) (persons)	-	21.9	29.0	132.6
% rating satisfaction as low to medium (0 to 6) (females)	-	21.8	36.3	166.3
% rating satisfaction as low to medium (0 to 6) (males)	-	21.6	21.9	101.3

¹ Base sizes include respondents aged 18 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Based on National Health Survey 2022 (Victorian data only)

³ Based on Victorian Population Health Survey 2023 (VPHS 2017 for alcohol and gambling)

⁴ Comparison made to VPHS, unless data not available

⁵ Based on at least monthly consumption; interpreted as consuming 5 or more drinks at least 12 times in the last 12 months. This measure is not directly comparable to single occasion risk

3. Movement Behaviours

In 2021, the Australian Government Department of Health, Disability and Ageing⁶ released updated *Physical Activity and Sedentary Behaviour Guidelines for all Australians*. These guidelines outline recommendations for aerobic activity, muscle-strengthening exercises, sedentary behaviour and (for children and adolescents) sleep.

To assess how residents of the Mount Alexander Shire align with these recommendations and engage in healthy behaviours more broadly, respondents were asked a series of questions about their movement behaviours. These questions covered aerobic physical activity, muscle strengthening exercises, active travel, recreational screen time, sleep, sport and recreation participation, barriers to being active, and perceptions of how easy it is to be active locally.

Results presented in this section reflect all respondents (unless otherwise noted) and weighting has been applied.

3.1. Aerobic physical activity

The *Australian Guidelines* recommend that children aged 3-5 years should be physically active for at least 180 minutes each day, with at least 60 minutes spent in energetic play. Children and adolescents aged 5-17 years should engage in at least 60 minutes of aerobic physical activity daily, incorporating a variety of moderate and vigorous-intensity activities. Adults aged 18-64 years are advised to accumulate 150 to 300 minutes of moderate-intensity activity per week, or 75 to 150 minutes of vigorous-intensity activity, or an equivalent combination of both. For older adults aged 65 years and over, it is recommended that they engage in physical activity for at least 30 minutes of moderate intensity on most, preferably all, days. However, because “most days” cannot be measured precisely, the adult recommendations for those aged 18–64 years have been applied to all adult respondents, including those aged 65 and above.

The 2022 NHS indicated that 71.8% of Victorians aged 18 years and above had participated in sufficient aerobic physical activity. The equivalent proportion of ALC respondents in the same age group who had met the recommendations was 77.2% and, overall, 71.9% of respondents had met the above-mentioned aerobic physical activity recommendations (see Table 3.1.1). Adults were significantly more likely to meet the recommendations compared to children (77.2% compared to 43.8%). A greater proportion of males met the aerobic physical activity recommendations (78.9%) and spent more time per day in moderate to vigorous intensity aerobic activity (267.6 minutes) than females (64.9%, 158.5 minutes). A significantly higher proportion of residents from Campbells Creek / Guildford and surrounds (76.9%) compared to residents from Chewton / Taradale / Elphinstone and surrounds (54.4%) met the aerobic physical activity recommendations.

Proportionately fewer respondents with the following demographic characteristics met the aerobic physical activity recommendations, and may benefit from targeted physical activity programs:

- Single person (79.7%), 2-3 person (76.9%), and 4-5 to five person households (73.8%) compared to more than 5 person households (97.6%)
- Born in Australia (69.9%) compared to born overseas (84.1%)

⁶ Australian Government Department of Health and Aged Care, 2021. Physical activity and exercise guidelines for all Australians. Canberra, Australia. <https://www.health.gov.au/topics/physical-activity-and-exercise/physical-activity-and-exercise-guidelines-for-all-australians>

Additionally, those with less than Bachelor level education spent more time (240.0 minutes), on average, engaging in moderate to vigorous intensity physical activity than those with a Bachelor or higher level of education (163.3 minutes).

Table 3.1.1 Aerobic physical activity by selected demographic groups

	Unweighted base ¹ n	Does not meet recommendation %	Meets recommendation %	Average daily minutes #
Total sample	805	28.1	71.9	213.9
Children	207	56.2	43.8	218.1
Adults	598	22.8	77.2	213.2
Males	243	21.1	78.9	267.6
Females	558	35.1	64.9	158.5
Sex and age				
Males, 3 to 11	60	35.0	65.0	310.4
Males, 12 to 17	49	57.1	42.9	235.0
Males, 18 to 34	8	18.8	81.2	413.7
Males, 35 to 49	35	9.2	90.8	265.0
Males, 50 to 69	55	13.9	86.1	287.4
Males, 70+	36	26.5	73.5	171.9
Females, 3 to 11	64	65.6	34.4	165.8
Females, 12 to 17	34	73.5	26.5	133.0
Females, 18 to 34	38	44.3	55.7	163.4
Females, 35 to 49	143	27.1	72.9	129.2
Females, 50 to 69	189	21.1	78.9	198.3
Females, 70+	90	27.3	72.7	114.0
Subregion				
Campbells Creek / Guildford and surrounds	157	23.1	76.9	219.4
Castlemaine	318	24.8	75.2	200.0
Chewton / Taradale / Elphinstone and surrounds	99	45.6	54.4	177.6
Harcourt and surrounds	95	33.3	66.7	241.0
Maldon and surrounds	50	22.1	77.9	272.4
Newstead and surrounds	79	26.8	73.2	222.0
Demographic indicators				
Household size²				
1 person	125	20.3	79.7	185.6
2 or 3 people	327	23.1	76.9	217.7
4 or 5 people	136	26.2	73.8	213.1
More than 5 people	9	2.4	97.6	300.3
Born overseas	106	15.9	84.1	198.9

Born in Australia	696	30.1	69.9	217.0
Speaks other main language*	10	52.6	47.4	114.6
Speaks English as main language	791	27.6	72.4	216.4
Aboriginal and/or Torres Strait Islander*	6	68.9	31.1	152.8
Not Aboriginal or Torres Strait Islander	799	27.7	72.3	214.5
LGBTQIA+	116	29.0	71.0	209.3
Non-LGBTQIA+	685	27.8	72.2	215.7
Neurodivergent	126	34.8	65.2	214.4
Not neurodivergent	537	24.7	75.3	230.6
Maybe	85	29.6	70.4	184.8
Not sure what neurodivergent means	20	28.2	71.8	193.5
Less than Bachelor level education ²	196	24.9	75.1	240.0
Holds a Bachelor degree or higher	399	18.8	81.2	163.3
Unemployed/Retired ²	190	27.7	72.3	191.3
Employed	406	20.2	79.8	224.9
Just getting along, poor or very poor ²	145	32.3	67.7	168.1
Reasonably comfortable, very comfortable or prosperous	451	18.5	81.5	234.0
Requires help with daily activities	70	47.7	52.3	212.2
Does not require help	734	26.6	73.4	214.3
Food security (last 12 months)²				
Low or very low food security	39	34.6	65.4	140.3
Marginal food security	66	35.5	64.5	245.9
High food security	492	19.4	80.6	216.5

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 3.1.2 summarises aerobic physical activity participation by selected health and behaviour characteristics. Aerobic physical activity was associated with some health and wellbeing indicators. Specifically, a lower proportion of those who self-reported their health to be fair or poor (44.9% vs 80.3%) or had poor mental wellbeing (62.2% vs 82.4%) met the aerobic physical activity recommendations compared to their counterparts who reported more positive health and wellbeing.

Difference in adherence to the aerobic physical activity recommendations was seen between those who did and did not report adherence to the muscle strengthening (89.4% of those who did compared to 56.2% of those who did not). In addition, respondents who met fruit intake recommendations spent more time (261.9 minutes), on average, engaging in moderate to vigorous intensity physical activity than those who did not (152.9 minutes). No differences were seen according to risk behaviours.

Table 3.1.2 Aerobic physical activity by selected health and behaviour characteristics

	Unweighted base ¹ n	Does not meet recommendation %	Meets recommendation %	Average daily minutes #
Total sample	805	28.1	71.9	213.9
Health and wellbeing indicators				
Self-reported health - Fair or poor	130	55.1	44.9	94.4
Self-reported health - Good, very good, or excellent	594	19.7	80.3	247.8
Life satisfaction - Low to moderate (0 to 6) ²	140	33.3	66.7	168.4
Life satisfaction - High/very high (7 to 10)	397	19.3	80.7	226.3
Does not feel valued by society ²	88	32.1	67.9	188.5
Sometimes feel valued by society	266	24.9	75.1	187.3
Definitely feel valued by society	180	15.3	84.7	258.6
Poor mental wellbeing ²	142	37.8	62.2	136.4
Good mental wellbeing	456	17.6	82.4	239.6
Overweight or obese (BMI ≥25.0)	237	29.7	70.3	191.3
Normal range or underweight (BMI <25.0)	263	19.2	80.8	264.3
Health behaviour indicators				
Does not meet fruit intake recommendations	345	31.5	68.5	152.9
Meets fruit intake recommendations	457	25.8	74.2	261.9
Does not meet vegetable intake recommendations	686	28.8	71.2	212.2
Meets vegetable intake recommendations	113	22.4	77.6	224.8
Does not meet muscle strengthening recommendations	384	43.8	56.2	150.5
Meets muscle strengthening recommendations	314	10.6	89.4	267.7
Does not meet screen time recommendations	381	32.7	67.3	210.3
Meets screen time recommendations	385	22.4	77.6	219.4
Does not meet sleep recommendations	184	33.2	66.8	215.6
Meets sleep recommendations	600	26.8	73.2	215.2
Drinks sugar-sweetened beverages daily	36	24.5	75.5	304.4
Drinks sugar-sweetened beverages less than daily	768	28.3	71.7	207.7
Does not meet water recommendations	545	27.4	72.6	212.5
Meets water consumption recommendations	247	29.8	70.2	222.1
Risk behaviour indicators²				
Current smoker	36	22.4	77.6	231.0
Ex-smoker	265	18.4	81.6	216.8
Never smoked	243	28.7	71.3	194.3

Current vaper	11	39.8	60.2	184.4
Ex-vaper	38	17.1	82.9	209.6
Never vaped	490	23.6	76.4	207.3
Had more than 4 standard drinks on a single occasion	288	19.9	80.1	221.8
Has not had more than 4 standard drinks	255	28.4	71.6	187.6
Gambled	92	23.4	76.6	203.6
Never gambled	453	23.5	76.5	209.0

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

3.2. Muscle strengthening activities

The *Australian Guidelines*⁷ recommend that children aged 3-5 years engage in activities that develop strength as part of their daily active play. Children and adolescents aged 5-17 years should include muscle and bone strengthening activities on at least three days per week. Adults aged 18-64 years are advised to perform muscle strengthening activities on at least two days per week, and the same recommendation applies to older adults aged 65 years and over, with additional emphasis on maintaining strength and balance. As there is no specific number of days per week of muscle strengthening activities recommended for children younger than age five (5), Tables 3.2.1 and 3.2.2 below present data for all respondents aged 5 years and above.

The 2022 NHS indicated that 24.5% of Victorians aged 18 years and above had engaged in muscle strengthening activities at least twice per week. The equivalent proportion of ALC respondents in the same age group who had met the recommendations was 53.3% and, overall, 48.2% of respondents had met the above-mentioned muscle strengthening recommendations (see Table 3.2.1). Adults were significantly more likely to meet the recommendations (53.3%) and spent more days per week engaging in muscle strengthening activities (2.0 days) compared to children (14.8%, 1.1 days), and this was similar regardless of whether the respondent was male or female. Muscle strengthening activity participation was not associated with residential subregion or any of the other demographic characteristics.

Table 3.2.1 Muscle strengthening activities by selected demographic characteristics

	Unweighted base ¹ n	Does not meet recommendation %	Meets recommendation %	Average days per week #
Total sample	709	51.8	48.2	1.9
Children	154	85.2	14.8	1.1
Adults	555	46.7	53.3	2.0
Males	210	47.5	52.5	2.2
Females	495	56.4	43.6	1.6
Sex and age				

⁷ Australian Government Department of Health and Aged Care, 2021. Physical activity and exercise guidelines for all Australians. Canberra, Australia. <https://www.health.gov.au/topics/physical-activity-and-exercise/physical-activity-and-exercise-guidelines-for-all-australians>

Males, 5 to 11	37	89.2	10.8	0.8
Males, 12 to 17	49	81.6	18.4	1.4
Males, 18 to 34	7	68.9	31.1	1.0
Males, 35 to 49	35	44.6	55.4	2.2
Males, 50 to 69	47	34.1	65.9	2.8
Males, 70+	35	37.4	62.6	2.4
Females, 5 to 11	44	84.1	15.9	1.1
Females, 12 to 17	24	87.5	12.5	0.8
Females, 18 to 34	37	68.3	31.7	1.2
Females, 35 to 49	135	50.0	50.0	1.6
Females, 50 to 69	179	46.5	53.5	2.1
Females, 70+	76	44.3	55.7	1.9
Subregion				
Campbells Creek / Guildford and surrounds	142	49.8	50.2	1.9
Castlemaine	277	49.8	50.2	1.9
Chewton / Taradale / Elphinstone and surrounds	89	67.8	32.2	1.6
Harcourt and surrounds	83	56.9	43.1	1.7
Maldon and surrounds	46	45.5	54.5	2.0
Newstead and surrounds	65	44.9	55.1	2.2
Demographic indicators				
Household size²				
1 person	116	42.7	57.3	2.2
2 or 3 people	298	45.5	54.5	2.1
4 or 5 people	132	53.7	46.3	1.7
More than 5 people	8	41.8	58.2	2.1
Born overseas	99	39.1	60.9	2.2
Born in Australia	608	54.1	45.9	1.8
Speaks other main language*	9	83.7	16.3	0.5
Speaks English as main language	697	51.3	48.7	1.9
Aboriginal and/or Torres Strait Islander*	6	85.5	14.5	0.5
Not Aboriginal or Torres Strait Islander	703	51.4	48.6	1.9
LGBTQIA+	107	55.6	44.4	1.8
Non-LGBTQIA+	599	51.1	48.9	1.9
Neurodivergent	117	68.8	31.2	1.3
Not neurodivergent	468	49.9	50.1	2.0
Maybe	75	48.5	51.5	2.0
Not sure what neurodivergent means	18	34.2	65.8	2.4
Less than Bachelor level education ²	179	47.3	52.7	2.1
Holds a Bachelor degree or higher	373	46.2	53.8	1.9
Unemployed/Retired ²	174	42.2	57.8	2.3

Employed	379	48.9	51.1	1.9
Just getting along, poor or very poor ²	136	57.2	42.8	1.7
Reasonably comfortable, very comfortable or prosperous	417	42.1	57.9	2.2
Requires help with daily activities	56	55.1	44.9	2.1
Does not require help	651	51.6	48.4	1.9
Food security (last 12 months)²				
Low or very low food security	38	53.4	46.6	1.7
Marginal food security	62	55.3	44.7	1.8
High food security	454	44.5	55.5	2.1

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 3.2.2 summarises engagement in muscle strengthening activity by selected health and behaviour characteristics. Muscle strengthening activity was associated with self-reported health and mental wellbeing. Specifically, a lower proportion of those who self-reported their health to be fair or poor (27.3% vs 53.7%) or had poor mental wellbeing (37.5% vs 59.1%) met the muscle strengthening recommendations compared to their counterparts who reported more positive health and wellbeing. Those who reported their health as fair or poor also engaged in significantly fewer days per week of muscle strengthening activities (1.3) compared to those with self-reported good, very good or excellent health (2.0).

Aerobic physical activity was the only health behaviour seen to be associated with engagement in muscle strengthening activities. Those who did not meet the aerobic physical activity recommendations were less likely to meet the muscle strengthening recommendations (18.4%) and engaged in significantly fewer days per week of muscle strengthening activities (0.8) compared to those who met the aerobic physical activity recommendations (59.7% and 2.3 days/week).

No associations were seen with any of the assessed risk behaviours.

Table 3.2.2 Muscle strengthening activities by selected health and behaviour characteristics

	Unweighted base ¹	Does not meet recommendation	Meets recommendation	Average days per week
	n	%	%	#
Total sample	709	51.8	48.2	1.9
Health and wellbeing indicators				
Self-reported health - Fair or poor	117	72.7	27.3	1.3
Self-reported health - Good, very good, or excellent	518	46.3	53.7	2.0
Life satisfaction - Low to moderate (0 to 6) ²	131	58.6	41.4	1.7
Life satisfaction - High/very high (7 to 10)	368	43.7	56.3	2.1
Does not feel valued by society ²	82	53.1	46.9	1.9

Sometimes feel valued by society	253	52.8	47.2	1.7
Definitely feel valued by society	160	37.0	63.0	2.4
Poor mental wellbeing ²	136	62.5	37.5	1.6
Good mental wellbeing	419	40.9	59.1	2.2
Overweight or obese (BMI ≥25.0)	216	46.7	53.3	2.0
Normal range or underweight (BMI <25.0)	236	51.2	48.8	1.9
Health behaviour indicators				
Does not meet fruit intake recommendations	320	53.0	47.0	1.8
Meets fruit intake recommendations	385	50.5	49.5	2.0
Does not meet vegetable intake recommendations	612	53.8	46.2	1.8
Meets vegetable intake recommendations	90	36.2	63.8	2.5
Does not meet aerobic physical activity recommendations	210	81.6	18.4	0.8
Meets aerobic physical activity recommendations	488	40.3	59.7	2.3
Does not meet screen time recommendations	342	51.7	48.3	1.8
Meets screen time recommendations	335	51.2	48.8	2.0
Does not meet sleep recommendations	167	55.5	44.5	1.8
Meets sleep recommendations	524	50.4	49.6	2.0
Drinks sugar-sweetened beverages daily	33	42.0	58.0	2.5
Drinks sugar-sweetened beverages less than daily	675	52.5	47.5	1.9
Does not meet water recommendations	492	51.3	48.7	1.9
Meets water recommendations	206	53.1	46.9	1.9
Risk behaviour indicators²				
Current smoker	37	49.3	50.7	2.5
Ex-smoker	238	46.0	54.0	1.8
Never smoked	228	50.5	49.5	1.9
Current vaper	11	55.6	44.4	1.3
Ex-vaper	36	58.4	41.6	1.8
Never vaped	452	47.2	52.8	2.0
Had more than 4 standard drinks on a single occasion	269	46.9	53.1	2.1
Has not had more than 4 standard drinks	234	50.5	49.5	1.8
Gambled	83	39.7	60.3	2.4
Never gambled	421	50.5	49.5	1.9

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

3.3. Active travel and travel to work or education

Respondents were asked about their travel behaviours, including how often they walk or cycle to get to and from places, and their usual mode of travel to work or education. These questions were newly added to the 2025 ALC to reflect growing awareness of the environmental and public health benefits of reducing private vehicle use in favour of public transport and active travel. Walking frequency response options ranged from daily to less often than once every three months and were grouped into four categories: daily, at least weekly, at least monthly, and less frequent. Cycling responses were grouped into weekly, monthly, and less frequent categories. These groupings reflect the distribution of responses in the 2025 ALC sample. The question on travel mode to work or education was adapted from the ABS Census to allow comparison with the broader population.

3.3.1. Walking

Approximately 20.4% of 2025 ALC respondents reported daily walking to get to and from places, 38.5% walk at least once a week but less than daily, 13.5% walk at least once a month but less than weekly and 27.6% walk to get to and from places less than once a month. Differences were seen between males and females with a larger proportion of females walking at least once a month than males. Walking frequency varied according to sex and age with no clear pattern or trend observable (see Table 3.3.1.1).

When looking at frequency of walking for transportation by subregion, respondents from Campbells Creek / Guildford and surrounds (35.6%), Chewton / Taradale / Elphinstone and surrounds (53.2%), and Newstead and surrounds (39.9%) were more likely to report walking infrequently (less than once a month) compared to respondents from Castlemaine (15.5%), Harcourt and surrounds (16.5%) and Maldon and surrounds (21.6%).

Lower proportionate frequency of walking to get to and from places was seen among the following demographic groups:

- More than 5 person households (4.6% daily) compared to 2-3 (21.9%) and 4-5 person (24.4%) households
- Unsure what neurodivergence means (16.8% weekly) compared to not neurodivergent (39.0%)
- Less than a Bachelor level education (32.0% less than once a month) compared to Bachelor degree or higher (19.9%)
- Require help with daily activities (9.9% daily) compared to no help required (21.3%)
- Marginal food security (12.7% weekly) compared to high food security (41.9%)

Table 3.3.1.1 Walking frequency by selected demographic characteristics

	Unweighted base ¹ n	Daily %	At least once a week %	At least once a month %	Less than once a month %
Total sample	819	20.4	38.5	13.5	27.6
Children	210	14.5	44.7	14.7	26.1
Adults	604	21.4	37.3	13.3	28.0

Males	244	23.8	42.7	9.0	24.5
Females	568	16.9	34.1	18.2	30.8
Sex and age					
Males, 3 to 11	60	18.3	51.7	11.7	18.3
Males, 12 to 17	49	18.4	38.8	10.2	32.7
Males, 18 to 34	8	29.2	64.5	0.0	6.3
Males, 35 to 49	36	24.2	42.4	7.6	25.8
Males, 50 to 69	56	23.1	38.5	6.8	31.7
Males, 70+	35	26.9	38.8	16.4	17.9
Females, 3 to 11	68	8.8	48.5	19.1	23.5
Females, 12 to 17	32	12.5	34.4	18.8	34.4
Females, 18 to 34	38	20.6	18.6	24.3	36.5
Females, 35 to 49	143	9.0	43.0	20.4	27.6
Females, 50 to 69	193	17.8	35.5	14.4	32.4
Females, 70+	91	24.8	32.4	15.0	27.8
Subregion					
Campbells Creek / Guildford and surrounds	156	14.2	34.5	15.7	35.6
Castlemaine	328	24.2	44.2	16.0	15.5
Chewton / Taradale / Elphinstone and surrounds	100	14.6	24.2	8.0	53.2
Harcourt and surrounds	96	17.1	51.7	14.7	16.5
Maldon and surrounds	53	32.9	38.9	6.6	21.6
Newstead and surrounds	79	14.6	32.8	12.7	39.9
Demographic indicators					
Household size²					
1 person	129	18.3	42.4	17.1	22.2
2 or 3 people	327	21.9	37.7	10.9	29.5
4 or 5 people	138	24.4	31.4	15.7	28.5
More than 5 people	9	4.6	41.1	25.6	28.6
Born overseas	108	20.0	48.4	11.4	20.2
Born in Australia	709	20.5	37.0	13.9	28.5
Speaks other main language*	10	54.8	36.9	6.0	2.3
Speaks English as main language	806	19.9	38.7	13.7	27.8
Aboriginal and/or Torres Strait Islander*	8	15.3	3.4	0.0	81.3
Not Aboriginal or Torres Strait Islander	811	20.5	39.0	13.7	26.8
LGBTQIA+	116	18.3	39.6	11.7	30.5
Non-LGBTQIA+	699	20.9	38.3	13.8	27.0
Neurodivergent	129	13.2	42.3	16.8	27.7
Not neurodivergent	547	22.1	39.0	13.4	25.5
Maybe	88	14.1	39.1	7.6	39.2
Not sure what neurodivergent means	20	25.8	16.8	21.6	35.9

Less than Bachelor level education ²	200	22.9	34.5	10.7	32.0
Holds a Bachelor degree or higher	401	18.7	42.8	18.5	19.9
Unemployed/Retired ²	193	25.0	36.1	12.7	26.1
Employed	409	19.7	37.8	13.7	28.8
Just getting along, poor or very poor ²	147	20.1	31.8	13.6	34.5
Reasonably comfortable, very comfortable or prosperous	455	22.1	39.9	13.0	25.0
Requires help with daily activities	74	9.9	39.3	12.3	38.5
Does not require help	743	21.3	38.5	13.6	26.6
Food security (last 12 months)²					
Low or very low food security	40	11.7	32.3	19.4	36.7
Marginal food security	66	19.6	12.7	25.3	42.4
High food security	497	22.9	41.9	10.7	24.5

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 3.3.1.2 provides a comprehensive overview of transport-related walking frequency by health and behaviour characteristics. Walking frequency was associated with some health and wellbeing indicators. Specifically, a lower proportion of those who self-reported their health as fair or poor (8.6% vs 21.0%), reported low to moderate life satisfaction (9.9% vs 21.6%) and had poor mental wellbeing (8.9% vs 25.7%) reported daily walking for transportation compared to their counterparts with more positive health and wellbeing.

Similar to the findings for muscle strengthening activities, aerobic physical activity was the only health behaviour associated with walking for transportation. Specifically, daily and weekly walking was less frequently reported among those who did not meet the aerobic physical activity recommendations (9.9% daily, 24.4% weekly) compared to those who did (24.5% daily, 43.7% weekly).

Smoking was the only risk behaviour associated with walking for transportation, with current smokers less likely to report infrequent walking (11.4%) compared to ex-smokers (29.0%) and respondents who never smoked (32.9%).

Table 3.3.1.2 Walking frequency by selected health and behaviour characteristics

	Unweighted base ¹	Daily	At least once a week	At least once a month	Less than once a month
Total sample	819	20.4	38.5	13.5	27.6
Health and wellbeing indicators					
Self-reported health - Fair or poor	132	8.6	26.1	16.7	48.5
Self-reported health - Good, very good, or excellent	607	21.0	43.7	12.7	22.5
Life satisfaction - Low to moderate (0 to 6) ²	142	9.9	40.9	11.6	37.7
Life satisfaction - High/very high (7 to 10)	400	21.6	37.4	14.6	26.4
Does not feel valued by society ²	91	17.1	24.3	13.9	44.7

Sometimes feel valued by society	269	18.2	41.0	12.9	27.9
Definitely feel valued by society	178	18.3	44.1	14.9	22.8
Poor mental wellbeing ²	144	8.9	44.1	12.7	34.3
Good mental wellbeing	460	25.7	34.9	13.5	25.8
Overweight or obese (BMI ≥25.0)	241	16.0	36.8	13.5	33.7
Normal range or underweight (BMI <25.0)	267	22.0	43.2	11.9	22.9
Health behaviour indicators					
Does not meet fruit intake recommendations	350	22.9	34.6	15.3	34.5
Meets fruit intake recommendations	460	24.0	41.9	11.5	22.6
Does not meet vegetable intake recommendations	690	19.4	38.5	13.9	28.2
Meets vegetable intake recommendations	116	26.1	38.8	11.3	23.8
Does not meet aerobic physical activity recommendations	244	9.9	24.4	19.6	46.2
Meets aerobic physical activity recommendations	549	24.5	43.7	11.4	20.4
Does not meet muscle strengthening recommendations	384	14.5	36.2	16.8	32.5
Meets muscle strengthening recommendations	317	25.5	39.7	11.9	23.0
Does not meet screen time recommendations	384	19.7	34.4	12.4	33.5
Meets screen time recommendations	388	20.3	42.6	15.3	21.8
Does not meet sleep recommendations	186	19.4	38.5	10.6	31.5
Meets sleep recommendations	607	20.9	38.8	14.9	25.4
Drinks sugar-sweetened beverages daily	36	29.0	35.1	8.0	27.9
Drinks sugar-sweetened beverages less than daily	780	19.9	38.7	13.9	27.6
Does not meet water recommendations	551	21.0	37.4	12.7	28.8
Meets water recommendations	245	18.4	41.3	16.1	24.2
Risk behaviour indicators²					
Current smoker	37	35.6	35.0	17.9	11.4
Ex-smoker	267	18.5	38.7	13.9	29.0
Never smoked	244	17.8	37.3	12.1	32.9
Current vaper	11	14.1	25.5	34.1	26.4
Ex-vaper	38	14.6	40.4	13.7	31.3
Never vaped	494	20.5	37.9	12.6	29.0
Had more than 4 standard drinks on a single occasion	290	21.0	38.9	14.0	26.1
Has not had more than 4 standard drinks	257	18.5	36.3	12.8	32.4
Gambled	93	25.5	43.9	11.0	19.6
Never gambled	456	18.4	36.3	14.1	31.3

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

3.3.2. Cycling

Approximately 21.5% of 2025 ALC respondents reported cycling to get to and from places at least once a week, 17.1% cycled at least once a month but less than weekly, and the remaining 61.4% cycled to get to and from places less than once a month. Adults (64.7%) and females (69.8%) were more likely to report infrequent (less than once a month) transport-related cycling compared to children (43.6%) and males (53.4%). Variation in associations were seen according to both sex and age categories (see Table 3.3.2.1).

When looking at frequency of cycling for transportation by subregion, respondents from Chewton / Taradale / Elphinstone and surrounds (77.3%), Harcourt and surrounds (69.8%) and Newstead and surrounds (83.8%) were more likely to report doing so infrequently compared to respondents from Campbells Creek / Guildford and surrounds (60.6%) and Castlemaine (47.0%). A greater proportion of people who were unsure what neurodivergent means (93.1%) reported cycling to get to and from places less than once a month (infrequently) compared to those not neurodivergent (62.7%), maybe neurodivergent (59.0%) and neurodivergent (47.3%). Similarly, those who reported being unemployed or retired (78.4%) were more likely to infrequently cycle for transport compared to those who reported being employed (58.5%).

Table 3.3.2.1 Cycling frequency by selected demographic characteristics

	Unweighted base ¹ n	At least once a week %	At least once a month %	Less than once a month %
Total sample	789	21.5	17.1	61.4
Children	211	29.1	27.2	43.6
Adults	573	20.1	15.1	64.7
Males	239	28.1	18.5	53.4
Females	543	14.4	15.7	69.8
Sex and age				
Males, 3 to 11	61	42.6	24.6	32.8
Males, 12 to 17	49	30.6	28.6	40.8
Males, 18 to 34	8	22.9	29.2	48.0
Males, 35 to 49	35	49.2	24.6	26.2
Males, 50 to 69	53	16.2	18.2	65.6
Males, 70+	33	22.2	1.6	76.2
Females, 3 to 11	68	27.9	30.9	41.2
Females, 12 to 17	32	6.3	25.0	68.8
Females, 18 to 34	38	22.0	12.9	65.1
Females, 35 to 49	143	14.9	23.5	61.6
Females, 50 to 69	190	11.7	11.5	76.8
Females, 70+	69	0.8	2.4	96.7
Subregion				
Campbells Creek / Guildford and surrounds	152	25.5	13.8	60.6
Castlemaine	308	28.4	24.6	47.0

Chewton / Taradale / Elphinstone and surrounds	101	4.1	18.6	77.3
Harcourt and surrounds	95	18.0	12.2	69.8
Maldon and surrounds	50	31.1	6.5	62.4
Newstead and surrounds	76	6.8	9.4	83.8
Demographic indicators				
Household size²				
1 person	112	13.5	14.3	72.2
2 or 3 people	313	18.5	15.7	65.9
4 or 5 people	138	24.0	15.4	60.6
More than 5 people	9	59.2	7.6	33.3
Born overseas	106	32.9	18.7	48.5
Born in Australia	681	19.6	16.8	63.5
Speaks other main language*	10	54.8	16.7	28.5
Speaks English as main language	776	20.9	17.1	62.0
Aboriginal and/or Torres Strait Islander*	7	5.5	0.0	94.5
Not Aboriginal or Torres Strait Islander	782	21.7	17.3	61.0
LGBTQIA+	114	24.9	19.6	55.4
Non-LGBTQIA+	673	20.8	16.6	62.7
Neurodivergent	129	33.0	19.6	47.3
Not neurodivergent	535	19.0	18.3	62.7
Maybe	87	27.5	13.5	59.0
Not sure what neurodivergent means	20	4.3	2.6	93.1
Less than Bachelor level education ²	184	19.3	11.9	68.8
Holds a Bachelor degree or higher	388	21.8	21.3	56.9
Unemployed/Retired ²	168	15.9	5.6	78.4
Employed	405	22.0	19.5	58.5
Just getting along, poor or very poor ²	142	18.3	9.9	71.7
Reasonably comfortable, very comfortable or prosperous	431	20.9	17.5	61.6
Requires help with daily activities	67	39.8	7.8	52.4
Does not require help	720	20.1	17.8	62.1
Food security (last 12 months)²				
Low or very low food security	38	22.7	13.4	63.8
Marginal food security	64	7.9	19.1	73.0
High food security	471	21.9	14.7	63.4

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 3.3.2.2 provides a comprehensive overview of cycling frequency by health and behaviour characteristics. Transport-related cycling frequency was found to be associated with self-reported

health and overweight and obesity. Specifically, a greater proportion of those who self-reported their health as fair or poor (81.4%) and those who were classified as overweight or obese (70.9%) reported more infrequent cycling for transportation compared to those with good, very good, or excellent health (56.7%) and those who were in normal weight range or underweight (54.3%).

Cycling frequency was associated with few health behaviours. Specifically, infrequent cycling for transportation was more common among those who did not meet the aerobic physical activity recommendations (72.4%) and those who consumed sugar sweetened beverages daily (87.2%) compared to their counterparts who met the aerobic physical activity recommendations (57.1%) or did not drink sugar sweetened beverages daily (59.6%). Additionally, respondents were less likely to use cycling for transportation monthly if they did not meet sleep recommendations (9.9%) compared to those who did (20.4%).

Smoking and gambling were the two risk behaviours associated with transport-related cycling. A greater proportion of those who gambled (83.6%), were ex-smokers (67.4%) and never smoked (68.9%) reported cycling for transportation less than once a month compared to those who did not gamble (60.5%) and were current smokers (38.2%).

Table 3.3.2.2 Cycling frequency by selected health and behaviour characteristics

	Unweighted base ¹ n	At least once a week %	At least once a month %	Less than once a month %
Total sample	789	21.5	17.1	61.4
Health and wellbeing indicators				
Self-reported health - Fair or poor	125	7.4	11.2	81.4
Self-reported health - Good, very good, or excellent	586	25.1	18.2	56.7
Life satisfaction - Low to moderate (0 to 6) ²	135	24.5	12.4	63.1
Life satisfaction - High/very high (7 to 10)	377	17.3	15.6	67.1
Does not feel valued by society ²	81	17.7	16.3	66.0
Sometimes feel valued by society	261	20.0	12.1	67.9
Definitely feel valued by society	167	19.9	17.9	62.2
Poor mental wellbeing ²	140	26.1	12.0	61.9
Good mental wellbeing	433	18.0	16.3	65.7
Overweight or obese (BMI ≥25.0)	232	17.4	11.7	70.9
Normal range or underweight (BMI <25.0)	257	21.2	24.5	54.3
Health behaviour indicators				
Does not meet fruit intake recommendations	341	22.2	13.8	64.0
Meets fruit intake recommendations	439	21.1	20.0	58.9
Does not meet vegetable intake recommendations	670	21.5	17.1	61.4
Meets vegetable intake recommendations	106	20.6	17.9	61.4
Does not meet aerobic physical activity recommendations	237	11.9	15.6	72.4
Meets aerobic physical activity recommendations	530	25.2	17.6	57.1

Does not meet muscle strengthening recommendations	379	19.7	17.5	62.8
Meets muscle strengthening recommendations	301	25.6	14.5	59.9
Does not meet screen time recommendations	369	20.8	15.4	63.8
Meets screen time recommendations	374	22.0	19.3	58.7
Does not meet sleep recommendations	178	20.9	9.9	69.2
Meets sleep recommendations	586	21.6	20.4	58.0
Drinks sugar-sweetened beverages daily	35	0.8	12.0	87.2
Drinks sugar-sweetened beverages less than daily	750	22.9	17.5	59.6
Does not meet water recommendations	526	21.6	15.8	62.6
Meets water recommendations	240	21.2	20.8	58.0
Risk behaviour indicators²				
Current smoker	36	41.6	20.3	38.2
Ex-smoker	257	15.0	17.6	67.4
Never smoked	226	21.4	9.7	68.9
Current vaper	11	30.7	31.8	37.5
Ex-vaper	38	18.2	29.3	52.6
Never vaped	466	20.5	12.0	67.5
Had more than 4 standard drinks on a single occasion	283	21.2	15.6	63.2
Has not had more than 4 standard drinks	234	19.7	12.6	67.7
Gambled	89	5.5	10.8	83.6
Never gambled	430	24.3	15.2	60.5

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

3.3.3. Adult's travel to work or education

Driving (60.0%) was the most common method of travel, followed by active travel (16.0%), public transport (10.9%), work or study at home (7.3%) and passenger in a private vehicle (6.8%). More than a quarter of respondents (26.3%) indicated that they did not engage in work or study. Table 3.3.3.1 presents the results regarding methods of travel to work or education among adults, according to selected demographic characteristics. Briefly, driving was most common among young to middle-aged adults, residents of Chewton / Taradale / Elphinstone and surrounds, those not requiring any help with daily activities and those with marginal food security. Active travel was most common among Castlemaine residents, those who live in 2-3 and 4-5 people households, and those who are neurodivergent or maybe neurodivergent.

Table 3.3.3.2 presents the results according to health and wellbeing characteristics. Travel methods appeared to be associated with self-reported health, perceived value to society, aerobic physical activity, sugar-sweetened beverage consumption, smoking, gambling and risky alcohol consumption.

Specifically, driving was more common among people who sometimes feel valued by society (70.3%) compared to those who do not feel valued by society (41.5%). Additionally, a greater proportion of

those who reported engaging in risky alcohol consumption (67.8%) reported driving as their main travel method compared to those who did not (50.7%).

Active travel was more common among those who reported good, very good or excellent health (17.9%) compared to those who report fair or poor health (3.4%). Additionally, those who met the aerobic physical activity recommendations (19.6%) and consumed sugar-sweetened beverages less than daily (17.3%) were more likely to report active travel compared to their counterparts who did not meet the recommendations (3.9%) and consumed sugar-sweetened beverages daily (0%). A greater proportion of current smokers (43.0%) and those who had not gambled in the past 12 months (17.6%) were also more likely to engage in active travel compared to ex-smokers (11.7%), those who had never smoked (12.6%) and those who had gambled (5.6%).

Public transport use was similar to active travel with regards to health behaviours. Those who met the aerobic physical activity recommendations were more likely to use public transport (12.7% vs 3.6% who did not) and consume sugar-sweetened beverages less than daily (11.7% vs 0.7% daily).

Table 3.3.3.1 Adult's travel to work/education by selected demographic characteristics

	Unweighted base ¹ n	Drive %	Passenger in private vehicle %	Active travel %	Take public transport %	Work or study at home %	Do not work/study %
Total sample	602	60.0	6.8	16.0	10.9	7.3	26.3
Males	134	55.4	5.7	20.2	14.9	6.1	29.3
Females	464	64.8	7.8	11.5	6.9	8.4	23.3
Sex and age							
Males, 18 to 34	8	70.8	22.9	52.0	35.5	0.0	0.0
Males, 35 to 49	35	69.3	1.5	33.8	24.5	9.2	0.0
Males, 50 to 69	56	61.5	3.9	13.4	12.5	7.7	25.0
Males, 70+	35	25.4	6.0	6.0	1.5	3.0	76.1
Females, 18 to 34	38	71.5	9.9	21.3	7.9	3.7	15.7
Females, 35 to 49	144	80.6	7.2	11.7	13.0	18.5	2.7
Females, 50 to 69	192	66.2	7.2	8.4	5.0	9.0	20.9
Females, 70+	90	33.1	6.9	4.6	1.8	0.6	64.6
Subregion							
Campbells Creek / Guildford and surrounds	107	64.7	10.1	15.7	10.2	11.5	16.8
Castlemaine	252	52.7	8.6	23.8	19.3	7.2	27.6
Chewton / Taradale / Elphinstone and surrounds	76	75.2	4.7	2.0	4.5	10.5	20.5
Harcourt and surrounds	62	62.6	0.6	2.9	2.3	7.4	28.3
Maldon and surrounds	41	50.9	2.2	18.5	0.0	1.0	49.9
Newstead and surrounds	58	67.4	6.1	11.2	3.6	3.2	25.1
Demographic indicators							
Household size							
1 person	126	50.2	2.1	9.2	9.7	2.8	44.5

2 or 3 people	328	59.8	6.9	14.1	6.9	7.2	27.1
4 or 5 people	138	70.1	11.0	27.6	19.9	11.7	10.3
More than 5 people	9	36.2	0.0	2.1	35.7	2.1	28.1
Born overseas	99	56.3	8.0	33.4	24.8	9.6	11.2
Born in Australia	501	60.6	6.6	12.7	8.3	6.9	29.2
Speaks other main language*	9	71.6	0.0	56.9	9.6	2.4	0.0
Speaks English as main language	590	59.7	7.0	15.1	10.9	7.4	26.9
Aboriginal and/or Torres Strait Islander*	6	47.3	11.0	0.0	0.0	0.0	81.6
Not Aboriginal or Torres Strait Islander	596	60.2	6.8	16.2	11.1	7.4	25.4
LGBTQIA+	97	57.2	8.6	27.2	6.6	7.4	17.5
Non-LGBTQIA+	502	60.7	6.4	13.3	11.9	7.3	28.4
Neurodivergent	78	61.9	4.9	37.0	10.4	9.6	9.7
Not neurodivergent	413	60.3	6.9	11.2	10.9	7.9	27.4
Maybe	61	61.1	1.0	26.6	16.3	6.2	21.8
Not sure what neurodivergent means	19	47.8	8.0	1.2	0.0	1.3	41.8
Less than Bachelor level education	199	60.8	7.8	16.1	7.7	4.6	29.1
Holds a Bachelor degree or higher	400	59.0	5.0	15.9	17.1	12.7	20.2
Just getting along, poor or very poor	146	63.1	3.2	14.2	9.7	5.7	24.9
Reasonably comfortable, very comfortable or prosperous	455	58.5	8.4	16.8	11.4	8.0	27.0
Requires help with daily activities	37	28.6	1.9	13.7	3.3	4.2	56.7
Does not require help	564	61.9	7.1	16.1	11.3	7.5	24.5
Food security (last 12 months)							
Low or very low food security	40	50.9	0.0	32.3	26.8	2.5	22.9
Marginal food security	66	83.5	21.1	11.5	13.4	5.1	14.7
High food security	496	57.2	5.3	14.8	8.6	8.2	28.6

¹ Base sizes include respondents aged 18 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

* Significance testing not conducted due to small base size.

Table 3.3.3.2 Adult's travel to work/education by selected health and behaviour characteristics

	Unweighted base ¹ n	Drive %	Passenger in private vehicle %	Active travel %	Take public transport %	Work or study at home %	Do not work/study %
Total sample	602	60.0	6.8	16.0	10.9	7.3	26.3
Health and wellbeing indicators							
Self-reported health - Fair or poor	121	67.0	6.5	3.4	1.6	7.5	30.4
Self-reported health - Good, very good, or excellent	423	59.0	5.3	17.9	12.5	7.3	24.8
Life satisfaction - Low to moderate (0 to 6)	143	57.0	6.9	19.6	10.5	5.8	23.2
Life satisfaction - High/very high (7 to 10)	398	62.2	5.2	11.8	9.2	8.1	28.1
Does not feel valued by society	91	41.5	6.0	18.4	4.4	8.6	36.8
Sometimes feel valued by society	267	70.3	6.5	13.6	11.7	6.8	20.4
Definitely feel valued by society	179	59.0	4.4	12.4	9.9	7.0	29.5
Poor mental wellbeing	144	59.6	5.0	22.0	9.0	6.5	22.4
Good mental wellbeing	458	60.2	7.4	13.9	11.5	7.6	27.7
Overweight or obese (BMI ≥25.0)	218	60.1	5.2	7.8	7.0	7.2	32.8
Normal range or underweight (BMI <25.0)	206	63.1	5.2	20.4	13.3	9.1	18.9
Health behaviour indicators							
Does not meet fruit intake recommendations	304	60.8	5.4	14.9	12.5	8.7	25.9
Meets fruit intake recommendations	295	59.0	7.1	16.8	9.2	6.1	27.1
Does not meet vegetable intake recommendations	510	60.4	6.9	16.1	11.0	7.3	25.3

Meets vegetable intake recommendations	86	57.7	5.9	12.3	8.8	6.9	36.1
Does not meet aerobic physical activity recommendations	133	68.8	6.4	3.9	3.6	8.5	32.1
Meets aerobic physical activity recommendations	459	57.0	7.1	19.6	12.7	6.9	24.2
Does not meet muscle strengthening recommendations	257	64.3	5.9	12.8	5.9	8.9	21.1
Meets muscle strengthening recommendations	293	55.7	7.1	19.5	15.3	6.9	28.9
Does not meet screen time recommendations	272	56.8	6.0	17.2	12.1	4.3	30.0
Meets screen time recommendations	313	62.9	8.2	15.1	9.7	10.6	20.1
Does not meet sleep recommendations	146	58.6	11.2	13.7	12.4	6.5	29.9
Meets sleep recommendations	442	61.0	5.3	16.3	9.7	7.9	25.0
Drinks sugar-sweetened beverages daily	34	73.0	11.1	0.0	0.7	2.9	31.4
Drinks sugar-sweetened beverages less than daily	567	58.9	6.5	17.3	11.7	7.7	25.9
Does not meet water recommendations	420	59.6	6.1	16.1	10.6	6.7	26.8
Meets water recommendations	173	61.8	9.0	15.7	11.3	8.4	24.3
Risk behaviour indicators							
Current smoker	37	49.8	2.5	43.0	18.5	3.1	18.7
Ex-smoker	267	61.4	3.0	11.7	12.1	8.4	27.3
Never smoked	243	61.1	8.7	12.6	6.7	7.1	26.5
Current vaper	11	52.1	0.0	30.7	30.7	10.3	6.9
Ex-vaper	38	69.2	0.7	27.7	23.5	6.0	9.5
Never vaped	493	59.2	6.3	13.5	8.3	7.4	28.5
Had more than 4 standard drinks on a single occasion	291	67.8	7.1	14.3	13.1	7.7	20.1
Has not had more than 4 standard drinks	255	50.7	3.6	16.6	6.6	6.8	33.0

Gambled	92	69.6	9.4	5.6	5.4	0.3	33.4
Never gambled	456	57.7	4.6	17.6	11.5	9.1	24.1

¹ Base sizes include respondents aged 18 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

3.3.4. Children's travel to school

Parents were asked to report their child's method of travel to get to and from school. Response options included 'they are driven to or from school in a car', 'public transport with an adult present', 'public transport without an adult present', 'walk or ride with an adult present', 'walk or ride without an adult present', 'other', and 'my child does not attend school'. For all children who attend school, responses were recoded as 'car', 'public transport' or 'active travel' for analysis and reporting purposes.

Overall, 56.4% of children were driven to school in a car, 35.8% took public transport and 24.5% engaged in active travel to and from school. Table 3.3.4.1 presents children's travel to school findings according to selected demographic characteristics. A greater proportion of males aged 3 to 11 (64.5%) were driven in a car compared to males aged 12 to 17 years (31.9%). Public transport use similarly differed according to age by sex; however, findings were the opposite to car use with a significantly greater proportion of adolescent males (74.5% vs 8.1%) and females (75.9% vs 10.4%) using public transport compared to children. No differences were seen according to residential subregion.

Representation of minority subgroups among Mount Alexanders' children and adolescents was small and therefore results regarding demographic differences in school travel modes should be interpreted with caution (see Table 3.3.4.1).

Table 3.3.4.1 Children's travel to school by selected demographic characteristics

	Unweighted base ¹ n	Car %	Public transport %	Active travel %
Total sample	206	56.4	35.8	24.5
Males	109	50.6	36.3	28.6
Females	96	63.6	35.5	19.0
Sex and age				
Males, 3 to 11	62	64.5	8.1	37.1
Males, 12 to 17	47	31.9	74.5	17.0
Females, 3 to 11	67	73.1	10.4	17.9
Females, 12 to 17	29	48.3	75.9	20.7
Subregion				
Campbells Creek / Guildford and surrounds	49	48.4	45.2	25.4
Castlemaine	70	54.2	23.6	32.9
Chewton / Taradale / Elphinstone and surrounds	26	61.5	36.7	19.7
Harcourt and surrounds	31	58.0	45.4	19.1
Maldon and surrounds	9	54.6	37.0	21.3
Newstead and surrounds	20	72.6	33.6	10.4
Demographic indicators				
Born overseas*	8	74.0	49.2	14.4
Born in Australia	198	55.6	35.2	24.9
Speaks other main language*	1	100.0	0.0	0.0
Speaks English as main language	205	56.2	35.9	24.6

Aboriginal and/or Torres Strait Islander*	1	0.0	100.0	0.0
Not Aboriginal or Torres Strait Islander	205	56.6	35.5	24.6
LGBTQIA+*	15	39.2	71.2	17.6
Non-LGBTQIA+	191	57.8	32.9	25.0
Neurodivergent	48	65.3	34.5	16.3
Not neurodivergent	130	52.8	39.1	21.5
Maybe	25	60.0	25.3	51.2
Not sure what neurodivergent means	1	0.0	0.0	100.0
Requires help with daily activities	35	57.2	23.3	21.7
Does not require help	171	56.2	38.3	25.0

¹ Base sizes include respondents aged 3 to 17 years living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

* Significance testing not conducted due to small base size.

Travelling to and from school via car was not associated with any of the health and wellbeing indicators or health behaviours (see Table 3.3.4.2). Public transport use was associated with adherence to the screen time and sleep duration recommendations. Specifically, a greater proportion of those who reported failing to meet the screen time (47.8% vs 25.5%) and sleep duration (62.3% vs 29.5%) recommendations used public transport to get to and from school compared to their counterparts who met the respective recommendations. Active travel to and from school was associated with aerobic physical activity recommendations adherence only. A greater proportion of children who met the aerobic physical activity recommendations (36.5%) actively travelled to and from school compared to those who did not meet the recommendations (14.9%).

Table 3.3.4.2 Children's travel to school by selected health and behaviour characteristics

	Unweighted base ¹ n	Car %	Public transport %	Active travel %
Total sample	206	56.4	35.8	24.5
Health and wellbeing indicators				
Self-reported health - Fair or poor*	9	43.2	79.1	0.0
Self-reported health - Good, very good, or excellent	177	56.7	34.4	24.8
Overweight or obese (BMI ≥25.0)*	22	67.9	29.7	19.1
Normal range or underweight (BMI <25.0)	59	53.3	48.0	17.2
Health behaviour indicators				
Does not meet fruit intake recommendations	45	55.0	52.1	13.2
Meets fruit intake recommendations	161	56.8	31.2	27.6
Does not meet vegetable intake recommendations	176	54.9	37.4	24.9
Meets vegetable intake recommendations*	29	66.7	27.1	19.5
Does not meet aerobic physical activity recommendations	110	60.4	42.3	14.9
Meets aerobic physical activity recommendations	85	51.6	29.3	36.5

Does not meet muscle strengthening recommendations	125	58.0	42.2	21.5
Meets muscle strengthening recommendations*	19	30.6	43.6	37.8
Does not meet screen time recommendations	107	57.3	47.8	20.8
Meets screen time recommendations	73	57.4	25.5	29.5
Does not meet sleep recommendations	38	43.3	62.3	19.4
Meets sleep recommendations	161	59.5	29.5	25.6
Drinks sugar-sweetened beverages daily*	2	46.4	53.6	0.0
Drinks sugar-sweetened beverages less than daily	202	56.9	35.5	24.5
Does not meet water recommendations	124	58.3	32.0	21.1
Meets water recommendations	73	52.1	43.5	27.9

¹ Base sizes include respondents aged 3 to 17 years living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

* Significance testing not conducted due to small base size.

3.4. Recreational screen time

The *Australian Guidelines*⁸ recommend that children aged 3-5 years engage in no more than one (1) hour per day of screen time. For children and adolescents aged 5 to 17 years, they should limit their recreational screen time to no more than two (2) hours per day, excluding time spent on educational activities. For adults aged 18 years and above, there are no Government screen time recommendations, however there are established recommendations based on a harmonised meta-analysis of data from over one million adults. This review found that recreational screen time in excess of three (3) hours per day was associated with an increased risk of detrimental health implications. Therefore, a cut-off of three hours per day was used to differentiate adult ALC respondents who met/did not meet the screen time recommendations.

Table 3.4.1 presents a summary of the findings regarding screen time recommendation adherence and the average number of hours spent engaging in recreational screen time per day, according to selected demographic characteristics. Overall, 45.8% of respondents met their age-specific screen time recommendations and engaged in an average of 4.8 hours per day of recreational screen time. No significant differences were seen between males and females, or between children and adults. However, when looking by both sex and age, findings were quite varied. For males, a greater proportion of children met the recommendations compared to adolescents. For females, those aged 35 to 49 and 50 to 69 who were more likely to meet their recommendations compared to children, adolescents and those over 70 years. No differences were seen according to residential subregion.

Recreational screen time recommendation adherence was associated with financial status and food security. Specifically, those who reported just getting along, poor or very poor (33.4%) and reported low or very low food security (15.0%) were less likely to meet the recommendations compared to those who reported being reasonable comfortable, very comfortable or prosperous (53.2%) or reported marginal (42.9%) or high (51.5%) food security. These findings suggest that financially and

⁸ Australian Government Department of Health and Aged Care, 2021. Physical activity and exercise guidelines for all Australians. Canberra, Australia. <https://www.health.gov.au/topics/physical-activity-and-exercise/physical-activity-and-exercise-guidelines-for-all-australians>

nutritionally insecure people may benefit the most from targeted intervention to reduce their screen time.

Table 3.4.1 Recreational screen time by selected demographic characteristics

	Unweighted base ¹	Does not meet recommendation	Meets recommendation	Average hours per day
	n	%	%	#
Total sample	780	54.2	45.8	4.8
Children	189	60.9	39.1	4.4
Adults	591	53.0	47.0	4.9
Males	235	55.1	44.9	4.8
Females	541	53.2	46.8	4.9
Sex and age				
Males, 3 to 11	53	35.8	64.2	2.8
Males, 12 to 17	50	76.0	24.0	4.9
Males, 18 to 34	8	58.3	41.7	3.7
Males, 35 to 49	33	58.7	41.3	6.4
Males, 50 to 69	55	54.6	45.4	4.8
Males, 70+	36	51.5	48.5	4.4
Females, 3 to 11	57	59.6	40.4	4.2
Females, 12 to 17	29	79.3	20.7	6.4
Females, 18 to 34	37	60.0	40.0	6.2
Females, 35 to 49	141	37.5	62.5	4.4
Females, 50 to 69	189	49.8	50.2	4.7
Females, 70+	88	58.2	41.8	4.2
Subregion				
Campbells Creek / Guildford and surrounds	146	56.6	43.4	4.4
Castlemaine	314	58.0	42.0	4.8
Chewton / Taradale / Elphinstone and surrounds	99	49.3	50.7	4.9
Harcourt and surrounds	91	56.2	43.8	4.9
Maldon and surrounds	47	47.6	52.4	5.1
Newstead and surrounds	77	44.1	55.9	5.1
Demographic indicators				
Household size²				
1 person	128	61.9	38.1	5.1
2 or 3 people	322	48.6	51.4	4.3
4 or 5 people	131	60.3	39.7	6.6
More than 5 people	9	31.1	68.9	4.3
Born overseas	100	44.4	55.6	4.2
Born in Australia	677	55.8	44.2	4.9

Speaks other main language*	7	80.2	19.8	7.0
Speaks English as main language	769	53.8	46.2	4.8
Aboriginal and/or Torres Strait Islander*	6	94.4	5.6	12.2
Not Aboriginal or Torres Strait Islander	774	53.8	46.2	4.8
LGBTQIA+	113	49.4	50.6	4.3
Non-LGBTQIA+	663	55.2	44.8	5.0
Neurodivergent	121	65.7	34.3	5.5
Not neurodivergent	523	50.0	50.0	4.6
Maybe	81	64.0	36.0	5.4
Not sure what neurodivergent means	18	65.8	34.2	5.1
Less than Bachelor level education ²	195	55.8	44.2	5.2
Holds a Bachelor degree or higher	393	47.1	52.9	4.4
Unemployed/Retired ²	187	61.0	39.0	5.0
Employed	401	48.8	51.2	4.8
Just getting along, poor or very poor ²	143	66.6	33.4	6.2
Reasonably comfortable, very comfortable or prosperous	446	46.8	53.2	4.3
Requires help with daily activities	69	58.5	41.5	6.3
Does not require help	710	53.8	46.2	4.7
Food security (last 12 months)²				
Low or very low food security	40	85.0	15.0	7.0
Marginal food security	65	57.1	42.9	6.3
High food security	485	48.5	51.5	4.4

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 3.4.2 summarises recreational screen time engagement by selected health and behaviour characteristics. Respondents with the following health and wellbeing indicators spent significantly more hours per day using screens for recreation, on average, compared to their counterparts who reported more positive health and wellbeing:

- Low to moderate life satisfaction (6.4) compared to high/very high life satisfaction (4.4)
- Does not feel valued by society (5.9) compared to definitely feels valued (4.0)
- Poor mental wellbeing (6.4) compared to good mental wellbeing (4.4)

Sugar sweetened beverage consumption was the only health behaviour associated with recreational screen time. Specifically, a lower proportion of respondents who reported drinking sugar sweetened beverages daily met screen time recommendations (11.1%) compared to those who did not (48.0%). Vaping was the only risk behaviour that was associated with recreational screen time. A smaller proportion of those who were current vapers (16.8%) met the recreational screen time recommendations compared to those who had never vaped (47.5%).

Table 3.4.2 Recreational screen time by selected health and behaviour characteristics

	Unweighted base ¹	Does not meet recommendation	Meets recommendation	Average hours per day
	n	%	%	#
Total sample	780	54.2	45.8	4.8
Health and wellbeing indicators				
Self-reported health - Fair or poor	130	60.0	40.0	6.1
Self-reported health - Good, very good, or excellent	572	51.8	48.2	4.5
Life satisfaction - Low to moderate (0 to 6) ²	141	58.6	41.4	6.4
Life satisfaction - High/very high (7 to 10)	390	51.2	48.8	4.4
Does not feel valued by society ²	89	61.6	38.4	5.9
Sometimes feel valued by society	262	51.8	48.2	5.3
Definitely feel valued by society	176	49.6	50.4	4.0
Poor mental wellbeing ²	143	63.5	36.5	6.4
Good mental wellbeing	448	49.4	50.6	4.4
Overweight or obese (BMI ≥25.0)	231	59.9	40.1	5.3
Normal range or underweight (BMI <25.0)	258	44.1	55.9	4.3
Health behaviour indicators				
Does not meet fruit intake recommendations	343	57.7	42.3	5.3
Meets fruit intake recommendations	435	51.8	48.2	4.5
Does not meet vegetable intake recommendations	669	53.5	46.5	4.9
Meets vegetable intake recommendations	106	59.4	40.6	4.2
Does not meet aerobic physical activity recommendations	237	63.3	36.7	5.7
Meets aerobic physical activity recommendations	529	50.6	49.4	4.5
Does not meet muscle strengthening recommendations	372	54.8	45.2	4.9
Meets muscle strengthening recommendations	305	54.4	45.6	4.9
Does not meet sleep recommendations	183	55.4	44.6	5.4
Meets sleep recommendations	583	52.4	47.6	4.6
Drinks sugar-sweetened beverages daily	34	88.9	11.1	7.5
Drinks sugar-sweetened beverages less than daily	745	52.0	48.0	4.7
Does not meet water recommendations	534	56.6	43.4	5.0
Meets water recommendations	231	44.9	55.1	4.4
Risk behaviour indicators²				
Current smoker	37	64.2	35.8	5.6
Ex-smoker	262	54.9	45.1	4.9
Never smoked	239	49.6	50.4	4.9

Current vaper	11	83.2	16.8	5.3
Ex-vaper	38	55.0	45.0	4.0
Never vaped	484	52.5	47.5	5.1
Had more than 4 standard drinks on a single occasion	288	55.8	44.2	5.2
Has not had more than 4 standard drinks	249	50.0	50.0	4.6
Gambled	92	53.9	46.1	5.7
Never gambled	447	53.4	46.6	4.8

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

3.5. Sleep

In 2015, the Sleep Health Foundation⁹ released a report recommending sleep durations for different age groups, highlighting that sleep needs to support good health generally decrease with age. The recommendations are as follows:

Age group	Hours per night
3 to 5 years	10 to 13
6 to 13 years	9 to 11
14 to 17 years	8 to 10
18 to 64 years	7 to 9
65 years and above	7 to 8

Tables 3.5.1 and 3.5.2 present the average hours per night of sleep and adherence to these age-related recommendations according to selected demographic characteristics and health and behaviour characteristics. Overall, 73.6% of Mount Alexander respondents reported meeting their age-specific sleep duration recommendations and reported an average of 7.5 hours of sleep per night and children slept longer than adults (9.3 hours vs. 7.1 hours). No difference was noted between males and females. When looking at sex by age group, both males and females aged 3 to 11 years slept longer, and a greater proportion of female children adhered to the sleep recommendations compared to those in older age groups. No difference in sleep time or recommendation adherence was seen according to subregion of residence. A greater proportion of respondents who reported high food security (76.5%) reported meeting sleep recommendations compared to those with low or very low food security (38.6%). In addition, average sleep duration was greater among respondents born in Australia (7.6 hours), those who are reasonably comfortable or very comfortable (7.3 hours), and those with marginal (7.1 hours) or high food security (7.3 hours) compared to those born overseas (7.1 hours), just getting along, poor or very poor (6.8 hours) and with low or very low food security (6.2 hours).

⁹ Sleep Health Foundation 2015. Sleep needs across the lifespan. Blacktown: Sleep Health Foundation. <https://irp.cdn-website.com/0da81f14/files/uploaded/Sleep-Needs-Across-Lifespan.pdf>

Table 3.5.1 Sleep by selected demographic characteristics

	Unweighted base ¹	Does not meet recommendation	Meets recommendation	Average hours per night
	n	%	%	#
Total sample	802	26.4	73.6	7.5
Children	209	20.2	79.8	9.3
Adults	593	27.6	72.4	7.1
Males	243	24.1	75.9	7.6
Females	555	28.6	71.4	7.4
Sex and age				
Males, 3 to 11	61	13.1	86.9	9.9
Males, 12 to 17	50	30.0	70.0	8.6
Males, 18 to 34	8	29.2	70.8	7.3
Males, 35 to 49	34	32.8	67.2	7.0
Males, 50 to 69	55	14.8	85.2	7.4
Males, 70+	35	32.8	67.2	7.1
Females, 3 to 11	67	13.4	86.6	10.0
Females, 12 to 17	31	29.0	71.0	8.0
Females, 18 to 34	38	37.0	63.0	6.9
Females, 35 to 49	144	21.2	78.8	7.2
Females, 50 to 69	186	30.8	69.2	7.1
Females, 70+	89	30.8	69.2	7.1
Subregion				
Campbells Creek / Guildford and surrounds	151	28.4	71.6	7.5
Castlemaine	319	25.9	74.1	7.5
Chewton / Taradale / Elphinstone and surrounds	103	24.0	76.0	7.5
Harcourt and surrounds	94	25.0	75.0	7.7
Maldon and surrounds	50	26.3	73.7	7.6
Newstead and surrounds	78	25.0	75.0	7.2
Demographic indicators				
Household size²				
1 person	127	31.9	68.1	7.0
2 or 3 people	322	24.8	75.2	7.3
4 or 5 people	135	32.2	67.8	6.9
More than 5 people	8	26.6	73.4	7.1
Born overseas	105	28.7	71.3	7.1
Born in Australia	694	26.0	74.0	7.6
Speaks other main language*	10	8.4	91.6	7.4
Speaks English as main language	788	26.7	73.3	7.5
Aboriginal and/or Torres Strait Islander*	6	48.0	52.0	6.9

Not Aboriginal or Torres Strait Islander	796	26.1	73.9	7.5
LGBTQIA+	115	20.6	79.4	7.3
Non-LGBTQIA+	683	27.6	72.4	7.5
Neurodivergent	126	33.8	66.2	7.5
Not neurodivergent	537	24.5	75.5	7.5
Maybe	83	28.6	71.4	7.7
Not sure what neurodivergent means	18	18.2	81.8	7.2
Less than Bachelor level education ²	193	31.2	68.8	7.1
Holds a Bachelor degree or higher	397	20.2	79.8	7.3
Unemployed/Retired ²	190	28.9	71.1	7.2
Employed	400	26.7	73.3	7.1
Just getting along, poor or very poor ²	140	38.8	61.2	6.8
Reasonably comfortable, very comfortable or prosperous	451	22.7	77.3	7.3
Requires help with daily activities	70	42.8	57.2	7.6
Does not require help	731	25.0	75.0	7.5
Food security (last 12 months)²				
Low or very low food security	36	61.4	38.6	6.2
Marginal food security	65	30.9	69.1	7.1
High food security	491	23.5	76.5	7.3

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 3.5.2 summarises sleep duration by selected health and behaviour characteristics. Sleep duration and adherence was associated with self-reported health. Specifically, those who self-reported their health to be fair or poor were less likely to meet the sleep recommendations (60.1%) and slept fewer hours per night on average (6.9) compared to those whose self-reported health was good, very good or excellent (77.3% and 7.7 hours).

Fruit and vegetable intake were the only health behaviours associated with sleep duration. Specifically, average sleep duration was lower among those who did not meet the fruit (7.2 vs 7.7) or vegetable (7.4 vs 8.0) recommendations compared to those who did. Additionally, a lower proportion of those who did not meet the vegetable intake recommendations (72.0%) adhered to the sleep recommendations compared to those who did meet the vegetable intake recommendations (86.4%).

Sleep duration was not found to be associated with any of the risk behaviours.

Table 3.5.2 Sleep duration by selected health and behaviour characteristics

	Unweighted base ¹	Does not meet recommendation	Meets recommendation	Average hours per night
	n	%	%	#
Total sample	802	26.4	73.6	7.5
Health and wellbeing indicators				
Self-reported health - Fair or poor	127	39.9	60.1	6.9
Self-reported health - Good, very good, or excellent	596	22.7	77.3	7.7
Life satisfaction - Low to moderate (0 to 6) ²	136	37.7	62.3	7.0
Life satisfaction - High/very high (7 to 10)	397	24.6	75.4	7.2
Does not feel valued by society ²	89	36.2	63.8	7.0
Sometimes feel valued by society	263	27.4	72.6	7.1
Definitely feel valued by society	177	24.4	75.6	7.3
Poor mental wellbeing ²	139	36.2	63.8	6.9
Good mental wellbeing	454	24.7	75.3	7.2
Overweight or obese (BMI ≥25.0)	237	27.8	72.2	7.3
Normal range or underweight (BMI <25.0)	265	22.1	77.9	7.5
Health behaviour indicators				
Does not meet fruit intake recommendations	338	32.0	68.0	7.2
Meets fruit intake recommendations	461	21.6	78.4	7.7
Does not meet vegetable intake recommendations	682	28.0	72.0	7.4
Meets vegetable intake recommendations	114	13.6	86.4	8.0
Does not meet aerobic physical activity recommendations	245	30.9	69.1	7.6
Meets aerobic physical activity recommendations	539	24.8	75.2	7.4
Does not meet muscle strengthening recommendations	379	29.1	70.9	7.5
Meets muscle strengthening recommendations	312	25.1	74.9	7.3
Does not meet screen time recommendations	377	27.7	72.3	7.5
Meets screen time recommendations	389	25.3	74.7	7.4
Drinks sugar-sweetened beverages daily	34	38.3	61.7	6.8
Drinks sugar-sweetened beverages less than daily	767	25.6	74.4	7.5
Does not meet water recommendations	540	23.9	76.1	7.5
Meets water recommendations	247	33.9	66.1	7.4
Risk behaviour indicators²				
Current smoker	36	38.2	61.8	6.9
Ex-smoker	262	23.5	76.5	7.2
Never smoked	242	31.0	69.0	7.1

Current vaper	11	34.2	65.8	6.8
Ex-vaper	36	24.8	75.2	7.2
Never vaped	488	28.5	71.5	7.2
Had more than 4 standard drinks on a single occasion	289	26.3	73.7	7.2
Has not had more than 4 standard drinks	250	31.4	68.6	7.1
Gambled	89	33.7	66.3	6.8
Never gambled	452	27.0	73.0	7.2

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

3.6. Participation in desired level of physical activity

Before asking more detailed questions about participation in specific activities, all respondents were first asked whether they had been as physically active as they would have liked over the past 12 months. This section focuses on describing the demographic, health, and wellbeing characteristics of those who reported lower-than-desired activity levels. The next section will then explore the *reasons* why they were not as active as they wished. Because these individuals have already expressed an interest in being more active, supporting them to increase their participation could lead to quick gains in overall activity rates among residents.

A little over half of all respondents (56.8%) indicated that they had not participated in activities as often as they would like. Adults (61.7%) were more likely than children (30.1%) to indicate they had not participated in physical activities as often as they would have liked in the last 12 months. Amongst both males and females, the age group most likely to report they had not participated in activities as often as they would like were those aged between 18 and 49 years, as well as females aged between 50 and 69. Across the subregions, there were no significant differences recorded in the proportion of respondents who would like to participate in physical activity more often, with similar proportions of residents wanting to increase participation in each area.

There were, however, subgroups of respondents that were more likely to indicate they had not participated in as much physical activity as they would have liked when compared to others. These include:

- 4-5 person households (79.8%) compared to single (46.3%) and 2-3 person (59.1%) households
- People who were neurodivergent (71.6%) compared to not neurodivergent (53.0%)
- Employed (73.9%) compared to unemployed/retired (37.9%)
- Just getting along, poor or very poor (74.7%) compared to reasonably comfortable, very comfortable or prosperous (56.1%)
- Low (92.1%) or marginal (79.6%) food security compared to high food security (55.4%)

Table 3.6.1 Participation in desired level of physical activity by selected demographic characteristics

	Unweighted base ¹ n	Yes %	No %
Total sample	822	43.2	56.8
Children	212	69.9	30.1
Adults	604	38.3	61.7
Males	245	48.7	51.3
Females	569	37.5	62.5
Sex and age			
Males, 3 to 11	62	77.4	22.6
Males, 12 to 17	49	63.3	36.7
Males, 18 to 34	8	12.5	87.5
Males, 35 to 49	35	21.5	78.5
Males, 50 to 69	56	48.1	51.9
Males, 70+	35	71.6	28.4
Females, 3 to 11	68	67.6	32.4
Females, 12 to 17	32	68.8	31.3
Females, 18 to 34	38	17.9	82.1
Females, 35 to 49	144	23.4	76.6
Females, 50 to 69	193	33.3	66.7
Females, 70+	91	59.4	40.6
Subregion			
Campbells Creek / Guildford and surrounds	155	44.0	56.0
Castlemaine	327	40.7	59.3
Chewton / Taradale / Elphinstone and surrounds	103	36.9	63.1
Harcourt and surrounds	98	42.8	57.2
Maldon and surrounds	53	61.5	38.5
Newstead and surrounds	79	46.4	53.6
Demographic indicators			
Household size²			
1 person	128	53.7	46.3
2 or 3 people	328	40.9	59.1
4 or 5 people	138	20.2	79.8
More than 5 people	9	25.9	74.1
Born overseas	108	34.4	65.6
Born in Australia	711	44.6	55.4
Speaks other main language*	10	32.2	67.8
Speaks English as main language	808	43.4	56.6
Aboriginal and/or Torres Strait Islander*	8	48.5	51.5

Not Aboriginal or Torres Strait Islander	814	43.1	56.9
LGBTQIA+	116	44.1	55.9
Non-LGBTQIA+	701	43.0	57.0
Neurodivergent	129	28.4	71.6
Not neurodivergent	547	47.0	53.0
Maybe	88	37.9	62.1
Not sure what neurodivergent means	21	42.3	57.7
Less than Bachelor level education ²	200	39.2	60.8
Holds a Bachelor degree or higher	401	36.4	63.6
Unemployed/Retired ²	193	62.1	37.9
Employed	409	26.1	73.9
Just getting along, poor or very poor ²	146	25.3	74.7
Reasonably comfortable, very comfortable or prosperous	456	43.9	56.1
Requires help with daily activities	74	57.6	42.4
Does not require help	745	41.9	58.1
Food security (last 12 months)²			
Low or very low food security	40	7.9	92.1
Marginal food security	66	20.4	79.6
High food security	497	44.6	55.4

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 3.6.2 summarises preference to be more physically active by selected health and behaviour characteristics. Preference to be physically active was associated with most health and wellbeing indicators, except for BMI. Specifically, a greater proportion of those who self-reported their health to be fair or poor (81.3% vs 49.2%), have low to moderate life satisfaction (78.0% vs 54.4%), do not feel valued by society (73.3% vs definitely feel valued [41.3%]) or sometimes feel valued by society (68.9% vs definitely feel valued [41.3%]), and had poor mental wellbeing (83.9% vs 54.1%) did not engage in as much physical activity over the past 12 months as they would have liked compared to their counterparts who reported more positive health and wellbeing.

Desire to be more physically active was also associated with adherence to a number of health behaviour recommendations. Specifically, a greater proportion of those who did not adhere to the fruit (65.6% vs 49.4%), vegetable (60.3% vs 29.7%), aerobic physical activity (68.5% vs 52.8%), and muscle strengthening (69.1% vs 49.5%), recommendations also reported that they had not engaged in as much physical activity as they would have liked over the past 12 months compared to their counterparts who met the respective recommendations. No associations were seen according to risk behaviours.

Understanding the motivations and barriers related to participating in physical activity among groups with poorer health and wellbeing is strategically important. First, these individuals have already signalled a desire to be more active, making them an engaged audience with the potential for immediate gains if their needs are supported. Second, increasing activity levels within these groups offers substantial health benefits, given their existing lower health status and behaviours.

Table 3.6.2 Participation in desired level of physical activity by selected health and behaviour characteristics

	Unweighted base ¹	Yes	No
	n	%	%
Total sample	822	43.2	56.8
Health and wellbeing indicators			
Self-reported health - Fair or poor	132	18.7	81.3
Self-reported health - Good, very good, or excellent	611	50.8	49.2
Life satisfaction - Low to moderate (0 to 6) ²	142	22.0	78.0
Life satisfaction - High/very high (7 to 10)	401	45.6	54.4
Does not feel valued by society ²	91	26.7	73.3
Sometimes feel valued by society	269	31.1	68.9
Definitely feel valued by society	180	58.7	41.3
Poor mental wellbeing ²	144	16.1	83.9
Good mental wellbeing	460	45.9	54.1
Overweight or obese (BMI ≥25.0)	241	38.4	61.6
Normal range or underweight (BMI <25.0)	268	48.9	51.1
Health behaviour indicators			
Does not meet fruit intake recommendations	351	34.4	65.6
Meets fruit intake recommendations	461	50.6	49.4
Does not meet vegetable intake recommendations	692	39.7	60.3
Meets vegetable intake recommendations	116	70.3	29.7
Does not meet aerobic physical activity recommendations	246	31.5	68.5
Meets aerobic physical activity recommendations	550	47.2	52.8
Does not meet muscle strengthening recommendations	385	30.9	69.1
Meets muscle strengthening recommendations	318	50.5	49.5
Does not meet screen time recommendations	383	43.1	56.9
Meets screen time recommendations	389	41.4	58.6
Does not meet sleep recommendations	186	33.7	66.3
Meets sleep recommendations	609	47.3	52.7
Drinks sugar-sweetened beverages daily	36	43.9	56.1
Drinks sugar-sweetened beverages less than daily	782	43.1	56.9
Does not meet water recommendations	553	42.8	57.2
Meets water recommendations	245	45.3	54.7

Risk behaviour indicators ²			
Current smoker	37	22.0	78.0
Ex-smoker	267	43.1	56.9
Never smoked	245	36.0	64.0
Current vaper	11	17.1	82.9
Ex-vaper	38	22.7	77.3
Never vaped	495	40.0	60.0
Had more than 4 standard drinks on a single occasion	291	37.5	62.5
Has not had more than 4 standard drinks	257	38.1	61.9
Gambled	92	42.2	57.8
Never gambled	458	36.7	63.3

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

3.7. Barriers to physical activity participation

Respondents who indicated they had not participated in physical activity as frequently as they would like were asked to indicate the reasons why this was the case, from a list provided in within the survey. Table 3.7.1 summarises the barriers to physical activity participation, in order from most to least commonly reported. Being too busy or not having enough time was the main reason for not doing as much activity as desired (62.9%). Cost (27.8%), poor health or disability (24.1%), lack of social support (19.1%) and safety (18.0%) were also common barriers to engaging in physical activity as much as they would like.

Table 3.7.1 Barriers to physical activity participation

	%
Unweighted base (n)¹	
Too busy / not enough time	62.9
Cost	27.8
Poor health or disability	24.1
Lack of social support	19.1
Safety	18.0
Unsure about what activities are available	14.0
No cool or shaded areas to exercise locally during hot weather	12.5
Lack of motivation / laziness	7.8
Lack of transport	7.2
Caring responsibilities	4.9
Preferred activity not on offer locally / at suitable time	3.9
Personal or cultural reasons	3.1

Injury	2.7
Weather / seasonality	2.7
Distance	2.3
Lack of footpaths / bike paths	2.0
Tiredness / fatigue	0.4

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

The top five reported barriers to physical activity participation were analysed further according to demographic characteristics (see Table 3.7.2) and health and wellbeing indicators (see Table 3.7.3).

Reporting of being too busy or not having enough time as a barrier to physical activity differed according to some demographics but no health behaviours or risk behaviours. Specifically, a greater proportion of the following respondents reported being too busy or not having enough time as a barrier to physical activity participation:

- Adults (64.7%) compared to children (41.6%)
- Maybe neurodivergent (85.5%) and unsure what neurodivergent means (82.2%) compared to not neurodivergent (46.5%)
- Employed (75.8%) compared to unemployed/retired (23.1%)
- Does not require help with daily activities (65.4%) compared to requires help (21.6%)

A greater proportion of the following respondents reported cost to be a barrier to engaging in as much physical activity as they would like:

- Females (36.6%) compared to males (17.4%)
- Just getting along, poor or very poor (40.7%) compared to reasonably comfortable, very comfortable or prosperous (18.6%)
- Low or very low food security (66.8%) compared to high food security (18.0%)
- Low to moderate life satisfaction (46.8%) compared to high/very high life satisfaction (16.3%)
- Did not meet vegetable intake recommendations (28.7%) compared to met them (13.3%)
- Did not meet aerobic physical activity recommendations (40.4%) compared to met them (21.6%)
- Did not meet recreational screen time recommendations (36.3%) compared to met them (18.6%)
- Never gambled (31.7%) compared to gambled (11.7%) in the past 12 months

The following respondent groups were more likely to report poor health or disability as a barrier to physical activity participation:

- Requires help with daily activities (69.8%) compared to no help required (21.5%)
- Fair or poor health (52.8%) compared to good, very good or excellent health (11.3%)
- Not feeling valued by society (50.2%) compared to sometimes (18.5%) and definitely (19.2%) feeling valued by society

- Poor mental wellbeing (37.9%) compared to good mental wellbeing (17.7%)
- Did not meet the aerobic physical activity recommendations (39.2%) compared to met them (16.8%)

Lack of social support was the fourth most common barrier to physical activity, which was reported by a greater proportion of respondents from the following groups:

- Requires help with daily activities (48.0%) compared to no help required (17.4%)
- Low or very low food security (38.0%) and high food security (16.2%) compared to marginal food security (6.2%)

The fifth most common physical activity barrier was safety which was only found to be associated with neurodivergence. Specifically, a greater proportion of those who were not neurodivergent (16.3%) or are maybe neurodivergent (32.8%) reported safety as a barrier to engaging in as much physical activity as they would like compared to those who are not sure what neurodivergence means (0%).

Table 3.7.2 Top five barriers to physical activity participation by selected demographic characteristics

	Unweighted base ¹ n	Too busy / not enough time %	Cost %	Poor health or disability %	Lack of social support %	Safety %
Total sample	455	62.9	27.8	24.1	19.1	18.0
Children	64	41.6	41.8	19.0	31.0	11.3
Adults	387	64.7	26.7	24.7	17.5	18.6
Males	106	67.1	17.4	22.8	12.8	16.7
Females	346	59.5	36.6	25.1	23.7	18.9
Subregion						
Campbells Creek / Guildford and surrounds	81	66.7	19.9	25.1	10.7	11.1
Castlemaine	184	57.8	27.1	24.6	18.4	13.7
Chewton / Taradale / Elphinstone and surrounds	65	75.6	47.5	35.6	28.2	31.4
Harcourt and surrounds	54	60.9	28.8	28.4	30.1	16.5
Maldon and surrounds	26	51.2	19.8	9.0	16.3	33.8
Newstead and surrounds	39	61.3	23.1	12.4	16.7	20.0
Demographic indicators						
Born overseas	65	72.3	38.4	18.1	13.3	8.4
Born in Australia	388	61.3	25.8	25.1	20.3	19.9
Speaks other main language*	5	15.8	84.2	0.0	3.4	3.4
Speaks English as main language	447	64.0	26.6	24.4	19.5	18.4
Aboriginal and/or Torres Strait Islander*	4	0.0	74.0	80.5	80.5	6.6
Not Aboriginal or Torres Strait Islander	451	63.7	27.2	23.4	18.3	18.2
LGBTQIA+	69	54.7	42.2	39.1	29.3	25.3
Non-LGBTQIA+	383	64.6	25.0	21.2	16.8	16.4
Neurodivergent	84	46.5	40.9	35.9	30.3	20.5

Not neurodivergent	290	65.5	22.2	17.3	16.7	16.3
Maybe	50	82.2	42.5	31.9	16.7	32.8
Not sure what neurodivergent means	12	85.5	13.2	19.2	6.6	0.0
Less than Bachelor level education ²	118	64.1	31.3	26.8	13.9	21.4
Holds a Bachelor degree or higher	267	66.5	18.1	20.4	24.4	13.2
Unemployed/Retired ²	85	23.1	28.0	39.3	25.8	14.1
Employed	301	75.8	26.5	20.6	15.4	19.8
Just getting along, poor or very poor ²	114	58.7	40.7	34.3	23.5	20.7
Reasonably comfortable, very comfortable or prosperous	272	68.5	18.6	19.2	14.1	17.0
Requires help with daily activities	37	21.6	43.5	69.8	48.0	10.9
Does not require help	417	65.4	26.8	21.5	17.4	18.4
Food security (last 12 months)²						
Low or very low food security	35	66.2	66.8	41.8	38.0	25.6
Marginal food security	51	70.9	30.9	20.9	6.2	30.3
High food security	301	63.0	18.0	22.3	16.2	14.5

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 3.7.3 Top five barriers to physical activity participation by selected health and behaviour characteristics

	Unweighted base ¹ n	Too busy / not enough time %	Cost %	Poor health or disability %	Lack of social support %	Safety %
Total sample	455	62.9	27.8	24.1	19.1	18.0
Health and wellbeing indicators						
Self-reported health - Fair or poor	108	54.7	33.6	52.8	25.9	22.0

Self-reported health - Good, very good, or excellent	301	66.3	25.7	11.3	17.0	14.0
Life satisfaction - Low to moderate (0 to 6) ²	106	52.4	46.8	37.7	19.4	24.4
Life satisfaction - High/very high (7 to 10)	237	69.6	16.3	20.1	16.1	11.4
Does not feel valued by society ²	67	46.0	38.1	50.2	18.6	17.8
Sometimes feel valued by society	184	69.3	28.7	18.5	19.7	16.5
Definitely feel valued by society	91	68.0	12.6	19.2	9.2	13.4
Poor mental wellbeing ²	126	58.8	36.7	37.9	22.3	18.6
Good mental wellbeing	261	67.9	21.4	17.7	15.0	18.6
Overweight or obese (BMI ≥25.0)	160	64.9	24.0	31.4	16.5	18.1
Normal range or underweight (BMI <25.0)	133	60.5	31.9	16.7	27.4	15.4
Health behaviour indicators						
Does not meet fruit intake recommendations	237	59.5	30.7	29.1	23.4	16.9
Meets fruit intake recommendations	212	65.7	25.6	19.6	14.0	19.3
Does not meet vegetable intake recommendations	403	63.3	28.7	24.5	18.4	18.1
Meets vegetable intake recommendations	46	57.1	13.3	18.4	20.6	12.6
Does not meet aerobic physical activity recommendations	153	57.0	40.4	39.2	27.0	22.4
Meets aerobic physical activity recommendations	290	66.1	21.6	16.8	14.6	16.0
Does not meet muscle strengthening recommendations	252	60.4	29.0	27.9	22.1	21.6
Meets muscle strengthening recommendations	154	68.5	25.1	17.6	13.5	14.8
Does not meet screen time recommendations	210	55.6	36.3	27.9	22.8	17.7
Meets screen time recommendations	225	71.2	18.6	20.8	14.4	18.5
Does not meet sleep recommendations	114	71.8	24.1	34.0	21.7	9.5

Meets sleep recommendations	325	59.3	29.5	20.1	18.1	20.7
Drinks sugar-sweetened beverages daily*	24	65.4	32.4	17.4	17.1	20.8
Drinks sugar-sweetened beverages less than daily	429	62.9	27.5	24.7	19.3	17.8
Does not meet water recommendations	311	65.5	28.4	26.6	17.5	15.9
Meets water recommendations	130	54.3	26.0	15.9	21.9	25.0
Risk behaviour indicators²						
Current smoker	29	50.7	54.9	32.5	25.3	12.6
Ex-smoker	162	67.3	23.8	23.0	18.8	16.3
Never smoked	159	64.1	24.3	25.9	14.7	18.2
Current vaper*	8	68.6	91.2	12.1	76.4	40.7
Ex-vaper	29	81.3	32.1	36.3	9.1	21.1
Never vaped	309	61.4	24.4	24.7	16.5	15.1
Had more than 4 standard drinks on a single occasion	192	70.3	29.3	22.5	15.8	18.3
Has not had more than 4 standard drinks	157	54.8	26.3	29.7	19.6	14.7
Gambled	58	59.0	11.7	29.1	10.1	10.9
Never gambled	292	64.8	31.7	24.7	19.4	18.1

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

3.8. Sport, exercise and recreation participation

Respondents were asked whether they had participated in any physical activities for sport, exercise, or recreation in the 12 months prior to completing the survey. Those who answered “yes” were then asked how many such activities they had taken part in. From a list of 60 predefined activity categories, respondents could select up to five activities. Because the survey captured only respondents’ top five activities, these may not represent all activities they may have participated in. Therefore, when interpreting participation rates for each of the 60 activities, these should be viewed as the proportion of the population who consider the activity to be one of their main activities.

For each activity selected, respondents were asked a series of follow-up questions, including how frequently they participated in the past 12 months and details about the facility, venue, or place where they most often took part. This included the facility’s name, location, quality, accessibility, how respondents travelled there, and the distance travelled. While this report focuses on identifiable facilities, venues, and places, some highly used facility types (i.e., footpaths) do not appear in the analysis because they are not named and cannot be identified in the same way as venues included in subsequent sections.

3.8.1. Participation in sport, exercise and recreation activities

All respondents were asked to list up to five activities they had participated in over the past 12 months. Overall, 75.5% reported participating in at least one activity and 21.3% had participated in four or more activities. In the 2019 ALC, 8.7% of respondents reported they had not participated in any activities, whereas in 2025, 24.5% responded that they had not participated in any activities. This suggests that activity levels may have decreased over the past six years, with a greater proportion of residents reporting inactivity on this occasion. This section focusses on the demographic, health and wellbeing characteristics of inactive respondents (i.e., those who had not participated in any activities). Understanding the characteristics of residents who belong to the least active groups in the community provides a solid foundation for effectively addressing the needs of these groups.

Overall, a greater proportion of adults (27.4%) compared to children (8.9%) did not participate in any activities. Participation varied by age for females, with female children were less likely to report no participation in sport and recreational activities (5.8%) than other age groups (22.2-49.7%). A greater proportion of residents of Chewton / Taradale / Elphinstone and surrounds (39.4%) did not participate in any activities compared to Castlemaine (18.3%). Conversely, residents from Campbells Creek / Guildford and surrounds (24.8%), Castlemaine (24.1%) and Harcourt and surrounds (31.5%) participated in four or more activities compared to residents of Chewton / Taradale / Elphinstone and surrounds (7.3%).

When looking at demographic indicators, a greater proportion of respondents from the following groups reported not participating in any sport, exercise or recreation activities over the past 12 months:

- Single person (25.3%), 2-3 person (30.5%) and 4-5 person (23.9%) households compared to more than 5 person households (0%)
- Less than Bachelor level education (32.8%) compared to Bachelor degree or higher (16.4%)

Table 3.8.1.1 Participation in sport, exercise and recreational activities by selected demographic characteristics

	Unweighted base ¹ n	None %	One %	Two to three %	Four or more %
Total sample	834	24.5	16.4	37.8	21.3
Children	213	8.9	21.0	50.9	19.2
Adults	609	27.4	15.7	35.1	21.8
Males	249	19.9	16.3	37.1	26.7
Females	571	29.1	16.6	38.4	15.8
Sex and age					
Males, 3 to 11	63	4.8	25.4	52.4	17.5
Males, 12 to 17	49	10.2	24.5	40.8	24.5
Males, 18 to 34	8	29.2	12.5	29.2	29.2
Males, 35 to 49	36	24.2	12.2	27.2	36.4
Males, 50 to 69	57	20.9	8.6	38.2	32.3
Males, 70+	36	20.6	28.0	39.7	11.8
Females, 3 to 11	69	5.8	18.8	58.0	17.4
Females, 12 to 17	31	19.4	12.9	51.6	16.1
Females, 18 to 34	38	49.7	20.8	25.0	4.4
Females, 35 to 49	143	22.2	11.8	47.1	19.0
Females, 50 to 69	194	27.7	15.1	32.5	24.7
Females, 70+	93	31.8	20.7	39.7	7.8
Subregion					
Campbells Creek / Guildford and surrounds	159	20.9	12.7	41.5	24.8
Castlemaine	334	18.3	16.3	41.2	24.1
Chewton / Taradale / Elphinstone and surrounds	105	39.4	19.6	33.7	7.3
Harcourt and surrounds	99	16.8	12.2	39.5	31.5
Maldon and surrounds	52	37.6	17.5	18.9	26.0
Newstead and surrounds	78	29.9	17.1	40.5	12.4
Demographic indicators					
Household size²					
1 person	130	25.3	21.3	35.5	18.0
2 or 3 people	330	30.5	14.1	33.1	22.3
4 or 5 people	139	23.9	14.6	38.9	22.6
More than 5 people	9	0.0	26.2	40.2	33.6
Born overseas	108	31.1	7.3	41.5	20.0
Born in Australia	715	23.4	17.6	37.2	21.7
Speaks other main language*	10	65.5	14.6	17.6	2.3
Speaks English as main language	812	23.8	16.2	38.2	21.8
Aboriginal and/or Torres Strait Islander*	8	48.1	0.0	12.1	39.8

Not Aboriginal or Torres Strait Islander	820	24.0	16.7	38.1	21.1
LGBTQIA+	118	28.5	13.2	41.5	16.7
Non-LGBTQIA+	703	23.5	17.0	36.9	22.6
Neurodivergent	128	29.3	11.8	36.1	22.9
Not neurodivergent	549	22.3	14.8	39.8	23.1
Maybe	88	27.8	19.0	38.6	14.6
Not sure what neurodivergent means	21	36.5	21.1	30.9	11.5
Less than Bachelor level education ²	201	32.8	15.3	30.2	21.7
Holds a Bachelor degree or higher	403	16.4	16.3	44.9	22.4
Unemployed/Retired ²	196	25.6	20.5	34.9	18.9
Employed	410	28.0	13.1	35.4	23.5
Just getting along, poor or very poor ²	147	34.2	18.7	23.7	23.4
Reasonably comfortable, very comfortable or prosperous	460	24.4	14.2	40.2	21.2
Requires help with daily activities	75	18.3	16.8	39.5	25.4
Does not require help	748	25.0	16.4	37.5	21.2
Food security (last 12 months)²					
Low or very low food security	41	42.0	17.6	26.8	13.6
Marginal food security	66	29.6	20.9	36.1	13.3
High food security	501	25.4	14.5	35.9	24.2

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Respondents who reported lower levels of health and perceived value to society were also more likely to indicate they had not participated in any activities (see Table 3.8.1.2). For example, those who self-reported their health as fair or poor (38.8%) and did not feel valued by society (51.2%) were more likely to indicate that they had not participated in any sport, exercise or recreation activities compared to those with good, very good or excellent health (20.5%) and those who sometimes (25.4%) or definitely (15.1%) feel valued by society.

A greater proportion of respondents who failed to meet the following health behaviour recommendations were also more likely to indicate that they had not participated in any activities:

- Vegetable intake (25.9%) compared to 13.8% of those who did
- Aerobic physical activity (37.4%) compared to 19.8% of those who did
- Muscle strengthening exercise (34.1%) compared to 16.9% of those who did

Non-participation was not seen to be associated with any of the risk behaviours; however, those who had never vaped were more likely to participate in one activity (18.3%) compared to those who were current vapers (0%).

Table 3.8.1.2 Participation in sport, exercise and recreational activities by selected health and behaviour characteristics

	Unweighted base ¹ n	None %	One %	Two to three %	Four or more %
Total sample	834	24.5	16.4	37.8	21.3
Health and wellbeing indicators					
Self-reported health - Fair or poor	132	38.8	24.3	20.5	16.5
Self-reported health - Good, very good, or excellent	619	20.5	14.3	41.7	23.5
Life satisfaction - Low to moderate (0 to 6) ²	144	37.0	15.0	21.5	26.4
Life satisfaction - High/very high (7 to 10)	403	23.6	16.9	38.4	21.1
Does not feel valued by society ²	91	51.2	9.7	21.9	17.1
Sometimes feel valued by society	270	25.4	18.5	32.7	23.4
Definitely feel valued by society	182	15.1	17.8	41.7	25.3
Poor mental wellbeing ²	144	36.1	14.8	23.1	25.9
Good mental wellbeing	465	24.5	16.0	39.1	20.4
Overweight or obese (BMI ≥25.0)	242	26.2	14.6	34.9	24.2
Normal range or underweight (BMI <25.0)	269	22.9	14.3	40.2	22.5
Health behaviour indicators					
Does not meet fruit intake recommendations	350	29.1	13.3	35.0	22.7
Meets fruit intake recommendations	464	21.2	18.6	39.7	20.6
Does not meet vegetable intake recommendations	694	25.9	16.2	35.9	22.0
Meets vegetable intake recommendations	116	13.8	19.6	50.4	16.2
Does not meet aerobic physical activity recommendations	245	37.4	24.4	25.1	13.1
Meets aerobic physical activity recommendations	549	19.8	13.9	42.3	23.9
Does not meet muscle strengthening recommendations	381	34.1	17.1	30.6	18.2
Meets muscle strengthening recommendations	318	16.9	14.5	44.7	24.0
Does not meet screen time recommendations	384	26.0	14.3	38.4	21.2
Meets screen time recommendations	386	23.3	19.5	37.5	19.8
Does not meet sleep recommendations	186	31.1	20.3	26.2	22.4
Meets sleep recommendations	607	22.0	15.3	41.6	21.0
Drinks sugar-sweetened beverages daily	35	38.1	5.9	32.0	24.0
Drinks sugar-sweetened beverages less than daily	786	23.5	17.2	38.0	21.3
Does not meet water recommendations	555	25.0	17.1	37.7	20.3
Meets water recommendations	245	23.0	14.3	38.1	24.5

Risk behaviour indicators ²					
Current smoker	37	27.3	23.6	29.6	19.5
Ex-smoker	270	23.5	13.3	34.9	28.3
Never smoked	247	32.5	18.7	32.1	16.7
Current vaper	11	45.9	0.0	35.8	18.3
Ex-vaper	38	23.2	8.1	36.2	32.5
Never vaped	500	28.1	18.3	32.5	21.1
Had more than 4 standard drinks on a single occasion	294	24.4	14.9	33.0	27.7
Has not had more than 4 standard drinks	259	33.4	18.8	32.9	14.9
Gambled	93	23.2	17.9	37.1	21.8
Never gambled	462	29.4	16.5	32.0	22.1

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

3.8.2. Types of sport, exercise and recreation activities participated in

As noted earlier, respondents were asked to list up to five activities they had participated in during the 12 months prior to the survey. Because the survey only captured their top five activities, it does not include information about any additional activities they may have undertaken. Therefore, this section should be interpreted as providing insight into the most common primary activities reported by residents, rather than a complete record of all activities they may have engaged in.

Table 3.8.2.1 shows the number of respondents who had participated in each of the top 20 activities. Using all activities mentioned as the base, the Table shows how frequently respondents had participated in the activity they named amongst their top five.

Of the activities people had participated in, the five most common included:

- Walking – 17.9%
- Swimming – 9.6%
- Bush walking / Hiking – 6.8%
- Fitness: Indoor group activities / aerobics – 5.8%
- Jogging / running– 5.4%

Participation frequency was classified as *heavy* when respondents took part in an activity at least weekly, *medium* when participation occurred one to three times per month, and *light* when it occurred less than once a month. Activities with the highest rates of heavy participation were typically personal fitness activities, including weightlifting (94.1%), indoor group activities/ aerobics (88.5%) and outdoor fitness (85.2%). High levels of heavy participation were also reported for martial arts (86.5%) and netball (87.9%). In contrast, activities with the greatest proportions of light participation included bushwalking/hiking (38%), cycling for general recreation (18.2%) and mountain biking (22.1%) and tennis (18.0%).

What is unclear from these results is the extent to which the frequency of participation is a function of the activity itself, such as activities that are unstructured general recreation (e.g., bush walking and cycling) versus fitness activities that require regular payment and a commitment to scheduled classes, and the extent to which frequency of participation varies for respondent-driven reasons. To fully understand the motivations for participation in each activity, further research would be required.

Table 3.8.2.1 Activity types by frequency of participation

	Unweighted base ¹	Heavy Once a week or more often	Medium 1 to 3 times a month	Light Less than once a month
	n	%	%	%
Top 20 activities	1,392	70.4	15.5	14.0
Walking	249	83.3	11.9	4.8
Swimming	131	63.0	25.6	11.3
Bush walking / Hiking	95	38.6	23.4	38.0
Fitness: Indoor group activities / Aerobics	81	88.5	6.5	5.0
Jogging / running	75	72.3	20.7	7.0

Active play (at playgrounds / play centres)	70	76.2	17.1	6.6
Dancing / Ballet / Calisthenics	69	84.2	5.1	10.7
Cycling: General cycling for recreation	66	57.6	24.2	18.2
Fitness: Gym	64	83.3	11.4	5.3
Soccer (indoor / outdoor)	63	81.9	4.9	13.2
Australian Rules Football (AFL)	42	75.5	14.5	10.0
Tennis (indoor / outdoor)	35	67.7	14.3	18.0
Cycling: Mountain bike riding	27	54.5	23.5	22.1
Weightlifting / Body building	28	94.1	4.6	1.3
Martial arts / Tai Chi	27	86.5	9.7	3.8
Cricket (all types)	25	68.4	30.0	1.6
Netball (indoor / outdoor)	25	87.9	7.4	4.7
Basketball (indoor / outdoor)	25	82.1	1.6	16.3
Aqua aerobics	18	76.5	15.7	7.8
Fitness: Outdoor fitness / Personal training	17	85.2	12.1	2.7

¹ Base sizes include all activities mentioned by respondents aged 3 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

Tables 3.8.2.2 and 3.8.2.3 provide an overview of the demographic characteristics, health and wellbeing indicators, health behaviours and risk behaviours of respondents who engaged in each of the top ten most common sport, exercise and recreation activities. Overall, children were more likely than adults to participate in swimming, active play, dancing/ballet and soccer (indoor/outdoor). In contrast, adults were more likely to take part in walking, bush walking/hiking, group fitness classes, jogging/running, and fitness at the gym. Females were more likely than males to participate in swimming and dancing/ballet.

Participation in particular types of sport, exercise and recreational activities was associated with most demographic characteristics, and some health and wellbeing indicators, health behaviours and risk behaviours. However, no such association was evident for country of birth, life satisfaction, perceived value to society, or adherence to the fruit intake, screen time recommendations and risky alcohol consumption.

Table 3.8.2.2 Top ten activities by selected demographic characteristics

	Unweighted base ¹	Walking	Swimming	Bush walking / Hiking	Fitness: Indoor group activities / Aero	Jogging / running	Active play (at playgrounds / play centres)	Dancing / Ballet / Calisthenics	Cycling: General cycling for recreation	Fitness: Gym	Soccer (indoor / outdoor)
	n	%	%	%	%	%	%	%	%	%	%
Total sample	1,416	19.8	6.7	6.9	4.7	5.4	4.2	3.2	5.9	6.6	3.7
Children	377	3.6	13.3	1.3	0.6	2.4	10.1	8.3	3.3	1.1	14.3
Adults	1,019	23.1	5.2	8.1	5.6	6.1	3.0	2.2	6.5	7.7	1.5
Males	448	18.9	4.9	6.7	3.1	5.7	3.8	0.8	6.8	7.6	4.2
Females	951	20.8	8.8	7.3	6.8	5.0	4.4	6.4	4.9	5.4	3.0
Subregion											
Campbells Creek / Guildford and surrounds	268	21.1	2.6	12.5	2.1	4.3	2.1	5.9	9.6	2.5	5.8
Castlemaine	597	17.6	8.1	4.8	4.5	7.0	5.8	2.9	5.4	7.2	3.4
Chewton / Taradale / Elphinstone and surrounds	158	18.6	8.3	4.6	3.9	5.5	2.5	2.7	5.1	11.9	7.0
Harcourt and surrounds	179	22.2	6.6	4.1	5.6	8.5	6.8	2.5	3.2	7.2	2.4
Maldon and surrounds	73	22.4	5.3	14.5	4.4	0.5	2.6	0.5	0.9	4.8	0.0
Newstead and surrounds	130	22.7	7.8	6.3	10.1	0.8	1.1	2.8	9.4	6.6	1.4
Demographic indicators											
Household size²											
1 person	210	27.0	2.9	9.1	15.2	2.0	1.1	3.3	6.1	6.9	0.0
2 or 3 people	541	24.3	6.1	10.1	4.4	6.1	2.1	1.8	7.2	8.0	1.1
4 or 5 people	240	19.6	4.0	2.6	2.9	6.9	7.1	2.9	4.7	9.0	2.2
More than 5 people	26	12.2	6.1	8.1	0.7	16.7	0.0	0.0	8.8	0.0	8.9
Born overseas	186	21.6	5.3	7.7	2.8	5.5	7.0	1.9	10.7	3.0	3.1
Born in Australia	1,217	19.5	6.9	6.8	5.1	5.4	3.6	3.5	5.1	7.2	3.8
Speaks other main language*	11	8.5	0.0	17.1	26.9	0.0	6.8	0.0	11.0	21.3	0.0
Speaks English as main language	1,391	19.9	6.7	6.9	4.6	5.5	4.1	3.3	5.9	6.5	3.7

Aboriginal and/or Torres Strait Islander*	11	6.3	6.3	0.0	0.0	0.0	0.0	0.0	0.0	3.2	5.0
Not Aboriginal or Torres Strait Islander	1,399	20.0	6.7	7.0	4.8	5.5	4.2	3.3	6.0	6.6	3.7
LGBTQIA+	195	28.0	7.3	9.0	5.6	3.4	1.3	4.5	13.8	4.4	2.8
Non-LGBTQIA+	1,206	18.3	6.4	6.6	4.6	5.8	4.7	3.0	4.5	7.0	3.8
Neurodivergent	214	11.2	5.0	8.5	2.3	4.0	10.2	5.1	7.2	3.2	6.4
Not neurodivergent	968	20.8	7.3	5.9	4.8	6.1	2.7	2.5	5.7	6.4	3.4
Maybe	153	19.5	3.2	12.9	2.5	6.0	5.1	5.5	8.6	9.2	3.8
Not sure what neurodivergent means	25	18.3	4.7	12.5	4.7	2.3	4.3	0.0	1.2	31.5	0.0
Less than Bachelor level education ²	277	24.4	2.6	8.1	5.2	4.7	2.7	1.4	7.2	9.7	1.3
Holds a Bachelor degree or higher	738	21.4	9.1	8.2	6.4	8.1	3.3	3.4	5.5	4.6	1.8
Unemployed/Retired ²	294	33.4	4.8	7.0	7.6	4.8	1.4	0.9	2.7	9.6	0.0
Employed	724	18.3	5.4	8.7	4.7	6.7	3.7	2.8	8.4	6.7	2.2
Just getting along, poor or very poor ²	199	24.7	5.2	12.5	6.7	1.9	3.6	2.1	6.3	6.5	1.5
Reasonably comfortable, very comfortable or prosperous	819	22.6	5.2	6.7	5.3	7.5	2.7	2.2	6.6	8.0	1.5
Requires help with daily activities	132	17.6	12.6	6.4	8.9	3.7	7.8	6.0	1.1	3.1	3.4
Does not require help	1,268	20.1	6.1	7.0	4.4	5.5	3.8	3.0	6.4	6.9	3.7
Food security (last 12 months)²											
Low or very low food security	49	18.7	7.6	9.2	4.1	3.9	16.2	1.6	9.2	11.1	0.0
Marginal food security	98	18.5	3.7	6.8	6.9	1.8	2.6	3.4	1.7	11.7	3.6
High food security	871	24.1	5.2	8.2	5.6	6.8	2.0	2.1	6.9	6.9	1.3

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 3.8.2.3 Top ten activities by selected health and behaviour characteristics

	Unweighted base ¹	Walking	Swimming	Bush walking / Hiking	Fitness: Indoor group activities / Aero	Jogging / running	Active play (at playgrounds / play centres)	Dancing / Ballet / Calisthenics	Cycling: General cycling for recreation	Fitness: Gym	Soccer (indoor / outdoor)
	n	%	%	%	%	%	%	%	%	%	%
Total sample	1,416	19.8	6.7	6.9	4.7	5.4	4.2	3.2	5.9	6.6	3.7
Health and wellbeing indicators											
Self-reported health - Fair or poor	168	24.8	5.0	4.6	8.6	0.5	6.4	0.9	4.1	10.1	2.9
Self-reported health - Good, very good, or excellent	1,126	18.6	7.3	7.4	4.2	6.7	3.7	3.6	6.9	5.4	3.9
Life satisfaction - Low to moderate (0 to 6) ²	232	24.3	6.0	7.9	5.3	6.3	4.7	1.0	4.6	6.7	1.8
Life satisfaction - High/very high (7 to 10)	692	22.4	5.2	8.3	6.0	6.3	2.4	2.6	8.0	7.5	1.3
Does not feel valued by society ²	117	29.9	7.1	6.3	3.3	4.1	6.4	1.1	9.9	7.0	0.0
Sometimes feel valued by society	469	21.6	4.8	10.8	5.2	4.2	1.7	2.9	6.8	7.9	1.5
Definitely feel valued by society	328	22.0	5.6	5.3	7.3	10.1	3.4	1.7	6.6	6.7	2.0
Poor mental wellbeing ²	231	19.1	5.0	10.7	3.6	6.0	8.5	1.1	5.7	5.5	2.2
Good mental wellbeing	788	24.5	5.3	7.3	6.3	6.1	1.1	2.5	6.8	8.4	1.2
Overweight or obese (BMI ≥25.0)	402	22.4	6.0	9.2	5.8	4.5	4.7	1.2	6.2	8.9	2.4
Normal range or underweight (BMI <25.0)	495	18.8	5.5	6.0	4.5	8.2	2.9	4.7	9.4	5.8	3.6
Health behaviour indicators											
Does not meet fruit intake recommendations	556	20.6	5.5	9.9	3.2	7.5	3.7	2.8	5.8	5.2	2.8
Meets fruit intake recommendations	826	19.3	7.5	4.8	6.1	3.8	4.6	3.7	6.0	7.6	4.5
Does not meet vegetable intake recommendations	1,175	19.4	6.7	6.9	4.2	5.2	4.0	3.4	6.4	7.1	3.5
Meets vegetable intake recommendations	203	22.6	5.5	7.9	9.0	7.0	4.6	2.8	2.4	2.3	5.4
Does not meet aerobic physical activity recommendations	319	17.3	9.4	2.9	5.0	3.7	7.7	4.8	4.6	8.0	7.7

Meets aerobic physical activity recommendations	1,029	20.8	5.6	8.1	4.9	6.0	3.1	2.9	6.3	6.4	2.6
Does not meet muscle strengthening recommendations	593	18.2	7.4	6.3	3.7	5.3	5.2	3.7	5.8	2.3	5.4
Meets muscle strengthening recommendations	619	21.2	5.3	8.5	5.8	6.0	2.7	2.4	6.3	9.7	1.8
Does not meet screen time recommendations	637	19.4	6.0	8.1	4.5	4.7	3.9	2.9	4.7	7.6	3.9
Meets screen time recommendations	672	21.4	6.9	6.3	5.6	6.8	3.8	3.2	7.4	5.6	3.0
Does not meet sleep recommendations	253	19.1	5.4	8.6	5.8	4.9	5.5	1.4	3.8	6.8	3.6
Meets sleep recommendations	1,097	19.7	6.9	6.6	4.7	5.7	3.7	3.8	6.6	6.1	3.5
Drinks sugar-sweetened beverages daily	54	24.1	4.5	2.0	3.4	0.4	1.4	1.3	0.0	17.3	0.0
Drinks sugar-sweetened beverages less than daily	1,343	19.6	6.8	7.2	4.8	5.7	4.2	3.3	6.3	5.9	3.9
Does not meet water recommendations	915	20.9	6.1	7.4	5.1	4.6	4.2	2.3	6.2	6.5	3.0
Meets water recommendations	452	16.5	7.4	5.7	4.2	7.7	3.8	6.2	4.9	6.4	5.7
Risk behaviour indicators²											
Current smoker	65	20.4	7.0	11.6	4.8	1.4	14.8	3.0	9.8	0.0	1.4
Ex-smoker	478	22.9	5.8	8.1	5.8	5.8	1.1	2.7	6.9	9.1	1.4
Never smoked	389	23.3	4.5	7.4	6.0	8.1	2.3	1.3	6.6	6.8	1.5
Current vaper	19	18.1	5.5	24.5	1.6	4.6	5.5	0.0	21.6	0.0	0.0
Ex-vaper	76	15.8	3.6	8.0	5.0	4.2	11.6	2.7	7.0	6.4	3.6
Never vaped	826	23.9	5.4	7.6	6.0	6.7	1.8	2.1	6.7	7.6	1.2
Had more than 4 standard drinks on a single occasion	511	20.3	3.9	8.7	5.1	5.6	3.8	2.6	6.9	8.1	0.7
Has not had more than 4 standard drinks	418	26.9	7.8	7.1	7.0	7.6	1.7	1.3	7.3	5.8	2.7
Gambled	148	26.1	4.7	1.9	7.0	5.1	5.9	0.1	5.3	10.1	0.6
Never gambled	784	21.9	5.6	10.0	5.4	6.7	2.1	2.7	7.5	6.4	1.7

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

3.8.3. Facilities for sport, exercise and recreational activities

Table 3.8.3 presents the top 20 facilities respondents identified as places where they participate in their main activities. For each facility, the table shows how frequently users engage in the associated activity. This highlights which facilities are used most often (those with a high proportion of daily or weekly users) and where there may be opportunities to increase usage (facilities where users participate monthly or less).

Castlemaine Botanic Gardens was noted as the most commonly used place where respondents participated in their main activities. People who used the following venues for their main activities were more likely to be heavy users (once a week or more):

- Real Strength, Castlemaine (100%)
- Etty St Gymnasium (94.7%)
- Maine Fitness (94.7%)
- Harcourt Recreation Reserve (92.3%)
- Over the Moon Studio (87.6%)

Some of the facilities that were commonly used for main activities but frequented less often (used less than once a month) included:

- Goldfields Track (38.8%)
- Castlemaine War Memorial Stadium (37.3%)
- Castlemaine Diggings National Heritage (25.6%)
- Wesley Hill Sporting Precinct (24.9%)
- Castlemaine Lawn Tennis Club (24.0%)

While lower participation rates may simply reflect the seasonal or naturally irregular nature of certain activities, or the smaller populations served by some facilities (such as those in small towns), it is still valuable to explore opportunities to increase how often these facilities and spaces are used. However, the small sample sizes for some facilities may limit how well these findings represent the broader population, so results should be interpreted with caution.

Table 3.8.3 Main recreational facilities used by frequency of activity

	Unweighted base ¹	Heavy Once a week or more often	Medium 1 to 3 times a month	Light Less than once a month
	n	%	%	%
Top 20 facilities	1,428			
Castlemaine Botanic Gardens	115	82.5	14.1	3.4
Wesley Hill Sporting Precinct	45	61.7	13.4	24.9
Gurri Wanyarra Wellbeing Centre	44	56.5	23.8	19.7
Camp Reserve, Castlemaine	36	84.4	8.5	7.1
Castlemaine Fitness & Leisure Centre	33	67.5	24.3	8.2
Chewton Soldiers' Memorial Park	32	87.4	5.0	7.6
Etty St Gymnasium	25	94.7	0.0	5.3
Over the Moon Studio	21	87.6	2.8	9.6
Campbells Creek Trail	20	84.4	8.7	6.8
Castlemaine Circus	19	73.2	26.8	0.0
Maine Fitness	19	94.7	1.9	3.4
Castlemaine Diggings National Heritage	18	66.2	8.2	25.6
Goldfields Track	17	28.8	32.4	38.8
Harcourt Recreation Reserve	17	92.3	7.7	0.0
Kyneton Toyota Sports & Aquatic Centre	14	80.4	19.6	0.0
Castlemaine Outdoor Pool	13	54.7	45.3	0.0
Castlemaine War Memorial Stadium	13	55.9	6.7	37.3
Real Strength, Castlemaine	13	100.0	0.0	0.0
Castlemaine Lawn Tennis Club	12	36.5	39.5	24.0
Newstead Recreation Reserve	11	80.5	11.8	7.7

¹ Base sizes include respondents aged 3 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

3.8.4. Travel to get to and from activities and their facilities

Respondents were asked about the main forms of transport they used to travel to and from their main activities. Table 3.8.4.1 summarises the transport modes used for each activity. Because respondents may use different forms of transport for different activities, and because the transport questions referred specifically to travel for each activity, the base for this analysis is all activities reported rather than all respondents.

Approximately 63.3% had been accessed via car while around 32.2% were accessed via active transportation, including 22.1% on foot and 10.1% via cycling. Few (0.9%) used public transport, taxis, or Uber to get to or from their main activities. As might be expected, where the activity is also a mode of transport (walking, jogging/running or cycling), respondents often mentioned accessing their activity via this same mode. The following activities were almost always accessed via car:

- Basketball (100%)
- Soccer (93.5%)
- Tennis (90.0%)
- Fitness: Gym (85.6%)
- Dancing/ ballet (83.0%)

Of the main activities that residents had participated in, residents had travelled the furthest to go cycling for recreation (26.7 kilometres on average), followed by swimming (21.1 kilometres) and aqua aerobics (18.5 kilometres). Residents had to travel the least distance for jogging or running (3.1 kilometres), active play (4.5 kilometres) and weightlifting / body building (4.6 kilometres), suggesting that these are more accessible activity options.

Table 3.8.4.1 Travel to and from main activities

	Unweighted base ¹	Car	Walking	Bicycle	Public transport / taxi / Uber	Average kilometres travelled ²
	n	%	%	%	%	#
Top 20 activities	1,369	63.3	22.1	10.1	0.9	15.2
Walking	245	42.4	54.5	0.2	0.0	9.9
Swimming	130	77.2	10.3	10.8	0.5	21.1
Bush walking / Hiking	95	58.2	33.2	0.4	2.8	18.1
Fitness: Indoor group activities / Aerobics	81	81.7	9.6	2.3	2.3	5.7
Jogging / running	73	36.5	53.1	2.7	0.0	3.1
Active play (at playgrounds / play centres)	67	72.1	19.5	4.3	0.8	4.5
Dancing / Ballet / Calisthenics	67	83.0	5.9	11.1	0.0	6.9
Cycling: General cycling for recreation	63	12.6	3.8	83.2	0.4	26.7
Fitness: Gym	63	85.6	8.0	2.3	0.0	11.4
Soccer (indoor / outdoor)	62	93.5	3.9	0.0	2.6	11.7
Australian Rules Football (AFL)	42	82.1	5.5	10.5	1.9	14.1
Tennis (indoor / outdoor)	35	90.0	2.9	7.1	0.0	9.1
Cycling: Mountain bike riding	27	47.6	1.5	49.4	0.0	10.5
Weightlifting / Body building	28	78.5	7.8	1.3	0.0	4.6
Martial arts / Tai Chi	27	69.8	8.8	10.5	10.9	12.2
Cricket (all types)	25	79.4	5.2	12.8	2.6	6.6
Netball (indoor / outdoor)	25	67.9	29.5	2.6	0.0	4.8
Basketball (indoor / outdoor)	25	100.0	0.0	0.0	0.0	15.8
Aqua aerobics	18	70.2	11.6	3.9	14.3	18.5
Fitness: Outdoor fitness / Personal training	17	41.6	22.4	8.5	0.0	7.8

¹ Base sizes include all activities mentioned by respondents aged 3 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² The unweighted base for kilometres travelled differs from mode of transport base because it is a separate variable, and some respondents did not provide a response to this question.

Table 3.8.4.2 shows the average travel distance to get to particular facilities was 15.2 kilometres. Across Mount Alexander Shire, no differences in travel methods were seen according to subregions.

The facilities/spaces that residents most frequently reported driving by car were those that are used mostly for fitness and indoor sports, including:

- Real Strength, Castlemaine (100%)
- Harcourt Recreation Reserve (93.4%)
- Castlemaine War Memorial Stadium (92.3%)
- Etty St Gymnasium (91.2%)
- Gurri Wanyarra Wellbeing Centre (90.2%)

Conversely, residents most frequently reported walking to the following facilities/spaces that are typically used for more unstructured recreational activities:

- Castlemaine Diggings National Heritage (62.8%)
- Campbells Creek Trail (50.3%)
- Newstead Recreation Reserve (47.7%)

Cycling was commonly reported as the main method of travel to get to the Castlemaine Outdoor Pool (29.8%), followed by Campbells Creek Trail (26.1%) and Camp Reserve, Castlemaine (24.8%). Residents were travelling furthest to get to Gurri Wanyarra Wellbeing Centre (35.2 kilometres) and Kyneton Toyota Sports & Aquatic Centre (26.0 kilometres).

Table 3.8.4.2 Travel to and from main activity facilities

	Unweighted base ¹	Car	Walking	Bicycle	Public transport / taxi / Uber	Average kms travelled ²
	n	%	%	%	%	#
Total sample	1,369	63.3	22.1	10.1	0.9	15.2
Subregion						
Campbells Creek / Guildford and surrounds	256	55.4	23.8	16.3	0.9	9.8
Castlemaine	569	61.3	21.9	12.2	0.9	8.6
Chewton / Taradale / Elphinstone and surrounds	153	67.0	22.0	4.1	3.1	21.2
Harcourt and surrounds	175	73.6	16.3	7.2	0.0	9.3
Maldon and surrounds	73	65.8	25.7	0.8	1.3	62.9
Newstead and surrounds	132	67.2	23.5	7.7	0.0	19.4
Top 20 facilities						
Castlemaine Botanic Gardens	114	81.2	14.9	3.9	0.0	4.9
Wesley Hill Sporting Precinct	45	85.4	8.5	6.1	0.0	5.2
Gurri Wanyarra Wellbeing Centre	44	90.2	0.0	0.0	4.3	35.2
Camp Reserve, Castlemaine	36	67.1	3.6	24.8	0.0	8.9
Castlemaine Fitness & Leisure Centre	33	74.1	13.6	12.3	0.0	4.5
Chewton Soldiers' Memorial Park	32	88.6	5.4	0.0	6.0	11.4
Etty St Gymnasium	25	91.2	0.0	8.8	0.0	6.2
Over the Moon Studio	21	86.3	13.7	0.0	0.0	5.1
Campbells Creek Trail	20	18.2	50.3	26.1	0.0	3.7
Castlemaine Circus	19	80.8	10.9	8.3	0.0	3.5
Maine Fitness	19	88.2	7.8	4.0	0.0	4.8
Castlemaine Diggings National Heritage	18	25.3	62.8	12.0	0.0	2.0
Goldfields Track	17	58.1	24.0	10.0	0.0	4.4
Harcourt Recreation Reserve	17	93.4	0.0	0.0	6.6	8.7

Kyneton Toyota Sports & Aquatic Centre	14	78.9	21.1	0.0	0.0	26.0
Castlemaine Outdoor Pool	13	34.5	35.7	29.8	0.0	2.1
Castlemaine War Memorial Stadium	13	92.3	7.7	0.0	0.0	5.2
Real Strength, Castlemaine	13	100.0	0.0	0.0	0.0	4.6
Castlemaine Lawn Tennis Club	12	83.0	10.9	6.0	0.0	3.4
Newstead Recreation Reserve	11	52.3	47.7	0.0	0.0	1.9

¹ Base sizes include all activities mentioned by respondents aged 3 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² The unweighted base for kilometres travelled differs from mode of transport base because it is a separate variable, and some respondents did not provide a response to this question.

3.8.5. Quality and accessibility of facilities available for main activities

Respondents rated the quality and accessibility of the facilities they used for each activity on a five-point scale: *Excellent, Good, Average, Poor, and Very Poor*. For analysis, the ratings were grouped into two categories: *Average, Poor, and Very Poor* were combined into one group, and *Good and Excellent* were combined into another. Tables 3.8.5.1 and 3.8.5.2 present these results according to facilities where people engage in the most reported activities.

The highest quality ratings were received for the facilities or spaces where people participated in fitness related activities (gym, group activities and personal training), netball and mountain bike riding. Facilities for personal training, group fitness, and mount biking also received the highest accessibility ratings. Additionally, facilities used for aqua aerobics and jogging were rated as highly accessible.

The lowest ratings for quality and accessibility were received for team sports such as cricket, football, soccer and basketball. Reviewing the suggested improvements for traditional team sport facilities will go some way to understanding low quality and accessibility ratings for these facilities (refer to Section 5.4).

Table 3.8.5.1 Quality of facilities by activity

	Unweighted base ¹	Very poor to average quality	Good to excellent quality
	N	%	%
Top 20 activities	1,371		
Walking	245	26.8	73.2
Swimming	130	32.7	67.3
Bush walking / Hiking	95	20.4	79.6
Fitness: Indoor group activities / Aerobics	80	8.8	91.2
Jogging / running	74	21.7	78.3
Active play (at playgrounds / play centre)	68	28.4	71.6
Dancing / Ballet / Calisthenics	68	20.1	79.9
Cycling: General cycling for recreation	62	44.1	55.9
Fitness: Gym	63	10.0	90.0
Soccer (indoor / outdoor)	62	47.8	52.2
Australian Rules Football (AFL)	42	52.1	47.9
Tennis (indoor / outdoor)	35	23.8	76.2
Cycling: Mountain bike riding	27	19.8	80.2
Weightlifting / Body building	28	31.8	68.2
Martial arts / Tai Chi	26	41.7	58.3
Cricket (all types)	25	78.8	21.2
Netball (indoor / outdoor)	25	9.3	90.7
Basketball (indoor / outdoor)	25	45.4	54.6
Aqua aerobics	18	22.1	77.9
Fitness: Outdoor fitness / Personal training	17	14.3	85.7

¹ Base sizes include all activities mentioned by respondents aged 3 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

Table 3.8.5.2 Accessibility of facilities by activity

	Unweighted base ¹	Very poor to average access	Good to excellent access
	N	%	%
Top 20 activities	1,368		
Walking	245	26.1	73.9
Swimming	129	31.8	68.2
Bush walking / Hiking	95	27.0	73.0
Fitness: Indoor group activities / Aerobics	80	7.7	92.3
Jogging / running	72	16.2	83.8
Active play (at playgrounds / play centre)	68	27.9	72.1
Dancing / Ballet / Calisthenics	68	29.2	70.8
Cycling: General cycling for recreation	61	38.9	61.1
Fitness: Gym	63	17.0	83.0
Soccer (indoor / outdoor)	62	62.3	37.7
Australian Rules Football (AFL)	42	54.4	45.6
Tennis (indoor / outdoor)	35	25.5	74.5
Cycling: Mountain bike riding	27	8.8	91.2
Weightlifting / Body building	28	23.6	76.4
Martial arts / Tai Chi	27	40.0	60.0
Cricket (all types)	25	73.7	26.3
Netball (indoor / outdoor)	25	19.3	80.7
Basketball (indoor / outdoor)	25	43.8	56.2
Aqua aerobics	18	11.8	88.2
Fitness: Outdoor fitness / Personal training	17	14.3	85.7

¹ Base sizes include all activities mentioned by respondents aged 3 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

3.8.6. Quality and accessibility of specific facilities

Tables 3.8.6.1 and 3.8.6.2 shows the quality and accessibility ratings provided for the top 20 facilities, venues and places respondents had used for their main activities in the last 12 months.

The five facilities or spaces with the highest proportion of good and excellent ratings for quality were:

- Kyneton Toyota Sports & Aquatic Centre (100%)
- Over the Moon Studio (100%)
- Newstead Recreation Reserve (97.5%)
- Real Strength, Castlemaine (96.7%)
- Gurri Wanyarra Wellbeing Centre (93.0%)

The same facilities were ranked highly for accessibility:

- Over the Moon Studio (100%)
- Newstead Recreation Reserve (97.5%)
- Real Strength, Castlemaine (96.7%)
- Kyneton Toyota Sports & Aquatic Centre (93.8%)
- Gurri Wanyarra Wellbeing Centre (91.6%)

The facilities or spaces with less than half of respondents rating them as good or excellent in quality were:

- Castlemaine Outdoor Pool (22.2%)
- Castlemaine Fitness & Leisure Centre (25.1%)
- Castlemaine Circus (48.6%)
- Castlemaine Lawn Tennis Club (48.6%)

Overall accessibility ratings were generally more positive than quality ratings for facilities and spaces where people engage in sports, exercise and recreational activities. There were two facilities with less than 50% of respondents rating them as good or excellent in accessibility, including Castlemaine Outdoor Pool (35.2%) and Camp Reserve (45.5%).

Understanding which facilities and spaces receive the lowest ratings from users helps identify where improvements to quality and accessibility are most needed. Importantly, gathering this feedback ensures that future investments align with actual community needs, rather than relying solely on usage patterns or assumptions about what people value. This helps avoid misdirected spending and supports more effective, targeted upgrades. In turn, addressing these user-identified issues can increase participation, reduce barriers to access, and contribute to a more positive and inclusive overall user experience. More nuanced feedback and suggested improvements to facilities and spaces are presented in Section 5.4.3.

Table 3.8.6.1 Quality ratings for most used facilities or spaces

	Unweighted base ¹ N	Very poor to average quality %	Good to excellent quality %
Top 20 facilities	1,371		
Castlemaine Botanic Gardens	115	18.7	81.3
Wesley Hill Sporting Precinct	45	25.3	74.7

Gurri Wanyarra Wellbeing Centre	44	7.0	93.0
Camp Reserve, Castlemaine	36	50.0	50.0
Castlemaine Fitness & Leisure Centre	33	74.9	25.1
Chewton Soldiers' Memorial Park	32	40.3	59.7
Etty St Gymnasium	25	30.9	69.1
Over the Moon Studio	21	0.0	100.0
Campbells Creek Trail	20	17.7	82.3
Castlemaine Circus	19	51.4	48.6
Maine Fitness	19	7.5	92.5
Castlemaine Diggings National Heritage	18	19.1	80.9
Goldfields Track	17	9.4	90.6
Harcourt Recreation Reserve	17	14.8	85.2
Kyneton Toyota Sports & Aquatic Centre	14	0.0	100.0
Castlemaine Outdoor Pool	13	77.8	22.2
Castlemaine War Memorial Stadium	13	12.8	87.2
Real Strength, Castlemaine	13	3.3	96.7
Castlemaine Lawn Tennis Club	12	51.4	48.6
Newstead Recreation Reserve	11	2.5	97.5

¹ Base sizes include all activities mentioned by respondents aged 3 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

Table 3.8.6.2 Accessibility ratings for most used facilities or spaces

	Unweighted base ¹	Very poor to average access	Good to excellent access
	N	%	%
Top 20 facilities	1,368		
Castlemaine Botanic Gardens	115	18.3	81.7
Wesley Hill Sporting Precinct	45	34.9	65.1
Gurri Wanyarra Wellbeing Centre	44	8.4	91.6
Camp Reserve, Castlemaine	36	54.5	45.5
Castlemaine Fitness & Leisure Centre	33	49.4	50.6
Chewton Soldiers' Memorial Park	32	45.8	54.2
Etty St Gymnasium	25	48.0	52.0
Over the Moon Studio	21	0.0	100.0
Campbells Creek Trail	20	17.7	82.3
Castlemaine Circus	19	41.0	59.0
Maine Fitness	19	36.2	63.8
Castlemaine Diggings National Heritage	18	33.7	66.3
Goldfields Track	17	28.7	71.3

Harcourt Recreation Reserve	17	44.0	56.0
Kyneton Toyota Sports & Aquatic Centre	13	6.2	93.8
Castlemaine Outdoor Pool	13	64.8	35.2
Castlemaine War Memorial Stadium	13	8.7	91.3
Real Strength, Castlemaine	13	3.3	96.7
Castlemaine Lawn Tennis Club	12	30.3	69.7
Newstead Recreation Reserve	11	2.5	97.5

¹ Base sizes include all activities mentioned by respondents aged 3 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

3.9. Perceived ease of being physically active in local area

Respondents were asked about their perceived ease of being physically active in their local area, with response options ranging from strongly agree to strongly disagree. Table 3.9.1 provides a detailed overview of responses according to selected demographic characteristics. Overall, 70.2% reported agreeing that it is easy to be physically active in their local area, with the proportion being slightly higher among males (76.7%) compared to females (63.4%). When looking at the responses by sex and age, both males (82.0%) and females (84.1%) aged 3 to 11 years were the most likely to report agreeing that it is easy to be physically active in the local area. There were no differences seen according to subregions.

The following demographic groups were less likely to agree that it was easy to be physically active in their local area and may benefit from targeted interventions to increase awareness of opportunities for local physical activity:

- 4-5 person households (54.6%) compared to single person households (76.9%)
- Neurodivergent (50.0%) compared to not neurodivergent (74.3%) and unsure what neurodivergent means (85.3%)
- Just getting along, poor or very poor (57.2%) compared to reasonably comfortable, very comfortable or prosperous (75.0%)
- Low or very low food security (38.6%) and marginal (49.8%) compared to high (76.2%) food security

Table 3.9.1 Perceived ease of being physically active in local area by selected demographic characteristics

	Unweighted base ¹	Strongly agree/ Agree	Neutral	Strongly disagree / Disagree
	n	%	%	%
Total sample	829	70.2	15.4	14.5
Children	215	73.1	12.5	14.4
Adults	608	69.5	16.0	14.5
Males	249	76.7	10.5	12.8
Females	572	63.4	20.5	16.1
Sex and age				

Males, 3 to 11	61	82.0	9.8	8.2
Males, 12 to 17	52	57.7	19.2	23.1
Males, 18 to 34	8	64.6	0.0	35.4
Males, 35 to 49	35	81.6	15.3	3.1
Males, 50 to 69	57	77.2	10.4	12.3
Males, 70+	36	80.9	7.4	11.8
Females, 3 to 11	69	84.1	11.6	4.3
Females, 12 to 17	32	62.5	9.4	28.1
Females, 18 to 34	38	33.0	39.3	27.8
Females, 35 to 49	144	66.6	20.7	12.6
Females, 50 to 69	193	67.0	17.4	15.6
Females, 70+	93	78.8	12.3	9.0
Subregion				
Campbells Creek / Guildford and surrounds	157	78.8	9.9	11.2
Castlemaine	328	75.2	11.1	13.7
Chewton / Taradale / Elphinstone and surrounds	105	60.8	17.6	21.5
Harcourt and surrounds	99	64.0	17.1	18.9
Maldon and surrounds	53	69.0	15.1	16.0
Newstead and surrounds	80	61.4	28.5	10.1
Demographic indicators				
Household size²				
1 person	130	76.9	11.8	11.3
2 or 3 people	330	72.5	15.2	12.2
4 or 5 people	138	54.6	23.2	22.2
More than 5 people	9	76.5	0.0	23.5
Born overseas	108	67.5	18.1	14.4
Born in Australia	718	70.5	15.0	14.6
Speaks other main language*	10	22.2	8.4	69.4
Speaks English as main language	815	70.9	15.5	13.5
Aboriginal and/or Torres Strait Islander*	8	61.9	0.0	38.1
Not Aboriginal or Torres Strait Islander	821	70.3	15.6	14.2
LGBTQIA+	118	61.4	11.4	27.2
Non-LGBTQIA+	706	72.0	16.1	11.9
Neurodivergent	130	50.0	14.0	36.0
Not neurodivergent	551	74.3	14.5	11.2
Maybe	87	68.6	24.8	6.6
Not sure what neurodivergent means	21	85.3	5.9	8.8
Less than Bachelor level education ²	200	66.4	17.7	15.9
Holds a Bachelor degree or higher	403	75.9	12.8	11.3
Unemployed/Retired ²	195	71.0	17.0	12.0
Employed	410	69.0	15.3	15.6

Just getting along, poor or very poor ²	147	57.2	21.7	21.2
Reasonably comfortable, very comfortable or prosperous	459	75.0	13.3	11.6
Requires help with daily activities	74	60.8	13.0	26.2
Does not require help	752	70.9	15.6	13.5
Food security (last 12 months)²				
Low or very low food security	40	38.6	35.2	26.2
Marginal food security	66	49.8	31.3	18.8
High food security	501	76.2	11.3	12.5

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 3.9.2 presents the findings by selected health and behaviour characteristics. Perceived ease of being physically active was associated with all health and wellbeing indicators, except for BMI. Specifically, a lower proportion of those with fair or poor health (38.4% vs 79.4%), with low to moderate life satisfaction (50.1% vs 76.6%), who did not feel valued by society (48.5% vs definitely feel valued [83.9%]) or sometimes feel valued by society (68.1% vs definitely feel valued [83.9%]), and had poor mental wellbeing (49.5% vs 76.4%) agreed that it is easy to be physically active in their local area compared to their counterparts with more positive health and wellbeing indicators.

Perceived ease of being physically active was associated with aerobic physical activity and muscle strengthening behaviours. Respondents who did not meet the aerobic physical activity (48.0%) and muscle strengthening (56.1%) recommendations were less likely to agree that it is easy to be physically active in their local area compared to those who met aerobic activity (78.4%) and muscle strengthening (82.7%) recommendations.

Gambling was the only risk behaviour associated with perceived ease of being active in the local area. Specifically, a higher proportion of those who had not engaged in gambling in the past 12 months (18.5%) disagreed with the statement compared to those who had (3.4%).

Table 3.9.2 Perceived ease of being physically active in local area by selected health and behaviour characteristics

	Unweighted base ¹	Strongly agree/ Agree	Neutral	Strongly disagree / Disagree
	n	%	%	%
Total sample	829	70.2	15.4	14.5
Health and wellbeing indicators				
Self-reported health - Fair or poor	132	38.4	26.6	34.9
Self-reported health - Good, very good, or excellent	616	79.4	11.6	9.0
Life satisfaction - Low to moderate (0 to 6) ²	143	50.1	23.7	26.2
Life satisfaction - High/very high (7 to 10)	403	76.6	12.7	10.7
Does not feel valued by society ²	91	48.5	20.4	31.1
Sometimes feel valued by society	269	68.1	19.4	12.5
Definitely feel valued by society	182	83.9	7.6	8.5

Poor mental wellbeing ²	144	49.5	19.5	31.0
Good mental wellbeing	464	76.4	14.8	8.9
Overweight or obese (BMI ≥25.0)	242	70.6	12.3	17.2
Normal range or underweight (BMI <25.0)	269	72.3	15.0	12.6
Health behaviour indicators				
Does not meet fruit intake recommendations	352	67.2	16.5	16.3
Meets fruit intake recommendations	466	72.9	13.9	13.2
Does not meet vegetable intake recommendations	698	68.8	15.8	15.5
Meets vegetable intake recommendations	116	80.1	13.6	6.2
Does not meet aerobic physical activity recommendations	248	48.0	21.9	30.2
Meets aerobic physical activity recommendations	552	78.4	13.2	8.4
Does not meet muscle strengthening recommendations	387	56.1	20.9	23.0
Meets muscle strengthening recommendations	319	82.7	11.2	6.1
Does not meet screen time recommendations	387	68.2	17.6	14.2
Meets screen time recommendations	390	71.6	12.8	15.6
Does not meet sleep recommendations	187	62.4	25.2	12.4
Meets sleep recommendations	612	73.3	11.8	14.9
Drinks sugar-sweetened beverages daily	36	56.9	34.7	8.3
Drinks sugar-sweetened beverages less than daily	788	71.1	14.1	14.9
Does not meet water recommendations	556	73.0	13.8	13.2
Meets water recommendations	248	61.1	20.6	18.3
Risk behaviour indicators²				
Current smoker	37	53.3	17.0	29.7
Ex-smoker	269	74.6	13.5	11.9
Never smoked	247	65.0	19.1	15.8
Current vaper	11	60.2	8.0	31.8
Ex-vaper	38	63.8	26.6	9.6
Never vaped	499	68.8	15.7	15.5
Had more than 4 standard drinks on a single occasion	294	69.6	17.8	12.6
Has not had more than 4 standard drinks	258	66.0	14.7	19.3
Gambled	93	78.9	17.7	3.4
Never gambled	461	65.5	16.1	18.5

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

4. Diet

The following section summarises the findings regarding a range of dietary factors that respondents were asked about. This includes food security, fruit and vegetable consumption and barriers to consuming sufficient volumes of fruit and vegetables, water intake, sugar sweetened beverage consumption and perceived ease of access to healthy food in the local area. Results in this section are for all respondents, unless otherwise indicated, and weighting has been applied.

4.1. Food security

Food security was measured using the valid and widely used 10-item USDA food security module¹⁰. Respondents were asked a series of 10 questions regarding their experiences over the 12 months prior to survey completion. Questions focused on worrying about food running out, food not lasting and inability to afford more, affordability of balanced meals, cutting meal size or skipping meals due to lack of money, eating less than felt needed, hunger due to inability to afford food, weight loss due to lack of food, and frequency of these experiences. Respondents were categorised as having high food security if they provided no indications of food-access problems or limitations, and marginal food security if they reported some concern or anxiety about food sufficient but little or no actual change in diet or food intake. Conversely, respondents were categorised as having low food security if they reported a reduced quality and/or variety of their diet, and very low food security if they reported disrupted eating patterns and reduced intake.

Table 4.1.1 provides a summary of food security among 2025 ALC adult respondents according to their demographic characteristics. Overall, 78.2% of respondents had high food security and 9.1% had low or very low food security. Proportionate differences in food security were seen for some demographic characteristics, with some notable differences as follows:

- Females less likely to report high food security (70.2%) compared to males (86.2%)
- Maybe neurodivergent more likely to report low food security (21.8%) compared to those unsure what neurodivergent means (0%)
- Less than Bachelor level education more likely to report very low food security (5.6%) compared to Bachelor degree or higher (0.1%)
- Just getting along, poor or very poor more likely to report very low food security (10.3%) compared to reasonably comfortable, very comfortable or prosperous (0.9%)

Table 4.1.1 Adult food security by selected demographic characteristics

	Unweighted base ¹ n	High food security %	Marginal food security %	Low food security %	Very low food security %
Total sample	609	78.2	12.6	5.4	3.7
Sex and age					
Males	137	86.2	8.5	4.1	1.2
Females	468	70.2	16.7	6.7	6.3

¹⁰ U.S. Department of Agriculture, Economic Research Service. (2012). U.S. Household Food Security Survey Module: Three-Stage Design, With Screeners. September 2012 Revision. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/survey-tools>

Males, 18 to 34	8	70.8	22.9	6.3	0.0
Males, 35 to 49	36	75.8	10.6	13.6	0.0
Males, 50 to 69	57	93.4	3.8	0.0	2.8
Males, 70+	36	89.7	8.8	1.5	0.0
Females, 18 to 34	38	42.3	37.8	5.0	14.9
Females, 35 to 49	144	74.3	15.3	8.1	2.3
Females, 50 to 69	194	74.4	11.1	8.9	5.5
Females, 70+	92	93.2	2.3	2.8	1.7
Subregion					
Campbells Creek / Guildford and surrounds	109	85.3	12.2	2.4	0.0
Castlemaine	255	75.9	12.3	5.2	6.5
Chewton / Taradale / Elphinstone and surrounds	77	81.3	6.5	11.1	1.2
Harcourt and surrounds	62	83.2	10.2	4.4	2.2
Maldon and surrounds	42	84.7	9.3	3.7	2.2
Newstead and surrounds	58	65.0	28.0	0.4	6.6
Demographic indicators					
Household size					
1 person	129	76.0	9.7	5.0	9.3
2 or 3 people	331	85.8	7.7	5.2	1.3
4 or 5 people	139	60.8	25.8	6.9	6.5
More than 5 people	9	63.8	36.2	0.0	0.0
Born overseas	99	77.1	9.3	5.7	7.9
Born in Australia	508	78.4	13.3	5.4	3.0
Speaks other main language*	9	100.0	0.0	0.0	0.0
Speaks English as main language	597	77.8	12.9	5.5	3.8
Aboriginal and/or Torres Strait Islander*	6	58.3	3.7	0.0	38.0
Not Aboriginal or Torres Strait Islander	603	78.5	12.8	5.5	3.2
LGBTQIA+	99	79.9	8.8	1.3	10.0
Non-LGBTQIA+	507	77.8	13.6	6.4	2.3
Neurodivergent	79	63.2	13.8	5.9	17.1
Not neurodivergent	414	82.8	12.6	3.6	1.0
Maybe	61	68.3	9.4	21.8	0.5
Not sure what neurodivergent means	19	62.6	29.5	0.0	8.0
Less than Bachelor level education	201	73.0	14.9	6.5	5.6
Holds a Bachelor degree or higher	404	88.0	8.5	3.4	0.1
Unemployed/Retired	196	85.4	8.0	3.4	3.2
Employed	411	74.7	15.0	6.5	3.8
Just getting along, poor or very poor	147	49.5	24.1	16.0	10.3
Reasonably comfortable, very comfortable or prosperous	461	90.7	7.6	0.8	0.9
Requires help with daily activities	38	58.2	18.2	10.9	12.7
Does not require help	570	79.5	12.3	5.1	3.2

¹ Base sizes include respondents aged 18 years and above living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

* Significance testing not conducted due to small base size.

Table 4.1.2 provides an overview of food security according to selected health and behaviour characteristics of the 2025 ALC sample. Food security was associated with self-reported health, life satisfaction and perceived value to society. A lower proportion of those with fair or poor self-reported health (65.2% vs 84.7%), low to moderate life satisfaction (63.1% vs 85.8%), and who did not feel valued by society (65.2% vs definitely feel valued [90.2%]) reported high food security compared to their counterparts with more positive wellbeing indicators.

Food security was also associated with meeting fruit intake and screen time recommendations. A greater proportion of those who did not meet the fruit (7.8% vs 0%) and screen time (6.8% vs 0.5%) recommendations reported very low food security compared to those meeting behavioural recommendations.

Vaping was the only risk behaviour seen to be associated with food security. Specifically, current vapers (35.9%) were less likely to report high food security compared to those who had never vaped (82.5%).

Table 4.1.2 Adult food security by selected health and behaviour characteristics

	Unweighted base ¹	High food security	Marginal food security	Low food security	Very low food security
	n	%	%	%	%
Total sample	609	78.2	12.6	5.4	3.7
Health and wellbeing indicators					
Self-reported health - Fair or poor	122	65.2	19.8	5.7	9.2
Self-reported health - Good, very good, or excellent	428	84.7	8.8	4.2	2.3
Life satisfaction - Low to moderate (0 to 6)	144	63.1	16.5	12.7	7.8
Life satisfaction - High/very high (7 to 10)	402	85.8	10.0	1.5	2.7
Does not feel valued by society	91	65.2	13.9	12.8	8.1
Sometimes feel valued by society	270	77.9	14.5	3.8	3.8
Definitely feel valued by society	181	90.2	6.8	0.8	2.2
Poor mental wellbeing	144	65.8	13.1	10.5	10.5
Good mental wellbeing	465	82.4	12.4	3.7	1.4
Overweight or obese (BMI ≥25.0)	220	79.6	12.3	3.6	4.6
Normal range or underweight (BMI <25.0)	207	85.3	7.5	2.8	4.4
Health behaviour indicators					
Does not meet fruit intake recommendations	304	71.7	12.5	8.0	7.8
Meets fruit intake recommendations	301	85.7	11.5	2.8	0.0
Does not meet vegetable intake recommendations	515	77.1	12.9	5.8	4.1
Meets vegetable intake recommendations	87	90.8	8.3	0.5	0.5
Does not meet aerobic physical activity recommendations	135	66.4	20.0	6.7	6.9
Meets aerobic physical activity recommendations	462	81.6	10.8	4.7	2.9
Does not meet muscle strengthening recommendations	258	73.1	16.1	6.8	4.0

Meets muscle strengthening recommendations	296	80.2	11.4	4.5	3.8
Does not meet screen time recommendations	275	71.3	13.9	8.0	6.8
Meets screen time recommendations	315	85.3	11.7	2.5	0.5
Does not meet sleep recommendations	146	67.4	14.6	8.9	9.1
Meets sleep recommendations	446	83.3	12.4	2.6	1.7
Drinks sugar-sweetened beverages daily	34	76.7	16.6	4.5	2.2
Drinks sugar-sweetened beverages less than daily	574	78.3	12.3	5.5	3.9
Does not meet water recommendations	426	79.8	11.0	6.2	3.0
Meets water recommendations	173	73.6	18.6	1.4	6.4
Risk behaviour indicators²					
Current smoker	37	57.1	6.4	13.5	23.0
Ex-smoker	270	81.0	10.3	5.5	3.2
Never smoked	246	81.4	14.2	3.6	0.8
Current vaper	11	35.9	8.8	8.0	47.2
Ex-vaper	38	55.1	18.5	16.8	9.7
Never vaped	499	82.5	11.0	4.2	2.2
Had more than 4 standard drinks on a single occasion	293	79.7	11.0	6.8	2.6
Has not had more than 4 standard drinks	259	77.7	12.6	3.7	6.0
Gambled	93	79.2	10.8	5.9	4.1
Never gambled	461	78.8	11.8	5.3	4.0

¹ Base sizes include respondents aged 18 years and above living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

4.2. Fruit and vegetable consumption

The Australian Dietary Guidelines¹¹ recommend daily servings of fruit and vegetables for each age group to support health and wellbeing. One serve of vegetables equals ½ cup cooked vegetables or 1 cup of salad vegetables, and a serve of legumes or beans is ½ cup cooked, dried, or canned beans, peas, or lentils. One serve of fruit equals 1 medium piece, 2 small pieces, or 1 cup of diced fruit.

For vegetables, children aged 3 should have 2.5 serves, ages 4-8 should have 4.5 serves, and ages 9-11 should have 5 serves. Females aged 12 and over require 5 serves, while males need 5 serves at age 70+, 5.5 serves at ages 12-18 and 51-70, and 6 serves at ages 19-50. For fruit, children aged 3 should have 1 serve, ages 4-8 should have 1.5 serves, and everyone aged 9 and over should have 2 serves. The table below contains the detailed recommendations by sex and age.

Recommended daily consumption	Fruit	Vegetables
Toddlers and children		
Boys and girls 3 years	1	2.5
Boys and girls aged 4 to 8 years	1.5	4.5
Boys and girls aged 9 to 11 years	2	5

¹¹ **National Health and Medical Research Council** (2013) Australian Dietary Guidelines. Canberra: Australian Government Department of Health and Aged Care. <https://www.health.gov.au/resources/publications/the-australian-dietary-guidelines>

Adolescents		
Girls aged 12 to 18 years	2	5
Boys aged 12 to 18 years	2	5.5
Adults		
Women aged 19 years and over	2	5
Men aged 19 to 50 years	2	6
Men aged 51 to 70 years	2	5.5
Men aged over 70 years	2	5

4.2.1. Fruit consumption

As shown in Table 4.2.1.1, the average serves of fruit per day for residents of Mount Alexander was 1.8 which is below the recommended daily intake, and a little over half (56.3%) meet the age-specific fruit intake recommendations. Among adults, 52.0% of the 2025 ALC sample met their recommendation, compared with 54.0% in the 2019 ALC, which is a slight decline. In addition, 36.7% of adults in the 2023 VPHS and 44.7% in the 2022 NHS Victoria-wide samples met the fruit consumption guidelines, which are considerably lower than the Mount Alexander average. These differences may reflect variations in methodology and data collection years, so comparisons should be interpreted with caution.

A greater proportion of children (77.4%) met the fruit intake recommendations compared to adults (52.0%), and children also consumed more daily serves on average (2.2) compared to adults (1.7). No differences were seen between males and females or across residential subregions. A lower proportion of respondents who were experiencing very low or low food security (16.2%) reported consuming the recommended serves of fruit compared to those who reported marginal (49.9%) or high food security (56.4%) (see Table 4.2.1.1 for details).

Table 4.2.1.1 Fruit consumption by selected demographic characteristics

	Unweighted base ¹ n	Does not meet recommendation %	Meets recommendation %	Average daily serves #
Total sample	831	43.7	56.3	1.8
Children	225	22.6	77.4	2.2
Adults	606	48.0	52.0	1.7
Males	252	41.8	58.2	1.9
Females	574	45.7	54.3	1.7
Sex and age				
Males, 3 to 11	65	10.8	89.2	2.5
Males, 12 to 17	51	47.1	52.9	1.7
Males, 18 to 34	8	12.6	87.4	2.6
Males, 35 to 49	35	55.3	44.7	1.7
Males, 50 to 69	57	44.8	55.2	1.8
Males, 70+	36	48.6	51.4	1.6
Females, 3 to 11	72	12.5	87.5	2.6
Females, 12 to 17	36	25.0	75.0	1.9

Females, 18 to 34	37	38.4	61.6	1.7
Females, 35 to 49	144	60.0	40.0	1.5
Females, 50 to 69	192	62.1	37.9	1.4
Females, 70+	93	34.1	65.9	1.9
Subregion				
Campbells Creek / Guildford and surrounds	108	48.8	51.2	1.7
Castlemaine	255	51.0	49.0	1.6
Chewton / Taradale / Elphinstone and surrounds	76	48.1	51.9	1.7
Harcourt and surrounds	62	40.5	59.5	2.0
Maldon and surrounds	42	52.8	47.2	1.6
Newstead and surrounds	57	34.5	65.5	1.8
Demographic indicators				
Household size²				
1 person	130	45.1	54.9	1.5
2 or 3 people	329	47.7	52.3	1.8
4 or 5 people	137	50.3	49.7	1.6
More than 5 people	9	59.5	40.5	1.4
Born overseas	106	47.8	52.2	1.6
Born in Australia	722	43.3	56.7	1.8
Speaks other main language*	10	20.0	80.0	1.8
Speaks English as main language	817	44.3	55.7	1.8
Aboriginal and/or Torres Strait Islander*	7	77.1	22.9	1.4
Not Aboriginal or Torres Strait Islander	824	43.3	56.7	1.8
LGBTQIA+	118	41.7	58.3	1.8
Non-LGBTQIA+	709	44.2	55.8	1.8
Neurodivergent	133	43.7	56.3	1.8
Not neurodivergent	551	43.5	56.5	1.8
Maybe	87	51.0	49.0	1.7
Not sure what neurodivergent means	21	52.2	47.8	1.4
Less than Bachelor level education ²	199	47.7	52.3	1.7
Holds a Bachelor degree or higher	403	48.8	51.2	1.7
Unemployed/Retired ²	195	48.4	51.6	1.6
Employed	408	47.8	52.2	1.7
Just getting along, poor or very poor ²	145	58.3	41.7	1.5
Reasonably comfortable, very comfortable or prosperous	459	43.4	56.6	1.8
Requires help with daily activities	75	47.0	53.0	1.8
Does not require help	755	43.5	56.5	1.8
Food security (last 12 months)²				
Low or very low food security	40	83.8	16.2	1.1
Marginal food security	64	50.1	49.9	1.5
High food security	501	43.6	56.4	1.8

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 4.2.1.2 provides a summary of fruit consumption according to selected health and behaviour characteristics of the 2025 ALC sample. Fruit consumption was associated with self-reported health, mental wellbeing, smoking and vaping. None of the health behaviour indicators were associated with fruit consumption. Specifically, with regards to the health and wellbeing indicators, those with fair or poor self-reported health (40.2% vs 61.1%) and poor mental wellbeing (36.5% vs 57.3%) were significantly less likely to meet the fruit consumption recommendations compared to their counterparts with more positive wellbeing indicators. Additionally, average daily serves of fruit consumed was lower among those with fair or poor health (1.3) compared to those with good, very good or excellent health (1.9).

Current smokers (1.3 serves) and current vapers (0.7 serves) consumed fewer average serves of fruit compared to ex-smokers (1.8), ex-vapers (1.7) and those who had never vaped (1.7). Additionally, a lower proportion of respondents who were current vapers (7.3%) met the fruit consumption recommendations compared to those who had never vaped (54.7%) or were ex-vapers (43.3%).

Table 4.2.1.2 Fruit consumption by selected health and behaviour characteristics

	Unweighted base ¹ n	Does not meet recommendation %	Meets recommendation %	Average daily serves #
Total sample	831	43.7	56.3	1.8
Health and wellbeing indicators				
Self-reported health - Fair or poor	130	59.8	40.2	1.3
Self-reported health - Good, very good, or excellent	609	38.9	61.1	1.9
Life satisfaction - Low to moderate (0 to 6) ²	142	58.1	41.9	1.5
Life satisfaction - High/very high (7 to 10)	402	44.2	55.8	1.7
Does not feel valued by society ²	90	53.9	46.1	1.5
Sometimes feel valued by society	268	49.5	50.5	1.6
Definitely feel valued by society	182	42.8	57.2	1.8
Poor mental wellbeing ²	143	63.5	36.5	1.5
Good mental wellbeing	463	42.7	57.3	1.7
Overweight or obese (BMI ≥25.0)	241	50.0	50.0	1.7
Normal range or underweight (BMI <25.0)	268	35.3	64.7	2.0
Health behaviour indicators				
Does not meet vegetable intake recommendations	707	45.5	54.5	1.7
Meets vegetable intake recommendations	119	29.4	70.6	2.1
Does not meet aerobic physical activity recommendations	251	48.7	51.3	1.6
Meets aerobic physical activity recommendations	551	41.7	58.3	1.8
Does not meet muscle strengthening recommendations	388	47.1	52.9	1.7
Meets muscle strengthening recommendations	317	44.5	55.5	1.8

Does not meet screen time recommendations	389	47.3	52.7	1.7
Meets screen time recommendations	389	41.5	58.5	1.8
Does not meet sleep recommendations	187	53.3	46.7	1.7
Meets sleep recommendations	612	40.0	60.0	1.8
Drinks sugar-sweetened beverages daily	37	49.0	51.0	1.8
Drinks sugar-sweetened beverages less than daily	790	43.4	56.6	1.8
Does not meet water recommendations	561	44.7	55.3	1.7
Meets water recommendations	250	41.1	58.9	2.0
Risk behaviour indicators²				
Current smoker	37	63.1	36.9	1.3
Ex-smoker	269	43.1	56.9	1.8
Never smoked	245	48.9	51.1	1.7
Current vaper	11	92.7	7.3	0.7
Ex-vaper	38	56.7	43.3	1.7
Never vaped	497	45.3	54.7	1.7
Had more than 4 standard drinks on a single occasion	293	50.4	49.6	1.7
Has not had more than 4 standard drinks	257	44.6	55.4	1.7
Gambled	93	57.7	42.3	1.5
Never gambled	459	45.3	54.7	1.7

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

4.2.2. Vegetable consumption

Table 4.2.2.1 shows that on average, Mount Alexander Shire residents were consuming 2.7 daily serves of vegetables, well below the recommended serves per day for all ages. Overall, 88.9% of respondents did not meet the age- and sex-specific vegetable consumption guidelines. Among adults, 89.6% of the 2025 sample fell short of their recommended intake, compared with 83.6% in the 2019 sample, indicating a slight decline in vegetable consumption over the past six years. The 2023 VPHS and 2022 NHS Victorian results are similar to the 2025 ALC findings, with 90.3% and 93.6% of adults, respectively, not meeting the vegetable intake recommendations.

A lower proportion of males (7.4%) met the vegetable intake recommendations compared to females (14.9%), and male children (15.4%) and older adults aged 70 years and above (20.6%) were more likely to meet the recommendations compared to those aged 18 to 34 (0%) and 35 to 49 (1.5%). Additionally, a lower proportion of people from the following demographic groups reported consuming the recommended serves of vegetables:

- More than 5 person households (0%) compared to single (13.5%), 2-3 person (11.5%) and 4-5 person (6.3%) households
- Just getting along, poor or very poor (4.9%) compared to reasonably comfortable, very comfortable or prosperous (12.7%)
- Low or very low (1.1%) food security compared to high food security (12.1%)

The average number of serves of vegetables consumed was also lower among respondents from more than 5 person households, hold less than a bachelor level education, are just getting along, poor or very poor, and low or very low food security compared to their respective counterparts.

Table 4.2.2.1 Vegetable consumption by selected demographic characteristics

	Unweighted base ¹ n	Does not meet recommendation %	Meets recommendation %	Average daily serves #
Total sample	827	88.9	11.1	2.7
Children	224	85.6	14.4	2.8
Adults	603	89.6	10.4	2.6
Males	252	92.6	7.4	2.6
Females	575	85.1	14.9	2.7
Sex and age				
Males, 3 to 11	65	84.6	15.4	2.6
Males, 12 to 17	51	94.1	5.9	2.9
Males, 18 to 34	8	100.0	0.0	3.4
Males, 35 to 49	35	98.5	1.5	2.5
Males, 50 to 69	57	97.1	2.9	2.4
Males, 70+	36	79.4	20.6	2.6
Females, 3 to 11	72	83.3	16.7	2.9
Females, 12 to 17	36	80.6	19.4	2.9
Females, 18 to 34	38	93.5	6.5	2.4
Females, 35 to 49	144	84.7	15.3	2.9
Females, 50 to 69	192	85.3	14.7	2.7
Females, 70+	93	77.7	22.3	3.0
Subregion				
Campbells Creek / Guildford and surrounds	108	89.5	10.5	2.7
Castlemaine	251	91.4	8.6	2.5
Chewton / Taradale / Elphinstone and surrounds	76	93.6	6.4	2.4
Harcourt and surrounds	62	88.3	11.7	2.9
Maldon and surrounds	42	77.4	22.6	3.1
Newstead and surrounds	58	89.1	10.9	2.5
Demographic indicators				
Household size²				
1 person	129	86.5	13.5	2.4
2 or 3 people	328	88.5	11.5	2.7
4 or 5 people	136	93.7	6.3	2.5
More than 5 people	9	100.0	0.0	1.6
Born overseas	106	90.2	9.8	2.7
Born in Australia	718	88.7	11.3	2.6
Speaks other main language*	10	100.0	0.0	3.1
Speaks English as main language	813	88.7	11.3	2.6

Aboriginal and/or Torres Strait Islander*	6	100.0	0.0	1.8
Not Aboriginal or Torres Strait Islander	821	88.8	11.2	2.7
LGBTQIA+	115	89.6	10.4	2.9
Non-LGBTQIA+	708	88.9	11.1	2.6
Neurodivergent	132	91.2	8.8	2.8
Not neurodivergent	549	89.3	10.7	2.6
Maybe	87	90.9	9.1	2.6
Not sure what neurodivergent means	20	86.1	13.9	2.4
Less than Bachelor level education ²	200	89.6	10.4	2.5
Holds a Bachelor degree or higher	399	89.3	10.7	2.9
Unemployed/Retired ²	193	83.5	16.5	2.6
Employed	407	92.6	7.4	2.6
Just getting along, poor or very poor ²	143	95.1	4.9	2.1
Reasonably comfortable, very comfortable or prosperous	458	87.3	12.7	2.8
Requires help with daily activities	75	83.8	16.2	2.7
Does not require help	751	89.3	10.7	2.6
Food security (last 12 months)²				
Low or very low food security	40	98.9	1.1	1.7
Marginal food security	64	93.1	6.9	2.2
High food security	498	87.9	12.1	2.8

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 4.2.2.2 provides a summary of vegetable consumption according to selected health and behaviour characteristics of the 2025 ALC sample. Vegetable consumption was associated with all health and wellbeing indicators, except for life satisfaction. Specifically, those with fair or poor self-reported health (4.2% vs 12.8%) and poor mental wellbeing (3.8% vs 12.7%) were significantly less likely to meet the vegetable consumption recommendations compared to their counterparts with more positive wellbeing indicators. Additionally, average daily serves of vegetables were lower among those with fair or poor health (2.0) compared to good, very good or excellent health (2.9), those who do not (2.3) or sometimes (2.5) feel valued by society compared to those who definitely feel valued (3.1), and those who were overweight or obese (2.4) compared to normal weight or underweight (3.0).

Vegetable consumption was associated with fruit intake, aerobic physical activity and sleep duration. A smaller proportion of those who did not meet the sleep (5.7%) recommendations reported meeting the vegetable consumption recommendations compared to those who did meet the sleep recommendations (13.1%). Additionally, average daily serves were lower among those who did not meet the fruit intake (2.2 vs 3.1), aerobic physical activity (2.3 vs 2.8) and sleep duration (2.3 vs 2.8) recommendations compared to those who met the respective recommendations.

Smoking and vaping were associated with adherence to the vegetable consumption recommendations. Specifically, a lower proportion of respondents who were current smokers (2.0%) and current vapers (2.3%) met the vegetable consumption recommendations compared to their counterparts who were ex-smokers (12.0%) and had never vaped (11.0%).

Table 4.2.2.2 Vegetable consumption by selected health and behaviour characteristics

	Unweighted base ¹ n	Does not meet recommendation %	Meets recommendation %	Average daily serves #
Total sample	827	88.9	11.1	2.7
Health and wellbeing indicators				
Self-reported health - Fair or poor	130	95.8	4.2	2.0
Self-reported health - Good, very good, or excellent	606	87.2	12.8	2.9
Life satisfaction - Low to moderate (0 to 6) ²	140	94.3	5.7	2.3
Life satisfaction - High/very high (7 to 10)	401	87.7	12.3	2.7
Does not feel valued by society ²	88	93.6	6.4	2.3
Sometimes feel valued by society	267	91.3	8.7	2.5
Definitely feel valued by society	182	84.2	15.8	3.1
Poor mental wellbeing ²	142	96.2	3.8	2.3
Good mental wellbeing	461	87.3	12.7	2.7
Overweight or obese (BMI ≥25.0)	241	92.5	7.5	2.4
Normal range or underweight (BMI <25.0)	265	88.1	11.9	3.0
Health behaviour indicators				
Does not meet fruit intake recommendations	352	92.5	7.5	2.2
Meets fruit intake recommendations	474	86.0	14.0	3.1
Does not meet aerobic physical activity recommendations	249	91.2	8.8	2.3
Meets aerobic physical activity recommendations	550	88.1	11.9	2.8
Does not meet muscle strengthening recommendations	388	92.9	7.1	2.5
Meets muscle strengthening recommendations	314	86.5	13.5	2.7
Does not meet screen time recommendations	387	88.3	11.7	2.7
Meets screen time recommendations	388	90.5	9.5	2.7
Does not meet sleep recommendations	185	94.3	5.7	2.3
Meets sleep recommendations	611	86.9	13.1	2.8
Drinks sugar-sweetened beverages daily	36	90.3	9.7	2.7
Drinks sugar-sweetened beverages less than daily	788	88.9	11.1	2.3
Does not meet water recommendations	561	90.0	10.0	2.5
Meets water recommendations	251	86.0	14.0	3.0
Risk behaviour indicators²				
Current smoker	37	98.0	2.0	2.1
Ex-smoker	267	88.0	12.0	2.9
Never smoked	244	89.8	10.2	2.5
Current vaper	11	97.7	2.3	2.0
Ex-vaper	38	95.2	4.8	2.6

Never vaped	494	89.0	11.0	2.6
Had more than 4 standard drinks on a single occasion	293	92.8	7.2	2.5
Has not had more than 4 standard drinks	254	85.8	14.2	2.7
Gambled	92	88.7	11.3	2.4
Never gambled	457	90.1	9.9	2.7

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

4.2.3. Barriers to fruit consumption

Respondents who did not consume at least 2 serves of fruit per day were asked separately to provide the main reason why they do not consume the recommended amount. Table 4.2.3.1 provides a snapshot of the main barriers reported by 2025 ALC respondents. The main themes that emerged amongst those who provided a response as to why they have not met fruit consumption recommendations were personal preferences (24.4%) and habit (12.9%). Other relatively common barriers to increasing serves of fruit were cost (11.2%), access and quality (11.1%) and inconvenience to prepare (7.3%).

Table 4.2.3.1 Barriers to fruit consumption

Reasons	% (¹ N=354)
Preferences	24.4
Habit/routine	12.9
Cost	11.2
Access/quality	11.1
Inconvenient to prepare	7.3
Diet/health restrictions	5.6
Time	5.5
Satisfied with current intake/low appetite	5.2
No particular reason	4.9
Other	0.5

¹ Base sizes include respondents aged 3 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

Tables 4.2.3.2 and 4.2.3.3 present a breakdown of the top five most common barriers to fruit consumption according to demographic, health and wellbeing, health behaviour and risk behaviour characteristics of the sample. Solutions aimed at addressing the main barriers of desirability (personal preference), affordability, access and habit formation are likely to be the most effective in increasing fruit consumption.

Age was the only factor associated with reporting personal preferences as a barrier to fruit consumption. Specifically, a greater proportion of the children (48.1%) reported personal preferences as a barrier to fruit consumption compared to adults (22.1%).

Differences in habit or routine being reported as a barrier to fruit consumption were seen according to neurodivergence and food security. Specifically, habit/routine was reported by a greater proportion of those who were neurodivergent (7.0%), maybe neurodivergent (12.8%) or not neurodivergent (29.6%) compared to those unsure what neurodivergent means (0%). Those with high food security (15.6%) were also more likely to report habits or routine as a barrier to fruit consumption compared to those experiencing low or very low food security (2.6%).

Cost as a barrier to fruit consumption differed according to age, financial status, food security and vegetable consumption. The groups that were more likely to report cost as a barrier and may benefit from targeted intervention were:

- Adults (12.0%) compared to children (2.0%)
- Those just getting along, poor or very poor (24.4%) compared to reasonably comfortable, very comfortable or prosperous (4.8%)
- Those experiencing low or very low food security (43.0%) compared to high food security (4.5%)
- Those who did not meet vegetable intake recommendations (11.8%) compared to those who met them (1.3%)

Access or quality (including freshness, perishability, variety etc.) as a barrier to fruit consumption was associated with country of birth and neurodivergence. Specifically, a greater proportion of those who were born in Australia (12.6%) and were not neurodivergent (12.9%) reported access and quality as a barrier to fruit consumption compared to those born overseas (2.1%) and were not sure what neurodivergent means (0%).

Being inconvenient to prepare was the fifth most common barrier to fruit consumption, and was reported more frequently by those not neurodivergent (10.7%), those who did not require help with daily activities (8.0%), and those with high food security (11.0%), compared to those maybe neurodivergent (0.8%), not sure what neurodivergent means (0%), require help with daily activities (0%), and experiencing low or very low (0%) or marginal food security (0%).

While this research provides insight into potential target populations, it did not look specifically at how these barriers could be overcome. This is an area which would merit further investigation.

Table 4.2.3.2 Top five barriers to fruit consumption by selected demographic characteristics

	Unweighted base ¹ n	Preferences %	Habit/routine %	Cost %	Access/quality %	Inconvenient to prepare %
Total sample	354	24.4	12.9	11.2	11.1	7.3
Children	50	48.1	5.9	2.0	7.8	2.0
Adults	304	22.1	13.6	12.0	11.4	7.9
Males	95	22.5	17.6	10.4	12.3	12.6
Females	257	26.3	8.6	11.7	10.1	2.4
Subregion						
Campbells Creek / Guildford and surrounds	70	24.7	11.1	1.1	10.5	4.7
Castlemaine	146	25.4	8.2	13.2	6.9	9.9
Chewton / Taradale / Elphinstone and surrounds	54	23.6	23.1	19.1	11.2	0.6
Harcourt and surrounds	27	34.8	22.1	11.6	1.5	4.4
Maldon and surrounds	22	13.8	20.4	3.9	30.2	22.1
Newstead and surrounds	32	28.8	6.3	4.5	19.6	0.0
Demographic indicators						
Born overseas	54	18.9	7.0	19.4	2.1	4.3
Born in Australia	300	25.3	13.9	9.7	12.6	7.9
Speaks other main language*	3	46.4	0.0	0.0	0.0	0.0
Speaks English as main language	350	24.1	13.0	11.3	11.2	7.4
Aboriginal and/or Torres Strait Islander*	3	0.0	48.9	4.6	0.0	0.0
Not Aboriginal or Torres Strait Islander	351	25.0	12.0	11.3	11.4	7.5
LGBTQIA+	53	25.9	12.6	15.2	10.2	1.3
Non-LGBTQIA+	300	24.1	13.0	10.4	11.0	8.6
Neurodivergent	63	24.4	7.0	15.2	6.2	1.7
Not neurodivergent	229	26.3	12.8	10.2	12.9	10.7

Maybe	38	15.1	29.6	11.3	10.2	0.8
Not sure what neurodivergent means	12	32.5	0.0	7.3	0.0	0.0
Less than Bachelor level education ²	104	21.0	12.7	14.9	15.5	8.3
Holds a Bachelor degree or higher	199	24.4	15.3	6.8	4.0	7.0
Unemployed/Retired ²	88	21.2	11.5	7.3	18.2	8.3
Employed	215	22.7	14.7	14.0	7.9	7.7
Just getting along, poor or very poor ²	93	19.8	11.0	24.4	16.9	4.3
Reasonably comfortable, very comfortable or prosperous	210	23.5	15.2	4.8	7.8	10.0
Requires help with daily activities*	27	10.6	13.1	7.8	21.7	0.0
Does not require help	327	25.6	12.9	11.5	10.2	8.0
Food security (last 12 months)²						
Low or very low food security	34	26.0	2.6	43.0	2.2	0.0
Marginal food security	40	25.5	16.2	16.2	26.9	0.0
High food security	230	20.6	15.6	4.5	10.7	11.0

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 4.2.3.3 Top five barriers to fruit consumption by selected health and behaviour characteristics

	Unweighted base ¹	Preferences	Habit/routine	Cost	Access/quality	Inconvenient to prepare
	n	%	%	%	%	%
Total sample	354	24.4	12.9	11.2	11.1	7.3
Health and wellbeing indicators						
Self-reported health - Fair or poor	80	27.1	17.6	15.5	10.7	6.8
Self-reported health - Good, very good, or excellent	231	24.1	12.2	8.0	12.7	6.5
Life satisfaction - Low to moderate (0 to 6) ²	81	17.9	10.0	15.6	12.3	5.1

Life satisfaction - High/very high (7 to 10)	189	25.8	16.9	8.6	12.4	7.9
Does not feel valued by society ²	53	13.8	22.3	18.6	8.5	0.0
Sometimes feel valued by society	131	23.9	13.8	9.9	16.5	8.6
Definitely feel valued by society	84	29.4	9.6	7.1	8.1	9.8
Poor mental wellbeing ²	92	23.5	10.4	15.6	9.7	9.6
Good mental wellbeing	212	21.4	15.2	10.2	12.3	7.0
Overweight or obese (BMI ≥25.0)	118	26.5	12.9	10.7	18.3	8.1
Normal range or underweight (BMI <25.0)	103	29.3	19.0	12.1	5.0	2.9
Health behaviour indicators						
Does not meet vegetable intake recommendations	316	24.8	12.5	11.8	10.8	7.9
Meets vegetable intake recommendations	36	20.1	18.1	1.3	15.0	1.3
Does not meet aerobic physical activity recommendations	112	32.6	14.3	17.8	7.6	5.0
Meets aerobic physical activity recommendations	233	20.7	11.1	8.6	13.2	8.7
Does not meet muscle strengthening recommendations	190	26.8	15.0	16.5	10.3	4.4
Meets muscle strengthening recommendations	130	22.2	6.7	7.2	13.0	11.7
Does not meet screen time recommendations	179	26.3	10.6	14.1	13.1	7.2
Meets screen time recommendations	164	22.0	14.2	8.0	9.2	8.1
Does not meet sleep recommendations	98	18.2	13.4	13.9	12.4	5.0
Meets sleep recommendations	240	27.2	13.4	8.2	11.2	8.9
Drinks sugar-sweetened beverages daily*	21	27.3	3.0	16.4	0.0	23.2
Drinks sugar-sweetened beverages less than daily	331	24.0	13.7	10.8	12.0	6.1
Does not meet water recommendations	251	21.9	15.2	13.0	11.3	7.4
Meets water recommendations	97	30.7	5.8	4.7	10.9	6.9

Risk behaviour indicators ²						
Current smoker	23	29.3	13.2	28.8	9.5	0.0
Ex-smoker	135	24.5	11.2	9.7	12.4	4.9
Never smoked	113	19.6	17.3	10.4	12.7	10.5
Current vaper*	10	41.7	4.6	42.6	0.0	0.0
Ex-vaper	24	30.8	10.5	21.8	27.3	0.0
Never vaped	234	20.7	15.5	9.6	11.1	8.2
Had more than 4 standard drinks on a single occasion	153	27.1	11.6	10.0	12.6	10.0
Has not had more than 4 standard drinks	118	15.5	18.4	16.4	11.5	2.1
Gambled	55	26.2	16.7	9.4	7.0	9.5
Never gambled	217	21.6	13.5	13.5	13.8	5.9

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

4.2.4. Barriers to vegetable consumption

Respondents who did not consume the recommended serves of vegetables per day were asked separately to provide the main reason why they do not consume the recommended amount. The table below provides a snapshot of the main barriers reported by 2025 ALC respondents. The main themes that emerged amongst those who provided a response as to why they have not met vegetable consumption recommendations were personal preferences (14.1%), being satisfied with current intake (12.5%), lack of time (12.3%), being inconvenient to prepare (10.8%), and cost (8.5%).

Table 4.2.4.1 Barriers to vegetable consumption

Reasons	% (N=708)
Preferences	14.1
Satisfied with current intake/low appetite	12.5
Time	12.3
Inconvenient to prepare	10.8
Cost	8.5
No particular reason	6.4
Access/quality	5.4
Habit/routine	4.7
Diet/health restrictions	4.7
Other	1.8

¹ Base sizes include respondents aged 3 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

Tables 4.2.4.2 and 4.2.4.3 present a breakdown of the top five most commonly reported barriers to vegetable consumption according to demographic, health and wellbeing, health behaviour and risk behaviour characteristics of the sample. Solutions aimed at addressing the main barriers of desirability (personal preference), affordability, inconvenience, current intake satisfaction and lack of time are likely to be the most effective in increasing vegetable consumption.

Reporting of personal preferences as a barrier to vegetable consumption differed according to a range of demographic, health behaviour and risk behaviour characteristics. Specifically, personal preference was reported by a greater proportion of respondents from the following groups:

- Children (41.9%) compared to adults (8.8%)
- Residents of Chewton / Taradale / Elphinstone and surrounds (25.3%) compared to residents of Newstead and surrounds (5.0%)
- Those born in Australia (15.8%) compared to those born overseas (4.2%)
- Those who did not meet the aerobic physical activity recommendations (26.2%) compared to those who did (8.4%)
- Those who had never smoked (12.8%) compared to current smokers (0%)
- Those who had never vaped (8.9%) compared to current vapers (0%)

Being satisfied with current intake as a barrier to vegetable consumption was associated with age, self-reported health and vaping. Specifically, a greater proportion of the adults (13.9%), those who reported good, very good or excellent health (16.0%), and those who had never vaped (15.2%) reported being satisfied with their current intake more often compared to children (5.4%), those who reported fair or poor health (5.7%), and ex-vapers (2.9%).

Time as a barrier to vegetable consumption was associated with a range of demographic indicators and vaping, with the following groups more likely to report time as a key barrier:

- Adults (13.9%) compared to children (4.0%)
- Those who were neurodivergent (17.9%) or not neurodivergent (11.4%) compared to those not sure what neurodivergent means (0%)
- Those who were employed (18.3%) compared to unemployed or retired (4.0%)
- Those who did not require help (12.8%) compared to those who required help with daily activities (4.1%)
- Ex-vapers (52.6%) compared to current vapers (8.2%) and those who had never vaped (9.6%)

Vegetables being inconvenient to prepare was noted as a barrier to vegetable consumption more frequently among residents of Castlemaine (12.8%) compared to residents of Chewton / Taradale / Elphinstone and surrounds (3.5%) and residents of Maldon and surrounds (2.0%).

Cost as a barrier to vegetable consumption differed according to many demographic indicators, self-reported health and vaping, with respondents from the following groups more likely to report cost as a key barrier:

- Adults (9.9%) compared to children (1.6%)
- Females (13.4%) compared to males (4.2%)
- Residents of Castlemaine (11.5%) compared to residents of Campbells Creek / Guildford and surrounds (1.3%)
- Those with less than a Bachelor level education (13.8%) compared to Bachelor or higher education (2.5%)
- Those just getting along, poor or very poor (23.4%) compared to reasonably comfortable, very comfortable or prosperous (3.5%)
- Those with low or very low food security (52.7%) compared to marginal (18.1%) or high (3.0%) food security
- Those who reported fair or poor health (19.2%) compared to good, very good, or excellent self-reported health (4.8%)
- Current vapers (56.5%) compared to those who had never vaped (7.7%).

Similar to the barriers to fruit consumption, this research provides insight into potential target populations, however it did not look specifically at how these barriers could be overcome. Again, this is an important area for further research to identify the most appropriate and efficacious strategies to increase the proportion of the Mount Alexander Shire population who consume sufficient vegetables for good health and wellbeing.

Table 4.2.4.2 Top five barriers to vegetable consumption by selected demographic characteristics

	Unweighted base ¹	Preferences	Satisfied with current intake/low appetite	Time	Inconvenient to prepare	Cost
	n	%	%	%	%	%
Total sample	708	14.1	12.5	12.3	10.8	8.5
Children	192	41.9	5.4	4.0	6.5	1.6
Adults	516	8.8	13.9	13.9	11.6	9.9
Males	231	16.7	9.0	11.6	11.1	4.2
Females	477	11.3	16.4	13.2	10.4	13.4
Subregion						
Campbells Creek / Guildford and surrounds	135	9.9	12.9	11.0	13.1	1.3
Castlemaine	283	12.8	12.7	13.0	12.8	11.5
Chewton / Taradale / Elphinstone and surrounds	90	25.3	17.8	12.4	3.5	15.0
Harcourt and surrounds	86	18.8	6.0	10.9	13.1	4.6
Maldon and surrounds	37	19.2	5.6	10.8	2.0	2.4
Newstead and surrounds	69	5.0	16.4	14.6	13.8	11.5
Demographic indicators						
Born overseas	87	4.2	15.5	18.3	18.4	17.3
Born in Australia	618	15.8	12.1	11.3	9.3	7.2
Speaks other main language*	10	3.7	11.6	2.3	0.0	27.4
Speaks English as main language	695	14.4	12.6	12.4	10.7	8.2
Aboriginal and/or Torres Strait Islander*	6	44.7	10.7	0.0	0.0	0.0
Not Aboriginal or Torres Strait Islander	702	13.7	12.5	12.5	10.9	8.7
LGBTQIA+	96	13.4	10.7	12.9	12.2	15.1
Non-LGBTQIA+	609	14.3	12.9	12.1	10.3	7.2
Neurodivergent	117	14.6	7.5	17.9	25.3	17.1

Not neurodivergent	470	14.4	12.3	11.4	7.2	5.4
Maybe	73	15.5	16.8	16.9	7.7	16.8
Not sure what neurodivergent means	18	17.0	10.4	0.0	13.9	5.8
Less than Bachelor level education ²	173	10.4	13.0	13.3	9.2	13.8
Holds a Bachelor degree or higher	339	5.9	15.8	14.9	15.9	2.5
Unemployed/Retired ²	158	10.8	19.1	4.0	10.0	6.3
Employed	355	8.0	11.6	18.3	12.2	11.3
Just getting along, poor or very poor ²	132	6.3	9.3	15.2	13.0	23.4
Reasonably comfortable, very comfortable or prosperous	383	10.0	16.0	13.1	10.7	3.5
Requires help with daily activities	65	17.7	14.9	4.1	4.8	8.1
Does not require help	642	13.9	12.3	12.8	11.1	8.6
Food security (last 12 months)²						
Low or very low food security	38	2.5	10.9	18.4	12.9	52.7
Marginal food security	59	6.2	11.9	15.4	7.2	18.1
High food security	418	10.1	14.6	12.9	12.0	3.0

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 4.2.4.3 Top five barriers to vegetable consumption by selected health and behaviour characteristics

	Unweighted base ¹	Preferences	Satisfied with current intake/low appetite	Time	Inconvenient to prepare	Cost
	n	%	%	%	%	%
Total sample	708	14.1	12.5	12.3	10.8	8.5
Health and wellbeing indicators						
Self-reported health - Fair or poor	118	12.8	5.7	10.7	12.2	19.2

Self-reported health - Good, very good, or excellent	514	14.7	16.0	13.2	10.7	4.8
Life satisfaction - Low to moderate (0 to 6) ²	127	8.0	11.2	18.8	9.3	19.9
Life satisfaction - High/very high (7 to 10)	335	9.4	16.3	11.9	13.2	5.3
Does not feel valued by society ²	80	5.9	20.6	18.4	18.3	17.1
Sometimes feel valued by society	227	10.8	9.5	12.0	9.9	10.6
Definitely feel valued by society	151	8.3	19.6	14.3	11.3	3.1
Poor mental wellbeing ²	134	10.1	12.3	19.3	19.5	18.6
Good mental wellbeing	382	8.4	14.5	11.9	8.6	6.6
Overweight or obese (BMI ≥25.0)	218	13.4	12.3	13.7	14.6	7.8
Normal range or underweight (BMI <25.0)	223	10.9	17.5	11.9	11.1	7.1
Health behaviour indicators						
Does not meet fruit intake recommendations	316	15.6	14.4	16.4	11.5	11.8
Meets fruit intake recommendations	391	13.0	11.1	9.1	10.3	5.9
Does not meet aerobic physical activity recommendations	222	26.2	9.1	8.3	11.4	16.9
Meets aerobic physical activity recommendations	464	8.4	14.1	14.2	10.7	5.5
Does not meet muscle strengthening recommendations	348	15.5	9.1	16.1	12.4	12.6
Meets muscle strengthening recommendations	264	9.4	16.9	10.8	10.4	5.9
Does not meet screen time recommendations	337	12.0	12.2	11.9	12.0	12.6
Meets screen time recommendations	332	15.1	13.5	13.7	9.5	4.7
Does not meet sleep recommendations	166	8.8	14.4	11.5	12.3	10.6
Meets sleep recommendations	516	16.5	12.2	12.4	10.5	7.0
Drinks sugar-sweetened beverages daily	33	12.4	14.1	18.8	5.2	13.2
Drinks sugar-sweetened beverages less than daily	673	14.2	12.4	11.9	11.2	8.2

Does not meet water recommendations	493	14.7	13.7	12.8	12.0	9.6
Meets water recommendations	203	12.9	9.2	11.4	7.2	4.7
Risk behaviour indicators²						
Current smoker	36	0.0	27.0	19.5	18.3	23.2
Ex-smoker	222	6.7	14.2	17.1	10.4	8.9
Never smoked	210	12.8	11.8	9.1	11.4	8.3
Current vaper	10	0.0	24.0	8.2	5.6	56.5
Ex-vaper	33	9.7	2.9	52.6	19.4	18.9
Never vaped	420	8.9	15.2	9.6	11.0	7.7
Had more than 4 standard drinks on a single occasion	257	12.4	10.6	17.2	11.3	7.7
Has not had more than 4 standard drinks	210	3.5	20.2	8.1	11.8	13.8
Gambled	81	6.3	19.2	19.2	11.9	5.0
Never gambled	388	9.3	13.3	12.2	11.6	11.4

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

4.3. Water consumption

Water consumption recommendations have been outlined in the Nutrient Reference Values for Australia and New Zealand published by the National Health and Medical Research Council¹². The table below provides a summary of these recommendations which differ according to sex and age. The following results are aligned to the recommendations for cups per day.

	Litres	Cups
3 years	1.0	4
4-8 years	1.2	5
9-13 years, male	1.6	6
9-13 years, female	1.4	5.5
14-18 years, male	1.9	7.5
14-18 years, female	1.6	6
19 years and above, male	2.6	10
19 years and above, female	2.1	8

Overall, respondents reported drinking an average of 5.9 cups of water per day and 24.5% met their age- and sex- specific recommendations (see Table 4.3.1.1). Adults reported drinking an average of 6.1 cups per day and 22.0% met the recommendation, which is more than in 2019, when the average was just 4.8 cups per day and 18.0% met the recommendation.

In 2025, a lower proportion of adults (22.0%) than children (37.4%), and males (15.9%) compared to females (33.4%) met their respective water consumption recommendation. For both males and females, water consumption was considerably lower amongst older residents, with 95.6% and 78.8% of those aged over 70 years respectively not meeting the recommendations. No differences were seen according to residential subregion.

Proportionate differences in adherence to the water consumption recommendations were seen among some of the demographic groups. Specifically, adherence was lower among respondents who were from single (14.5%) households compared to 4-5 person households (34.3%) and those unsure what neurodivergent means (7.8%) compared to those who neurodivergent (33.5%), or not neurodivergent (25.4%). Respondents who were unsure what neurodivergent means (4.3) and just getting along, poor or very poor (5.3) also reported consuming fewer cups of water on average per day compared to those not neurodivergent (6.2) and reasonably comfortable, very comfortable or prosperous (6.5).

Table 4.3.1.1 Water consumption by selected demographic characteristics

	Unweighted base ¹ n	Does not meet recommendation %	Meets recommendation %	Average daily cups #
Total sample	814	75.5	24.5	5.9
Children	214	62.6	37.4	5.1
Adults	600	78.0	22.0	6.1

¹² National Health and Medical Research Council, Australian Government Department of Health and Ageing, New Zealand Ministry of Health (2017). Nutrient Reference Values for Australia and New Zealand. Canberra: National Health and Medical Research Council. <https://www.nhmrc.gov.au/about-us/publications/nutrient-reference-values-australia-and-new-zealand-including-recommended-dietary-intakes>

Males	248	84.1	15.9	6.1
Females	566	66.6	33.4	5.8
Sex and age				
Males, 3 to 11	63	69.8	30.2	4.6
Males, 12 to 17	49	53.1	46.9	5.9
Males, 18 to 34	8	77.1	22.9	7.1
Males, 35 to 49	35	80.0	20.0	7.6
Males, 50 to 69	57	91.4	8.6	6.0
Males, 70+	36	95.6	4.4	5.3
Females, 3 to 11	67	68.7	31.3	4.4
Females, 12 to 17	35	54.3	45.7	5.9
Females, 18 to 34	38	62.1	37.9	6.4
Females, 35 to 49	141	52.8	47.2	6.6
Females, 50 to 69	192	73.7	26.3	5.4
Females, 70+	93	78.8	21.2	5.4
Subregion				
Campbells Creek / Guildford and surrounds	157	72.3	27.7	6.1
Castlemaine	322	76.7	23.3	6.0
Chewton / Taradale / Elphinstone and surrounds	105	82.2	17.8	5.4
Harcourt and surrounds	95	77.0	23.0	5.8
Maldon and surrounds	49	69.5	30.5	6.4
Newstead and surrounds	79	70.7	29.3	6.1
Demographic indicators				
Household size²				
1 person	129	85.5	14.5	5.7
2 or 3 people	326	79.8	20.2	6.1
4 or 5 people	135	65.7	34.3	6.7
More than 5 people	9	90.3	9.7	4.5
Born overseas	106	78.3	21.7	5.7
Born in Australia	705	75.0	25.0	6.0
Speaks other main language*	10	80.0	20.0	6.4
Speaks English as main language	800	75.4	24.6	5.9
Aboriginal and/or Torres Strait Islander*	6	62.8	37.2	4.5
Not Aboriginal or Torres Strait Islander	808	75.7	24.3	6.0
LGBTQIA+	113	76.4	23.6	6.0
Non-LGBTQIA+	697	75.2	24.8	5.9
Neurodivergent	129	66.5	33.5	5.6
Not neurodivergent	543	74.6	25.4	6.2
Maybe	83	82.9	17.1	5.7
Not sure what neurodivergent means	20	92.2	7.8	4.3

Less than Bachelor level education ²	199	80.5	19.5	5.9
Holds a Bachelor degree or higher	397	73.3	26.7	6.5
Unemployed/Retired ²	192	81.4	18.6	5.8
Employed	405	76.3	23.7	6.2
Just getting along, poor or very poor ²	143	83.8	16.2	5.3
Reasonably comfortable, very comfortable or prosperous	455	75.4	24.6	6.5
Requires help with daily activities	73	80.6	19.4	5.0
Does not require help	740	75.1	24.9	6.0
Food security (last 12 months)²				
Low or very low food security	39	80.6	19.4	5.1
Marginal food security	65	67.7	32.3	6.1
High food security	495	79.3	20.7	6.2

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 4.3.1.2 provides a summary of water consumption according to selected health and behaviour characteristics of the 2025 ALC sample. Water consumption was associated with BMI, aerobic physical activity and gambling. Specifically, those who were overweight or obese (17.0%) were less likely to meet the water consumption recommendations compared to those who were normal weight or underweight (32.9%). Those who met the aerobic physical activity recommendations consumed, on average, more cups of water (6.2) compared to those who did not (5.3). Those who had reported gambling in the past 12 months (10.5%) were less likely to meet the water consumption recommendations compared to those who had not gambled (24.7%).

Table 4.3.1.2 Water consumption by selected health and behaviour characteristics

	Unweighted base ¹ n	Does not meet recommendation %	Meets recommendation %	Average daily cups #
Total sample	814	75.5	24.5	5.9
Health and wellbeing indicators				
Self-reported health - Fair or poor	129	79.9	20.1	5.6
Self-reported health - Good, very good, or excellent	599	74.1	25.9	6.1
Life satisfaction - Low to moderate (0 to 6) ²	139	75.1	24.9	6.0
Life satisfaction - High/very high (7 to 10)	398	78.6	21.4	6.2
Does not feel valued by society ²	87	79.0	21.0	5.6
Sometimes feel valued by society	264	78.2	21.8	6.2
Definitely feel valued by society	182	75.9	24.1	6.5
Poor mental wellbeing ²	140	77.1	22.9	5.7
Good mental wellbeing	460	78.3	21.7	6.2
Overweight or obese (BMI ≥25.0)	240	83.0	17.0	5.8

Normal range or underweight (BMI <25.0)	261	67.1	32.9	6.7
Health behaviour indicators				
Does not meet fruit intake recommendations	348	77.5	22.5	5.8
Meets fruit intake recommendations	463	74.8	25.2	6.0
Does not meet vegetable intake recommendations	696	76.4	23.6	5.9
Meets vegetable intake recommendations	116	69.0	31.0	6.6
Does not meet aerobic physical activity recommendations	245	73.8	26.2	5.3
Meets aerobic physical activity recommendations	547	76.1	23.9	6.2
Does not meet muscle strengthening recommendations	383	76.4	23.6	5.7
Meets muscle strengthening recommendations	315	77.6	22.4	6.1
Does not meet screen time recommendations	378	80.4	19.6	5.7
Meets screen time recommendations	387	72.0	28.0	6.2
Does not meet sleep recommendations	184	67.9	32.1	6.1
Meets sleep recommendations	603	77.6	22.4	5.9
Drinks sugar-sweetened beverages daily	36	74.2	25.8	5.9
Drinks sugar-sweetened beverages less than daily	777	75.6	24.4	5.9
Risk behaviour indicators²				
Current smoker	37	87.9	12.1	5.0
Ex-smoker	264	73.7	26.3	6.5
Never smoked	243	80.2	19.8	6.0
Current vaper	11	52.1	47.9	6.4
Ex-vaper	37	67.2	32.8	7.7
Never vaped	491	80.0	20.0	6.0
Had more than 4 standard drinks on a single occasion	291	77.9	22.1	6.3
Has not had more than 4 standard drinks	252	78.3	21.7	5.9
Gambled	92	89.5	10.5	5.3
Never gambled	453	75.3	24.7	6.3

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

4.4. Sugar sweetened beverages

According to the 2023 VPHS, 19.0% of Victorian adults consume sugar-sweetened drinks (soft drink, cordials, sports drinks or caffeinated energy drinks) daily, which is higher than the 6.4% of 2025 ALC respondents from Mount Alexander Shire who reported consuming sugar-sweetened beverages daily. The proportion of adults (7.4%) consuming sugar-sweetened beverages daily was higher than children (1.4%), and no difference was

seen between males and females – contrary to the 2023 VPHS data indicating the males are more likely than females to consume sugar-sweetened beverages daily. Daily consumption was higher among females aged 50 to 69 (9.6%) compared to females aged 3 to 11 years (1.4%), no differences were seen for males by age or according to residential subregion.

A higher proportion of those living in 2-3 person households (8.0%) compared to single (1.6%) and 5+ person (0%) households, and those not LGBTQIA+ (7.4%) compared to LGBTQIA+ people (2.0%) reported consuming sugar-sweetened beverages daily and would benefit from public health intervention to reduce their intake.

Table 4.4.1.1 Sugar sweetened beverage consumption by selected demographic characteristics

	Unweighted base ¹ n	Daily %	Weekly %	Monthly or less often %	Never %
Total sample	836	6.4	26.9	40.5	26.2
Children	222	1.4	30.6	49.0	19.0
Adults	609	7.4	26.3	38.6	27.6
Males	254	5.1	30.9	39.6	24.4
Females	576	7.6	23.0	41.5	27.9
Sex and age					
Males, 3 to 11	65	0.0	16.9	52.3	30.8
Males, 12 to 17	52	1.9	57.7	38.5	1.9
Males, 18 to 34	8	0.0	52.0	25.1	22.9
Males, 35 to 49	36	6.1	39.4	36.4	18.1
Males, 50 to 69	57	6.7	30.4	36.2	26.7
Males, 70+	36	7.4	11.8	48.5	32.4
Females, 3 to 11	70	1.4	15.7	48.6	34.3
Females, 12 to 17	35	2.9	40.0	57.1	0.0
Females, 18 to 34	38	16.4	20.1	35.1	28.5
Females, 35 to 49	144	4.5	33.8	42.7	18.9
Females, 50 to 69	193	9.6	17.3	40.5	32.5
Females, 70+	93	2.2	22.9	37.4	37.4
Subregion					
Campbells Creek / Guildford and surrounds	161	7.3	28.6	38.0	26.2
Castlemaine	331	5.4	23.7	40.9	30.0
Chewton / Taradale / Elphinstone and surrounds	107	5.6	28.5	42.7	23.2
Harcourt and surrounds	98	9.7	34.0	34.7	21.5
Maldon and surrounds	53	9.2	23.6	31.9	35.3
Newstead and surrounds	79	4.8	23.1	57.2	14.9
Demographic indicators					
Household size²					
1 person	130	1.6	24.3	47.4	26.8

2 or 3 people	330	8.0	24.2	35.9	32.0
4 or 5 people	139	11.3	32.4	38.0	18.2
More than 5 people	9	0.0	38.1	54.3	7.7
Born overseas	108	4.8	24.3	39.0	31.9
Born in Australia	725	6.7	27.4	40.6	25.4
Speaks other main language*	10	0.0	13.0	26.2	60.8
Speaks English as main language	822	6.6	27.2	40.6	25.6
Aboriginal and/or Torres Strait Islander*	8	0.0	55.1	38.1	6.8
Not Aboriginal or Torres Strait Islander	828	6.5	26.5	40.6	26.4
LGBTQIA+	118	2.0	34.9	40.7	22.3
Non-LGBTQIA+	713	7.4	25.2	40.3	27.1
Neurodivergent	134	2.4	32.8	42.3	22.5
Not neurodivergent	554	6.3	26.9	41.1	25.7
Maybe	88	10.0	22.1	47.2	20.8
Not sure what neurodivergent means	20	20.4	24.3	30.5	24.8
Less than Bachelor level education ²	201	9.3	29.1	35.9	25.8
Holds a Bachelor degree or higher	404	4.0	20.9	43.5	31.5
Unemployed/Retired ²	196	7.2	16.4	41.1	35.3
Employed	410	7.4	31.5	37.2	23.9
Just getting along, poor or very poor ²	146	9.8	26.9	32.1	31.3
Reasonably comfortable, very comfortable or prosperous	461	6.5	25.9	41.4	26.2
Requires help with daily activities	77	4.2	19.2	43.0	33.7
Does not require help	758	6.6	27.6	40.2	25.6
Food security (last 12 months)²					
Low or very low food security	41	5.5	36.1	39.0	19.4
Marginal food security	66	9.8	30.4	40.8	19.0
High food security	501	7.3	24.5	38.1	30.1

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 4.4.1.2 provides an overview of sugar-sweetened beverage consumption according to a range of health and wellbeing, health behaviour and risk behaviour indicators. Daily consumption of sugar-sweetened beverages was only associated with screen time; no differences were seen according to any of the health and wellbeing or risk behaviour indicators.

A greater proportion of those who did not meet the screen time recommendations (9.9%) reported daily consumption of sugar-sweetened beverages compared to those who met the screen time recommendations (1.5%). Additionally, a higher proportion of those with good, very good or excellent self-reported (29.5% vs 14.3%) and met the vegetable intake recommendations (43.1% vs 24.0%) were more likely to report never consuming sugar-sweetened beverages compared to their counterparts with less positive wellbeing indicators.

Table 4.4.1.2 Sugar sweetened beverage consumption by selected health and behaviour characteristics

	Unweighted base ¹ n	Daily %	Weekly %	Monthly or less often %	Never %
Total sample	836	6.4	26.9	40.5	26.2
Health and wellbeing indicators					
Self-reported health - Fair or poor	132	10.8	36.5	38.4	14.3
Self-reported health - Good, very good, or excellent	614	5.3	23.5	41.7	29.5
Life satisfaction - Low to moderate (0 to 6) ²	143	11.4	22.0	43.5	23.1
Life satisfaction - High/very high (7 to 10)	403	6.2	27.4	38.0	28.4
Does not feel valued by society ²	90	11.3	29.8	37.1	21.8
Sometimes feel valued by society	270	7.9	27.1	40.8	24.2
Definitely feel valued by society	182	5.3	21.8	39.4	33.5
Poor mental wellbeing ²	143	9.0	25.2	37.6	28.2
Good mental wellbeing	466	6.9	26.7	39.0	27.5
Overweight or obese (BMI ≥25.0)	241	7.7	29.3	37.7	25.2
Normal range or underweight (BMI <25.0)	269	4.7	26.4	43.7	25.2
Health behaviour indicators					
Does not meet fruit intake recommendations	352	7.3	27.8	39.2	25.7
Meets fruit intake recommendations	475	5.9	26.7	40.7	26.7
Does not meet vegetable intake recommendations	706	6.5	28.0	41.5	24.0
Meets vegetable intake recommendations	118	5.6	19.9	31.5	43.1
Does not meet aerobic physical activity recommendations	251	5.7	33.8	37.7	22.7
Meets aerobic physical activity recommendations	553	6.9	24.2	41.4	27.5
Does not meet muscle strengthening recommendations	389	5.2	29.6	42.3	22.9
Meets muscle strengthening recommendations	319	7.8	26.1	38.8	27.3
Does not meet screen time recommendations	390	9.9	27.0	34.1	29.0
Meets screen time recommendations	389	1.5	27.3	47.7	23.5
Does not meet sleep recommendations	188	9.2	27.5	39.8	23.5
Meets sleep recommendations	613	5.3	26.8	41.3	26.6
Does not meet water recommendations	561	6.4	26.7	39.5	27.4
Meets water recommendations	252	6.8	28.1	43.0	22.1
Risk behaviour indicators²					
Current smoker	37	1.8	30.4	44.4	23.4
Ex-smoker	270	6.7	22.0	40.1	31.2
Never smoked	246	9.7	29.6	35.8	24.9

Current vaper	11	11.5	39.5	35.3	13.6
Ex-vaper	38	3.1	27.6	51.1	18.2
Never vaped	499	7.9	25.9	37.3	28.9
Had more than 4 standard drinks on a single occasion	294	9.3	25.6	42.8	22.2
Has not had more than 4 standard drinks	258	5.3	26.8	33.7	34.2
Gambled	93	12.8	22.2	42.2	22.8
Never gambled	461	6.2	27.3	37.8	28.7

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

4.5. Ease of access to healthy food locally

Respondents were asked about their perceived ease of accessing healthy food in their local area, with response options ranging from strongly agree to strongly disagree. Table 4.5.1 provides a detailed overview of responses according to selected demographic characteristics. Overall, 78.0% agreed that it is easy to access healthy food in their local area, with no difference seen between males and females, or adults and children. When looking at the responses by sex and age, females aged 18 to 34 years were the least likely to report agreeing that it is easy to access healthy food in the local area.

Respondents from Chewton / Taradale / Elphinstone and surrounds were the least likely to agree that it is easy to access healthy food in their local area. A lower proportion of people from the following demographic groups agree that it is easy to access healthy food locally and may benefit from targeted interventions to increase awareness of how to access local healthy food:

- Less than a Bachelor level education (70.7%) compared to Bachelor degree or higher (88.6%)
- Just getting along, poor or very poor (64.9%) compared to reasonably comfortable, very comfortable or prosperous (82.0%)
- Low or very low food security (41.9%) compared to high (82.9%) food security

Table 4.5.1 Perceived ease of access to healthy food in local area by selected demographic characteristics

	Unweighted base ¹	Strongly agree/ Agree	Neutral	Strongly disagree / Disagree
	n	%	%	%
Total sample	828	78.0	12.0	10.0
Children	215	83.9	7.0	9.1
Adults	608	76.9	13.0	10.2
Males	249	75.3	13.7	11.0
Females	572	80.9	10.1	9.0
Sex and age				
Males, 3 to 11	61	82.0	14.8	3.3
Males, 12 to 17	52	73.1	7.7	19.2
Males, 18 to 34	8	48.0	29.1	22.9

Males, 35 to 49	35	78.5	13.9	7.6
Males, 50 to 69	57	76.2	10.4	13.3
Males, 70+	36	79.4	14.7	5.9
Females, 3 to 11	69	92.8	2.9	4.3
Females, 12 to 17	32	87.5	0.0	12.5
Females, 18 to 34	38	54.5	25.6	19.8
Females, 35 to 49	144	87.4	7.7	5.0
Females, 50 to 69	193	84.8	8.7	6.5
Females, 70+	93	89.4	4.5	6.1
Subregion				
Campbells Creek / Guildford and surrounds	157	87.7	5.4	6.9
Castlemaine	328	83.1	10.6	6.3
Chewton / Taradale / Elphinstone and surrounds	105	56.8	16.7	26.4
Harcourt and surrounds	98	82.5	11.7	5.8
Maldon and surrounds	53	71.9	12.6	15.5
Newstead and surrounds	80	76.1	17.2	6.7
Demographic indicators				
Household size²				
1 person	130	80.1	14.1	5.7
2 or 3 people	330	80.5	7.8	11.7
4 or 5 people	138	64.4	27.5	8.1
More than 5 people	9	76.5	0.0	23.5
Born overseas	108	72.0	15.1	12.9
Born in Australia	717	78.9	11.5	9.5
Speaks other main language*	10	26.0	46.6	27.4
Speaks English as main language	814	78.9	11.4	9.6
Aboriginal and/or Torres Strait Islander*	8	61.9	3.4	34.7
Not Aboriginal or Torres Strait Islander	820	78.3	12.1	9.6
LGBTQIA+	118	71.6	12.6	15.8
Non-LGBTQIA+	705	79.3	11.9	8.8
Neurodivergent	130	69.8	13.4	16.8
Not neurodivergent	550	80.5	12.0	7.5
Maybe	87	67.9	11.5	20.6
Not sure what neurodivergent means	21	92.4	3.8	3.8
Less than Bachelor level education ²	200	70.7	15.9	13.4
Holds a Bachelor degree or higher	403	88.6	7.4	4.0
Unemployed/Retired ²	195	79.3	10.1	10.6
Employed	410	75.7	14.3	10.0
Just getting along, poor or very poor ²	147	64.9	19.6	15.6

Reasonably comfortable, very comfortable or prosperous	459	82.0	10.1	7.8
Requires help with daily activities	74	80.5	8.2	11.3
Does not require help	752	77.9	12.3	9.9
Food security (last 12 months)²				
Low or very low food security	40	41.9	20.6	37.6
Marginal food security	66	64.2	29.6	6.1
High food security	501	82.9	9.4	7.7

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 4.5.2 presents the findings by selected health and behaviour characteristics. Ease of access to healthy food locally was associated with self-reported health, life satisfaction, perceived value to society and vegetable intake. Specifically, a lower proportion of those with fair or poor health (58.5% vs 84.8%), with low to moderate life satisfaction (64.5% vs 82.7%), and who did not (55.2% vs definitely [92.3%]) and sometimes (77.1% vs definitely [92.3%]) feel valued by society agreed that it is easy to access healthy food in their local area compared to their counterparts with more positive health and wellbeing indicators. Additionally, those who did not meet vegetable intake recommendations (76.4%) were less likely to perceive easy access to healthy food locally compared to those who met them (91.5%). Vaping was the only risk behaviour found to be associated with perceived ease of access to local healthy food, with current vapers (0%) less likely to reporting neutral perceptions compared to those who had never vaped (13.2%).

Table 4.5.2 Perceived ease of access to healthy food in local area by selected health and behaviour characteristics

	Unweighted base ¹	Strongly agree/ Agree	Neutral	Strongly disagree / Disagree
	n	%	%	%
Total sample	828	78.0	12.0	10.0
Health and wellbeing indicators				
Self-reported health - Fair or poor	132	58.5	27.4	14.1
Self-reported health - Good, very good, or excellent	615	84.8	6.6	8.6
Life satisfaction - Low to moderate (0 to 6) ²	143	64.5	15.6	20.0
Life satisfaction - High/very high (7 to 10)	403	82.7	11.0	6.3
Does not feel valued by society ²	91	55.2	15.0	29.8
Sometimes feel valued by society	269	77.1	16.4	6.5
Definitely feel valued by society	182	92.3	4.2	3.5
Poor mental wellbeing ²	144	63.3	18.5	18.2
Good mental wellbeing	464	81.5	11.1	7.4
Overweight or obese (BMI ≥25.0)	242	75.6	11.4	13.0
Normal range or underweight (BMI <25.0)	269	81.5	9.2	9.3

Health behaviour indicators				
Does not meet fruit intake recommendations	352	76.6	11.5	11.9
Meets fruit intake recommendations	466	79.9	11.5	8.6
Does not meet vegetable intake recommendations	698	76.4	12.7	10.9
Meets vegetable intake recommendations	116	91.5	5.5	3.1
Does not meet aerobic physical activity recommendations	248	70.0	15.6	14.5
Meets aerobic physical activity recommendations	552	80.7	10.9	8.4
Does not meet muscle strengthening recommendations	387	70.4	15.9	13.7
Meets muscle strengthening recommendations	319	83.7	8.4	7.9
Does not meet screen time recommendations	387	76.1	10.6	13.4
Meets screen time recommendations	390	79.6	13.4	7.0
Does not meet sleep recommendations	187	71.4	17.7	10.9
Meets sleep recommendations	612	81.3	9.7	9.0
Drinks sugar-sweetened beverages daily	36	69.9	21.5	8.7
Drinks sugar-sweetened beverages less than daily	788	78.6	11.3	10.1
Does not meet water recommendations	556	78.1	13.0	9.0
Meets water recommendations	248	77.8	9.2	13.0
Risk behaviour indicators ²				
Current smoker	37	67.2	24.6	8.2
Ex-smoker	269	82.0	9.5	8.5
Never smoked	247	73.3	13.4	13.3
Current vaper	11	92.0	0.0	8.0
Ex-vaper	38	71.3	12.8	16.0
Never vaped	499	76.6	13.2	10.3
Had more than 4 standard drinks on a single occasion	294	76.6	11.9	11.4
Has not had more than 4 standard drinks	258	76.3	14.0	9.7
Gambled	93	79.3	14.1	6.6
Never gambled	461	75.9	12.4	11.7

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

5. Use of public facilities and open spaces

This section presents usage data related to public spaces including open spaces, footpaths, and off-road walking and cycling tracks, and facilities. To ensure residents were using comparable definitions of the spaces, the following descriptions were provided to all respondents:

Public open spaces include all land which is freely accessible that people can visit for recreation, relaxation and socialising, including organised sporting activities and informal play (e.g. your local park, oval or playground). Public open spaces also include 'green spaces', which include areas of natural or cultural heritage value, habitat corridors, some easements, and open water / wetlands (e.g. lakes, state forests, national parks).

Off-road walking and cycling tracks are signed paths / tracks that are not accessible to cars and provide connections between townships, major suburban areas and surrounding open space networks. Footpaths are paved sidewalks, generally found in urban areas. This question is not referring to informal tracks, such as animal tracks or unpaved road reserves.

The frequency of use of public spaces was measured using a 7-point frequency scale: 'Daily', '4 to 6 times a week', '1 to 3 times a week', '2 to 3 times a month', 'Once a month', 'Once or twice in the last 3 months' and 'Less often'. Respondents answering these questions were categorised into three distinct groups for the purpose of reporting: once per week or more, 1 to 3 times a month, less than once a month. To highlight the biggest potential for gains in use of public spaces, we focus on residents who are non-users.

This section also presents data related to a broader list of public facilities and open spaces that residents have used in the last 12 months, their reasons for use of these public facilities and open spaces, and suggested improvements that would encourage greater use of public facilities and open spaces in the region.

Results in this section are provided for residents aged 3 years and over unless otherwise specified. At the time of reporting, there were no known recent benchmarks available for public open space use amongst Victorian residents. External benchmark data is therefore not reported for results presented in this section. Comparisons to the 2019 ALC, conducted with residents of Mount Alexander Shire, are made where available.

5.1. Frequency of public open space use

Overall, 54.3% of respondents reported using public open spaces at least once per week. This has decreased compared to the results obtained in the 2019 ALC, in which 63.9% of respondents reported being weekly users of public open space. Consistent with 2019, children (72.5%) were more likely to be weekly users of public open spaces compared to adults (50.9%).

People from the following demographic groups were less likely to use public open spaces at least once per week, reinforcing the need to consider targeted efforts to improve the use of public open spaces:

- Residents from Chewton / Taradale / Elphinstone and surrounds (34.1%) compared to Castlemaine (64.1%)
- Single person (43.9%), 2-3 person (48.5%) and 4-5 person (57.4%) compared to more than 5 person households (97.9%)
- Less than a Bachelor level education (43.5%) compared to Bachelor degree or higher (65.8%)
- Low or very low food security (28.7%) compared to high food security (54.7%)

Table 5.1.1 Frequency of public open space use by selected demographic characteristics

	Unweighted base ¹	Once a week or more often	< once a week, > once in the last 3 months	Less often / never
	n	%	%	%
Total sample	778	54.3	25.9	19.8
Children	203	72.5	19.4	8.1
Adults	568	50.9	27.0	22.1
Males	232	55.7	26.6	17.7
Females	538	53.0	25.0	22.0
Sex and age				
Males, 3 to 11	60	83.3	16.7	0.0
Males, 12 to 17	46	63.0	23.9	13.0
Males, 18 to 34	7	46.0	46.0	8.1
Males, 35 to 49	33	41.3	50.8	8.0
Males, 50 to 69	55	64.1	12.6	23.3
Males, 70+	31	40.4	28.0	31.5
Females, 3 to 11	66	80.3	12.1	7.6
Females, 12 to 17	31	54.8	29.0	16.1
Females, 18 to 34	37	33.1	38.8	28.1
Females, 35 to 49	134	63.1	19.6	17.3
Females, 50 to 69	182	53.0	24.5	22.5
Females, 70+	85	51.6	17.8	30.6
Subregion				
Campbells Creek / Guildford and surrounds	146	55.9	25.3	18.8
Castlemaine	308	64.1	24.4	11.5
Chewton / Taradale / Elphinstone and surrounds	98	34.1	25.5	40.4
Harcourt and surrounds	94	57.6	23.2	19.3
Maldon and surrounds	50	51.1	29.7	19.2
Newstead and surrounds	75	47.2	27.8	25.1
Demographic indicators				
Household size²				
1 person	121	43.9	26.7	29.4
2 or 3 people	311	48.5	26.3	25.2
4 or 5 people	126	57.4	32.3	10.3
More than 5 people	9	97.9	2.1	0.0
Born overseas	101	63.1	30.0	6.9
Born in Australia	673	53.0	25.2	21.8
Speaks other main language*	10	65.4	20.0	14.6
Speaks English as main language	763	54.1	25.9	19.9
Aboriginal and/or Torres Strait Islander*	8	15.5	10.0	74.5

Not Aboriginal or Torres Strait Islander	769	54.9	26.2	19.0
LGBTQIA+	116	42.9	33.0	24.1
Non-LGBTQIA+	657	56.8	24.3	18.9
Neurodivergent	119	53.7	25.1	21.2
Not neurodivergent	523	54.4	25.9	19.7
Maybe	83	57.2	27.6	15.3
Not sure what neurodivergent means	19	50.6	10.4	39.1
Less than Bachelor level education ²	187	43.5	29.7	26.9
Holds a Bachelor degree or higher	378	65.8	21.9	12.3
Unemployed/Retired ²	181	49.4	20.9	29.7
Employed	385	51.9	29.8	18.3
Just getting along, poor or very poor ²	136	43.2	30.4	26.4
Reasonably comfortable, very comfortable or prosperous	432	54.5	25.4	20.2
Requires help with daily activities	73	48.7	21.8	29.6
Does not require help	701	54.7	26.3	19.0
Food security (last 12 months)²				
Low or very low food security	39	28.7	39.0	32.2
Marginal food security	61	43.5	39.4	17.1
High food security	468	54.7	23.6	21.7

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Public open space use was associated with some health and wellbeing, health behaviour and risk behaviour indicators. A lower proportion of the following people reported being weekly users of public open spaces:

- Fair or poor health (30.0%) compared to good, very good or excellent health (60.4%)
- Low to moderate life satisfaction (35.2%) compared to high or very high life satisfaction (55.7%)
- Do not feel valued by society (31.3%) compared to definitely feel valued by society (59.7%)
- Did not meet fruit intake recommendations (44.8%) compared to met them (62.6%)
- Did not meet aerobic physical activity recommendations (36.9%) compared to met them (61.4%)
- Never smoked (39.8%) compared to ex-smoker (57.5%)
- Current vaper (16.8%) compared to ex-vaper (59.5%) and never vaped (49.8%)

Additionally, those who were overweight or obese (29.1%) were more likely to use public open spaces less frequently compared to those who were normal weight or underweight (14.3%).

Given the health benefits associated with use of open space, strategies to encourage use of open spaces should consider people who fail to meet established health behaviour recommendations and have poor health and wellbeing. Further research is needed to understand reasons why these groups of people are not using public open spaces frequently.

Table 5.1.2 Frequency of public open space use by selected health and behaviour characteristics

	Unweighted base ¹	Once a week or more often	< once a week, > once in the last 3 months	Less often / never
	n	%	%	%
Total sample	778	54.3	25.9	19.8
Health and wellbeing indicators				
Self-reported health - Fair or poor	131	30.0	32.2	37.9
Self-reported health - Good, very good, or excellent	609	60.4	24.4	15.1
Life satisfaction - Low to moderate (0 to 6) ²	144	35.2	39.5	25.3
Life satisfaction - High/very high (7 to 10)	394	55.7	22.1	22.2
Does not feel valued by society ²	90	31.3	37.1	31.6
Sometimes feel valued by society	268	51.3	28.5	20.2
Definitely feel valued by society	176	59.7	18.6	21.7
Poor mental wellbeing ²	144	43.5	37.6	18.9
Good mental wellbeing	424	53.7	23.0	23.3
Overweight or obese (BMI ≥25.0)	239	48.7	22.2	29.1
Normal range or underweight (BMI <25.0)	268	58.4	27.3	14.3
Health behaviour indicators				
Does not meet fruit intake recommendations	330	44.8	31.6	23.6
Meets fruit intake recommendations	436	62.6	20.4	17.0
Does not meet vegetable intake recommendations	657	53.7	25.6	20.7
Meets vegetable intake recommendations	106	60.5	27.1	12.3
Does not meet aerobic physical activity recommendations	232	36.9	28.3	34.8
Meets aerobic physical activity recommendations	520	61.4	25.2	13.5
Does not meet muscle strengthening recommendations	360	48.6	29.9	21.4
Meets muscle strengthening recommendations	297	56.7	25.1	18.2
Does not meet screen time recommendations	365	52.2	28.4	19.4
Meets screen time recommendations	362	55.8	24.5	19.6
Does not meet sleep recommendations	174	47.4	28.0	24.5
Meets sleep recommendations	575	56.7	24.9	18.4
Drinks sugar-sweetened beverages daily	34	38.9	45.8	15.3
Drinks sugar-sweetened beverages less than daily	739	55.4	24.5	20.1
Does not meet water recommendations	521	52.7	25.7	21.5
Meets water recommendations	232	59.4	25.6	15.1
Risk behaviour indicators²				

Current smoker	37	62.9	24.1	13.0
Ex-smoker	266	57.5	20.1	22.4
Never smoked	241	39.8	35.3	24.9
Current vaper	11	16.8	33.0	50.2
Ex-vaper	38	59.5	25.5	15.0
Never vaped	490	49.8	27.5	22.7
Had more than 4 standard drinks on a single occasion	291	53.9	24.9	21.2
Has not had more than 4 standard drinks	252	44.5	30.9	24.6
Gambled	91	41.1	40.8	18.1
Never gambled	454	52.4	23.9	23.7

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

5.2. Frequency of footpath use

Amongst residents who complete the 2025 ALC, around (74.6%) used footpaths in the area at least once per week (see Table 5.2.1). Approximately 15.3% reported using footpaths less than once a month. This proportion was higher among adults (16.6%) than children (8.3%). No difference in footpath use was seen between males and females. Among females, the groups with the highest proportion who used footpaths less than once a month were those aged 70 or above. Respondents from Chewton / Taradale / Elphinstone and surrounds were the least likely to report weekly use of footpaths, and those who live in Castlemaine were the most likely to. Improving the access to or usability of footpaths in the area has the potential to increase use amongst residents, so these findings highlight potential areas within the broader LGA that may benefit from investment in the footpath infrastructure and quality.

Weekly usage was also lower amongst people from single (70.6%), 2-3 person (73.7%), 4–5 person (72.7%) households compared to more than 5 person households (97.6%), and those with less than a Bachelor level education (20.4%) used footpaths less often or never compared to those with a Bachelor degree or higher (8.1%).

Table 5.2.1 Frequency of footpath use by selected demographic characteristics

	Unweighted base ¹	Once a week or more often	< once a week, > once in the last 3 months	Less often / never
	n	%	%	%
Total sample	783	74.6	10.1	15.3
Children	201	80.1	11.6	8.3
Adults	575	73.6	9.8	16.6
Males	232	75.2	10.6	14.1
Females	543	74.0	9.6	16.4
Sex and age				
Males, 3 to 11	60	85.0	8.3	6.7

Males, 12 to 17	45	75.6	17.8	6.7
Males, 18 to 34	7	62.2	8.2	29.7
Males, 35 to 49	33	71.4	15.9	12.7
Males, 50 to 69	55	76.7	6.8	16.5
Males, 70+	32	75.9	12.1	12.0
Females, 3 to 11	65	84.6	9.2	6.2
Females, 12 to 17	31	71.0	12.9	16.1
Females, 18 to 34	37	66.2	11.5	22.3
Females, 35 to 49	134	79.4	11.5	9.1
Females, 50 to 69	181	74.1	10.2	15.7
Females, 70+	92	72.2	2.8	25.0
Subregion				
Campbells Creek / Guildford and surrounds	149	69.8	8.9	21.4
Castlemaine	309	89.8	5.3	4.9
Chewton / Taradale / Elphinstone and surrounds	98	47.1	17.5	35.3
Harcourt and surrounds	94	71.8	6.6	21.6
Maldon and surrounds	50	89.0	7.9	3.1
Newstead and surrounds	76	63.2	17.1	19.7
Demographic indicators				
Household size²				
1 person	125	70.6	11.7	17.7
2 or 3 people	314	73.7	7.5	18.8
4 or 5 people	126	72.7	15.9	11.3
More than 5 people	9	97.6	2.4	0.0
Born overseas	103	85.8	4.1	10.1
Born in Australia	675	72.9	11.0	16.1
Speaks other main language*	10	85.6	14.4	0.0
Speaks English as main language	767	74.4	10.0	15.6
Aboriginal and/or Torres Strait Islander*	8	58.5	6.8	34.7
Not Aboriginal or Torres Strait Islander	774	74.8	10.1	15.1
LGBTQIA+	116	80.0	5.3	14.7
Non-LGBTQIA+	660	73.6	11.2	15.3
Neurodivergent	119	70.1	9.3	20.7
Not neurodivergent	523	74.8	10.0	15.2
Maybe	83	76.6	12.5	10.9
Not sure what neurodivergent means	19	86.2	0.0	13.8
Less than Bachelor level education ²	192	68.9	10.7	20.4
Holds a Bachelor degree or higher	378	83.6	8.3	8.1
Unemployed/Retired ²	187	70.7	8.1	21.1
Employed	385	75.6	10.5	14.0

Just getting along, poor or very poor ²	137	74.7	8.4	16.9
Reasonably comfortable, very comfortable or prosperous	436	73.2	10.5	16.3
Requires help with daily activities	74	73.0	10.6	16.4
Does not require help	704	74.8	10.0	15.2
Food security (last 12 months)²				
Low or very low food security	38	60.0	20.4	19.5
Marginal food security	61	64.4	15.0	20.6
High food security	475	76.7	7.8	15.5

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

The profile of non-users of footpaths was similar to that observed for open space use. That is, people reporting lower levels of health and wellbeing were less likely to be users of footpaths. Specifically, a lower proportion of those who reported their health as fair or poor (58.2%) used footpaths weekly compared to those who reported good, very good or excellent health (79.9%). Additionally, those with poor mental wellbeing (4.0%) were likely to report using footpaths more than once in the last three months but less than once a week compared to those with good mental wellbeing (12.0%).

Weekly footpath use was lower among those who did not meet the aerobic physical activity (63.1% vs 78.9%) and sleep (63.3% vs 79.4%) recommendations compared to those who did. Smoking and vaping were both associated with footpath use, with current smokers (4.0%) less likely to report never using footpaths compared to those who had never smoked (20.8%), and current vapers (0%) less likely to report infrequent use of footpaths (< once a week) compared to those who had never vaped (10.0%).

Table 5.2.2 Frequency of footpath use by selected health and behaviour characteristics

	Unweighted base ¹	Once a week or more often	< once a week, > once in the last 3 months	Less often / never
	n	%	%	%
Total sample	783	74.6	10.1	15.3
Health and wellbeing indicators				
Self-reported health - Fair or poor	130	58.2	14.4	27.4
Self-reported health - Good, very good, or excellent	617	79.9	7.8	12.2
Life satisfaction - Low to moderate (0 to 6) ²	143	76.1	7.7	16.2
Life satisfaction - High/very high (7 to 10)	400	72.8	9.6	17.6
Does not feel valued by society ²	90	65.4	7.5	27.2
Sometimes feel valued by society	270	73.7	11.4	14.9
Definitely feel valued by society	180	80.3	5.8	13.9
Poor mental wellbeing ²	142	80.0	4.0	16.0
Good mental wellbeing	433	71.2	12.0	16.8
Overweight or obese (BMI ≥25.0)	240	67.5	11.0	21.5

Normal range or underweight (BMI <25.0)	269	80.0	8.0	12.0
Health behaviour indicators				
Does not meet fruit intake recommendations	332	73.9	8.5	17.6
Meets fruit intake recommendations	429	76.0	10.6	13.4
Does not meet vegetable intake recommendations	659	74.2	10.3	15.5
Meets vegetable intake recommendations	109	78.1	9.3	12.6
Does not meet aerobic physical activity recommendations	234	63.1	14.0	22.9
Meets aerobic physical activity recommendations	523	78.9	8.8	12.3
Does not meet muscle strengthening recommendations	359	67.7	10.8	21.5
Meets muscle strengthening recommendations	301	79.1	10.3	10.6
Does not meet screen time recommendations	369	71.6	10.5	17.9
Meets screen time recommendations	364	77.0	10.1	12.9
Does not meet sleep recommendations	176	63.3	13.7	23.0
Meets sleep recommendations	579	79.4	8.0	12.6
Drinks sugar-sweetened beverages daily	34	70.4	5.3	24.3
Drinks sugar-sweetened beverages less than daily	744	74.8	10.4	14.8
Does not meet water recommendations	526	74.3	10.4	15.3
Meets water recommendations	232	75.8	9.4	14.9
Risk behaviour indicators²				
Current smoker	37	85.7	10.2	4.0
Ex-smoker	268	75.5	8.9	15.5
Never smoked	245	69.0	10.3	20.8
Current vaper	11	81.6	0.0	18.4
Ex-vaper	38	74.1	8.8	17.1
Never vaped	496	73.2	10.0	16.8
Had more than 4 standard drinks on a single occasion	293	73.2	10.9	15.9
Has not had more than 4 standard drinks	256	73.9	8.1	18.0
Gambled	93	75.3	13.4	11.3
Never gambled	458	73.2	8.7	18.1

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

5.3. Frequency of off-road walking and cycling track use

Amongst Mount Alexander residents who completed the 2025 ALC, around (41.9%) used off-road walking and cycling tracks in the area at least once per week (see Table 5.3.1). No differences in use were seen between

children and adults, or males and females. When looking at sex and age, both males and females 70 years and above were the most likely to rarely use off-road tracks. Among females, infrequent use was also seen among adolescents. A greater proportion of residents from Castlemaine (47.7%) used off-road walking and cycling tracks at least once a week compared to residents from Chewton / Taradale / Elphinstone and surrounds (26.7%).

Weekly usage was also lower amongst people from the following demographic groups, suggesting that they may benefit from targeted promotion efforts:

- Unsure what neurodivergent means (14.8%) compared to not neurodivergent (43.2%) or maybe neurodivergent (48.0%)
- Less than a Bachelor level education (34.9%) compared to Bachelor degree or higher (57.1%)
- Just getting along, poor or very poor (30.8%) compared to reasonably comfortable, very comfortable or prosperous (47.7%)
- Low or very low food security (13.4%) compared to high (47.8%) food security

Table 5.3.1 Frequency of off-road walking and cycling track use by selected demographic characteristics

	Unweighted base ¹	Once a week or more often	< once a week, > once in the last 3 months	Less often / never
	n	%	%	%
Total sample	774	41.9	24.4	33.7
Children	202	40.2	33.6	26.3
Adults	565	42.4	22.8	34.8
Males	232	43.2	26.6	30.2
Females	534	40.5	22.3	37.1
Sex and age				
Males, 3 to 11	60	46.7	41.7	11.7
Males, 12 to 17	46	39.1	37.0	23.9
Males, 18 to 34	7	54.0	8.2	37.8
Males, 35 to 49	33	49.2	23.8	27.0
Males, 50 to 69	55	41.9	30.1	28.1
Males, 70+	31	35.2	17.5	47.3
Females, 3 to 11	65	41.5	33.8	24.6
Females, 12 to 17	31	29.0	16.1	54.8
Females, 18 to 34	37	36.7	28.0	35.3
Females, 35 to 49	134	46.4	29.7	24.0
Females, 50 to 69	179	42.5	19.2	38.3
Females, 70+	85	40.3	7.5	52.2
Subregion				
Campbells Creek / Guildford and surrounds	147	46.9	20.1	33.0
Castlemaine	306	47.7	27.8	24.5

Chewton / Taradale / Elphinstone and surrounds	98	26.7	30.9	42.5
Harcourt and surrounds	94	36.3	19.7	44.0
Maldon and surrounds	49	48.7	14.2	37.0
Newstead and surrounds	73	35.1	21.9	43.1
Demographic indicators				
Household size²				
1 person	119	38.4	21.0	40.6
2 or 3 people	310	40.0	21.8	38.2
4 or 5 people	126	48.8	26.3	24.9
More than 5 people	9	68.9	28.6	2.4
Born overseas	102	51.8	25.4	22.9
Born in Australia	668	40.4	24.0	35.5
Speaks other main language*	10	82.4	9.2	8.4
Speaks English as main language	759	41.2	24.5	34.3
Aboriginal and/or Torres Strait Islander*	8	6.8	55.1	38.1
Not Aboriginal or Torres Strait Islander	765	42.4	23.9	33.7
LGBTQIA+	115	50.0	27.0	22.9
Non-LGBTQIA+	654	40.2	23.8	36.1
Neurodivergent	119	38.3	31.3	30.4
Not neurodivergent	523	43.2	24.1	32.6
Maybe	83	48.0	18.2	33.8
Not sure what neurodivergent means	18	14.8	21.5	63.7
Less than Bachelor level education ²	185	34.9	22.9	42.2
Holds a Bachelor degree or higher	377	57.1	22.7	20.1
Unemployed/Retired ²	180	39.3	15.8	44.9
Employed	383	44.2	26.3	29.5
Just getting along, poor or very poor ²	133	30.8	25.4	43.8
Reasonably comfortable, very comfortable or prosperous	432	47.7	21.5	30.7
Requires help with daily activities	72	31.1	20.6	48.3
Does not require help	698	42.8	24.7	32.5
Food security (last 12 months)²				
Low or very low food security	38	13.4	35.3	51.4
Marginal food security	60	30.0	28.4	41.6
High food security	467	47.8	20.4	31.8

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Off-road walking and cycling track use was associated with self-reported health, aerobic physical activity, sugar-sweetened beverage consumptions, smoking and gambling (see Table 5.3.2). Weekly use was less

frequent among those who reported fair or poor health (22.0%), did not meet aerobic physical activity (22.5%) and those who gambled in the last 12 months (26.5%) compared to those with good, very good or excellent health (48.3%), who met aerobic physical activity recommendations (50.1%) and never gambled (47.1%). Additionally, a lower proportion of those who reported consuming sugar-sweetened beverages daily (9.8%) used off-road walking and cycling tracks at least once in the last three months but less than once a week compared to those who had not consumed sugar-sweetened beverages daily (25.4%). Conversely, respondents who never smoked (40.5%) or were ex-smokers (32.5%) were more likely to use off-road walking and cycling track less frequently or never compared to current smokers (14.3%).

Table 5.3.2 Frequency of off-road walking and cycling track use by selected health and behaviour characteristics

	Unweighted base ¹	Once a week or more often	< once a week, > once in the last 3 months	Less often / never
	n	%	%	%
Total sample	774	41.9	24.4	33.7
Health and wellbeing indicators				
Self-reported health - Fair or poor	129	22.0	25.5	52.4
Self-reported health - Good, very good, or excellent	607	48.3	23.7	28.0
Life satisfaction - Low to moderate (0 to 6) ²	141	37.3	26.0	36.7
Life satisfaction - High/very high (7 to 10)	393	44.4	21.3	34.3
Does not feel valued by society ²	89	29.4	21.8	48.8
Sometimes feel valued by society	265	43.4	22.4	34.2
Definitely feel valued by society	176	49.1	23.6	27.3
Poor mental wellbeing ²	142	34.9	27.0	38.1
Good mental wellbeing	423	45.2	21.2	33.6
Overweight or obese (BMI ≥25.0)	235	39.1	21.2	39.7
Normal range or underweight (BMI <25.0)	267	52.1	23.1	24.8
Health behaviour indicators				
Does not meet fruit intake recommendations	329	35.7	25.4	38.9
Meets fruit intake recommendations	433	47.8	22.9	29.3
Does not meet vegetable intake recommendations	653	41.5	25.4	33.0
Meets vegetable intake recommendations	106	46.6	16.3	37.1
Does not meet aerobic physical activity recommendations	231	22.5	26.0	51.5
Meets aerobic physical activity recommendations	518	50.1	23.4	26.5
Does not meet muscle strengthening recommendations	360	37.8	27.6	34.6
Meets muscle strengthening recommendations	294	45.7	21.6	32.7
Does not meet screen time recommendations	364	37.8	23.5	38.7

Meets screen time recommendations	360	46.8	25.2	28.0
Does not meet sleep recommendations	172	32.5	26.6	40.9
Meets sleep recommendations	574	45.9	24.1	30.0
Drinks sugar-sweetened beverages daily	34	29.5	9.8	60.8
Drinks sugar-sweetened beverages less than daily	735	42.8	25.4	31.8
Does not meet water recommendations	519	39.6	24.5	35.9
Meets water recommendations	230	49.5	23.5	27.0
Risk behaviour indicators²				
Current smoker	37	44.0	41.7	14.3
Ex-smoker	264	47.3	20.2	32.5
Never smoked	239	38.1	21.4	40.5
Current vaper	11	50.1	31.5	18.4
Ex-vaper	38	37.8	44.6	17.6
Never vaped	486	43.0	20.5	36.5
Had more than 4 standard drinks on a single occasion	290	41.3	26.8	31.9
Has not had more than 4 standard drinks	249	44.5	17.9	37.6
Gambled	89	26.5	29.3	44.2
Never gambled	452	47.1	21.3	31.7

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

5.4. Use of other public facilities or open spaces

All respondents were asked to indicate the other types of public facilities or open spaces they had used in the last 12 months from a list provided. As the prior question asked about frequency of use of public open spaces more broadly, footpaths and off-road walking or cycling tracks, these were excluded from the list of other facilities or open spaces provided. Overall, 5.7% of respondents indicated that they had not used any other types of public facilities or open spaces in the last 12 months. These respondents were subsequently excluded from the following analysis looking at types of public facilities or open spaces used and reasons for use of public facilities and open spaces.

5.4.1. Types of public facilities or open spaces used

Of the other types of public facilities and open spaces listed, parks were the most common with approximately 81.9% of respondents having used them. The next most common were sports grounds, ovals and clubrooms (40.9%), halls or community centres (40.9%), swimming pools or splash parks (40.8%), and playgrounds (34.1%). This list remains largely similar to that reported in 2019, except for playgrounds which was only reported by 19.4%, and community gardens which were used by 49.9% of respondents in 2019 but 34.1% and 28.8% in 2025, respectively.

Table 5.4.1.1 Types of public facilities or open spaces used by user types

	All respondents
	%
Unweighted base (n)¹	745
Parks	81.9
Sports grounds, ovals and clubrooms	40.9
Halls / community centres	40.9
Swimming pools / splash parks	40.8
Playgrounds	34.1
Community gardens	28.8
Indoor sports / leisure / fitness centres	25.0
Hard courts	16.9
Skateparks / BMX	15.5
Others	10.8
After hours usage of education facilities	5.6

¹ Base sizes include respondents aged 3 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

For the top nine, analysis was conducted regarding the demographic characteristics of users and their health and wellbeing, health behaviour and risk behaviour indicators. 'Other' and 'after hours usage of education facilities' were not explored further due to the small base sample size.

There were differences by age for all locations except for parks, halls or community centres and community gardens. Children were more likely to use all assessed locations, however there were no differences by sex (refer to Table 5.4.1.2 for details).

Associations were seen between use of all top facilities and many demographic indicators, health and wellbeing, health behaviour and risky behaviour indicators. Some notable differences include:

- Those from single person households were less likely to use sports grounds, swimming pools/splash parks and playgrounds compared to 4-5 person households
- Those who were neurodivergent were more likely to use parks, swimming pools/splash parks, playgrounds and skateparks/BMX tracks
- Those who were unemployed or retired were less likely to use sports grounds, swimming pools/splash parks, playgrounds, hard courts and skateparks/BMX tracks compared to those who were employed
- Those who never vaped were less likely to use sports grounds, swimming pools/splash parks, playgrounds, hard courts compared to ex-vapers but were more likely to use halls/ community centres and skateparks/BMX tracks

Future research could focus on understanding the specific drivers for, and barriers to, using specific facilities with the aim of increasing use across the broader population.

Table 5.4.1.2 Public facilities and open spaces by selected demographic characteristics

	Unweighted base ¹	Parks	Sports grounds, ovals and clubrooms	Halls / community centres	Swimming pools/splas h parks	Playgrounds	Community gardens	Indoor sports / leisure / fitness centres	Hard courts	Skateparks / BMX
	n	%	%	%	%	%	%	%	%	%
Total sample	745	81.9	40.9	40.9	40.8	34.1	28.8	25.0	16.9	15.5
Children	197	80.5	71.4	36.0	71.0	62.4	31.6	36.7	37.4	36.2
Adults	540	82.2	34.8	41.9	34.7	28.3	28.2	22.5	12.7	11.5
Males	224	85.6	38.9	37.8	39.1	31.7	24.5	27.7	18.9	19.4
Females	512	78.6	43.3	44.4	42.3	36.8	33.0	22.3	14.8	11.7
Sex and age										
Males, 3 to 11	59	88.1	78.0	42.4	83.1	86.4	42.4	39.0	40.7	61.0
Males, 12 to 17	44	70.5	68.2	25.0	50.0	22.7	31.8	38.6	31.8	31.8
Males, 18 to 34	7	91.8	16.3	16.2	0.0	46.0	16.2	0.0	8.2	29.7
Males, 35 to 49	32	89.8	52.5	25.4	59.3	44.0	22.0	39.0	23.7	25.5
Males, 50 to 69	52	84.3	33.3	42.6	38.4	22.8	20.9	24.0	19.6	10.3
Males, 70+	30	85.7	12.5	51.9	7.1	5.3	25.0	23.2	0.0	0.0
Females, 3 to 11	66	87.9	75.8	37.9	89.4	92.4	24.2	33.3	39.4	33.3
Females, 12 to 17	28	67.9	57.1	35.7	46.4	21.4	25.0	35.7	35.7	3.6
Females, 18 to 34	32	71.9	62.5	44.4	35.5	48.2	31.9	11.0	8.1	26.2
Females, 35 to 49	133	80.3	56.3	42.8	56.2	54.3	32.2	38.4	26.0	16.3
Females, 50 to 69	168	86.6	22.1	45.0	34.8	17.8	42.0	17.5	5.1	0.7
Females, 70+	82	65.6	18.2	52.0	14.9	7.1	27.3	9.8	3.3	0.0
Subregion										
Campbells Creek / Guildford and surrounds	141	82.8	43.4	39.6	36.0	38.8	28.9	22.0	20.8	21.2
Castlemaine	301	86.3	44.2	43.7	42.8	36.8	32.3	28.3	19.2	18.0
Chewton / Taradale / Elphinstone and surrounds	87	80.3	36.4	36.2	49.1	25.2	32.4	28.6	10.5	9.9

Harcourt and surrounds	91	76.8	45.3	31.7	48.5	48.3	26.1	35.8	22.2	14.3
Maldon and surrounds	47	85.4	21.1	61.4	26.1	21.5	29.3	12.8	6.5	1.8
Newstead and surrounds	71	69.5	44.6	34.4	32.5	19.0	15.5	9.3	14.8	11.6
Demographic indicators										
Household size²										
1 person	115	79.4	15.8	39.4	19.0	4.5	33.8	25.1	6.5	0.0
2 or 3 people	293	84.5	25.9	40.8	33.2	24.3	26.4	16.8	9.8	8.1
4 or 5 people	122	79.2	71.4	46.8	50.7	55.9	28.8	38.5	23.3	28.5
More than 5 people	9	73.8	69.8	40.6	45.7	59.1	28.0	7.7	35.7	28.3
Born overseas	99	87.1	47.3	61.2	50.2	33.1	34.2	23.7	24.3	25.6
Born in Australia	640	81.1	40.0	37.7	39.4	34.2	27.7	25.2	15.7	14.0
Speaks other main language*	10	91.6	63.1	74.0	70.0	73.8	16.9	22.3	6.0	54.8
Speaks English as main language	728	81.8	40.5	40.2	40.3	33.2	28.8	25.1	17.1	14.8
Aboriginal and/or Torres Strait Islander*	7	94.8	18.5	33.9	10.4	8.1	28.7	18.5	8.1	13.3
Not Aboriginal or Torres Strait Islander	736	81.8	41.2	41.0	41.2	34.3	28.8	25.1	16.9	15.6
LGBTQIA+	111	88.2	29.4	47.4	39.3	21.6	30.7	14.5	13.5	4.3
Non-LGBTQIA+	626	80.7	43.6	39.4	41.1	36.9	28.1	27.4	17.7	18.1
Neurodivergent	111	92.2	51.7	44.5	51.7	53.3	30.9	22.4	20.8	34.2
Not neurodivergent	504	79.9	39.6	40.1	38.7	30.9	28.0	27.0	18.3	11.1
Maybe	77	93.8	45.5	38.4	53.1	38.9	29.1	23.9	11.0	26.2
Not sure what neurodivergent means	16	52.0	45.6	23.1	14.9	27.9	26.6	25.4	6.7	1.5
Less than Bachelor level education ²	172	81.2	34.1	37.5	32.0	27.6	24.8	19.3	13.7	14.3
Holds a Bachelor degree or higher	365	84.9	36.3	49.5	39.2	29.9	34.6	28.3	11.1	6.5
Unemployed/Retired ²	168	76.9	20.4	38.0	15.2	12.5	24.9	20.0	1.7	0.2
Employed	371	85.0	41.6	43.6	43.9	35.9	29.8	23.7	18.0	16.8
Just getting along, poor or very poor ²	120	82.8	42.2	39.2	27.5	38.2	32.9	13.0	12.1	15.4

Reasonably comfortable, very comfortable or prosperous	418	82.2	31.9	42.8	37.8	24.4	26.4	26.5	13.0	9.9
Requires help with daily activities	68	77.1	38.8	54.9	42.2	37.9	49.9	18.8	20.8	20.4
Does not require help	671	82.4	41.1	39.7	40.7	33.7	27.1	25.4	16.5	15.2
Food security (last 12 months)²										
Low or very low food security	30	86.3	35.3	34.8	39.7	45.7	48.6	31.1	12.5	21.3
Marginal food security	58	60.5	66.9	44.3	29.6	37.3	29.2	14.7	10.1	12.1
High food security	451	85.4	29.8	42.1	35.1	25.5	26.3	23.0	13.2	10.6

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 5.4.1.3 Public facilities and open spaces by selected health and behaviour characteristics

	Unweighted base ¹	Parks	Sports grounds, ovals and clubrooms	Halls / community centres	Swimming pools/splash parks	Playgrounds	Community gardens	Indoor sports / leisure / fitness centres	Hard courts	Skateparks / BMX
	n	%	%	%	%	%	%	%	%	%
Total sample	745	81.9	40.9	40.9	40.8	34.1	28.8	25.0	16.9	15.5
Health and wellbeing indicators										
Self-reported health - Fair or poor	115	71.8	40.8	43.9	34.3	25.7	26.7	16.6	8.4	8.6
Self-reported health - Good, very good, or excellent	592	84.1	41.1	41.6	42.1	35.5	30.0	27.0	19.5	16.6
Life satisfaction - Low to moderate (0 to 6) ²	129	77.6	38.4	43.6	38.1	38.9	33.8	20.1	13.6	13.3
Life satisfaction - High/very high (7 to 10)	381	83.2	32.8	43.8	32.7	23.3	26.4	23.1	12.8	9.6
Does not feel valued by society ²	74	83.4	22.1	33.6	30.3	24.0	17.8	9.0	16.1	6.1
Sometimes feel valued by society	261	79.0	36.8	42.2	35.6	27.6	31.4	22.0	6.2	10.9
Definitely feel valued by society	172	86.0	37.5	52.0	34.2	30.2	29.5	29.7	22.4	12.9
Poor mental wellbeing ²	130	88.0	36.6	39.8	45.2	48.2	29.2	21.3	14.4	19.8

Good mental wellbeing	410	80.2	34.1	42.7	30.9	21.3	27.8	22.9	12.2	8.5
Overweight or obese (BMI ≥25.0)	225	83.7	38.9	45.5	36.5	31.6	25.2	23.9	16.7	13.2
Normal range or underweight (BMI <25.0)	255	87.7	32.5	37.9	39.1	27.9	34.5	24.7	17.9	12.3
Health behaviour indicators										
Does not meet fruit intake recommendations	310	80.4	38.4	39.6	39.2	28.7	28.4	22.5	12.1	11.2
Meets fruit intake recommendations	423	83.8	42.0	41.4	42.0	38.2	29.3	26.7	20.6	19.0
Does not meet vegetable intake recommendations	625	82.5	41.8	39.9	41.9	35.6	29.1	24.7	17.3	16.2
Meets vegetable intake recommendations	105	78.6	33.5	49.0	30.0	21.1	26.0	26.0	13.0	10.9
Does not meet aerobic physical activity recommendations	214	78.7	44.7	41.1	48.3	46.0	29.3	16.4	13.3	18.2
Meets aerobic physical activity recommendations	505	82.9	39.7	41.4	37.8	29.7	28.7	27.9	18.4	15.1
Does not meet muscle strengthening recommendations	342	78.9	48.6	39.4	43.5	40.2	24.2	21.0	16.8	19.2
Meets muscle strengthening recommendations	289	83.9	33.5	44.6	38.7	26.7	33.0	28.3	16.1	11.0
Does not meet screen time recommendations	343	81.0	41.1	40.3	38.3	33.4	28.8	24.5	14.0	15.6
Meets screen time recommendations	355	82.3	39.6	41.5	41.8	32.5	28.6	24.4	18.7	14.5
Does not meet sleep recommendations	161	80.8	40.5	38.4	36.6	34.0	32.3	19.2	19.6	21.5
Meets sleep recommendations	558	82.4	40.7	41.7	41.4	34.6	27.6	26.1	16.5	14.2
Drinks sugar-sweetened beverages daily	29	57.1	50.7	29.6	16.3	18.1	8.7	33.4	20.8	10.9
Drinks sugar-sweetened beverages less than daily	710	83.4	40.2	41.7	42.2	35.0	30.0	24.3	16.5	15.9
Does not meet water recommendations	499	83.1	36.9	41.8	38.8	33.0	29.8	21.9	14.6	15.6
Meets water recommendations	223	79.1	53.8	38.3	46.0	36.7	24.9	33.8	23.9	15.9
Risk behaviour indicators²										
Current smoker	36	90.9	44.7	51.8	58.8	46.5	36.1	30.4	15.7	35.5
Ex-smoker	252	87.4	34.5	40.8	31.7	27.9	31.7	27.6	15.1	10.5

Never smoked	228	74.9	32.1	43.9	32.6	25.1	23.5	16.4	10.2	7.7
Current vaper	11	88.5	33.8	6.8	27.1	23.3	38.3	6.8	0.0	0.0
Ex-vaper	36	91.6	63.6	61.9	67.2	62.8	34.1	35.4	48.8	31.1
Never vaped	464	81.0	31.9	42.6	32.0	25.5	27.4	22.3	10.0	10.5
Had more than 4 standard drinks on a single occasion	279	81.2	39.9	42.5	36.5	35.0	30.3	25.9	15.9	15.6
Has not had more than 4 standard drinks	236	84.0	26.6	44.4	33.1	19.8	25.6	18.7	8.8	6.9
Gambled	86	85.4	43.9	34.6	20.1	18.4	25.0	20.8	12.5	8.5
Never gambled	431	81.3	31.9	45.6	38.8	31.3	29.3	23.3	13.0	12.8

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

5.4.2. Reasons for use of public facilities or open spaces

Regardless of how frequently they had used the areas, all respondents were asked to provide the reasons why they had used public facilities and open spaces in their area in the past 12 months.

The top four reasons for use of public facilities and open spaces were each selected by over half of all respondents: for exercise or health and fitness (68.6%), socialising with family or friends (67.4%), for fun or enjoyment (59.5%) and for mental health and wellbeing (51.6%). The top three main reasons reported for using public facilities and open spaces were the same as those reported in the 2019 ALC, with a similar frequency reporting these reasons. However, respondents to the 2019 ALC reported using public facilities or open spaces for unstructured physical recreation activities (56.7%) more frequently compared to 2025 respondents (39.7%). *'For my mental health and wellbeing'* and *'taking part in cultural activities or events on Country'* were added as response options in 2025 reflecting to increased awareness of the importance of mental health, wellbeing and cultural participation. These findings suggest that reasons for using public facilities and open spaces shift over time, highlighting the importance of regularly checking in with residents to ensure their needs are being met and that any barriers to use are identified and addressed.

Full data from comparable demographic subgroups, health and wellbeing indicators, and health and risk behaviours are available in Table 5.4.2.2 and Table 5.4.2.3.

Table 5.4.2.1 Reasons for using public facilities or open spaces by user types

	All respondents
	%
Unweighted base (n)¹	733
Exercise / health and fitness	68.6
Socialising with family / friends	67.4
For fun / enjoyment	59.5
For my mental health and wellbeing	51.6
Getting back to nature	44.1
Unstructured physical recreation activities	39.7
For time to myself	34.7
Entertaining kids / watching kids' activities	31.6
Exercising the dog	31.0
Community event / performance	28.9
Organised sport (e.g., cricket or netball for a club)	21.1
Commuting (i.e., to get from a to b)	16.1
Taking part in cultural activities or events on Country	13.7
Some other reason	2.5

¹ Base sizes include respondents aged 3 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

For the top ten reasons reported in the ALC, analysis was conducted regarding the demographic characteristics, health and wellbeing characteristics, health behaviours and risk behaviours of users, full subgroup comparisons are shown below in Tables 5.4.2.2 and 5.4.2.3.

Children were more likely than adults to use public facilities and open spaces for socialising with family/friends, fun/enjoyment and unstructured physical recreation activities. Adults were more likely than children to use public facilities and open spaces for mental health and wellbeing, getting back to nature and taking time to themselves. No differences were seen according to sex. Differences in use of public facilities and open spaces for various reasons were seen across subregions and most additional demographic indicators (see Table 5.4.2.2 for more detail). Likewise, there were differences in reasons for usage for many health and wellbeing indicators, health behaviours and risk behaviours (see Tables 5.4.2.3 for more detail).

Table 5.4.2.2 Top 10 reasons for using public facilities or open spaces by selected demographic characteristics

	Unweighted base ¹	Exercise / health and fitness	Socialising with family / friends	For fun / enjoyment	For my mental health and wellbeing	Getting back to nature	Unstructure d physical recreation activities	For time to myself	Entertainin g kids / watching kids' activities	Exercising the dog	Community event / performanc e
	n	%	%	%	%	%	%	%	%	%	%
Total sample	733	68.6	67.4	59.5	51.6	44.1	39.7	34.7	31.6	31.0	28.9
Children	195	64.1	87.2	86.1	27.7	29.0	49.8	13.7	26.1	27.3	31.7
Adults	532	69.3	63.4	54.3	56.2	47.1	37.5	38.9	32.4	31.6	28.2
Males	224	70.0	64.2	60.0	52.1	45.1	38.2	33.6	28.6	29.8	26.1
Females	502	66.9	71.2	59.0	50.9	42.9	41.3	35.8	34.6	32.3	31.9
Sex and age											
Males, 3 to 11	59	59.3	89.8	98.3	23.7	28.8	57.6	10.2	35.6	28.8	37.3
Males, 12 to 17	44	68.2	88.6	72.7	31.8	31.8	47.7	20.5	4.5	31.8	18.2
Males, 18 to 34	7	24.5	24.5	54.0	16.3	46.0	24.5	16.2	46.0	16.2	8.1
Males, 35 to 49	32	81.4	62.7	69.5	64.4	54.2	52.5	55.9	54.2	40.7	44.1
Males, 50 to 69	52	78.2	62.5	61.4	62.5	52.1	37.5	37.5	21.8	28.2	21.8
Males, 70+	30	66.1	60.8	25.1	55.4	35.8	16.1	26.8	14.3	26.8	19.7
Females, 3 to 11	65	64.6	84.6	90.8	27.7	35.4	50.8	9.2	41.5	18.5	35.4
Females, 12 to 17	27	66.7	85.2	74.1	29.6	14.8	37.0	18.5	11.1	33.3	33.3
Females, 18 to 34	32	50.2	83.6	64.5	46.3	45.3	32.7	24.6	52.6	18.3	37.1
Females, 35 to 49	132	75.3	78.7	68.1	56.5	48.7	50.2	49.7	59.4	42.0	38.1
Females, 50 to 69	167	69.7	62.2	44.7	65.3	48.4	40.7	50.2	16.4	36.0	25.3
Females, 70+	76	70.8	48.6	42.9	42.9	37.9	35.0	26.4	19.3	35.7	25.7
Subregion											
Campbells Creek / Guildford and surrounds	140	68.7	65.9	67.5	61.0	47.2	45.1	42.8	38.8	38.3	28.9
Castlemaine	293	68.6	70.4	61.4	59.5	51.8	46.1	38.9	34.3	34.6	34.0

Chewton / Taradale / Elphinstone and surrounds	87	64.4	70.6	63.4	39.5	36.3	31.0	23.0	24.5	23.2	30.1
Harcourt and surrounds	90	81.5	68.0	57.0	50.3	32.7	46.5	30.7	43.4	32.1	22.7
Maldon and surrounds	47	58.7	56.7	47.7	45.6	50.0	15.0	35.6	22.0	26.7	24.6
Newstead and surrounds	69	64.9	68.4	52.7	34.1	31.5	35.0	26.1	16.1	18.4	21.8
Demographic indicators											
Household size²											
1 person	111	79.7	64.2	50.8	68.0	51.2	44.3	45.3	10.1	35.9	41.5
2 or 3 people	291	64.0	55.3	52.2	53.3	45.3	34.5	36.5	27.4	34.1	20.7
4 or 5 people	120	72.8	81.3	60.1	52.7	47.8	39.5	40.5	60.6	20.8	38.6
More than 5 people	9	97.6	95.4	71.6	69.2	59.1	47.9	40.2	66.7	36.0	19.8
Born overseas	99	62.4	73.9	67.9	57.7	64.9	52.8	45.1	40.6	35.8	45.7
Born in Australia	631	69.5	66.5	58.2	50.6	40.7	37.4	32.9	30.2	30.3	26.2
Speaks other main language*	10	28.3	72.4	80.0	41.3	74.7	72.4	32.2	61.7	25.3	74.0
Speaks English as main language	719	69.4	67.4	59.1	51.8	43.4	38.9	34.7	31.0	31.2	27.9
Aboriginal and/or Torres Strait Islander*	7	18.5	18.5	69.1	66.1	66.1	18.5	86.7	0.0	30.9	18.5
Not Aboriginal or Torres Strait Islander	726	69.2	67.9	59.4	51.4	43.9	39.9	34.1	31.9	31.0	29.0
LGBTQIA+	110	67.5	68.2	66.9	60.2	61.6	46.5	44.5	22.1	32.1	36.2
Non-LGBTQIA+	618	68.7	67.1	57.7	49.5	40.3	38.0	32.5	33.6	30.9	27.2
Neurodivergent	110	50.6	68.7	77.5	55.2	59.8	45.0	33.9	51.1	23.5	46.3
Not neurodivergent	500	71.7	70.8	55.9	51.3	42.7	39.3	38.5	26.3	31.3	26.7
Maybe	75	73.9	59.3	66.9	50.0	37.7	41.3	20.9	47.8	32.6	25.7
Not sure what neurodivergent means	16	58.9	35.7	33.4	35.5	17.0	17.0	22.1	19.4	26.8	13.2
Less than Bachelor level education ²	168	63.2	61.3	51.6	52.4	42.5	31.8	35.4	33.7	25.3	25.6
Holds a Bachelor degree or higher	362	80.2	67.7	59.0	63.2	55.7	48.1	45.1	30.4	43.2	33.0
Unemployed/Retired ²	162	66.4	50.6	35.4	53.2	33.7	26.2	24.9	18.0	27.2	17.1

Employed	370	70.6	69.3	62.9	57.6	53.3	42.7	45.3	39.0	33.6	33.2
Just getting along, poor or very poor ²	119	53.5	59.8	51.8	58.9	39.9	32.1	39.7	37.4	33.0	31.6
Reasonably comfortable, very comfortable or prosperous	412	75.8	64.8	55.2	55.0	50.2	39.9	38.6	30.4	31.1	26.6
Requires help with daily activities	65	68.9	73.9	57.8	42.8	36.8	40.6	25.6	24.8	33.0	48.5
Does not require help	665	68.5	66.9	59.6	52.3	44.7	39.6	35.4	32.1	30.9	27.3
Food security (last 12 months)²											
Low or very low food security	30	60.3	67.5	54.7	64.1	48.1	29.2	29.6	40.7	17.4	39.7
Marginal food security	58	55.2	75.9	52.2	50.0	35.6	29.6	35.0	40.3	22.8	28.7
High food security	444	72.4	61.1	54.5	56.5	48.9	39.5	40.3	30.4	34.3	27.0

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 5.4.2.3 Top 10 reasons for using public facilities or open spaces by selected health and behaviour characteristics

	Unweighted base ¹	Exercise / health and fitness	Socialising with family / friends	For fun / enjoyment	For my mental health and wellbeing	Getting back to nature	Unstructured physical recreation activities	For time to myself	Entertaining kids / watching kids' activities	Exercising the dog	Community event / performance
	n	%	%	%	%	%	%	%	%	%	%
Total sample	733	68.6	67.4	59.5	51.6	44.1	39.7	34.7	31.6	31.0	28.9
Health and wellbeing indicators											
Self-reported health - Fair or poor	113	48.7	59.4	44.2	48.4	28.0	29.5	31.4	33.4	28.0	21.8
Self-reported health - Good, very good, or excellent	589	74.9	69.8	63.4	53.5	49.2	42.8	36.6	30.7	32.3	31.3
Life satisfaction - Low to moderate (0 to 6) ²	127	57.4	67.3	53.4	56.5	49.9	29.3	34.8	35.2	35.9	27.7
Life satisfaction - High/very high (7 to 10)	378	74.7	62.3	54.3	57.6	47.9	41.5	41.6	31.0	30.0	29.2
Does not feel valued by society ²	73	51.2	32.0	48.5	46.2	32.2	34.8	29.7	22.4	25.3	13.9
Sometimes feel valued by society	258	69.7	70.3	50.9	60.1	47.7	34.8	43.9	33.7	31.2	28.1

Definitely feel valued by society	171	80.8	71.6	62.6	59.4	58.9	45.2	39.0	35.5	35.5	38.5
Poor mental wellbeing ²	129	54.6	57.6	54.5	59.6	48.5	37.0	29.1	50.4	34.1	22.8
Good mental wellbeing	403	74.5	65.5	54.2	55.0	46.7	37.7	42.3	26.0	30.7	30.1
Overweight or obese (BMI ≥25.0)	223	63.2	63.1	52.3	54.4	44.5	33.0	36.6	32.0	30.9	25.7
Normal range or underweight (BMI <25.0)	255	82.9	71.0	65.7	60.7	53.4	44.6	42.0	29.2	33.1	32.9
Health behaviour indicators											
Does not meet fruit intake recommendations	306	69.5	66.4	53.3	60.1	49.0	37.2	38.6	29.2	34.0	25.5
Meets fruit intake recommendations	417	67.2	67.8	64.9	45.5	41.0	41.8	32.0	33.4	28.9	31.5
Does not meet vegetable intake recommendations	616	66.8	67.2	60.0	51.9	44.6	40.1	34.9	31.9	30.9	29.3
Meets vegetable intake recommendations	104	80.5	70.3	56.4	48.7	41.7	35.8	33.3	28.3	31.7	24.6
Does not meet aerobic physical activity recommendations	209	49.5	71.1	54.2	36.6	31.5	36.4	20.3	39.4	24.6	23.8
Meets aerobic physical activity recommendations	500	76.1	66.2	61.1	57.0	48.8	41.3	39.7	29.1	33.4	31.2
Does not meet muscle strengthening recommendations	338	58.3	70.9	58.9	45.2	36.9	39.1	26.9	36.4	27.0	26.6
Meets muscle strengthening recommendations	283	81.6	65.6	58.4	58.8	54.0	39.1	44.9	29.1	35.7	32.6
Does not meet screen time recommendations	335	66.6	67.2	55.6	50.5	41.3	37.0	32.4	31.7	27.2	29.6
Meets screen time recommendations	353	70.4	67.8	62.1	52.7	47.2	42.1	37.0	31.0	35.6	27.7
Does not meet sleep recommendations	157	66.5	65.0	49.5	47.6	38.9	40.6	33.1	34.3	35.2	28.4
Meets sleep recommendations	552	69.1	67.9	62.7	52.7	45.4	39.8	34.6	30.6	29.8	28.0
Drinks sugar-sweetened beverages daily	28	42.5	59.8	32.5	40.0	12.3	8.2	24.3	16.4	9.3	4.0
Drinks sugar-sweetened beverages less than daily	701	70.2	67.9	61.1	52.4	46.2	41.7	35.4	32.5	32.4	30.4
Does not meet water recommendations	490	68.1	66.2	56.9	51.8	42.4	37.4	34.6	31.8	30.5	29.3
Meets water consumption recommendations	222	70.4	70.6	68.2	51.3	50.4	46.5	35.3	30.3	32.5	27.8

Risk behaviour indicators ²											
Current smoker	36	58.1	60.6	71.4	73.0	47.0	48.2	29.5	45.1	23.1	41.2
Ex-smoker	250	72.9	68.8	56.7	68.7	55.0	40.3	53.7	31.2	37.4	31.9
Never smoked	225	70.0	59.4	47.1	40.5	41.1	33.5	28.1	30.6	28.1	22.8
Current vaper	11	57.9	74.3	85.9	88.5	73.6	48.8	64.7	46.8	26.4	40.3
Ex-vaper	36	74.3	83.6	74.8	80.2	62.0	60.8	56.0	54.7	48.9	42.8
Never vaped	459	69.9	61.3	50.9	53.1	45.8	35.5	37.4	29.9	30.2	27.0
Had more than 4 standard drinks on a single occasion	276	68.9	65.8	52.2	57.8	48.6	37.3	38.3	33.7	33.1	28.4
Has not had more than 4 standard drinks	234	72.0	60.5	57.2	55.0	47.6	39.5	41.6	30.8	29.9	29.6
Gambled	86	68.2	61.4	49.6	52.8	41.6	37.6	35.2	21.1	29.2	21.4
Never gambled	426	70.6	64.1	55.2	57.6	49.7	38.1	40.6	35.4	32.3	30.7

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

Respondents were only asked to provide their reasons for using any public facilities or open spaces generally, rather than provide reasons for using each specific facility type. Despite this, links have been drawn between facility types and reasons for use to provide an indication of why each location is being used. Table 5.4.2.4 below presents these findings.

Table 5.4.2.4. Reason for use of public facilities and open spaces by facility type

	Unweighted base ¹	Exercise / health and fitness	Socialising with family / friends	For fun / enjoyment	For my mental health and wellbeing	Getting back to nature	Unstructured physical recreation activities	For time to myself	Entertaining kids / watching kids' activities	Exercising the dog	Community event / performance
	n	%	%	%	%	%	%	%	%	%	%
Unweighted base (n)	733	533	524	466	378	337	333	262	223	263	232
Facility type											
Parks	610	71.1	68.9	63.8	57.1	50.3	43.0	38.8	34.7	33.8	32.4
Sports grounds, ovals and clubrooms	329	72.2	85.0	74.4	51.6	46.0	49.7	32.9	45.3	36.5	39.2
Halls / community centres	324	73.6	80.9	64.8	54.5	50.8	48.1	40.0	34.1	35.2	48.0
Swimming pools / splash parks	357	77.1	81.1	77.8	59.3	55.6	56.0	40.3	50.7	34.4	45.6
Playgrounds	287	64.4	82.0	75.0	52.4	50.4	55.1	33.9	71.8	29.2	44.8
Community gardens	242	80.4	84.2	69.3	68.3	63.3	45.6	50.9	37.6	39.1	48.9
Indoor sports / leisure / fitness centres	210	89.4	75.0	70.8	71.6	58.9	50.0	44.6	39.5	40.2	45.3
Hard courts	137	79.8	90.6	85.9	56.2	49.6	70.0	39.6	52.7	41.1	49.7
Skateparks / BMX	115	63.3	78.2	80.6	53.1	51.4	60.5	25.2	71.7	33.3	48.4
Other	84	76.4	62.8	72.1	67.7	60.9	39.9	51.7	24.6	41.9	29.4
After hours usage of education facilities	55	71.6	96.5	87.0	52.6	59.2	78.3	40.7	48.4	30.9	62.4

¹ Base sizes include respondents aged 3 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

The findings for this section are currently being updated and will be included in this report as soon as they become available

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5.5. Perceived safety in local area

2025 ALC respondents were asked about their perceived safety and security in the local area. The question was slightly different depending on whether it was adult's self-report or proxy report on behalf of their child/adolescents. Adult respondents were asked to self-report how often they feel

safe and secure in their local area. Response options included 'always', 'most of the time', 'sometimes' and 'rarely'. For analysis purposes due to small sample numbers, 'sometimes' and 'rarely' options were combined. Adults were then asked to proxy report on their child's behalf, the extent to which they agree that their child is safe in the local area. Response options were 'definitely agree', 'somewhat agree', 'somewhat disagree', 'definitely disagree'. Responses were collapsed to create the binary categories of 'agree' or 'disagree'.

5.5.1. Adult safety in local area

Overall, 41.8% of adults reported always feeling safe in their local area, and 7.0% reported sometimes or rarely feeling safe. A smaller proportion of females reported always feeling safe always, and among both males and females, those aged 18 to 49 were the least likely to report always feeling safe. No difference in perceived safety was seen according to the subregions.

Differences in perceived safety were seen for a few demographic indicators, with people from the following groups less likely to report always feeling safe compared to their counterparts:

- 4-5 person (29.0%) and 2-3 person (41.5%) households compared to households with more than 5 people (85.6%)
- Just getting along, poor or very poor (22.6%) compared to reasonably comfortable, very comfortable or prosperous (50.0%)
- Requires help with daily activities (19.0%) compared to no help required (43.1%)
- Low or very low (15.4%) and marginal (19.1%) food security compared to high food security (48.4%)

Table 5.5.1.1 Adult's perceived safety in local area by selected demographic characteristics

	Unweighted base ¹ n	Always %	Most of the time %	Sometimes or rarely %
Total sample	606	41.8	51.2	7.0
Males	134	49.3	47.2	47.2
Females	468	34.1	55.6	10.3
Sex and age				
Males, 18 to 34	8	12.6	64.5	22.9
Males, 35 to 49	35	27.6	72.4	0.0
Males, 50 to 69	56	65.4	31.7	2.9
Males, 70+	35	56.7	43.3	0.0
Females, 18 to 34	38	23.5	54.4	22.2
Females, 35 to 49	144	27.9	68.5	3.6
Females, 50 to 69	193	35.8	54.6	9.6
Females, 70+	93	52.0	43.5	4.5
Subregion				
Campbells Creek / Guildford and surrounds	107	32.8	64.1	3.1
Castlemaine	255	45.9	49.6	4.5

Chewton / Taradale / Elphinstone and surrounds	76	35.8	56.2	8.0
Harcourt and surrounds	62	37.7	58.0	4.3
Maldon and surrounds	42	53.0	33.7	13.3
Newstead and surrounds	58	46.4	37.0	16.7
Demographic indicators				
Household size				
1 person	130	52.4	42.2	5.4
2 or 3 people	328	41.5	52.6	52.6
4 or 5 people	138	29.0	59.1	11.8
More than 5 people	9	85.6	14.4	0.0
Born overseas	99	58.0	40.6	1.4
Born in Australia	504	38.8	53.2	8.0
Speaks other main language*	9	68.9	28.7	2.4
Speaks English as main language	593	41.2	51.7	7.1
Aboriginal and/or Torres Strait Islander*	6	47.3	14.7	38.0
Not Aboriginal or Torres Strait Islander	600	41.7	51.8	6.5
LGBTQIA+	97	34.9	51.0	14.1
Non-LGBTQIA+	505	43.1	51.6	5.3
Neurodivergent	78	26.6	50.8	22.6
Not neurodivergent	413	44.3	52.0	3.7
Maybe	61	31.1	62.1	6.8
Not sure what neurodivergent means	19	52.4	36.1	11.5
Less than Bachelor level education	200	37.3	53.7	9.0
Holds a Bachelor degree or higher	401	50.3	47.0	2.8
Unemployed/Retired	194	49.2	42.0	8.8
Employed	409	38.1	55.8	6.1
Just getting along, poor or very poor	147	22.6	66.9	10.5
Reasonably comfortable, very comfortable or prosperous	457	50.0	44.6	5.4
Requires help with daily activities	37	19.0	52.3	28.7
Does not require help	567	43.1	51.3	5.6
Food security (last 12 months)				
Low or very low food security	40	15.4	68.5	16.1
Marginal food security	66	19.1	67.7	13.2
High food security	499	48.4	46.7	4.9

¹ Base sizes include respondents aged 18 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

* Significance testing not conducted due to small base size.

Perceived safety was associated with all health and wellbeing indicators except for BMI (see Table 5.5.1.2). Specifically, a lower proportion of those with fair or poor self-reported health (28.0% vs 46.5%), low to moderate life satisfaction (23.8% vs 50.0%), don't feel valued by society (27.2% vs

definitely [56.9%]) or sometimes feel valued by society (39.0% vs definitely [56.9%]) and poor mental wellbeing (25.3% vs 47.4%) reported always feeling safe in their local area, compared with their counterparts experiencing more positive health and wellbeing.

Perceived safety was not associated with any of the health behaviour indicators. The only risk behaviour associated with perceived safety was vaping. Specifically, a greater proportion of those who had never vaped (7.9%) reported sometimes or rarely feeling safe in their local area, compared to those who were current vapers (0%).

Table 5.5.1.2 Adult's perceived safety in local area by selected health and behaviour characteristics

	Unweighted base ¹ n	Always %	Most of the time %	Sometimes or rarely %
Total sample	606	41.8	51.2	7.0
Health and wellbeing indicators				
Self-reported health - Fair or poor	122	28.0	61.2	10.8
Self-reported health - Good, very good, or excellent	426	46.5	47.0	6.4
Life satisfaction – Low to moderate (0 to 6)	143	23.8	57.5	18.7
Life satisfaction – High/very high (7 to 10)	401	49.5	47.4	3.2
Does not feel valued by society	91	27.2	54.3	18.5
Sometimes feel valued by society	269	39.0	55.2	5.8
Definitely feel valued by society	180	56.9	39.6	3.5
Poor mental wellbeing	144	25.3	58.3	16.4
Good mental wellbeing	462	47.4	48.8	3.7
Overweight or obese (BMI ≥25.0)	220	38.4	55.8	5.8
Normal range or underweight (BMI <25.0)	206	53.2	39.9	6.9
Health behaviour indicators				
Does not meet fruit intake recommendations	304	39.0	51.9	9.1
Meets fruit intake recommendations	299	44.8	50.3	5.0
Does not meet vegetable intake recommendations	513	39.9	53.2	6.9
Meets vegetable intake recommendations	87	56.8	36.8	6.4
Does not meet aerobic physical activity recommendations	135	33.0	53.7	13.4
Meets aerobic physical activity recommendations	461	43.7	51.2	5.1
Does not meet muscle strengthening recommendations	257	33.6	56.1	10.3
Meets muscle strengthening recommendations	296	46.7	49.2	4.1
Does not meet screen time recommendations	274	42.1	50.9	7.0
Meets screen time recommendations	315	40.8	51.9	7.3
Does not meet sleep recommendations	147	33.0	57.5	9.5

Meets sleep recommendations	445	46.1	47.9	5.9
Drinks sugar-sweetened beverages daily	34	37.3	49.3	13.4
Drinks sugar-sweetened beverages less than daily	571	42.2	51.4	6.4
Does not meet water recommendations	424	42.3	52.8	4.9
Meets water recommendations	173	40.8	45.5	13.8
Risk behaviour indicators				
Current smoker	37	44.9	53.2	1.8
Ex-smoker	268	46.1	46.5	7.3
Never smoked	246	36.3	54.7	9.0
Current vaper	11	39.8	60.2	0.0
Ex-vaper	38	30.6	62.3	7.0
Never vaped	497	42.8	49.4	7.9
Had more than 4 standard drinks on a single occasion	292	45.0	50.8	4.2
Has not had more than 4 standard drinks	258	37.2	50.8	12.0
Gambled	93	41.1	50.8	8.1
Never gambled	459	41.8	50.8	7.4

¹ Base sizes include respondents aged 18 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

5.5.2. Children's safety in the local area

Overall, 89.3% of parents agreed that their child is safe in their local area. No differences in child safety were seen between males and females overall, however male children aged 3 to 11 years (96.8%) were more likely to feel safe in their local area compared to adolescents aged 12 to 17 years (80.0%). Differences in child safety were seen between subregions, with parents from Chewton / Taradale / Elphinstone and surrounds (71.5%) and Campbells Creek / Guildford and surrounds (88.0%) less likely to disagree that their child was safe compared to parents from Maldon and surrounds (100%). Representation of minority subgroups among Mount Alexanders' children and adolescents was small and therefore results regarding demographic differences in perceived child safety should be interpreted with caution (see Table 5.5.2.1)

Table 5.5.2.1 Children's perceived safety in local area by selected demographic characteristics

	Unweighted base ¹ n	Agree %	Disagree %
Total sample	210	89.3	10.7
Males	112	89.4	10.6
Females	97	89.0	11.0
Sex and age			
Males, 3 to 11	62	96.8	3.2

Males, 12 to 17	50	80.0	20.0
Females, 3 to 11	68	97.1	2.9
Females, 12 to 17	29	75.9	24.1
Subregion			
Campbells Creek / Guildford and surrounds	50	88.0	12.0
Castlemaine	70	95.2	4.8
Chewton / Taradale / Elphinstone and surrounds	27	71.5	28.5
Harcourt and surrounds	32	90.9	9.1
Maldon and surrounds	9	100.0	0.0
Newstead and surrounds	21	89.0	11.0
Demographic indicators			
Born overseas*	8	100.0	0.0
Born in Australia	202	88.8	11.2
Speaks other main language*	1	100.0	0.0
Speaks English as main language	209	89.2	10.8
Aboriginal and/or Torres Strait Islander*	1	100.0	0.0
Not Aboriginal or Torres Strait Islander	209	89.2	10.8
LGBTQIA+*	15	77.5	22.5
Non-LGBTQIA+ ²	195	90.2	9.8
Neurodivergent	49	84.3	15.7
Not neurodivergent	134	91.9	8.1
Maybe	24	83.7	16.3
Not sure what neurodivergent means	1	100.0	0.0
Requires help with daily activities	35	93.4	6.6
Does not require help	175	88.5	11.5

¹ Base sizes include respondents aged 3 to 17 years living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

* Significance testing not conducted due to small base size.

Perceived child safety was not associated with general health or BMI (see Table 5.5.2.2). The only health behaviour seen to be associated with child safety was screen time, with a lower proportion of parents whose child did not meet the screen time recommendations (84.1%) agreeing that their child is safe in the local area compared to those whose child met the screen time recommendations (95.9%).

Table 5.5.2.2 Children's perceived safety in local area by selected health and behaviour characteristics

	Unweighted base ¹	Agree	Disagree
	n	%	%
Total sample	210	89.3	10.7
Health and wellbeing indicators			
Self-reported health - Fair or poor*	9	53.1	46.9

Self-reported health - Good, very good, or excellent	179	92.2	7.8
Overweight or obese (BMI ≥ 25.0)*	22	84.9	15.1
Normal range or underweight (BMI < 25.0)	59	88.4	11.6
Health behaviour indicators			
Does not meet fruit intake recommendations	46	82.1	17.9
Meets fruit intake recommendations	163	91.2	8.8
Does not meet vegetable intake recommendations	179	88.6	11.4
Meets vegetable intake recommendations*	29	92.3	7.7
Does not meet aerobic physical activity recommendations	111	87.1	12.9
Meets aerobic physical activity recommendations	86	90.5	9.5
Does not meet muscle strengthening recommendations	127	90.0	10.0
Meets muscle strengthening recommendations*	19	94.6	5.4
Does not meet screen time recommendations	108	84.1	15.9
Meets screen time recommendations	74	95.9	4.1
Does not meet sleep recommendations	39	81.3	18.7
Meets sleep recommendations	162	90.7	9.3
Drinks sugar-sweetened beverages daily*	2	46.4	53.6
Drinks sugar-sweetened beverages less than daily	205	89.5	10.5
Does not meet water recommendations	125	92.4	7.6
Meets water recommendations	75	83.9	16.1

¹ Base sizes include respondents aged 3 to 17 years living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

* Significance testing not conducted due to small base size.

6. Health and Wellbeing

Respondents were asked a range of questions relating to their health and wellbeing. This includes questions related to their self-reported health status, mental wellbeing, life satisfaction, perceived value to society and their body mass index. Most data presented in this section is based on responses of all residents aged 18 years and over (unless otherwise specified) and weighting has been applied. Questions in this section are standardised and frequently used health measures taken from the Victorian Population Health Survey and the World Health Organisation.

6.1. Self-reported health status

Self-reported health is a common measure of the general health status of Australians. Respondents are asked to rate their health on a 5-point scale as either 'excellent', 'very good', 'good', 'fair' or 'poor'. Recent Victorian population benchmarks have shown the proportion of the respondents identifying as having lower levels of general health (rating their health as 'fair' or 'poor') are:

- 20.9% of those aged 18 years or over according to the 2023 VPHS
- 13.0% of those aged 15 years and over according to the 2022 NHS

Table 6.1.1 shows that the proportion of adult respondents from Mount Alexander Shire (26.8%) who self-reported a lower level of health was slightly higher than the VPHS benchmark, however it was approximately double that of the 2022 NHS sample, suggesting that the health of Mount Alexander residents is lower than the broader Victorian population. Adults were more likely to report their health as fair or poor (26.8%) compared to children (5.2%). There were no significant differences in self-reported levels of health between males and females, or between residential subregions.

In relation to key demographic indicators, respondents getting along, poor or very poor (49.1%) were more likely to self-report lower levels of health compared to reasonably comfortable, very comfortable or prosperous (16.7%). Additionally, a higher proportion of respondents who were neurodivergent (36.6%), not neurodivergent (52.1%) or maybe neurodivergent (34.7%) reported very good or excellent health compared to those who unsure what neurodivergent means (7.3%). Additionally, those with high food security (45.7%) were more likely to report very good or excellent health compared to those with low or very low food security (5.6%).

Table 6.1.1 Self-reported health status by selected demographic characteristics

	Unweighted base ¹ n	Fair / Poor %	Good %	Very good / Excellent %
Total sample	751	23.3	31.6	45.1
Children	194	5.2	23.8	71.0
Adults	551	26.8	33.3	39.9
Males	228	23.4	30.8	45.8
Females	516	23.1	32.7	44.2
Sex and age				
Males, 3 to 11	57	0.0	26.3	73.7
Males, 12 to 17	45	6.7	20.0	73.3

Males, 18 to 34	7	24.4	37.8	37.8
Males, 35 to 49	31	19.0	31.0	50.0
Males, 50 to 69	55	24.7	34.6	40.7
Males, 70+	33	42.4	27.1	30.5
Females, 3 to 11	64	1.6	23.4	75.0
Females, 12 to 17	28	17.9	25.0	57.1
Females, 18 to 34	36	34.9	35.5	29.6
Females, 35 to 49	125	22.9	40.6	36.5
Females, 50 to 69	173	23.5	28.4	48.1
Females, 70+	87	22.4	37.6	40.0
Subregion				
Campbells Creek / Guildford and surrounds	145	17.7	40.1	42.3
Castlemaine	295	26.7	28.4	44.9
Chewton / Taradale / Elphinstone and surrounds	94	28.7	27.1	44.2
Harcourt and surrounds	88	23.2	26.6	50.2
Maldon and surrounds	49	14.1	34.3	51.6
Newstead and surrounds	74	23.1	34.4	42.4
Demographic indicators				
Household size²				
1 person	120	30.1	31.0	38.9
2 or 3 people	301	24.3	34.8	40.9
4 or 5 people	120	31.2	30.9	37.8
More than 5 people	9	28.6	28.0	43.3
Born overseas	99	16.0	45.6	38.5
Born in Australia	648	24.3	29.4	46.3
Speaks other main language*	9	26.5	14.7	58.7
Speaks English as main language	737	23.1	31.8	45.1
Aboriginal and/or Torres Strait Islander*	8	41.5	49.8	8.7
Not Aboriginal or Torres Strait Islander	743	23.0	31.3	45.7
LGBTQIA+	113	30.7	23.7	45.6
Non-LGBTQIA+	632	21.8	33.1	45.1
Neurodivergent	115	31.3	32.1	36.6
Not neurodivergent	502	18.6	29.3	52.1
Maybe	75	29.8	35.5	34.7
Not sure what neurodivergent means	19	43.5	49.2	7.3
Less than Bachelor level education ²	181	29.7	33.7	36.6
Holds a Bachelor degree or higher	365	21.8	31.5	46.7
Unemployed/Retired ²	183	32.2	34.3	33.5
Employed	365	23.9	32.5	43.6
Just getting along, poor or very poor ²	130	49.1	33.7	17.2

Reasonably comfortable, very comfortable or prosperous	419	16.7	32.8	50.4
Requires help with daily activities	73	38.7	20.5	40.8
Does not require help	674	22.0	32.4	45.6
Food security (last 12 months)²				
Low or very low food security	35	45.8	48.7	5.6
Marginal food security	57	45.1	27.6	27.3
High food security	458	22.0	32.3	45.7

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Self-reported health was associated with all health and wellbeing indicators (see Table 6.1.2). Specifically, a greater proportion of respondents who reported low to moderate life satisfaction (45.4% vs 19.6%), did not feel valued by society (40.5% vs definitely [9.8%]) and sometimes feel valued by society (32.6% vs definitely [9.8%]), had poor mental wellbeing (46.3% vs 19.2%) and were overweight or obese (31.0% vs 9.8%) self-reported their health to be fair or poor compared to their counterparts with more positive health and wellbeing indicators.

Self-reported health was also associated with all health behaviour indicators, except for screen time. Respondents who failed to meet the following health behaviour recommendations were more likely to self-report their health as fair or poor:

- Did not meet fruit intake recommendations (31.5%) compared to met them (16.4%)
- Did not meet vegetable intake recommendations (25.2%) compared to met them (9.1%)
- Did not meet aerobic physical activity recommendations (46.7%) compared to met them (14.9%)
- Did not meet muscle strengthening recommendations (34.2%) compared to met them (14.4%)
- Did not meet sleep recommendations (34.8%) compared to met them (19.1%)

In addition, a lower proportion of respondents who reported consuming sugar-sweetened beverages daily (15.4%) and did not meet water consumption recommendations (41.2%) self-reported their health to be good or excellent compared to those who did not consume sugar-sweetened beverages daily (47.1%) and met water consumption recommendations (56.1%).

Smoking was the only risk behaviour associated with self-reported health status, with a lower proportion of current smokers (17.2%) reporting their health as very good or excellent compared to ex-smokers (43.3%).

Table 6.1.2 Self-reported health status by selected health and behaviour characteristics

	Unweighted base ¹	Fair / Poor	Good	Very good / Excellent
	n	%	%	%
Total sample	751	23.3	31.6	45.1
Health and wellbeing indicators				
Life satisfaction - Low to moderate (0 to 6) ²	144	45.4	29.3	25.3

Life satisfaction - High/very high (7 to 10)	401	19.6	34.2	46.2
Does not feel valued by society ²	91	40.5	38.4	21.2
Sometimes feel valued by society	270	32.6	35.7	31.7
Definitely feel valued by society	181	9.8	24.7	65.5
Poor mental wellbeing ²	143	46.3	36.2	17.5
Good mental wellbeing	408	19.2	32.2	48.6
Overweight or obese (BMI ≥ 25.0)	242	31.0	40.2	28.7
Normal range or underweight (BMI < 25.0)	269	9.8	24.8	65.4
Health behaviour indicators				
Does not meet fruit intake recommendations	311	31.5	35.6	32.8
Meets fruit intake recommendations	428	16.4	29.1	54.4
Does not meet vegetable intake recommendations	632	25.2	33.4	41.4
Meets vegetable intake recommendations	104	9.1	18.6	72.3
Does not meet aerobic physical activity recommendations	226	46.7	25.0	28.3
Meets aerobic physical activity recommendations	498	14.9	33.7	51.4
Does not meet muscle strengthening recommendations	345	34.2	27.9	38.0
Meets muscle strengthening recommendations	290	14.4	38.3	47.3
Does not meet screen time recommendations	351	27.2	34.0	38.9
Meets screen time recommendations	351	21.1	27.4	51.5
Does not meet sleep recommendations	171	34.8	34.8	30.4
Meets sleep recommendations	552	19.1	30.0	50.9
Drinks sugar-sweetened beverages daily	32	38.3	46.3	15.4
Drinks sugar-sweetened beverages less than daily	714	22.3	30.6	47.1
Does not meet water recommendations	505	24.9	33.9	41.2
Meets water recommendations	223	19.3	24.6	56.1
Risk behaviour indicators²				
Current smoker	35	40.0	42.8	17.2
Ex-smoker	269	19.4	37.2	43.3
Never smoked	245	31.7	27.6	40.7
Current vaper	11	46.7	33.5	19.8
Ex-vaper	38	25.8	46.1	28.1
Never vaped	495	26.5	31.9	41.7
Had more than 4 standard drinks on a single occasion	291	27.3	35.4	37.3
Has not had more than 4 standard drinks	257	26.5	30.1	43.4
Gambled	92	32.6	36.8	30.5

Never gambled	458	25.3	32.2	42.4
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¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

6.2. Life satisfaction

Life satisfaction was measured by asking adult respondents how satisfied they feel about life in general. Responses were provided on a scale of 0 to 10, where zero means 'not at all satisfied' and 10 means 'completely satisfied'. For the purpose of analysis, responses have been combined into four main categories:

- Ratings of 0 to 4 represent 'low' life satisfaction
- Ratings of 5 to 6 represent 'medium' life satisfaction
- Ratings of 7 to 8 represent 'high' life satisfaction
- Ratings of 9 to 10 represent 'very high' life satisfaction

For the purpose of identifying the most vulnerable groups within the population, our analysis focuses on those with low life satisfaction.

Overall, 11.1% of respondents aged 18 years and over recorded low life satisfaction. No difference was seen between males and females; however higher life satisfaction was recorded less frequently among younger adults than older adults. Respondents from Castlemaine (20.9%) and Harcourt and surrounds (26.1%) were more likely to report medium life satisfaction compared to respondents from Maldon and surrounds (3.7%).

Respondents who reported just getting along, poor, or very poor (23.6%) and low or very low food security (33.7%) were more likely to report low life satisfaction compared to those who reported being reasonably comfortable, very comfortable, or prosperous (5.5%) and high food security (7.4%).

Table 6.2.1 Life satisfaction by selected demographic characteristics

	Unweighted base ¹ n	Low (0-4) %	Medium (5-6) %	High (7-8) %	Very high (9-10) %
Total sample	547	11.1	17.9	50.5	20.4
Males	126	7.7	14.1	54.6	23.5
Females	417	14.4	21.9	46.7	17.1
Sex and age					
Males, 18 to 34	7	29.7	8.2	54.0	8.2
Males, 35 to 49	31	8.6	15.4	74.2	1.7
Males, 50 to 69	55	2.0	15.8	48.5	33.7
Males, 70+	33	10.1	11.9	47.5	30.5
Females, 18 to 34	35	23.2	36.7	30.5	9.7
Females, 35 to 49	121	9.1	17.1	61.0	12.8
Females, 50 to 69	174	14.8	20.0	45.9	19.3
Females, 70+	87	8.5	12.1	52.7	26.7

Subregion					
Campbells Creek / Guildford and surrounds	99	7.2	21.7	55.6	15.5
Castlemaine	230	11.2	20.9	47.6	20.2
Chewton / Taradale / Elphinstone and surrounds	64	8.3	16.5	51.9	23.3
Harcourt and surrounds	54	5.4	26.1	38.8	29.7
Maldon and surrounds	39	21.4	3.7	51.3	23.6
Newstead and surrounds	56	15.6	9.3	58.4	16.6
Demographic indicators					
Household size					
1 person	119	8.3	19.9	50.5	21.3
2 or 3 people	302	11.2	15.5	51.0	22.3
4 or 5 people	116	14.6	25.1	47.1	13.2
More than 5 people	9	2.4	7.7	61.8	28.1
Born overseas	91	4.0	25.9	55.2	15.0
Born in Australia	454	12.4	16.4	49.9	21.2
Speaks other main language*	8	0.0	55.3	21.2	23.5
Speaks English as main language	536	11.3	17.2	51.2	20.3
Aboriginal and/or Torres Strait Islander*	6	52.7	3.7	39.9	3.7
Not Aboriginal or Torres Strait Islander	541	10.4	18.2	50.7	20.7
LGBTQIA+	95	23.2	12.5	44.0	20.3
Non-LGBTQIA+	449	8.2	19.4	52.3	20.1
Neurodivergent	71	29.1	19.4	50.5	1.1
Not neurodivergent	370	5.6	17.7	53.0	23.7
Maybe	53	16.9	24.6	42.2	16.4
Not sure what neurodivergent means	18	10.5	10.5	57.5	21.5
Less than Bachelor level education	178	14.1	19.2	46.7	20.0
Holds a Bachelor degree or higher	365	5.3	15.8	58.4	20.6
Unemployed/Retired	183	11.8	16.5	40.9	30.8
Employed	361	10.5	18.6	56.1	14.8
Just getting along, poor or very poor	128	23.6	24.9	42.3	9.2
Reasonably comfortable, very comfortable or prosperous	417	5.5	14.9	54.5	25.1
Requires help with daily activities	38	18.0	29.6	44.1	8.3
Does not require help	507	10.6	17.1	51.1	21.1
Food security (last 12 months)					
Low or very low food security	36	33.7	33.0	28.8	4.5
Marginal food security	57	19.1	21.1	52.1	7.6
High food security	453	7.4	15.8	52.9	24.0

¹ Base sizes include respondents aged 18 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

* Significance testing not conducted due to small base size.

Life satisfaction was associated with all health and wellbeing indicators, except for BMI. Specifically, a greater proportion of respondents who reported fair or poor health (27.5% vs 5.0%), did not feel valued by society (26.1% vs definitely [0.2%]), sometimes feel valued by society (11.5% vs definitely [0.2%]) and poor mental wellbeing (37.5% vs 0.7%) reported low life satisfaction compared to their counterparts with more positive health and wellbeing indicators.

Life satisfaction was associated with vegetable intake, aerobic physical activity and sugar-sweetened beverage intake. Respondents who failed to meet vegetable intake (12.1% vs 1.7%) and aerobic physical activity recommendations (24.7% vs 7.0%) were more likely to report low life satisfaction. Additionally, those who reported consuming sugar-sweetened beverages daily were less likely to report high life satisfaction (22.3%) compared to those who consumed sugar-sweetened beverages less than daily (52.9%). Vaping was the only risk behaviour associated with life satisfaction, with a lower proportion of ex-vapers reporting very high life satisfaction (5.0%) compared to those who had never vaped (22.5%).

Table 6.2.2 Life satisfaction by selected health and behaviour characteristics

	Unweighted base ¹ n	Low (0-4) %	Medium (5-6) %	High (7-8) %	Very high (9-10) %
Total sample	547	11.1	17.9	50.5	20.4
Health and wellbeing indicators					
Self-reported health - Fair or poor	122	27.5	21.2	43.3	8.0
Self-reported health - Good, very good, or excellent	423	5.0	16.8	53.2	25.1
Does not feel valued by society	91	26.1	30.8	31.2	11.9
Sometimes feel valued by society	270	11.5	19.9	58.0	10.6
Definitely feel valued by society	181	0.2	6.3	52.2	41.2
Poor mental wellbeing	144	37.5	33.7	25.7	3.1
Good mental wellbeing	403	0.7	11.7	60.4	27.3
Overweight or obese (BMI ≥ 25.0)	219	6.4	18.4	53.2	22.0
Normal range or underweight (BMI < 25.0)	205	10.8	13.2	51.3	24.7
Health behaviour indicators					
Does not meet fruit intake recommendations	270	15.3	19.7	46.0	19.1
Meets fruit intake recommendations	274	7.4	16.1	54.4	22.0
Does not meet vegetable intake recommendations	462	12.1	18.1	51.3	18.5
Meets vegetable intake recommendations	79	1.7	14.3	47.0	37.1
Does not meet aerobic physical activity recommendations	123	24.7	16.7	43.4	15.2
Meets aerobic physical activity recommendations	414	7.0	18.2	52.4	22.3
Does not meet muscle strengthening recommendations	231	17.5	18.4	49.8	14.4
Meets muscle strengthening recommendations	268	6.4	17.0	53.1	23.4
Does not meet screen time recommendations	253	13.4	18.9	46.1	21.5

Meets screen time recommendations	278	9.1	17.0	56.3	17.6
Does not meet sleep recommendations	135	16.7	20.9	45.3	17.1
Meets sleep recommendations	398	9.0	15.5	53.0	22.4
Drinks sugar-sweetened beverages daily	31	26.8	16.2	22.3	34.8
Drinks sugar-sweetened beverages less than daily	515	9.8	18.0	52.9	19.2
Does not meet water recommendations	382	9.5	18.5	51.8	20.3
Meets water recommendations	155	16.6	15.5	46.5	21.4
Risk behaviour indicators					
Current smoker	35	32.1	22.4	34.3	11.2
Ex-smoker	267	9.7	14.7	57.2	18.4
Never smoked	244	8.5	20.4	47.0	24.2
Current vaper	11	35.3	9.6	48.4	6.8
Ex-vaper	38	12.1	38.3	44.6	5.0
Never vaped	492	10.1	16.2	51.1	22.5
Had more than 4 standard drinks on a single occasion	289	10.1	21.1	52.3	16.6
Has not had more than 4 standard drinks	256	12.5	14.1	48.3	25.2
Gambled	91	18.3	11.7	46.6	23.5
Never gambled	456	9.2	19.6	51.6	19.6

¹ Base sizes include respondents aged 18 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

6.3. Perceived value to society

Respondents were also asked whether they feel valued by society. They could select one of four responses 'No, not at all', 'Not often', 'Sometimes' or 'Yes, definitely'. For the purpose of analysis, the first two response options ('No, not at all' and 'Not often') have been combined to form one category representing people who do not feel valued by society.

Overall, 20.3% of residents aged 18 years and over indicated that they do not feel valued by society. There were no differences in perceived value to society between males among females, or residential subregions, however males aged 18 to 34 were likely like to report definitely feeling valued (8.2%) compared to males aged 70 years and above (49.2%).

Groups more likely to indicate they do not feel valued by society included:

- Single (24.2%) and 2-3 person (23.6%) households compared to more than 5 person households (0%)
- Less than a Bachelor level education (26.3%) compared to a Bachelor degree or higher (9.2%)
- Just getting along, poor, or very poor (34.1%) compared to those who are reasonably comfortable, very comfortable, or prosperous (14.2%)
- Low or very low food security (47.7%) compared to high food security (16.8%)

Table 6.3.1 Perceived value to society by selected demographic characteristics

	Unweighted base ¹ n	Does not feel valued %	Sometimes feels valued %	Definitely feels valued %
Total sample	543	20.3	48.9	30.8
Males	125	17.9	48.0	34.1
Females	414	22.5	49.8	27.7
Sex and age				
Males, 18 to 34	7	29.7	62.2	8.2
Males, 35 to 49	31	13.8	60.4	25.9
Males, 50 to 69	54	22.9	42.1	35.1
Males, 70+	33	8.5	42.3	49.2
Females, 18 to 34	35	23.9	58.3	17.7
Females, 35 to 49	122	15.4	56.4	28.2
Females, 50 to 69	171	27.1	45.4	27.6
Females, 70+	86	19.8	40.1	40.1
Subregion				
Campbells Creek / Guildford and surrounds	98	26.0	50.3	23.7
Castlemaine	227	19.0	43.6	37.3
Chewton / Taradale / Elphinstone and surrounds	65	21.8	51.7	26.5
Harcourt and surrounds	53	19.9	45.5	34.6
Maldon and surrounds	39	15.3	59.2	25.5
Newstead and surrounds	56	19.4	53.8	26.8
Demographic indicators				
Household size				
1 person	117	24.2	45.0	30.8
2 or 3 people	299	23.6	45.9	30.5
4 or 5 people	117	9.8	63.1	27.1
More than 5 people	9	0.0	38.7	61.3
Born overseas	91	27.8	41.5	30.7
Born in Australia	449	18.9	50.4	30.8
Speaks other main language*	8	3.4	76.5	20.2
Speaks English as main language	531	20.4	48.6	30.9
Aboriginal and/or Torres Strait Islander*	6	49.0	47.3	3.7
Not Aboriginal or Torres Strait Islander	537	19.8	48.9	31.3
LGBTQIA+	94	28.7	51.1	20.3
Non-LGBTQIA+	445	18.4	48.5	33.1
Neurodivergent	71	32.4	48.6	19.0
Not neurodivergent	365	14.0	50.5	35.5
Maybe	53	35.0	52.2	12.8

Not sure what neurodivergent means	18	31.0	46.2	22.9
Less than Bachelor level education	178	26.3	47.9	25.8
Holds a Bachelor degree or higher	362	9.2	51.2	39.6
Unemployed/Retired	182	25.8	40.9	33.2
Employed	359	17.2	53.4	29.5
Just getting along, poor or very poor	127	34.1	50.7	15.2
Reasonably comfortable, very comfortable or prosperous	414	14.2	48.3	37.5
Requires help with daily activities	38	33.6	44.3	22.2
Does not require help	503	19.3	49.3	31.3
Food security (last 12 months)				
Low or very low food security	35	47.7	41.9	10.3
Marginal food security	57	23.6	59.1	17.4
High food security	450	16.8	48.2	35.0

¹ Base sizes include respondents aged 18 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

* Significance testing not conducted due to small base size.

Perceived value to society was associated with self-reported health, life satisfaction and mental wellbeing (see Table 6.3.2). Specifically, a greater proportion of respondents who reported low life satisfaction (40.0% vs 12.3%) and poor mental wellbeing (42.1% vs 11.7%) did not feel valued by society compared to their counterparts with more positive health and wellbeing indicators. Similarly, a lower proportion of those who reported fair or poor health (11.1%) perceived that they were definitely valued by society compared to those who reported good, very good or excellent health (38.1%).

Perceived valued by society was not associated with any health behaviour indicators. A lower proportion of current vapers reported definitely feeling valued by society (6.8%) compared to those who have never vaped (31.4%). Those who had engaged in risky alcohol intake over the past 12 months were more likely to report sometimes feeling valued by society (56.3%) compared to those who had not engaged in risky drinking (39.7%).

Table 6.3.2 Perceived value to society by selected health and behaviour characteristics

	Unweighted base ¹ n	Does not feel valued %	Sometimes feels valued %	Definitely feels valued %
Total sample	543	20.3	48.9	30.8
Health and wellbeing indicators				
Self-reported health - Fair or poor	121	30.2	58.6	11.1
Self-reported health - Good, very good, or excellent	421	16.6	45.2	38.1
Life satisfaction - Low to moderate (0 to 6)	141	40.0	53.1	7.0
Life satisfaction - High/very high (7 to 10)	401	12.3	47.2	40.5
Poor mental wellbeing	141	42.1	48.0	9.8

Good mental wellbeing	402	11.7	49.2	39.1
Overweight or obese (BMI ≥25.0)	217	18.6	52.3	29.2
Normal range or underweight (BMI <25.0)	206	19.5	41.3	39.2
Health behaviour indicators				
Does not meet fruit intake recommendations	268	22.8	49.7	27.6
Meets fruit intake recommendations	272	18.2	47.3	34.4
Does not meet vegetable intake recommendations	458	21.1	49.7	29.2
Meets vegetable intake recommendations	79	12.4	40.8	46.8
Does not meet aerobic physical activity recommendations	123	27.9	51.8	20.3
Meets aerobic physical activity recommendations	411	18.1	47.7	34.3
Does not meet muscle strengthening recommendations	228	22.5	54.0	23.4
Meets muscle strengthening recommendations	267	18.4	44.8	36.8
Does not meet screen time recommendations	249	24.1	46.8	29.1
Meets screen time recommendations	278	17.0	49.4	33.6
Does not meet sleep recommendations	133	25.8	47.4	26.9
Meets sleep recommendations	396	17.9	49.4	32.7
Drinks sugar-sweetened beverages daily	31	29.5	49.6	21.0
Drinks sugar-sweetened beverages less than daily	511	19.5	48.8	31.7
Does not meet water recommendations	379	20.4	49.1	30.5
Meets water recommendations	154	18.9	47.6	33.6
Risk behaviour indicators				
Current smoker	35	31.4	52.9	15.7
Ex-smoker	266	15.7	52.6	31.7
Never smoked	241	22.7	44.7	32.6
Current vaper	11	14.9	78.3	6.8
Ex-vaper	38	25.7	43.1	31.2
Never vaped	488	19.8	48.8	31.4
Had more than 4 standard drinks on a single occasion	288	14.9	56.3	28.8
Has not had more than 4 standard drinks	253	27.5	39.7	32.8
Gambled	91	15.4	53.0	31.6
Never gambled	452	21.6	47.8	30.6

¹ Base sizes include respondents aged 18 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

6.4. Mental wellbeing

Mental wellbeing was assessed using the globally recognised, valid WHO-5 mental wellbeing index¹³. Respondents were asked to indicate how they had been feeling over the last two weeks in response to five statements. Response options were 'all of the time' (5), 'most of the time' (4), 'more than half of the time' (3), 'less than half of the time' (2), 'some of the time' (1) and 'at no time' (0). The scores on each of the five questions are summed and then multiplied by four to get a final score out of 100, with lower scores indicating poorer mental wellbeing. A score below 50 is an indicator of poor mental wellbeing and suggests the possible presence of a mental health condition (e.g., depression).

Overall, 25.3% of residents aged 18 years and over were classified as having poor mental wellbeing. The average score did not differ between males and females. Among females, a greater proportion of those aged 18 to 69 (range from 27.0% to 39.3%) had poor mental wellbeing compared to those aged 70 and above (8.4%). No difference was seen between residential subregions.

Groups more likely to indicate they have poor mental wellbeing included:

- Neurodivergent (61.2%) compared to not neurodivergent (15.5%) and those unsure what neurodivergent means (13.1%)
- Just getting along, poor, or very poor (43.9%) compared to those who were reasonably comfortable, very comfortable, or prosperous (17.4%)
- Low or very low food security (58.4%) compared to high food security (21.3%)

Table 6.4.1 Mental wellbeing by selected demographic characteristics

	Unweighted base ¹ n	Poor mental wellbeing (≤50) %	Good mental wellbeing (51-100) %	Average score #
Total sample	610	25.3	74.7	59.0
Males	137	24.1	75.9	61.0
Females	469	26.6	73.4	56.9
Sex and age				
Males, 18 to 34	8	52.0	48.0	50.3
Males, 35 to 49	36	31.8	68.2	59.6
Males, 50 to 69	57	17.1	82.9	63.6
Males, 70+	36	17.7	82.3	61.0
Females, 18 to 34	38	39.3	60.7	47.8
Females, 35 to 49	144	27.0	73.0	55.4
Females, 50 to 69	194	27.2	72.8	57.7
Females, 70+	93	8.4	91.6	69.1
Subregion				
Campbells Creek / Guildford and surrounds	109	22.9	77.1	58.4
Castlemaine	256	30.2	69.8	57.1

¹³ **World Health Organization** (2024). The World Health Organization-Five Well-Being Index (WHO-5). Geneva: World Health Organization. <https://www.who.int/publications/m/item/WHO-UCN-MSD-MHE-2024.01>

Chewton / Taradale / Elphinstone and surrounds	77	24.9	75.1	59.5
Harcourt and surrounds	62	26.5	73.5	60.1
Maldon and surrounds	42	20.2	79.8	64.0
Newstead and surrounds	58	19.8	80.2	59.4
Demographic indicators				
Household size				
1 person	130	15.5	84.5	62.3
2 or 3 people	331	25.7	74.3	59.7
4 or 5 people	139	31.2	68.8	53.2
More than 5 people	9	33.6	66.4	60.6
Born overseas	99	23.6	76.4	58.6
Born in Australia	508	25.8	74.2	59.0
Speaks other main language*	9	30.8	69.2	53.0
Speaks English as main language	597	25.3	74.7	59.1
Aboriginal and/or Torres Strait Islander*	6	52.7	47.3	42.7
Not Aboriginal or Torres Strait Islander	604	24.9	75.1	59.2
LGBTQIA+	99	36.5	63.5	53.0
Non-LGBTQIA+	507	22.8	77.2	60.4
Neurodivergent	79	61.2	38.8	41.6
Not neurodivergent	414	15.5	84.5	64.1
Maybe	61	40.5	59.5	52.3
Not sure what neurodivergent means	19	13.1	86.9	60.0
Less than Bachelor level education	201	27.3	72.7	57.0
Holds a Bachelor degree or higher	404	21.8	78.2	62.3
Unemployed/Retired	196	22.3	77.7	61.2
Employed	411	26.8	73.2	57.9
Just getting along, poor or very poor	147	43.9	56.1	47.8
Reasonably comfortable, very comfortable or prosperous	461	17.4	82.6	63.9
Requires help with daily activities	38	34.9	65.1	52.6
Does not require help	570	24.7	75.3	59.4
Food security (last 12 months)				
Low or very low food security	41	58.4	41.6	39.5
Marginal food security	66	26.4	73.6	54.8
High food security	502	21.3	78.7	61.8

¹ Base sizes include respondents aged 18 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

* Significance testing not conducted due to small base size.

Mental wellbeing was associated with all health and wellbeing indicators, except for BMI (see Table 6.4.2). Specifically, a greater proportion of respondents who reported fair or poor health (48.3% vs 20.5%), reported low life satisfaction (69.4% vs 11.5%) and did not feel valued by society (58.6% vs

sometimes [27.8%] and definitely [9.0%]) reported poor mental wellbeing compared to their counterparts with more positive health and wellbeing indicators.

Mental wellbeing was also associated with a number of health behaviour indicators. Respondents who failed to meet the following health behaviour recommendations were more likely to report poor mental wellbeing:

- Did not meet fruit intake recommendations (33.8%) compared to met them (17.9%)
- Did not meet vegetable intake recommendations (27.2%) compared to met them (9.3%)
- Did not meet aerobic physical activity recommendations (42.4%) compared to met them (20.7%)
- Did not meet muscle strengthening recommendations (36.0%) compared to met them (18.9%)

Smoking was the only risk behaviour found to be associated with mental wellbeing. Specifically, a greater proportion of current smokers reported poor mental wellbeing (56.9%) compared to ex-smokers (25.0%) and those who had never smoked (24.0%).

Table 6.4.2 Mental wellbeing by selected health and behaviour characteristics

	Unweighted base ¹ n	Poor mental wellbeing (≤50) %	Good mental wellbeing (51-100) %	Average score #
Total sample	610	25.3	74.7	59.0
Health and wellbeing indicators				
Self-reported health - Fair or poor	122	48.3	51.7	44.9
Self-reported health - Good, very good, or excellent	429	20.5	79.5	64.2
Life satisfaction - Low to moderate (0 to 6)	144	69.4	30.6	38.8
Life satisfaction - High/very high (7 to 10)	403	11.5	88.5	67.2
Does not feel valued by society	91	58.6	41.4	44.8
Sometimes feel valued by society	270	27.8	72.2	57.7
Definitely feel valued by society	182	9.0	91.0	70.1
Overweight or obese (BMI ≥25.0)	220	25.2	74.8	59.8
Normal range or underweight (BMI <25.0)	207	24.2	75.8	61.5
Health behaviour indicators				
Does not meet fruit intake recommendations	304	33.8	66.2	54.6
Meets fruit intake recommendations	302	17.9	82.1	63.0
Does not meet vegetable intake recommendations	516	27.2	72.8	57.8
Meets vegetable intake recommendations	87	9.3	90.7	69.6
Does not meet aerobic physical activity recommendations	135	42.4	57.6	48.0
Meets aerobic physical activity recommendations	463	20.7	79.3	61.9

Does not meet muscle strengthening recommendations	258	36.0	64.0	52.8
Meets muscle strengthening recommendations	297	18.9	81.1	62.9
Does not meet screen time recommendations	276	31.2	68.8	57.4
Meets screen time recommendations	315	20.3	79.7	60.0
Does not meet sleep recommendations	147	32.9	67.1	54.4
Meets sleep recommendations	446	22.1	77.9	61.0
Drinks sugar-sweetened beverages daily	34	30.7	69.3	55.1
Drinks sugar-sweetened beverages less than daily	575	24.9	75.1	59.3
Does not meet water recommendations	427	24.9	75.1	58.9
Meets water recommendations	173	26.2	73.8	59.3
Risk behaviour indicators				
Current smoker	37	56.9	43.1	42.1
Ex-smoker	270	25.0	75.0	60.5
Never smoked	247	24.0	76.0	60.6
Current vaper	11	44.5	55.5	49.1
Ex-vaper	38	51.7	48.3	48.8
Never vaped	500	24.8	75.2	60.2
Had more than 4 standard drinks on a single occasion	294	29.0	71.0	58.3
Has not had more than 4 standard drinks	259	26.1	73.9	59.6
Gambled	93	31.4	68.6	57.7
Never gambled	462	26.6	73.4	59.3

¹ Base sizes include respondents aged 18 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

6.5. Body mass index (BMI)

The 2025 ALC asked respondents to report their height and weight as a means of calculating their Body Mass Index (BMI). It was made clear that providing a response to this question was optional, and as such, response numbers are lower than for other indicators. Overall, 4.1% were classified as underweight, 40.5% healthy weight, 38.0% overweight and 17.5% obese. The average BMI across all respondents was 26.2. To identify opportunities for supporting improved health amongst Mount Alexander residents, we have focussed our analysis on the proportion of respondents whose BMI fell into the obese range (BMI of ≥ 30). However, health promotion activities should also address individuals across the full BMI spectrum, from healthy weight to overweight to obese, to encourage healthy behaviours at all stages and help prevent progression to higher BMI classifications.

The latest available benchmark, the 2022 NHS, indicated that 30.3% of Victorians aged 18 years and over were obese, compared to 22.8% in the 2023 VPHS. The 2025 ALC data suggests that 17.5% of respondents within the Mount Alexander Shire have a BMI that puts them in the obese range. This is

a very slight decrease compared to the 2019 ALC, whereby 23.0% of respondents were classified as obese according to their BMI.

Adults in the 2025 ALC Mount Alexander Shire sample were more likely to be overweight (40.3%) compared to children (15.2%). No difference was seen between males and females. When looking by sex and age, older males aged 50 and above were more likely to be overweight, and females aged 35 and above were more likely to be obese compared to their younger counterparts. No difference was seen according to residential subregion. Obesity rates differed according to place of birth with respondents born in Australia (19.3%) more likely to be obese than those born overseas (6.5%).

Table 6.5.1 Body Mass Index by selected demographic characteristics

	Unweighted base ¹ n	Under weight %	Healthy weight %	Overweight %	Obese %	Average BMI #
Total sample	511	4.1	40.5	38.0	17.5	26.2
Children	84	15.1	59.7	15.2	10.0	19.0
Adults	427	2.9	38.5	40.3	18.3	27.0
Males	157	2.6	35.2	44.2	18.0	26.8
Females	351	5.9	46.9	30.3	16.9	25.6
Sex and age						
Males, 3 to 11	19	21.1	36.8	26.3	15.8	17.3
Males, 12 to 17	26	7.7	80.8	3.8	7.7	20.4
Males, 18 to 34	7	0.0	37.8	54.1	8.1	25.4
Males, 35 to 49	27	0.0	51.1	28.9	20.0	26.0
Males, 50 to 69	49	3.2	33.4	45.1	18.3	28.4
Males, 70+	29	0.0	13.3	64.1	22.6	28.1
Females, 3 to 11	23	21.7	39.1	21.7	17.4	17.4
Females, 12 to 17	16	12.5	75.0	12.5	0.0	20.4
Females, 18 to 34	26	7.6	47.9	34.7	9.8	24.3
Females, 35 to 49	97	2.9	56.1	22.3	18.7	26.3
Females, 50 to 69	138	4.4	42.4	34.1	19.0	26.7
Females, 70+	51	3.3	36.3	34.1	26.4	28.7
Subregion						
Campbells Creek / Guildford and surrounds	89	8.3	33.3	38.1	20.3	26.4
Castlemaine	201	2.6	39.3	43.4	14.7	26.0
Chewton / Taradale / Elphinstone and surrounds	76	1.7	48.7	48.7	21.8	26.4
Harcourt and surrounds	63	3.5	51.8	27.8	16.9	25.5
Maldon and surrounds	32	0.0	37.1	51.3	11.6	27.0
Newstead and surrounds	45	9.3	36.6	32.3	21.8	26.5
Demographic indicators						
Household size²						
1 person	89	1.3	44.7	34.6	19.4	27.3

2 or 3 people	240	2.9	33.8	45.6	17.8	27.3
4 or 5 people	91	4.9	53.1	24.7	17.3	25.5
More than 5 people	6	0.0	10.9	55.1	34.0	28.1
Born overseas	80	0.9	44.1	48.5	6.5	25.0
Born in Australia	429	4.6	40.0	36.2	19.3	26.4
Speaks other main language*	7	16.2	6.3	31.5	46.0	26.3
Speaks English as main language	501	4.0	40.9	37.9	17.2	26.2
Aboriginal and/or Torres Strait Islander*	5	50.9	7.7	0.0	41.4	28.9
Not Aboriginal or Torres Strait Islander	506	3.2	41.1	38.7	17.0	26.2
LGBTQIA+	86	7.9	39.5	29.1	23.5	25.8
Non-LGBTQIA+	423	3.1	40.7	40.3	16.0	26.4
Neurodivergent	70	9.7	41.4	35.7	13.2	24.2
Not neurodivergent	349	0.9	44.5	36.7	17.8	26.4
Maybe	52	9.1	36.4	31.4	23.1	26.9
Not sure what neurodivergent means	15	11.6	3.8	62.7	22.0	30.1
Less than Bachelor level education ²	130	4.0	33.1	41.7	21.2	27.7
Holds a Bachelor degree or higher	294	1.0	48.3	37.7	13.1	25.7
Unemployed/Retired ²	131	5.5	26.0	46.9	21.7	28.1
Employed	295	1.6	45.0	37.2	16.3	26.4
Just getting along, poor or very poor ²	96	8.0	20.0	47.8	24.2	27.6
Reasonably comfortable, very comfortable or prosperous	331	0.8	46.0	37.3	15.8	26.8
Requires help with daily activities	35	20.7	19.8	37.2	22.3	24.6
Does not require help	477	3.0	41.8	37.9	17.3	26.3
Food security (last 12 months)²						
Low or very low food security	23	13.4	25.0	30.4	31.3	26.9
Marginal food security	43	0.0	30.0	46.4	23.6	27.1
High food security	361	2.3	40.8	40.5	16.4	27.0

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Obesity was found to be associated with self-reported health, with a higher proportion of those who self-reported fair or poor health being obese (34.4%) and having a higher average BMI (29.4) compared to those in good, very good or excellent health (12.8%, 25.4). No associations with obesity were observed for health behaviour indicators, however, respondents who did not meet water consumption recommendations (42.5% vs 25.1%) were more likely to be overweight compared to those who did. The only risk behaviour that was associated with obesity was smoking, with ex-smokers (23.7%) and those who never smoked (15.8%) more likely to be obese and have a higher average BMI (27.3 for both) compared to those who were current smokers (1.8%, BMI=23.6).

Table 6.5.2 Body Mass Index by selected health and behaviour characteristics

	Unweighted base ¹ n	Under weight %	Healthy weight %	Overweight %	Obese %	Average BMI #
Total sample	511	4.1	40.5	38.0	17.5	26.2
Health and wellbeing indicators						
Self-reported health - Fair or poor	93	3.7	16.5	45.4	34.4	29.4
Self-reported health - Good, very good, or excellent	418	4.2	47.1	35.9	12.8	25.4
Life satisfaction - Low to moderate (0 to 6) ²	98	5.5	34.6	42.0	17.9	27.4
Life satisfaction - High/very high (7 to 10)	326	2.1	39.1	40.2	18.6	26.9
Does not feel valued by society ²	68	10.0	32.3	33.9	23.8	28.2
Sometimes feel valued by society	208	0.9	34.6	44.8	19.7	27.1
Definitely feel valued by society	147	1.7	46.6	38.1	13.5	26.2
Poor mental wellbeing ²	109	8.8	31.6	43.4	16.2	26.1
Good mental wellbeing	318	0.9	40.8	39.4	18.9	27.3
Health behaviour indicators						
Does not meet fruit intake recommendations	221	3.4	32.7	46.8	17.1	27.2
Meets fruit intake recommendations	288	4.5	46.4	31.3	17.7	25.5
Does not meet vegetable intake recommendations	441	4.0	39.2	39.0	17.8	26.4
Meets vegetable intake recommendations	65	4.4	51.5	29.3	14.8	24.5
Does not meet aerobic physical activity recommendations	134	4.8	29.8	40.5	24.9	26.8
Meets aerobic physical activity recommendations	366	3.8	44.5	37.5	14.2	25.9
Does not meet muscle strengthening recommendations	227	4.7	41.0	34.2	20.2	26.3
Meets muscle strengthening recommendations	225	3.1	38.1	44.5	14.3	26.3
Does not meet screen time recommendations	242	3.4	33.8	42.6	20.2	26.6
Meets screen time recommendations	247	4.8	48.0	34.0	13.2	25.7
Does not meet sleep recommendations	110	4.6	34.7	43.8	16.9	27.2
Meets sleep recommendations	392	3.7	43.0	36.4	16.9	25.9
Drinks sugar-sweetened beverages daily*	24	3.3	29.7	49.3	17.7	27.8
Drinks sugar-sweetened beverages less than daily	486	4.1	41.3	37.2	17.4	26.1
Does not meet water recommendations	350	3.4	35.6	42.5	18.4	26.7
Meets water recommendations	151	5.9	54.5	25.1	14.5	25.0

Risk behaviour indicators ²						
Current smoker	26	18.0	36.6	43.6	1.8	23.6
Ex-smoker	214	3.0	39.1	34.2	23.7	27.3
Never smoked	186	0.3	37.8	46.2	15.8	27.3
Current vaper	10	0.0	45.5	45.8	8.7	24.6
Ex-vaper	32	2.5	43.6	44.7	9.2	26.1
Never vaped	380	3.1	37.6	39.8	19.5	27.2
Had more than 4 standard drinks on a single occasion	235	1.1	38.8	43.5	16.6	26.9
Has not had more than 4 standard drinks	191	5.2	37.7	36.4	20.6	27.2
Gambled	74	1.1	25.1	52.4	21.3	28.2
Never gambled	353	3.4	41.9	37.2	17.5	26.7

¹ Base sizes include respondents living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

7. Risk behaviours

The following section contains the findings related to engagement with risk behaviours, including smoking, vaping, excessive alcohol consumption and gambling. These questions were only asked of adults, aged 18 years and above due to government mandated age restrictions for these behaviours. Results in this section are therefore for 2025 ALC respondents aged 18 years and above, and weighting has been applied.

7.1. Smoking

Adult respondents were asked to indicate their current smoking status using the following response options: smoking 'daily', 'occasionally', 'not currently smoking but used to', 'tried a few times but never smoked regularly', or 'never smoked'. As per benchmarks used in the 2022 NHS and the 2023 VPHS, current smokers included those who reported that they smoke daily or occasionally, while ex-smokers include those who used to smoke but do not currently or have tried a few times, as distinct to those who have never smoked.

Compared to the 2023 VPHS, which reported the proportion of current smokers as 13.9%, the proportion of current smokers in the Mount Alexander Shire according to the 2025 ALC was lower at 9.9% (see Table 7.1.1). No difference in smoking rate was seen between males and females. Across the subregions, current smoking rates were lower amongst residents of Chewton / Taradale / Elphinstone and surrounds (2.2%) and Newstead and surrounds (0%) compared to Castlemaine (16.3%).

Respondents from the following groups had proportionately higher rates of smoking:

- 2-3 person (7.1%) and 4-5 person households (18.9%) compared to more than 5 person households (0%)
- Neurodivergent (29.2%) compared to not neurodivergent (4.8%)
- Less than a Bachelor level education (13.0%) compared to Bachelor degree or higher (4.2%)
- Low or very low food security (38.1%) compared to marginal (5.4%) or high (7.2%) food security

Table 7.1.1 Smoking by selected demographic characteristics

	Unweighted base ¹	Current smoker	Ex-smoker	Never smoked
	n	%	%	%
Total sample	554	9.9	44.3	45.8
Males	126	8.4	43.2	48.4
Females	424	11.5	45.5	43.0
Sex and age				
Males, 18 to 34	7	0.0	54.0	46.0
Males, 35 to 49	32	8.1	48.4	43.6
Males, 50 to 69	54	10.9	36.1	53.0
Males, 70+	33	6.8	47.5	45.8

Females, 18 to 34	37	19.9	35.3	44.7
Females, 35 to 49	125	8.3	54.6	37.1
Females, 50 to 69	174	12.0	50.0	38.0
Females, 70+	88	2.4	40.4	57.2
Subregion				
Campbells Creek / Guildford and surrounds	99	6.4	54.2	39.4
Castlemaine	235	16.3	46.3	37.4
Chewton / Taradale / Elphinstone and surrounds	66	2.2	38.4	59.4
Harcourt and surrounds	54	5.5	21.7	72.8
Maldon and surrounds	39	10.9	27.9	61.3
Newstead and surrounds	55	0.0	67.1	32.9
Demographic indicators				
Household size				
1 person	120	10.1	52.4	37.5
2 or 3 people	303	7.1	41.6	51.3
4 or 5 people	121	18.9	45.8	35.2
More than 5 people	9	0.0	36.0	64.0
Born overseas	92	22.8	38.7	38.5
Born in Australia	459	7.7	45.5	46.9
Speaks other main language*	9	56.9	17.6	25.5
Speaks English as main language	541	8.9	45.0	46.1
Aboriginal and/or Torres Strait Islander*	6	11.0	85.3	3.7
Not Aboriginal or Torres Strait Islander	548	9.9	43.6	46.5
LGBTQIA+	95	12.0	45.7	42.3
Non-LGBTQIA+	455	9.4	43.9	46.6
Neurodivergent	72	29.2	47.1	23.7
Not neurodivergent	373	4.8	47.6	47.6
Maybe	54	14.9	36.5	48.6
Not sure what neurodivergent means	18	4.6	36.6	58.9
Less than Bachelor level education	182	13.0	41.5	45.5
Holds a Bachelor degree or higher	367	4.2	50.4	45.5
Unemployed/Retired	184	8.4	44.6	47.0
Employed	367	10.7	44.5	44.7
Just getting along, poor or very poor	131	18.1	43.2	38.8
Reasonably comfortable, very comfortable or prosperous	421	6.1	44.9	49.0
Requires help with daily activities	38	7.6	37.9	54.5
Does not require help	514	10.1	44.9	45.0
Food security (last 12 months)				
Low or very low food security	37	38.1	40.7	21.2

Marginal food security	57	5.4	39.1	55.5
High food security	459	7.2	45.7	47.2

¹ Base sizes include respondents aged 18 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

* Significance testing not conducted due to small base size.

When looking at the health and wellbeing indicators, health behaviours and risk behaviours, smoking was found to only be associated with mental wellbeing, vegetable intake and vaping (see Table 7.1.2). Specifically, current smoking rates were higher among those who reported poor mental wellbeing (20.4%), not meeting vegetable intake recommendations (10.9%) and were current vapers (55.3%) compared to their counterparts who reported good mental wellbeing (5.9%), met vegetable intake recommendations (2.0%) and never vaped (7.2%). Additionally, respondents who never vaped were more likely to be never smokers (51.7%) compared to current vapers (2.0%) and ex-vapers (1.0%).

Table 7.1.2 Smoking by selected health and behaviour characteristics

	Unweighted base ¹ n	Current smoker %	Ex-smoker %	Never smoked %
Total sample	554	9.9	44.3	45.8
Health and wellbeing indicators				
Self-reported health - Fair or poor	122	12.8	32.5	54.6
Self-reported health - Good, very good, or excellent	427	7.1	49.6	43.3
Life satisfaction - Low to moderate (0 to 6)	144	16.3	37.5	46.2
Life satisfaction - High/very high (7 to 10)	402	5.6	47.7	46.7
Does not feel valued by society	91	13.5	34.7	51.8
Sometimes feel valued by society	270	9.5	48.2	42.3
Definitely feel valued by society	181	4.5	46.3	49.2
Poor mental wellbeing	144	20.4	40.0	39.6
Good mental wellbeing	410	5.9	46.0	48.1
Overweight or obese (BMI ≥25.0)	220	5.9	45.3	48.7
Normal range or underweight (BMI <25.0)	206	10.2	47.1	42.7
Health behaviour indicators				
Does not meet fruit intake recommendations	271	13.2	40.2	46.6
Meets fruit intake recommendations	280	7.1	48.5	44.4
Does not meet vegetable intake recommendations	468	10.9	43.4	45.8
Meets vegetable intake recommendations	80	2.0	52.2	45.8
Does not meet aerobic physical activity recommendations	126	9.4	34.3	56.2
Meets aerobic physical activity recommendations	418	10.1	47.0	43.0

Does not meet muscle strengthening recommendations	234	11.1	39.7	49.2
Meets muscle strengthening recommendations	269	10.7	43.9	45.4
Does not meet screen time recommendations	255	12.2	45.5	42.2
Meets screen time recommendations	283	7.8	42.9	49.3
Does not meet sleep recommendations	136	13.5	35.8	50.7
Meets sleep recommendations	404	8.7	46.5	44.9
Drinks sugar-sweetened beverages daily	31	2.4	39.1	58.5
Drinks sugar-sweetened beverages less than daily	522	10.5	44.8	44.7
Does not meet water recommendations	389	11.3	41.7	47.1
Meets water recommendations	155	5.5	53.1	41.4
Risk behaviour indicators				
Current vaper	11	55.3	42.8	2.0
Ex-vaper	38	21.8	77.2	1.0
Never vaped	500	7.2	41.1	51.7
Had more than 4 standard drinks on a single occasion	293	13.4	47.3	39.3
Has not had more than 4 standard drinks	259	5.4	40.4	54.2
Gambled	93	10.0	46.0	43.9
Never gambled	461	9.9	43.9	46.2

¹ Base sizes include respondents aged 18 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

7.2. Vaping

Using the same question wording as for smoking, adult respondents were asked to indicate their current vaping status using the following response options: vaping 'daily', 'occasionally', 'not currently vaping but used to', 'tried a few times but never vaped regularly', or 'never vaped. As per benchmarks used in the 2022 NHS and the 2023 VPHS for smoking, current vapers included those who reported that they vape daily or occasionally, while ex-vapers include those who used to vape but do not currently or have tried a few times, as distinct to those who have never vaped.

Compared to the 2023 VPHS, which reported the proportion of current vapers as 7.2%, the proportion of current vapers in the Mount Alexander Shire according to the 2025 ALC was lower at 2.7% (see Table 7.2.1). No difference in vaping rate was seen between males and females. When looking at vaping rates by a combination of sex and age, females aged 18 to 49 (70.5% to 82.3%) were less likely to have never vaped compared to those aged over 70 years (98.2%). Across the subregions, never vaping rates were higher amongst residents of Maldon and surrounds (100%) compared to Campbells Creek / Guildford and surrounds (88.7%) and Castlemaine (80.4%).

Those who did not require help with daily activities (2.9%) were more likely to report current vaping compared to those who required help with daily activities (0%).

Reports of never vaping were lower among the following groups:

- 2-3 (86.4%) and 4-5 (87.4%) person households compared to more than 5 person households (100%)
- Neurodivergent (68.7%) compared to not neurodivergent (92.3%) and those unsure what neurodivergent means (100%)
- Employed (83.9%) compared to unemployed/retired (96.7%)
- Does not require help with daily activities (87.7%) compared to requires help (96.7%)
- Low or very low food security (59.5%) compared to high food security (92.5%)

Table 7.2.1 Vaping by selected demographic characteristics

	Unweighted base ¹ n	Current vaper %	Ex-vaper %	Never vaped %
Total sample	549	2.7	9.0	88.3
Males	126	0.4	9.7	89.9
Females	419	5.0	8.4	86.6
Sex and age				
Males, 18 to 34	7	0.0	16.3	83.7
Males, 35 to 49	32	1.6	14.5	83.9
Males, 50 to 69	54	0.0	10.9	89.1
Males, 70+	33	0.0	0.0	100.0
Females, 18 to 34	37	10.7	18.8	70.5
Females, 35 to 49	124	6.8	10.9	82.3
Females, 50 to 69	171	2.4	2.8	94.8
Females, 70+	87	0.0	1.8	98.2
Subregion				
Campbells Creek / Guildford and surrounds	98	2.5	8.8	88.7
Castlemaine	232	4.4	15.2	80.4
Chewton / Taradale / Elphinstone and surrounds	66	1.1	5.1	93.8
Harcourt and surrounds	54	4.8	2.4	92.8
Maldon and surrounds	39	0.0	0.0	100.0
Newstead and surrounds	54	0.0	7.5	92.5
Demographic indicators				
Household size				
1 person	120	3.6	2.5	93.9
2 or 3 people	298	2.7	10.9	86.4
4 or 5 people	121	2.2	10.3	87.4
More than 5 people	9	0.0	0.0	100.0
Born overseas	92	6.1	16.0	77.8
Born in Australia	454	2.1	7.8	90.1

Speaks other main language*	9	0.0	0.0	100.0
Speaks English as main language	536	2.7	9.2	88.0
Aboriginal and/or Torres Strait Islander*	6	0.0	0.0	100.0
Not Aboriginal or Torres Strait Islander	543	2.7	9.2	88.1
LGBTQIA+	95	9.5	14.1	76.3
Non-LGBTQIA+	450	1.0	7.8	91.1
Neurodivergent	72	10.3	21.0	68.7
Not neurodivergent	369	1.3	6.3	92.3
Maybe	54	2.3	16.8	80.9
Not sure what neurodivergent means	18	0.0	0.0	100.0
Less than Bachelor level education	181	3.5	9.8	86.7
Holds a Bachelor degree or higher	363	1.2	7.7	91.2
Unemployed/Retired	182	0.5	2.8	96.7
Employed	364	3.8	12.3	83.9
Just getting along, poor or very poor	129	5.3	12.9	81.8
Reasonably comfortable, very comfortable or prosperous	418	1.5	7.2	91.3
Requires help with daily activities	37	0.0	3.3	96.7
Does not require help	510	2.9	9.4	87.7
Food security (last 12 months)				
Low or very low food security	37	15.5	25.0	59.5
Marginal food security	56	2.0	14.3	83.7
High food security	455	1.2	6.3	92.5

¹ Base sizes include respondents aged 18 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

* Significance testing not conducted due to small base size.

Vaping was not found to be associated with any of the health and wellbeing indicators or health behaviours (see Table 7.2.2). Smoking and risky alcohol intake were, however, associated with vaping. Those who were current smokers (64.8%), ex-smokers (81.8%) and reported risky alcohol consumption in the past 12 months (83.7%) were less likely to report never vaping compared to those who had never smoked (99.7%) and did not consume risky amounts of alcohol (94.2%).

Table 7.2.2 Vaping by selected health and behaviour characteristics

	Unweighted base ¹	Current vaper	Ex-vaper	Never vaped
	n	%	%	%
Total sample	549	2.7	9.0	88.3
Health and wellbeing indicators				
Self-reported health - Fair or poor	121	4.7	8.8	86.5
Self-reported health - Good, very good, or excellent	423	2.0	9.3	88.7
Life satisfaction - Low to moderate (0 to 6)	143	4.2	16.0	79.7

Life satisfaction - High/very high (7 to 10)	398	2.1	6.4	91.4
Does not feel valued by society	89	2.0	11.8	86.2
Sometimes feel valued by society	268	4.4	8.1	87.5
Definitely feel valued by society	180	0.6	9.4	90.0
Poor mental wellbeing	143	4.3	16.8	78.9
Good mental wellbeing	406	2.1	6.0	91.9
Overweight or obese (BMI ≥ 25.0)	216	2.9	8.6	88.5
Normal range or underweight (BMI < 25.0)	206	3.4	10.5	86.1
Health behaviour indicators				
Does not meet fruit intake recommendations	268	5.2	10.8	83.9
Meets fruit intake recommendations	278	0.4	7.5	92.1
Does not meet vegetable intake recommendations	463	2.9	9.6	87.5
Meets vegetable intake recommendations	80	0.6	4.2	95.2
Does not meet aerobic physical activity recommendations	123	4.6	6.7	88.7
Meets aerobic physical activity recommendations	416	2.1	9.9	87.9
Does not meet muscle strengthening recommendations	232	3.4	11.5	85.1
Meets muscle strengthening recommendations	267	2.5	7.8	89.7
Does not meet screen time recommendations	254	4.3	9.5	86.2
Meets screen time recommendations	279	1.0	9.0	90.0
Does not meet sleep recommendations	135	3.3	7.3	89.4
Meets sleep recommendations	400	2.5	8.7	88.7
Drinks sugar-sweetened beverages daily	31	4.1	3.6	92.3
Drinks sugar-sweetened beverages less than daily	517	2.6	9.4	88.0
Does not meet water recommendations	385	1.8	7.8	90.4
Meets water recommendations	154	5.9	13.5	80.6
Risk behaviour indicators				
Current smoker	36	15.1	20.1	64.8
Ex-smoker	268	2.6	15.6	81.8
Never smoker	245	0.1	0.2	99.7
Had more than 4 standard drinks on a single occasion	290	3.3	13.0	83.7
Has not had more than 4 standard drinks	257	1.9	3.9	94.2
Gambled	92	1.1	6.2	92.7
Never gambled	457	3.1	9.7	87.2

¹ Base sizes include respondents aged 18 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

7.3. Alcohol consumption

The National Health and Medical Research Centre (NHMRC) uses a measure of excessive alcohol consumption to identify individuals who are at risk of alcohol-related injury on a single occasion. The risk associated with excessive drinking includes risk of death or injury due to road transport accidents, falls, drowning, assault, suicide and acute alcohol toxicity. People are classified as being at risk due to the acute effects of excess alcohol consumption if they have consumed more than four standard drinks on a single occasion in the past 12 months. To assess risk of harm in the 2025 ALC, respondents aged over 18 years were asked how often they had consumed more than four standard drinks in a day. Respondents who reported having more than four standard drinks on a single occasion in the past 12 months were classified as being at risk according to NHMRC guidelines.

Overall, 56.8% of all respondents 18 years and over reported they had engaged in risky drinking behaviour in (at least) one sitting in the last 12 months, which is over the guideline for 'at risk' alcohol consumption. This compares to benchmarks of 17.9% for respondents to the 2022 NHS and 41.3% for respondents of the 2023 VPHS, respectively. Respondents from the Mount Alexander Shire therefore were more likely to engage in risky drinking behaviour than the benchmarks suggest for Victorian residents more broadly.

No differences were seen according to sex, however among females, a greater proportion aged 18 to 69 (49.3% to 67.5%) engaged in risky alcohol consumption in the last 12 months compared to females aged 70 years and above (21.7%). No difference was seen according to residential subregions.

Demographic factors that were associated with risky alcohol consumption include, household size and employment. Specifically, a greater proportion of those living in 4-5 person households (66.5%) and those who were employed (65.0%) reported consuming risky amounts of alcohol compared to those living in single person households (39.8%) and those who were unemployed/retired (40.8%).

Table 7.3.1 Risky alcohol consumption on single occasion by selected demographic characteristics

	Unweighted base ¹	Risky alcohol consumption in past year	No risky alcohol consumption in past year
	n	%	%
Total sample	553	56.8	43.2
Males	125	64.4	35.6
Females	424	49.4	50.6
Sex and age			
Males, 18 to 34	7	70.3	29.7
Males, 35 to 49	32	70.9	29.1
Males, 50 to 69	54	69.0	31.0
Males, 70+	32	46.6	53.4
Females, 18 to 34	37	54.7	45.3
Females, 35 to 49	125	67.5	32.5
Females, 50 to 69	174	49.3	50.7
Females, 70+	88	21.7	78.3

Subregion			
Campbells Creek / Guildford and surrounds	99	48.4	51.6
Castlemaine	235	63.7	36.3
Chewton / Taradale / Elphinstone and surrounds	66	57.8	42.2
Harcourt and surrounds	54	50.2	49.8
Maldon and surrounds	39	39.1	60.9
Newstead and surrounds	54	61.8	38.2
Demographic indicators			
Household size			
1 person	119	39.8	60.2
2 or 3 people	303	58.9	41.1
4 or 5 people	121	66.5	33.5
More than 5 people	9	49.7	50.3
Born overseas	92	62.7	37.3
Born in Australia	458	55.8	44.2
Speaks other main language*	9	92.8	7.2
Speaks English as main language	540	56.0	44.0
Aboriginal and/or Torres Strait Islander*	6	43.6	56.4
Not Aboriginal or Torres Strait Islander	547	57.0	43.0
LGBTQIA+	94	46.5	53.5
Non-LGBTQIA+	455	59.3	40.7
Neurodivergent	72	56.0	44.0
Not neurodivergent	373	58.8	41.2
Maybe	53	65.0	35.0
Not sure what neurodivergent means	18	50.6	49.4
Less than Bachelor level education	182	54.3	45.7
Holds a Bachelor degree or higher	366	61.7	38.3
Unemployed/Retired	182	40.8	59.2
Employed	368	65.0	35.0
Just getting along, poor or very poor	131	51.7	48.3
Reasonably comfortable, very comfortable or prosperous	420	59.2	40.8
Requires help with daily activities	38	36.7	63.3
Does not require help	513	58.2	41.8
Food security (last 12 months)			
Low or very low food security	37	55.9	44.1
Marginal food security	57	53.3	46.7
High food security	458	57.4	42.6

¹ Base sizes include respondents aged 18 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

* Significance testing not conducted due to small base size.

Risky alcohol consumption was associated with perceived value to society, with respondents who sometimes feel valued by society (64.7%) more likely to consume risky amounts of alcohol than those who did not (41.3%) (see Table 7.3.2). No differences were seen according to health behaviour indicators.

Consistent with published literature, smoking and vaping were associated with risky alcohol consumption. Current smokers (76.5%), and ex-vapers (81.2%) were more likely to consume risky amounts of alcohol compared to those who had never smoked (48.7%) and never vaped (53.7%). Strategies to reduce alcohol consumption should be paired with measures that address other related risk behaviours.

Table 7.3.2 Risky alcohol consumption by selected health and behaviour characteristics

	Unweighted base ¹	Risky alcohol consumption in past year	No risky alcohol consumption in past year
	n	%	%
Total sample	553	56.8	43.2
Health and wellbeing indicators			
Self-reported health - Fair or poor	122	56.9	43.1
Self-reported health - Good, very good, or excellent	426	56.0	44.0
Life satisfaction - Low to moderate (0 to 6)	144	60.4	39.6
Life satisfaction - High/very high (7 to 10)	401	54.9	45.1
Does not feel valued by society	91	41.3	58.7
Sometimes feel valued by society	270	64.7	35.3
Definitely feel valued by society	180	53.2	46.8
Poor mental wellbeing	144	59.4	40.6
Good mental wellbeing	409	55.8	44.2
Overweight or obese (BMI ≥25.0)	220	58.3	41.7
Normal range or underweight (BMI <25.0)	206	55.3	44.7
Health behaviour indicators			
Does not meet fruit intake recommendations	271	59.7	40.3
Meets fruit intake recommendations	279	54.0	46.0
Does not meet vegetable intake recommendations	467	59.0	41.0
Meets vegetable intake recommendations	80	40.4	59.6
Does not meet aerobic physical activity recommendations	126	47.6	52.4
Meets aerobic physical activity recommendations	417	59.3	40.7
Does not meet muscle strengthening recommendations	234	54.6	45.4
Meets muscle strengthening recommendations	269	58.1	41.9
Does not meet screen time recommendations	254	59.7	40.3
Meets screen time recommendations	283	54.1	45.9

Does not meet sleep recommendations	136	52.8	47.2
Meets sleep recommendations	403	58.9	41.1
Drinks sugar-sweetened beverages daily	31	70.1	29.9
Drinks sugar-sweetened beverages less than daily	521	55.8	44.2
Does not meet water recommendations	388	57.0	43.0
Meets water recommendations	155	57.6	42.4
Risk behaviour indicators			
Current smoker	37	76.5	23.5
Ex-smoker	269	60.6	39.4
Never smoker	246	48.7	51.3
Current vaper	11	69.7	30.3
Ex- vaper	38	81.2	18.8
Never vaper	498	53.7	46.3
Gambled	93	66.3	33.7
Never gambled	460	54.4	45.6

¹ Base sizes include respondents aged 18 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

7.4. Gambling

Two gambling related questions were asked in the 2025 ALC. The first gambling-related question asked respondents how often, if at all, they had gambled in the last 12 months. Overall, 20.2% of Mount Alexander Shire ALC respondents reported having gambled at some time during the past 12 months. This is slightly lower than the 22.5% reported by 2019 ALC Mount Alexander respondents, and significantly lower than the 39% reported in the 2023 VPHS.

The second gambling-related question asked those who had gambled at some time in the past 12 months, which type/s of gambling that they had engaged in. A list of nine (9) different gambling types was provided, as well as an option to report an 'other' type of gambling if it wasn't included in the list.

7.4.1. Gambling frequency

Of the Mount Alexander Shire residents who responded to the survey, 5.0% reported that they gamble every week (see Table 7.4.1.1). No difference was seen between males and females. Among females, a lower proportion of those aged 50 to 69 years (76.3%) reported never gambling compared to those aged 18 to 34 years (95.0%), suggesting that fewer young adults in Mount Alexander Shire are gambling now compared to years past. Residents from Castlemaine (17.8%) were more likely to report gambling 'monthly or less often' compared to Chewton / Taradale / Elphinstone and surrounds (4.4%). No associations were found with any of the other demographic characteristics.

Table 7.4.1.1 Gambling frequency by selected demographic characteristics

	Unweighted base ¹	Weekly	Monthly or less often	Never gambled
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	n	%	%	%
Total sample	555	5.0	15.2	79.8
Males	127	7.8	16.6	75.6
Females	424	2.2	13.8	84.0
Sex and age				
Males, 18 to 34	7	0.0	16.3	83.7
Males, 35 to 49	32	6.5	12.9	80.6
Males, 50 to 69	55	6.9	14.9	78.2
Males, 70+	33	13.6	23.7	62.8
Females, 18 to 34	37	0.0	5.0	95.0
Females, 35 to 49	125	0.5	17.1	82.4
Females, 50 to 69	174	3.4	20.3	76.3
Females, 70+	88	4.8	9.6	85.5
Subregion				
Campbells Creek / Guildford and surrounds	99	2.0	10.2	87.8
Castlemaine	235	3.5	17.8	78.8
Chewton / Taradale / Elphinstone and surrounds	66	11.0	4.4	84.6
Harcourt and surrounds	54	0.7	17.1	82.2
Maldon and surrounds	39	2.6	17.1	80.3
Newstead and surrounds	56	13.6	24.5	62.0
Demographic indicators				
Household size				
1 person	120	7.8	19.1	73.1
2 or 3 people	304	5.8	13.0	81.1
4 or 5 people	121	1.0	18.9	80.1
More than 5 people	9	0.0	10.1	89.9
Born overseas	92	1.2	12.1	86.7
Born in Australia	460	5.7	15.6	78.7
Speaks other main language*	9	0.0	0.0	100.0
Speaks English as main language	542	5.1	15.5	79.4
Aboriginal and/or Torres Strait Islander*	6	11.0	7.4	81.6
Not Aboriginal or Torres Strait Islander	549	4.9	15.4	79.7
LGBTQIA+	95	6.5	9.5	84.0
Non-LGBTQIA+	456	4.7	16.7	78.7
Neurodivergent	72	1.2	10.0	88.8
Not neurodivergent	374	4.8	14.7	80.5
Maybe	54	8.4	16.7	74.9
Not sure what neurodivergent means	18	20.9	19.4	59.8
Less than Bachelor level education	182	6.4	15.3	78.4
Holds a Bachelor degree or higher	368	2.5	15.3	82.3

Unemployed/Retired	184	7.7	14.2	78.0
Employed	368	3.6	15.9	80.5
Just getting along, poor or very poor	131	6.2	18.9	74.8
Reasonably comfortable, very comfortable or prosperous	422	4.5	13.6	82.0
Requires help with daily activities	38	3.1	6.4	90.5
Does not require help	515	5.1	15.9	79.0
Food security (last 12 months)				
Low or very low food security	37	2.3	19.1	78.6
Marginal food security	57	5.1	13.7	81.1
High food security	460	5.3	15.0	79.7

¹ Base sizes include respondents aged 18 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

The only health and wellbeing indicator associated with gambling frequency is perceived value by society (see Table 7.4.1.2). Specifically, those who reported sometimes valued by society were more likely to report weekly gambling (8.2%) compared to those who definitely feel valued by society (0%). Water consumption was the only health behaviour associated with gambling frequency, with those who met water consumption recommendations (90.2%) more likely to report never gambling compared to those who did not (76.7%). Weekly gambling was associated with vaping. Specifically, never vapers were more likely to report gambling weekly (5.5%) compared to those who were current vapers (0%).

Table 7.4.1.2 Gambling frequency by selected health and behaviour characteristics

	Unweighted base ¹ n	Weekly %	Monthly or less often %	Never gambled %
Total sample	555	5.0	15.2	79.8
Health and wellbeing indicators				
Self-reported health - Fair or poor	122	4.4	20.6	75.1
Self-reported health - Good, very good, or excellent	428	5.3	13.5	81.1
Life satisfaction - Low to moderate (0 to 6)	144	1.2	20.0	78.8
Life satisfaction - High/very high (7 to 10)	403	6.7	13.6	79.6
Does not feel valued by society	91	5.1	10.6	84.3
Sometimes feel valued by society	270	8.2	14.3	77.5
Definitely feel valued by society	182	0.4	20.9	78.7
Poor mental wellbeing	144	2.0	21.0	77.0
Good mental wellbeing	411	6.2	13.0	80.8
Overweight or obese (BMI ≥25.0)	220	7.1	18.6	74.2
Normal range or underweight (BMI <25.0)	207	4.2	8.8	87.0
Health behaviour indicators				
Does not meet fruit intake recommendations	272	4.5	20.2	75.4

Meets fruit intake recommendations	280	5.6	10.9	83.5
Does not meet vegetable intake recommendations	469	4.3	15.7	80.0
Meets vegetable intake recommendations	80	11.2	11.3	77.5
Does not meet aerobic physical activity recommendations	126	1.8	18.6	79.6
Meets aerobic physical activity recommendations	419	6.1	14.4	79.5
Does not meet muscle strengthening recommendations	234	3.6	13.0	83.4
Meets muscle strengthening recommendations	270	5.9	17.6	76.5
Does not meet screen time recommendations	256	5.1	15.6	79.3
Meets screen time recommendations	283	5.2	15.3	79.6
Does not meet sleep recommendations	136	2.2	21.9	75.9
Meets sleep recommendations	405	6.3	12.5	81.2
Drinks sugar-sweetened beverages daily	31	7.9	26.4	65.7
Drinks sugar-sweetened beverages less than daily	523	4.8	14.3	80.9
Does not meet water recommendations	390	6.0	17.3	76.7
Meets water recommendations	155	1.7	8.2	90.2
Risk behaviour indicators				
Current smoker	37	5.5	15.1	79.4
Ex-smoker	270	6.8	14.2	79.0
Never smoker	247	3.1	16.3	80.5
Current vaper	11	0.0	8.0	92.0
Ex- vaper	38	1.8	12.3	85.9
Never vaper	500	5.5	15.8	78.7
Had more than 4 standard drinks on a single occasion	294	6.1	17.6	76.3
Has not had more than 4 standard drinks	259	3.7	12.2	84.1

¹ Base sizes include respondents aged 18 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

7.4.2. Types of gambling

Table 7.4.2.1 below provides a summary of the proportion of respondents who engaged in various types of gambling over the past 12 months, ranked in order from most to least popular. Respondents could report participating in as many different types of gambling as they engaged in. Therefore, the proportions do not add up to 100%. The most common form of gambling was lottery with 64.6% of respondents who engaged in gambling participating in the lottery. The next most common were electronic gaming machines (22.4%), sports betting (19.3%) and race betting (12.9%).

Table 7.4.2.1 Types of gambling

Types of gambling	%	n (N=93)
Lottery	64.6	66
Electronic gaming machines	22.4	19
Sports betting	19.3	13
Race betting	12.9	11
Instant scratch tickets	9.9	9
Keno or bingo	2.2	4
Casino table games	0.0	0
Online casino games	0.9	1
Private betting	1.1	1

¹ Base sizes include respondents aged 18 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

Table 7.4.2.2 provides an overview of participation in the top three most common types of gambling by age, sex and age, and subregion of residence. The sample was too small to determine whether there were any significant differences in types of gambling based on these demographic indicators, so the below table should be interpreted with caution.

Table 7.4.2.2 Types of gambling by selected demographic characteristics

	Unweighted base ¹	Lottery	Race betting	Electronic gaming machines
	n	%	%	%
Total sample	93	64.6	22.4	19.3
Males	32	61.3	16.5	26.9
Females	60	70.2	31.0	7.7
Males, 18 to 34*	2	0.0	50.0	100.0
Males, 35 to 49	6	8.2	0.0	58.4
Males, 50 to 69	14	72.7	18.2	13.7
Males, 70+	10	86.4	18.2	13.6
Females, 18 to 34*	1	0.0	100.0	0.0
Females, 35 to 49	16	85.3	26.5	23.6
Females, 50 to 69	31	75.4	23.1	4.3
Females, 70+	12	66.7	29.1	0.0
Subregion*				
Campbells Creek / Guildford and surrounds	14	58.2	11.1	35.4
Castlemaine	39	60.1	23.0	24.3
Chewton / Taradale / Elphinstone and surrounds	7	92.2	48.2	0.0
Harcourt and surrounds	10	73.2	13.4	24.9
Maldon and surrounds	10	91.5	11.1	0.0
Newstead and surrounds	12	46.0	24.1	18.8

¹ Base sizes include respondents aged 18 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

* Significance testing not conducted due to small base size.

Appendix A: Detailed description of weighting

Sample surveys are a commonly used tool for making inferences about a population using responses from just a subset of it. To be able to do so, however, requires a probability sample – one in which every element of the population has a known, non-zero chance of selection. Since some units in the population may not have a chance of selection (such as people who do not have a telephone in the case of telephone surveys) and there may be different rates of response across unit characteristics (such as young people who are less likely to respond), many sample surveys yield subsets that imperfectly cover their target populations. This occurs even with the best possible sample design and data collection practices (Valliant *et al.*, 2013). In such situations, weighting can reduce the extent of any biases introduced through non-coverage or non-response.

The approach for deriving weights generally consists of the following steps:

1. Compute a design weight for each respondent as the inverse of their chance of selection
2. Adjust the design weights so they match population distributions across a range of respondent characteristics.

The first step is essential in providing the statistical framework necessary for making population inferences from a sample survey. The second step aims to reduce non-response bias and to ensure that survey estimates are consistent with other sources (such as published results from the ABS Census of Population and Housing).

Each step will now be covered in turn.

Design weights

The design weights account for the different probabilities that respondents have of being selected to take part in the survey. Each respondent's weight is the inverse of their probability of selection,

$$d_k = \frac{1}{p_k}.$$

For the 2025 ALC, all households in the six LGAs, and all household members aged 3 years and over were in-scope for the survey, so all respondents get a design weight of 1.

Calibrating to population benchmarks

To ensure that estimates made from the dataset are representative of the target population, the design weights are adjusted so that they match external benchmarks of key demographic parameters likely to be correlated with the survey outcomes and propensity to participate. The benchmarks used for the adults in the 2025 ALC were age by education, sex and country of birth, while children (aged 3 to 17) were weighted by sex and age only. All benchmarks and weights were calculated separately for each LGA.

The method for calibrating the design weights was generalised regression weighting (GREG weighting) which uses non-linear optimisation to minimise the distance between the design and calibrated weights subject to the weights meeting the benchmarks. Following calibration to the population benchmarks, extremely large weights were capped to limit variance inflation, and the weights were subsequently recalibrated so that benchmark alignment was maintained.

Refer to Lumley (2017) for more details on the implementation of regression calibration in R (R Core, 2018) and to Valliant *et al.* (2013) for a more general treatment of weighting and estimation for sample surveys.

Treatment of missing values

The regression weighting approach requires that there are no missing values across the adjustment variables or values other than those for which there are reliable benchmarks. Like most surveys, however, some respondents did not provide answers to the questions required for weighting (see Table A1).

Imputation was performed using the Amelia package in R. Five imputed datasets were created, and the modal imputed value was used as the final value for any missing cell. The imputation process is expected to have a negligible impact on weighted estimates made from the dataset.

Table A1 **Extent of missing values among weighting characteristics**

Questionnaire item	Not stated		Related weighting characteristic(s)
	n	%	
A1. What Shire or Council area do you live in?	Nil	0	All benchmarks
B1. Firstly, how old are you?	166	2.0	All benchmarks
B2. Which of the following best describes your current sex identity?	218	2.6	Sex
B6. In which country were you born?	162	1.97	Country of birth
B7. What is the highest level of education you have completed?	140	2.24	Age by education
Total number of respondents with one or more missing values for weighting items	336	4.08	

Not stated consists of Don't know, Refused or Other responses.

Benchmarks

The benchmarks used for weighting across Mount Alexander Shire can be seen in Table A2. Benchmarks for education and country of birth have been adjusted so that age by region totals are consistent across benchmarks.

Table A2 Mount Alexander – Population benchmarks used for calibration

Benchmark category		Population proportion ¹
Age group	Education	%
3 to 9	-	9.8
14 to 17	-	7.4
18 to 34	Has Bachelors	2.8
	No Bachelors	10.8
35 to 49	Has Bachelors	8.6
	No Bachelors	10.0
50 to 69	Has Bachelors	12.0
	No Bachelors	21.2
70+	Has Bachelors	5.1
	No Bachelors	12.4
Age	Sex	
3 to 17	Male	9.1
	Female	8.1
18+	Male	41.3
	Female	41.5
Age	Country of birth	
3 to 17	-	17.2
18+	Australia	70.1
	Other	12.7

¹ Population benchmarks sourced from ABS Census 2021

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Appendix B: Questionnaire

2025
**Active
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Census Booklet

Help shape a healthier
tomorrow!



Introduction

This survey asks you questions about your health and wellbeing, recreational activities, and use of public open spaces and facilities. This will help us to plan programs, services and infrastructure that meets the needs of the community.

You may find some of these questions to be personal or sensitive. Please be assured that your answers are confidential and anonymous – no individual will be identifiable from the data provided to us.

We strongly encourage you to complete all questions. However, if there are any questions you would prefer not to answer, please leave these blank.



Section A – Demographic Questions

This first set of questions asks you about your household and personal demographic situation.

You may find some of these questions to be personal or sensitive. Please be assured that your answers are confidential and anonymous – no individual will be identifiable from the data provided to us.

We strongly encourage you to complete all questions. However, if there are any questions you would prefer not to answer, please leave these blank.

A1	What Shire or Council area do you live in?	☐ Central Goldfields Shire ☐ Greater Bendigo ☐ Loddon Shire ☐ Macedon Ranges Shire ☐ Mount Alexander Shire ☐ Shire of Campaspe	
A2	What is the suburb or town of your residence?		
A3	What is the postcode of your residence?		
A4	Including yourself, how many people currently live in your household?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12+
A5	What is your age?	years old	
A6	Which of the following best describes your current gender identity?	☐ Male ☐ Female ☐ Gender diverse / Non-binary / Self-described / Other ☐ Prefer not to say	
A7	What sex were you assigned at birth?	☐ Male ☐ Female ☐ Something else (<i>please specify</i>) ☐ Prefer not to say	
A8	Do you identify as Aboriginal and/or Torres Strait Islander? <i>We are asking how you identify so that we can better plan programs, services and public spaces to meet the needs of the Aboriginal and Torres Strait Islander community.</i>	☐ No Skip to A9 ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Strait Islander	

A8a	Do you use an Aboriginal Community Controlled Health Organisation for health and wellbeing care?	☐ Yes Skip to A9 ☐ No
A8b	Why not?	
A9	Is English your main language?	☐ Yes ☐ No (please specify)
A10	In which country were you born?	☐ Australia ☐ Other (please specify)
A11	Do you currently identify as LGBTQIA+?	☐ Yes ☐ No
A12	What is the highest level of education you have completed?	☐ Bachelor Degree or higher ☐ TAFE / trade school / diploma ☐ Completed Year 12 ☐ On the job training ☐ Have not finished year 12 and no longer in school ☐ Still in school
A13	In the last week, did you have a job of any kind?	☐ Yes, work for payment or profit ☐ Yes, but currently on holidays, on paid leave, on strike or temporarily stood down ☐ Yes, unpaid work in a family business ☐ Yes, other unpaid work (please specify) ☐ No, do not have a job
A14	Given your current needs and financial responsibilities, would you say that you and your family are...	☐ Prosperous (well off) ☐ Very comfortable ☐ Reasonably comfortable ☐ Just getting along ☐ Poor ☐ Very poor
A15	Which of these statements best describes the food eaten in your household in the last 12 months?	☐ Enough of the kinds of food we want to eat ☐ Enough but not always the kinds of food we want ☐ Sometimes not enough to eat ☐ Often not enough to eat

A16	For these statements, please tell us whether the statement was often true, sometimes true, or never true for your household in the last 12 months:	Often true	Sometimes true	Never true
A16a	We worried whether our food would run out before we got money to buy more.	☐	☐	☐
A16b	The food we bought just didn't last, and we didn't have money to get more.	☐	☐	☐
A16c	We couldn't afford to eat balanced meals.	☐	☐	☐
Skip to Question A21 if you selected "never true" for all statements in Question A16 AND "enough" foods in Question A15				
A17	In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?	☐ Yes ☐ No Skip to A18		
A17a	How often did this happen?	☐ Almost every month ☐ Some months but not every month ☐ Only 1 or 2 months		
A18	In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?	☐ Yes ☐ No		
A19	In the last 12 months, did you lose weight because there wasn't enough money for food?	☐ Yes ☐ No		
Skip to Question A21 if you responded "no" to Questions A17, A18 and A19				
A20	In the last 12 months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?	☐ Yes ☐ No Skip to A21		
A20a	How often did this happen?	☐ Almost every month ☐ Some months but not every month ☐ Only 1 or 2 months		
A21	Do you ever need someone to help you with, or be with you for, self-care activities, body movement activities and/or communication activities? (choose all that apply)	☐ No ☐ No, I do not need help with daily activities, however I have been diagnosed with a disability ☐ Yes, need help with self-care activities ☐ Yes, need help with body movement activities ☐ Yes, need help with communication activities		
A22	Are you covered by any of these concession cards? (choose all that apply)	☐ Health Care Card ☐ Pensioner Concession Card ☐ Commonwealth Seniors Health Card ☐ Veterans Affairs Treatment Entitled Card ☐ None of these		

Section B – Movement and nutrition behaviours

The next set of questions asks about your movement and nutrition behaviours.

B1	How many serves of vegetables, legumes or beans do you usually eat each day? <i>A 'serve' of vegetables is 1/2 cup of cooked vegetables or 1 cup of salad vegetables and a serve of legumes or beans is 1/2 cup of cooked, dried or canned beans, peas or lentils.</i> 	serves
B2	How many serves of fruit do you usually eat each day? <i>A 'serve' is 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces.</i> 	serves
B3	Health experts say that you should eat at least 5 serves of vegetables a day. If you don't do this, what is the main reason why not?	
B4	Health experts say you should eat at least 2 serves of fruit a day. If you don't do this, what is the main reason why not?	
B5	How many litres or cups of water do you usually drink in a day?	litres cups
B6	How often do you consume cordial, soft drinks, flavoured mineral water, energy or sports drinks?	☐ Every day ☐ Several times per week ☐ About once a week ☐ About once a fortnight ☐ About once a month ☐ Less often than once per month ☐ Never

B7	During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?	☐ None Skip to B9 ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ Every day				
B8	How much time did you usually spend doing vigorous physical activities on one of those days?	hours minutes				
B9	During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, doubles tennis, or brisk walking?	☐ None Skip to B11 ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ Every day				
B10	How much time did you usually spend doing moderate physical activities on one of those days?	hours minutes				
B11	How often do you do physical activities in your own time that strengthen your muscles (i.e. activities that are not carried out as part of your job)? <i>This includes resistance training such as free weights, using weight machines and exercises like push ups / sit ups along with other tasks you may do around the home such as lifting, carrying or digging. Include all such activities even if you have included them before.</i>	days per week days per month (if less than once a month, record 0)				
B12	During the last 7 days, what do you estimate was the average time per day you spent on screens (e.g., TV, computer, digital tablets) in your free time? Do not include time on screens for work or education.	hours minutes				
B13	During the last 7 days, on average, how much time did you sleep per night?	hours minutes				
B14	Please indicate whether you agree or disagree with the following statements:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
B14a	I feel that accessing healthy food and drinks in my local area is easy for me.	☐	☐	☐	☐	☐
B14b	I feel that being physically active in my local area is easy for me.	☐	☐	☐	☐	☐

B15	How often do you feel safe and secure in your local area?			☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely				
B16	How often do you walk or cycle to get to and from places?	Daily	4-6 times a week	1-3 times a week	2-3 times a month	Once a month	Once or twice in last 3 months	Less often
B16a	Walk	☐	☐	☐	☐	☐	☐	☐
B16b	Cycle	☐	☐	☐	☐	☐	☐	☐
B17	During most weeks, how do you travel to your place of work or education? (choose all that apply)			☐ Public transport ☐ Car – as a driver ☐ Car – as a passenger ☐ Truck ☐ Taxi or ride-share service ☐ Motorbike or motor scooter ☐ Bicycle ☐ Walk only ☐ Work/school at home ☐ Other (please specify) ☐ I don't work/not studying				
B18	In the last 12 months, have you participated in physical activities as often as you would like?			☐ Yes Skip to C1 ☐ No				
B19	What are the reasons why you have not done physical activities as often as you would like? (choose all that apply)			☐ Too busy / not enough time ☐ Lack of social support (e.g., no encouragement, no one to go with) ☐ Personal or cultural reasons (please name) ☐ Safety (e.g., poor lighting, remote venue / facility) ☐ Unsure about what activities are available ☐ No cool or shaded areas to exercise locally during hot weather ☐ Poor health / medical condition ☐ Disability ☐ Lack of transport ☐ Cost ☐ Other reason (please specify) 				

Section C – Recreation behaviours, and use of public facilities and open spaces

Next we want to hear about your recreation and use of public facilities and open spaces. This will help us to plan for and improve facilities and spaces to suit you.

C1	In the last 12 months, did you take part in any physical activities for sport, exercise or for recreation?	☐ Yes ☐ No Skip to C45				
C2	In the last 12 months, how many physical activities did you take part in for sport, exercise, or for recreation?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more				
C3	Please select the main physical activity you have taken part in over the last 12 months from the list of physical activities on page 10 and record the number.					
C4	If "other", please specify which is the main physical activity you have taken part in over the last 12 months.					
C5	Approximately, how many times in total have you done this activity during the last 12 months? (including practice or training)	☐ Daily ☐ 4-6 times a week ☐ 1-3 times a week ☐ 2-3 times a month ☐ Once a month ☐ Once or twice every 3 months ☐ Less often				
C6	What is the name of the facility, venue, or place where you took part in this activity most often?					
C7	What is the name of the suburb or town where the facility, venue or place is located?					
C8	How would you rate the quality and accessibility of the facility, venue or place where you took part in this activity?	Very poor	Poor	Average	Good	Excellent
C8a	Quality	☐	☐	☐	☐	☐
C8b	Accessibility	☐	☐	☐	☐	☐
C9	How did you get to this activity?	☐ Public transport ☐ Taxi / Uber ☐ Car ☐ Motorbike or motor scooter ☐ Bicycle ☐ Walked ☐ Other (please specify) 				

List of physical activities

No.	Physical activity	No.	Physical activity
1	Active play (at playgrounds / play centre)	30	Golf
2	Air sports / aviation / drone racing / hang-gliding	31	Gymnastics
3	Aqua aerobics	32	Hockey (indoor / outdoor)
4	Archery	33	Horse racing / harness racing
5	Athletics / track and field	34	Horse riding / equestrian activities / polo
6	Australian rules football (AFL)	35	Jogging / running
7	Badminton	36	Lawn bowls
8	Baseball	37	Martial arts / tai chi
9	Basketball (indoor / outdoor)	38	Minigolf
10	Billiards / snooker / pool	39	Motor sports (cars and bikes)
11	Bocce / boules / pétanque	40	Netball (indoor / outdoor)
12	Boxing	41	Orienteering
13	Bush walking / hiking	42	Rock climbing / abseiling / caving
14	Caneball	43	Rugby league / rugby union / touch football
15	Canoeing / kayaking / rowing / dragon boating / paddle boarding	44	Sailing
16	Carpet bowls	45	Shooting sports
17	Cheerleading	46	Roller sports / inline hockey / roller derby / roller skating
18	Cricket (all types)	47	Skateboarding / scooting
19	Croquet	48	Soccer (indoor / outdoor)
20	Cycling: Mountain bike riding	49	Squash / racquetball
21	Cycling: BMX	50	Swimming
22	Cycling: Road and sport cycling	51	Sword sports / fencing / kendo / swordcraft
23	Cycling: General cycling for recreation or transport	52	Table tennis
24	Dancing / ballet / calisthenics	53	Tennis (indoor / outdoor)
25	Fishing	54	Tenpin bowling
26	Fitness: Gym	55	Triathlons / ironmans
27	Fitness: Indoor group activities / aerobics / Zumba / yoga / pilates	56	Volleyball (all types)
28	Fitness: Outdoor fitness / personal training / group activities	57	Walking
29	Frisbee / boomerang throwing	58	Water-skiing / power boating
		59	Weight lifting / body building
		60	Other

C10	How many kilometres do / did you travel to get to this activity?	km				
Skip to C19 if you have not taken part in any more physical activities						
C11	Please select the physical activity you have taken part in second most often over the last 12 months from the list of physical activities on page 10 and record the number.					
C12	If "other", please specify which physical activity you have taken part in second most often over the last 12 months.					
C13	Approximately, how many times in total have you done this activity during the last 12 months? (including practice or training)	☐ Daily ☐ 4-6 times a week ☐ 1-3 times a week ☐ 2-3 times a month ☐ Once a month ☐ Once or twice every 3 months ☐ Less often				
C14	What is the name of the facility, venue, or place where you took part in this activity most often?					
C15	What is the name of the suburb or town where the facility, venue or place is located?					
C16	How would you rate the quality and accessibility of the facility, venue or place where you took part in this activity?	Very poor	Poor	Average	Good	Excellent
C16a	Quality	☐	☐	☐	☐	☐
C16b	Accessibility	☐	☐	☐	☐	☐
C17	How did you get to this activity?	☐ Public transport ☐ Taxi / Uber ☐ Car ☐ Motorbike or motor scooter ☐ Bicycle ☐ Walked ☐ Other (please specify) 				
C18	How many kilometres do / did you travel to get to this activity?	km				
C19	Thank you for providing those details regarding the physical activities that you took part in most often over the last 12 months. Is there anything else that you would like to let us know about your participation in these activities, or in regard to any additional physical activities that you also took part in? (for example, travel requirements, cost, facilities/venues/locations, availability and accessibility of options etc.)					

C20	If you mentioned that you took part in more than two physical activities over the past year, would you like to answer some more questions about those extra activities?	☐ Yes ☐ No Skip to C45				
C21	Please select the physical activity you have taken part in third most often over the last 12 months from the list of physical activities on page 10 and record the number.					
C22	If "other", please specify which physical activity you have taken part in third most often over the last 12 months.					
C23	Approximately, how many times in total have you done this activity during the last 12 months? (including practice or training)	☐ Daily ☐ 4-6 times a week ☐ 1-3 times a week ☐ 2-3 times a month ☐ Once a month ☐ Once or twice every 3 months ☐ Less often				
C24	What is the name of the facility, venue, or place where you took part in this activity most often?					
C25	What is the name of the suburb or town where the facility, venue or place is located?					
C26	<i>How would you rate the quality and accessibility of the facility, venue or place where you took part in this activity?</i>	Very poor	Poor	Average	Good	Excellent
C26a	Quality	☐	☐	☐	☐	☐
C26b	Accessibility	☐	☐	☐	☐	☐
C27	How did you get to this activity?	☐ Public transport ☐ Taxi / Uber ☐ Car ☐ Motorbike or motor scooter ☐ Bicycle ☐ Walked ☐ Other (please specify) 				
C28	How many kilometres do / did you travel to get to this activity?	km				
Skip to C45 if you have not taken part in any more physical activities						
C29	Please select the physical activity you have taken part in fourth most often over the last 12 months from the list of physical activities on page 10 and record the number.					
C30	If "other", please specify which physical activity you have taken part in fourth most often over the last 12 months.					

C31	Approximately, how many times in total have you done this activity during the last 12 months? (including practice or training)	☐ Daily ☐ 4-6 times a week ☐ 1-3 times a week ☐ 2-3 times a month ☐ Once a month ☐ Once or twice every 3 months ☐ Less often				
C32	What is the name of the facility, venue, or place where you took part in this activity most often?					
C33	What is the name of the suburb or town where the facility, venue or place is located?					
C34	How would you rate the quality and accessibility of the facility, venue or place where you took part in this activity?	Very poor	Poor	Average	Good	Excellent
C34a	Quality	☐	☐	☐	☐	☐
C34b	Accessibility	☐	☐	☐	☐	☐
C35	How did you get to this activity?	☐ Public transport ☐ Taxi / Uber ☐ Car ☐ Motorbike or motor scooter ☐ Bicycle ☐ Walked ☐ Other (please specify) 				
C36	How many kilometres do / did you travel to get to this activity?	km				
Skip to C45 if you have not taken part in any more physical activities						
C37	Please select the physical activity you have taken part in fifth most often over the last 12 months from the list of physical activities on page 10 and record the number.					
C38	If "other", please specify which physical activity you have taken part in fifth most often over the last 12 months.					
C39	Approximately, how many times in total have you done this activity during the last 12 months? (including practice or training)	☐ Daily ☐ 4-6 times a week ☐ 1-3 times a week ☐ 2-3 times a month ☐ Once a month ☐ Once or twice every 3 months ☐ Less often				

C40	What is the name of the facility, venue, or place where you took part in this activity most often?							
C41	What is the name of the suburb or town where the facility, venue or place is located?							
C42	How would you rate the quality and accessibility of the facility, venue or place where you took part in this activity?	Very poor	Poor	Average	Good	Excellent		
C42a	Quality	☐	☐	☐	☐	☐		
C42b	Accessibility	☐	☐	☐	☐	☐		
C43	How did you get to this activity?	☐ Public transport ☐ Taxi / Uber ☐ Car ☐ Motorbike or motor scooter ☐ Bicycle ☐ Walked ☐ Other (please specify) 						
C44	How many kilometres do / did you travel to get to this activity?	km						
C45	In the last 12 months, how often have you used the following in your area?	Daily	4-6 times a week	1-3 times a week	2-3 times a month	Once a month	Once or twice in last 3 months	Less often / never
C45a	Public open spaces	☐	☐	☐	☐	☐	☐	☐
C45b	Off-road walking and cycling tracks	☐	☐	☐	☐	☐	☐	☐
C45c	Footpaths	☐	☐	☐	☐	☐	☐	☐
C46	Which of the following types of public facilities or open spaces have you used in your area in the last 12 months? (choose all that apply)	☐ Swimming pools / splash parks ☐ Indoor sports / leisure / fitness centres ☐ Sports grounds, ovals and clubrooms ☐ Halls / community centres ☐ After hours usage of education facilities (e.g., school, TAFE, university) ☐ Parks ☐ Community gardens ☐ Hard courts (e.g., netball / tennis) ☐ Skateparks / BMX ☐ Playgrounds ☐ Other (please specify) ☐ Have not used public facilities and open spaces in my area in the last 12 months Skip to C48						

C47	What are the reasons why you have used public facilities and open spaces in your area in the last 12 months? (choose all that apply)	☐ Exercise / health and fitness ☐ Socialising with family / friends ☐ For fun / enjoyment ☐ Commuting (i.e., to get from a to b) ☐ Exercising the dog ☐ Organised sport (e.g., cricket or netball for a club) ☐ Unstructured physical recreation activities (e.g., going for a walk, playing ball games with friends) ☐ For time to myself ☐ For my mental health and wellbeing ☐ Getting back to nature ☐ Entertaining kids / watching kids' activities ☐ Community event / performance ☐ Taking part in cultural activities or events on Country ☐ Some other reason (<i>please specify</i>)
C48	What improvements would encourage you to use public facilities and open spaces more often?	
C49	Where would you like to see these improvements made? (e.g., name of facility, venue or place)	



Section D – General health and risk behaviours

This last set of questions asks about your general health and risk-taking behaviours.

You may find some of these questions to be personal or sensitive. Please be assured that your answers are confidential and anonymous - no individual will be identifiable from the data provided to us.

We strongly encourage you to complete all questions. However, if there are any questions you would prefer not to answer, please leave these blank.

D1	How tall are you without shoes? (height in centimetres) – <i>OPTIONAL</i>	cm						
D2	What is your weight without clothes or shoes? (weight in kilograms) – <i>OPTIONAL</i>	kg						
D3	In general, would you say your health is...	☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor						
D4	<i>Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks.</i>		All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
D4a	I have felt cheerful and in good spirits	☐	☐	☐	☐	☐	☐	☐
D4b	I have felt calm and relaxed	☐	☐	☐	☐	☐	☐	☐
D4c	I have felt active and vigorous	☐	☐	☐	☐	☐	☐	☐
D4d	I woke up feeling fresh and rested	☐	☐	☐	☐	☐	☐	☐
D4e	My daily life has been filled with things that interest me	☐	☐	☐	☐	☐	☐	☐
D5	Overall, how satisfied are you with life as a whole these days? <i>This question asks about how satisfied you feel about life in general on a scale from 0 to 10. 0 means you feel 'not at all satisfied' and 10 means 'completely satisfied'.</i>	☐ 0 - Not at all satisfied ☐ 6 ☐ 1 ☐ 7 ☐ 2 ☐ 8 ☐ 3 ☐ 9 ☐ 4 ☐ 10 - Completely satisfied ☐ 5						
D6	Do you feel valued by society?	☐ No, not at all ☐ Not often ☐ Sometimes ☐ Yes, definitely						
Complete D7 to D10 only if age 18 years or above								
D7	Which of the following best describes your smoking status?	☐ Smoke daily ☐ Smoke occasionally ☐ Don't smoke now, but used to ☐ Tried a few times but never smoked regularly ☐ Never smoked						

D8	Which of the following best describes your vaping status?	☐ Vape daily ☐ Vape occasionally ☐ Don't vape now, but used to ☐ Tried a few times but never vaped regularly ☐ Never vaped
D9	In the last 12 months, how often did you have more than four (for women) or five (for men) standard drinks in a day?	☐ Every day ☐ 3-6 days a week ☐ 1-2 days a week ☐ 1-3 days a month ☐ Less than once a month ☐ Never
D10	In the last 12 months, how often did you gamble?	☐ Every day ☐ 3-6 days a week ☐ 1-2 days a week ☐ 1-3 days a month ☐ Less than once a month ☐ Never Skip to D11
D10a	In the last 12 months, what type/s of gambling did you participate in? (choose all that apply)	☐ Casino table games ☐ Online casino games ☐ Sports betting ☐ Race betting ☐ Electronic gaming machines ☐ Keno or bingo ☐ Instant scratch tickets ☐ Lottery ☐ Private betting ☐ Other (please specify)
D11	Do you have any other comments or feedback about what would help you and/or your family be healthier and more active?	

Section E – Children

E1	Do you have any children aged 17 or younger living with you at least 50% of the time?	☐ Yes ☐ No Skip to end of survey
E2	How many children aged between 3-17 years live with you at least 50% of the time?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ More than 5
Answer the following questions for up to five children between 3-17 years of age, starting with the oldest first		
Child number →		1
E3	What is your child's age?	years old
E4	Which of the following best describes your child's current gender identity?	☐ Male ☐ Female ☐ Gender diverse / Non-binary / Self-described / Other ☐ Prefer not to say
E5	What sex was your child assigned at birth?	☐ Male ☐ Female ☐ Something else (please specify) ☐ Prefer not to say
E6	Does your child identify as Aboriginal and/or Torres Strait Islander? <i>We are asking how you identify so that we can better plan programs, services and public spaces to meet the needs of the Aboriginal and Torres Strait Islander community.</i>	☐ No Skip to E7 ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Strait Islander
E6a	Does your child use an Aboriginal Community Controlled Health Organisation for health and wellbeing care?	☐ Yes Skip to E7 ☐ No
E6b	Why not?	
E7	Is English your child's main language?	☐ Yes ☐ No (please specify)
E8	In which country was your child born?	☐ Australia ☐ Other (please specify)

Child number →		1
E9	Does your child currently identify as LGBTQIA+?	☐ Yes ☐ No
E10	What is the highest level of education your child has completed?	☐ Bachelor Degree or higher ☐ TAFE / trade school / diploma ☐ Completed Year 12 ☐ On the job training ☐ Has not finished year 12 and no longer in school ☐ Still in school ☐ Has not started school
E11	Does your child ever need someone to help them with, or be with them for, self-care activities, body movement activities and/or communication activities? (choose all that apply)	☐ No ☐ No, my child does not need help with daily activities, however they have been diagnosed with a disability ☐ Yes, need help with self-care activities ☐ Yes, need help with body movement activities ☐ Yes, need help with communication activities
The next set of questions asks about your child's movement and nutrition behaviours.		
E12	How many serves of vegetables, legumes or beans does your child usually eat each day? A 'serve' of vegetables is 1/2 cup of cooked vegetables or 1 cup of salad vegetables and a serve of legumes or beans is 1/2 cup of cooked, dried or canned beans, peas or lentils.	serves 
E13	How many serves of fruit does your child usually eat each day? A 'serve' is 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces.	serves 
E14	Health experts say children should eat at least 5 serves of vegetables a day. If they don't do this, what is the main reason why not?	
E15	Health experts say children aged 4-8 years should eat at least 1.5 serves of fruit a day and children aged 9 years and over should eat at least 2 serves of fruit a day. If they don't do this, what is the main reason why not?	

	2	3	4	5
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
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	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

	serves	serves	serves	serves
	serves	serves	serves	serves

Child number →		1
E16	How many litres or cups of water does your child usually drink in a day?	litres cups
E17	How often does your child consume cordial, soft drinks, flavoured mineral water, energy or sports drinks?	☐ Every day ☐ Several times per week ☐ About once a week ☐ About once a fortnight ☐ About once a month ☐ Less often than once per month ☐ Never
E18	During the last 7 days, on how many days does your child do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?	☐ None Skip to E20 ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ Every day
E19	How much time did your child usually spend doing vigorous physical activities on one of those days?	hours minutes
E20	During the last 7 days, on how many days did your child do moderate physical activities like carrying light loads, bicycling at a regular pace, doubles tennis, or brisk walking?	☐ None Skip to E22 ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ Every day
E21	How much time did your child usually spend doing moderate physical activities on one of those days?	hours minutes
E22	How often does your child do physical activities in their own time that strengthens their muscles (i.e. activities that are not carried out as part of their job)? <i>This includes resistance training such as free weights, using weight machines and exercises like push ups / sit ups along with other tasks they may do around the home such as lifting, carrying or digging. Include all such activities even if you have included them before.</i>	days per week days per month (if less than once a month, record 0)

	2	3	4	5
	litres	litres	litres	litres
	cups	cups	cups	cups
	hours minutes	hours minutes	hours minutes	hours minutes
	hours minutes	hours minutes	hours minutes	hours minutes
	days per week	days per week	days per week	days per week
	days per month	days per month	days per month	days per month

Child number →		1
E23	In the last 7 days, what do you estimate was the average time per day your child spent on screens (e.g., TV, computer, digital tablets) in their free time? Do not include time on screens for work or education.	hours minutes
E24	During the last 7 days, on average, how much time did your child sleep per night?	hours minutes
E25	<i>Please indicate whether you agree or disagree with the following statements:</i>	
E25a	I feel that accessing healthy food and drinks in my local area is easy for my child	☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree
E25b	I feel that being physically active in my local area is easy for my child	☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree
E26	To what extent do you agree that your child is safe in your local area?	☐ Definitely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Definitely disagree
E27	<i>How often does your child walk or cycle to get to and from places?</i>	
E27a	Walk	☐ Daily ☐ 4-6 times a week ☐ 1-3 times a week ☐ 2-3 times a month ☐ Once a month ☐ Once or twice in last 3 months ☐ Less often
E27b	Cycle	☐ Daily ☐ 4-6 times a week ☐ 1-3 times a week ☐ 2-3 times a month ☐ Once a month ☐ Once or twice in last 3 months ☐ Less often

[illegible]

Child number →		1
E28	Thinking about most weeks during the school term, which of the following ways does your child go to and/or from school? (choose all that apply)	☐ They are driven to or from school in a car ☐ Public transport with an adult present (e.g., bus, train, tram, ferry) ☐ Public transport without an adult present (e.g., bus, train, tram, ferry) ☐ Walk or ride (e.g., bike, scooter, skateboard) with an adult present ☐ Walk or ride (e.g., bike, scooter, skateboard) without an adult present ☐ Other (please specify) ☐ My child does not attend school
E29	In the last 12 months, has your child taken part in physical activities as often as they would like?	☐ Yes Skip to E31 ☐ No
E30	What are the reasons why your child has not done physical activities as often as they would like? (choose all that apply)	☐ Too busy / not enough time ☐ Lack of social support (e.g., no encouragement, no one to go with) ☐ Personal or cultural reasons (please name) ☐ Safety (e.g., poor lighting, remote venue / facility) ☐ Unsure about what activities are available ☐ No cool or shaded areas to exercise locally during hot weather ☐ Poor health / medical condition ☐ Disability ☐ Lack of transport ☐ Cost ☐ Other reason (please specify)
Next we want to hear about your child's recreation and use of public facilities and open spaces. This will help us to plan for and improve facilities and spaces to suit them.		
E31	In the last 12 months, did your child take part in any physical activities for sport, exercise or for recreation?	☐ Yes ☐ No Skip to E75
E32	In the last 12 months, how many physical activities did your child take part in for sport, exercise, or for recreation?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ More than 4

[illegible]

Child number →		1
E33	Please select the main physical activity your child has taken part in over the last 12 months from the list of physical activities on page 10 and record the number.	
E34	If "other", please specify which is the main physical activity your child has taken part in over the last 12 months.	
E35	Approximately, how many times in total has your child done this activity during the last 12 months? (including practice or training)	☐ Daily ☐ 4-6 times a week ☐ 1-3 times a week ☐ 2-3 times a month ☐ Once a month ☐ Once or twice every 3 months ☐ Less often
E36	What is the name of the facility, venue, or place where your child took part in this activity most often?	
E37	What is the name of the suburb or town where the facility, venue or place is located?	
E38	<i>How would you rate the quality and accessibility of the facility, venue or place where your child took part in this activity?</i>	
E38a	Quality	☐ Very poor ☐ Poor ☐ Average ☐ Good ☐ Excellent
E38b	Accessibility	☐ Very poor ☐ Poor ☐ Average ☐ Good ☐ Excellent
E39	How did your child get to this activity?	☐ Public transport ☐ Taxi / Uber ☐ Car ☐ Motorbike or motor scooter ☐ Bicycle ☐ Walked ☐ Other (please specify)

Child number →		1
E40	How many kilometres did your child travel to get to this activity?	km
Skip to Question E49 if your child has not taken part in any more physical activities		
E41	Please select the physical activity your child has taken part in second most often over the last 12 months from the list of physical activities on page 10 and record the number.	
E42	If "other", please specify which physical activity your child has taken part in second most often over the last 12 months.	
E43	Approximately, how many times in total has your child done this activity during the last 12 months? (including practice or training)	☐ Daily ☐ 4-6 times a week ☐ 1-3 times a week ☐ 2-3 times a month ☐ Once a month ☐ Once or twice every 3 months ☐ Less often
E44	What is the name of the facility, venue, or place where your child took part in this activity most often?	
E45	What is the name of the suburb or town where the facility, venue or place is located?	
E46	How would you rate the quality and accessibility of the facility, venue or place where your child took part in this activity?	
E46a	Quality	☐ Very poor ☐ Poor ☐ Average ☐ Good ☐ Excellent
E46b	Accessibility	☐ Very poor ☐ Poor ☐ Average ☐ Good ☐ Excellent
E47	How did your child get to this activity?	☐ Public transport ☐ Taxi / Uber ☐ Car ☐ Motorbike or motor scooter ☐ Bicycle ☐ Walked ☐ Other (please specify)

Child number →		1
E48	How many kilometres did your child travel to get to this activity?	km
E49	Thank you for providing those details regarding the main physical activities that your child took part in most often over the last 12 months. Is there anything else that you would like to let us know about their participation in these activities, or in regard to any additional physical activities that your child also took part in? (for example, travel requirements, cost, facilities/venues/locations, availability and accessibility of options etc.)	
Skip to Question E75 if your child has not taken part in any more physical activities		
E50	If you mentioned that your child took part in more than two physical activities over the past year, would you like to answer some more questions about those extra activities?	☐ Yes ☐ No Skip to E75
E51	Please select the physical activity your child has taken part in third most often over the last 12 months from the list of physical activities on page 10 and record the number.	
E52	If "other", please specify which physical activity your child has taken part in third most often over the last 12 months.	
E53	Approximately, how many times in total has your child done this activity during the last 12 months? (including practice or training)	☐ Daily ☐ 4-6 times a week ☐ 1-3 times a week ☐ 2-3 times a month ☐ Once a month ☐ Once or twice every 3 months ☐ Less often
E54	What is the name of the facility, venue, or place where your child took part in this activity most often?	
E55	What is the name of the suburb or town where the facility, venue or place is located?	
E56	How would you rate the quality and accessibility of the facility, venue or place where your child took part in this activity?	
E56a	Quality	☐ Very poor ☐ Poor ☐ Average ☐ Good ☐ Excellent
E56b	Accessibility	☐ Very poor ☐ Poor ☐ Average ☐ Good ☐ Excellent

[illegible]

Child number →		1
E57	How did your child get to this activity?	☐ Public transport ☐ Taxi / Uber ☐ Car ☐ Motorbike or motor scooter ☐ Bicycle ☐ Walked ☐ Other (please specify)
E58	How many kilometres did your child travel to get to this activity?	km
Skip to Question E75 if your child has not taken part in any more physical activities		
E59	Please select the physical activity your child has taken part in fourth most often over the last 12 months from the list of physical activities on page 10 and record the number.	
E60	If "other", please specify which physical activity your child has taken part in fourth most often over the last 12 months.	
E61	Approximately, how many times in total has your child done this activity during the last 12 months? (including practice or training)	☐ Daily ☐ 4-6 times a week ☐ 1-3 times a week ☐ 2-3 times a month ☐ Once a month ☐ Once or twice every 3 months ☐ Less often
E62	What is the name of the facility, venue, or place where your child took part in this activity most often?	
E63	What is the name of the suburb or town where the facility, venue or place is located?	
E64	How would you rate the quality and accessibility of the facility, venue or place where your child took part in this activity?	
E64a	Quality	☐ Very poor ☐ Poor ☐ Average ☐ Good ☐ Excellent
E64b	Accessibility	☐ Very poor ☐ Poor ☐ Average ☐ Good ☐ Excellent

[illegible]

Child number →		1
E65	How did your child get to this activity?	☐ Public transport ☐ Taxi / Uber ☐ Car ☐ Motorbike or motor scooter ☐ Bicycle ☐ Walked ☐ Other (please specify)
E66	How many kilometres did your child travel to get to this activity?	km
Skip to Question E75 if your child has not taken part in any more physical activities		
E67	Please select the physical activity your child has taken part in fifth most often over the last 12 months from the list of physical activities on page 10 and record the number.	
E68	If "other", please specify which physical activity your child has taken part in fifth most often over the last 12 months.	
E69	Approximately, how many times in total has your child done this activity during the last 12 months? (including practice or training)	☐ Daily ☐ 4-6 times a week ☐ 1-3 times a week ☐ 2-3 times a month ☐ Once a month ☐ Once or twice every 3 months ☐ Less often
E70	What is the name of the facility, venue, or place where your child took part in this activity most often?	
E71	What is the name of the suburb or town where the facility, venue or place is located?	
E72	How would you rate the quality and accessibility of the facility, venue or place where your child took part in this activity?	
E72a	Quality	☐ Very poor ☐ Poor ☐ Average ☐ Good ☐ Excellent
E72b	Accessibility	☐ Very poor ☐ Poor ☐ Average ☐ Good ☐ Excellent

[illegible]

Child number →		1
E73	How did your child get to this activity?	☐ Public transport ☐ Taxi / Uber ☐ Car ☐ Motorbike or motor scooter ☐ Bicycle ☐ Walked ☐ Other (please specify)
E74	How many kilometres did your child travel to get to this activity?	km
E75	In the last 12 months, how often has your child used the following in your area?	
E75a	Public open spaces	☐ Daily ☐ 4-6 times a week ☐ 1-3 times a week ☐ 2-3 times a month ☐ Once a month ☐ Once or twice in the last 3 months ☐ Less often / Never
E75b	Off-road walking and cycling tracks	☐ Daily ☐ 4-6 times a week ☐ 1-3 times a week ☐ 2-3 times a month ☐ Once a month ☐ Once or twice in the last 3 months ☐ Less often / Never
E75c	Footpaths	☐ Daily ☐ 4-6 times a week ☐ 1-3 times a week ☐ 2-3 times a month ☐ Once a month ☐ Once or twice in the last 3 months ☐ Less often / Never

[illegible]

Child number →		1
E76	Which of the following types of public facilities or open spaces has your child used in your area in the last 12 months? (choose all that apply)	☐ Swimming pools / splash parks ☐ Indoor sports / leisure / fitness centres ☐ Sports grounds, ovals and clubrooms ☐ Halls / community centres ☐ After hours usage of education facilities (e.g., school, TAFE, university) ☐ Parks ☐ Community gardens ☐ Hard courts (e.g., netball / tennis) ☐ Skateparks / BMX ☐ Playgrounds ☐ Other (please specify) ☐ Have not used public facilities and open spaces in my area in the last 12 months Skip to E78
E77	What are the reasons why your child has used public facilities and open spaces in your area in the last 12 months? (choose all that apply)	☐ Exercise / health and fitness ☐ Socialising with family / friends ☐ For fun / enjoyment ☐ Commuting (i.e., to get from a to b) ☐ Exercising the dog ☐ Organised sport (e.g., cricket or netball for a club) ☐ Unstructured physical recreation activities (e.g., going for a walk, playing ball games with friends) ☐ For time to myself ☐ For my mental health and wellbeing ☐ Getting back to nature ☐ Entertaining kids / watching kids' activities ☐ Community event / performance ☐ Taking part in cultural activities or events on Country ☐ Some other reason (please specify)
E78	What improvements would encourage your child to use public facilities and open spaces more often?	

[illegible]

Child number →		1
E79	Where would you like to see these improvements made? (e.g., name of facility, venue or place)	
<i>This last set of questions asks about your child's general health. You may find these questions to be personal or sensitive. Please be assured that your answers are confidential and anonymous – no individual will be identifiable from the data provided to us. We strongly encourage you to complete all questions. However, if you would prefer not to answer, please leave these blank.</i>		
E80	How tall is your child without shoes? (height in centimetres) – OPTIONAL	cm
E81	What is your child's weight without clothes or shoes? (weight in kilograms) – OPTIONAL	kg
E82	In general, would you say your child's health is...	☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor



	2	3	4	5
	cm	cm	cm	cm
	kg	kg	kg	kg



The Healthy Loddon Campaspe initiative is supported by the Victorian State Government





Appendix C: Detailed tables

Table C1 **Population by LGA**

	Total	Campbells Creek / Guildford and surrounds	Castlemaine	Chewton / Taradale / Elphinstone and surrounds	Harcourt and surrounds	Maldon and surrounds	Newstead and surrounds
	%	%	%	%	%	%	%
Unweighted base¹	859	164	342	109	101	53	82
Sex							
Males	50.7	50.8	49.2	52.0	46.9	63.5	44.9
Females	49.3	49.2	50.8	48.0	53.1	36.5	55.1
Age							
Males, 3 to 11	10.0	8.6	11.8	11.3	17.5	2.7	7.5
Males, 12 to 17	8.1	13.7	6.2	7.0	15.6	2.6	5.9
Males, 18 to 34	8.0	12.4	9.5	0.0	5.4	16.7	0.0
Males, 35 to 49	19.1	24.5	19.0	24.2	6.2	10.6	11.8
Males, 50 to 69	34.7	31.5	33.1	39.0	39.3	24.1	50.5
Males, 70+	20.1	9.4	20.4	18.5	16.0	43.2	24.2
Females, 3 to 11	9.7	8.9	10.4	5.6	14.7	8.2	10.4
Females, 12 to 17	6.8	10.8	4.0	10.8	3.5	2.9	7.4
Females, 18 to 34	19.5	15.5	17.9	30.5	4.1	15.4	34.8
Females, 35 to 49	18.3	19.1	18.0	13.2	35.1	18.2	9.9
Females, 50 to 69	30.6	31.9	29.4	35.0	26.7	32.8	28.7
Females, 70+	15.1	13.8	20.3	4.9	15.9	22.6	8.8

¹ Base sizes include all respondents aged 3 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from the base sizes.

Table C2 **Health behaviours by LGA**

	Total	Campbells Creek / Guildford and surrounds	Castlemaine	Chewton / Taradale / Elphinstone and surrounds	Harcourt and surrounds	Maldon and surrounds	Newstead and surrounds
	%	%	%	%	%	%	%
Unweighted base¹	859	164	342	109	101	53	82
Health and wellbeing							
General health - Fair / poor	17.2	13.5	29.3	12.1	18.8	12.3	9.1
Life satisfaction - Low to moderate (0 to 6 out of 10) ²	27.2	20.5	30.8	21.0	45.8	13.3	19.5
Does not feel valued by society ²	14.6	10.4	18.1	20.8	13.1	0.5	12.8
Poor mental wellbeing ²	24.8	22.2	29.6	18.6	41.3	4.9	15.2
Overweight or obese (BMI ≥25.0)	54.8	52.0	58.9	46.6	47.0	81.1	45.6
Health behaviours							
Does not meet fruit recommendations	43.8	40.2	49.0	34.9	33.6	66.8	33.0
Does not meet vegetable recommendations	88.1	85.4	90.1	91.3	91.7	74.1	85.8
Does not meet aerobic physical activity recommendations	19.9	16.8	14.8	24.9	38.0	30.7	13.8
Does not meet muscle strengthening recommendations	42.2	51.2	41.2	46.1	47.8	23.5	33.8
Does not meet screen recommendations	53.4	60.8	51.7	52.3	61.9	52.9	37.6
Does not meet sleep recommendations	21.6	20.1	23.1	15.4	20.2	35.7	15.1
Drinks sugar-sweetened beverages daily	6.3	1.9	8.0	11.6	9.6	4.0	0.0
Does not meet water recommendations	75.1	69.0	78.7	76.9	73.8	73.0	70.3
Other risk factors							
Current smoker ²	10.3	3.1	16.9	3.5	5.8	10.7	0.0
Current vaper ²	2.5	0.4	2.8	2.2	8.9	0.0	0.0
Consumed more than 4 standard drinks on at least one occasion in the last 12 months ²	62.1	56.7	60.9	79.9	64.0	53.1	61.5
Gambled in past 12 months ²	23.1	12.2	23.6	25.5	20.0	25.3	36.7
Food security							
Low or very low food security ²	6.5	1.6	7.3	8.8	12.0	5.9	0.6

¹ Base sizes include all respondents aged 3 years and over living in Mount Alexander Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from the base sizes.

² Reported only by respondents aged 18 years and over.

Table C3 Activities – Walking

	Total	Campbells Creek / Guildford and surrounds	Castlemaine	Chewton / Taradale / Elphinstone and surrounds	Harcourt and surrounds	Maldon and surrounds	Newstead and surrounds
	%	%	%	%	%	%	%
Total activities							
% of respondents undertaking activity	19.8	21.1	17.6	18.6	22.2	22.4	22.7
# respondents undertaking activity	253	48	104	21	33	19	25
Frequency of participation							
Heavy - Once a week or more	83.3	89.2	80.9	60.2	90.0	98.3	82.9
Medium - One to three times a month	11.9	6.1	9.8	38.3	8.3	1.7	17.1
Light - Less often	4.8	4.7	9.3	1.5	1.7	0.0	0.0
Travel mode							
Car	42.4	34.9	40.6	50.0	69.5	29.3	33.3
Walking	54.5	65.1	55.8	33.8	30.5	68.7	66.7
Bike	0.2	0.0	0.4	0.0	0.0	0.0	0.0
Public transport / taxi / Uber	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	3.0	0.0	3.2	16.2	0.0	2.0	0.0
Distance to activity							
Average distance travelled to activity	9.9	3.1	11.3	4.8	5.0	5.8	29.5
Facility quality rating							
Good, excellent	73.2	83.3	72.5	74.2	67.8	68.6	70.0
Average	19.8	12.1	20.2	22.8	20.0	31.4	19.6
Very poor, poor	7.0	4.7	7.3	2.9	12.3	0.0	10.3
Mean score (out of 5)	4.0	4.1	4.0	4.1	3.8	3.8	3.8
Facility accessibility rating							
Good, excellent	73.9	82.5	73.1	74.2	71.6	73.5	67.6
Average	18.4	12.9	17.7	22.8	18.7	26.5	22.1
Very poor, poor	7.6	4.7	9.3	2.9	9.7	0.0	10.3
Mean score (out of 5)	4.0	4.1	4.0	4.2	3.9	4.1	4.1

¹ Base sizes include all respondents aged 3 years and over living in Mount Alexander Shire who had participated in the nominated activity. Frequency of participation and all average / mean rating results exclude 'Not answered' / 'Not applicable' responses due to the derived nature of the variable. Travel mode and rating scale results are based on all participants in the nominated activity. All results are weighted to population benchmarks.

Table C4 Activities – Swimming

	Total	Campbells Creek / Guildford and surrounds	Castlemaine	Chewton / Taradale / Elphinstone and surrounds	Harcourt and surrounds	Maldon and surrounds	Newstead and surrounds
	%	%	%	%	%	%	%
Total activities							
% of respondents undertaking activity	6.7	2.6	8.1	8.3	6.6	5.3	7.8
# respondents undertaking activity	136	14	6	21	14	9	10
Frequency of participation							
Heavy - Once a week or more	63.0	62.1	64.1	75.9	62.8	65.7	38.8
Medium - One to three times a month	25.6	18.1	29.8	18.3	13.6	0.0	47.4
Light - Less often	11.3	19.9	6.1	5.8	23.6	34.3	13.8
Travel mode							
Car	77.2	93.9	70.8	48.3	96.1	100.0	96.2
Walking	10.3	6.1	8.0	40.9	0.0	0.0	3.8
Bike	10.8	0.0	17.7	10.8	3.9	0.0	0.0
Public transport / taxi / Uber	0.5	0.0	0.9	0.0	0.0	0.0	0.0
Other	1.3	0.0	2.7	0.0	0.0	0.0	0.0
Distance to activity							
Average distance travelled to activity	21.1	19.4	16.1	9.7	24.7	53.1	37.3
Facility quality rating							
Good, excellent	67.3	84.3	54.0	82.0	57.2	88.2	96.0
Average	23.3	0.0	33.4	12.6	31.3	11.8	4.0
Very poor, poor	9.4	15.7	12.6	5.4	11.5	0.0	0.0
Mean score (out of 5)	3.9	3.9	3.7	3.8	3.6	4.5	4.7
Facility accessibility rating							
Good, excellent	68.2	82.5	56.2	82.4	51.2	100.0	96.5
Average	22.8	11.4	28.5	17.6	41.2	0.0	3.5
Very poor, poor	9.0	6.1	15.2	0.0	7.6	0.0	0.0
Mean score (out of 5)	3.9	4.2	3.7	4.1	3.6	4.7	4.6

¹ Base sizes include all respondents aged 3 years and over living in Mount Alexander Shire who had participated in the nominated activity. Frequency of participation and all average / mean rating results exclude 'Not answered' / 'Not applicable' responses due to the derived nature of the variable. Travel mode and rating scale results are based on all participants in the nominated activity. All results are weighted to population benchmarks.

Table C5 Activities – Bush walking / Hiking

	Total	Campbells Creek / Guildford and surrounds	Castlemaine	Chewton / Taradale / Elphinstone and surrounds	Harcourt and surrounds	Maldon and surrounds	Newstead and surrounds
	%	%	%	%	%	%	%
Total activities							
% of respondents undertaking activity	6.9	12.5	4.8	4.6	4.1	14.5	6.3
# respondents undertaking activity	96	22	35	12	10	6	10
Frequency of participation							
Heavy - Once a week or more	38.6	52.4	34.9	42.1	39.6	8.3	42.9
Medium - One to three times a month	23.4	24.1	35.3	5.3	20.5	12.5	12.2
Light - Less often	38.0	23.5	29.8	52.7	39.9	79.2	44.9
Travel mode							
Car	58.2	53.6	61.4	35.8	91.1	38.6	87.6
Walking	33.2	46.4	37.1	42.1	8.9	12.5	12.4
Bike	0.4	0.0	1.5	0.0	0.0	0.0	0.0
Public transport / taxi / Uber	2.8	0.0	0.0	22.1	0.0	9.3	0.0
Other	5.4	0.0	0.0	0.0	0.0	39.6	0.0
Distance to activity							
Average distance travelled to activity	18.1	16.6	17.7	37.3	7.8	11.4	35.1
Facility quality rating							
Good, excellent	79.6	85.5	88.2	83.3	85.7	30.1	100.0
Average	20.0	14.5	11.8	10.5	14.3	69.9	0.0
Very poor, poor	0.4	0.0	0.0	6.2	0.0	0.0	0.0
Mean score (out of 5)	4.1	4.3	4.4	4.3	3.9	3.3	4.3
Facility accessibility rating							
Good, excellent	73.0	90.4	74.1	71.9	60.1	21.8	96.0
Average	22.0	9.6	17.6	16.7	19.4	78.2	0.0
Very poor, poor	5.1	0.0	8.4	11.4	20.5	0.0	4.0
Mean score (out of 5)	4.0	4.4	3.8	4.2	3.5	3.2	4.3

¹ Base sizes include all respondents aged 3 years and over living in Mount Alexander Shire who had participated in the nominated activity. Frequency of participation and all average / mean rating results exclude 'Not answered' / 'Not applicable' responses due to the derived nature of the variable. Travel mode and rating scale results are based on all participants in the nominated activity. All results are weighted to population benchmarks.

Table C6 Activities – Fitness: Indoor group activities / aerobics

	Total	Campbells Creek / Guildford and surrounds	Castlemaine	Chewton / Taradale / Elphinstone and surrounds	Harcourt and surrounds	Maldon and surrounds	Newstead and surrounds
	%	%	%	%	%	%	%
Total activities							
% of respondents undertaking activity	4.7	2.1	4.5	3.9	5.6	4.4	10.1
# respondents undertaking activity	82	10	41	7	10	1*	10
Frequency of participation							
Heavy - Once a week or more	88.5	69.3	86.6	100.0	77.5	100.0	100.0
Medium - One to three times a month	6.5	6.5	7.6	0.0	17.4	0.0	0.0
Light - Less often	5.0	24.3	5.8	0.0	5.0	0.0	0.0
Travel mode							
Car	81.7	79.5	74.1	71.2	75.5	100.0	97.1
Walking	9.6	14.1	12.9	28.8	4.4	0.0	2.9
Bike	2.3	6.5	4.3	0.0	0.0	0.0	0.0
Public transport / taxi / Uber	2.3	0.0	5.8	0.0	0.0	0.0	0.0
Other	4.1	0.0	2.9	0.0	20.1	0.0	0.0
Distance to activity							
Average distance travelled to activity	5.7	4.5	2.8	8.5	8.6	2.0	11.0
Facility quality rating							
Good, excellent	91.2	69.3	92.5	100.0	81.7	100.0	100.0
Average	8.8	30.7	7.5	0.0	18.3	0.0	0.0
Very poor, poor	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mean score (out of 5)	4.5	3.9	4.5	4.7	4.3	5.0	4.4
Facility accessibility rating							
Good, excellent	92.3	69.3	94.1	91.6	100.0	100.0	93.5
Average	6.5	30.7	4.5	8.4	0.0	0.0	6.5
Very poor, poor	1.2	0.0	1.4	0.0	0.0	0.0	0.0
Mean score (out of 5)	4.4	4.0	4.3	4.6	4.3	5.0	4.4

¹ Base sizes include all respondents aged 3 years and over living in Mount Alexander Shire who had participated in the nominated activity. Frequency of participation and all average / mean rating results exclude 'Not answered' / 'Not applicable' responses due to the derived nature of the variable. Travel mode and rating scale results are based on all participants in the nominated activity. All results are weighted to population benchmarks.

*Five or fewer respondents reported participating in this activity, so results cannot be generalised to the broader population.

Table C7 **Activities – Jogging / running**

	Total	Campbells Creek / Guildford and surrounds	Castlemaine	Chewton / Taradale / Elphinstone and surrounds	Harcourt and surrounds	Maldon and surrounds	Newstead and surrounds
	%	%	%	%	%	%	%
Total activities							
% of respondents undertaking activity	5.4	4.3	7.0	5.5	8.5	0.5	0.8
# respondents undertaking activity	76	12	36	13	11	1*	3*
Frequency of participation							
Heavy - Once a week or more	72.3	68.4	66.1	79.4	88.2	100.0	68.2
Medium - One to three times a month	20.7	20.7	27.0	16.2	5.4	0.0	31.8
Light - Less often	7.0	11.0	6.9	4.5	6.4	0.0	0.0
Travel mode							
Car	36.5	44.7	24.7	23.0	71.2	0.0	31.8
Walking	53.1	55.3	56.7	77.0	25.9	100.0	68.2
Bike	2.7	0.0	5.1	0.0	0.0	0.0	0.0
Public transport / taxi / Uber	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	7.7	0.0	13.5	0.0	2.9	0.0	0.0
Distance to activity							
Average distance travelled to activity	3.1	3.5	1.4	5.7	5.5	0.1	2.6
Facility quality rating							
Good, excellent	78.3	89.0	84.0	48.0	71.6	100.0	63.6
Average	17.2	11.0	16.0	30.6	16.9	0.0	36.4
Very poor, poor	4.5	0.0	0.0	21.3	11.5	0.0	0.0
Mean score (out of 5)	4.0	4.1	4.1	3.3	4.0	4.0	4.0
Facility accessibility rating							
Good, excellent	83.8	100.0	86.4	49.9	80.6	100.0	100.0
Average	4.9	0.0	0.9	27.6	7.9	0.0	0.0
Very poor, poor	11.3	0.0	12.7	22.5	11.5	0.0	0.0
Mean score (out of 5)	4.1	4.3	4.1	3.4	4.0	4.0	4.0

¹ Base sizes include all respondents aged 3 years and over living in Mount Alexander Shire who had participated in the nominated activity. Frequency of participation and all average / mean rating results exclude 'Not answered' / 'Not applicable' responses due to the derived nature of the variable. Travel mode and rating scale results are based on all participants in the nominated activity. All results are weighted to population benchmarks.

*Five or fewer respondents reported participating in this activity, so results cannot be generalised to the broader population.