



Campaspe 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 Shire of Campaspe and was prepared by the Healthy Loddon Campaspe team.

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

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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 1,052 respondents from the Shire of Campaspe. Compared to population benchmarks, females, children and adolescents, those with a Bachelor level education or higher, living in larger family households and with very low to 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).

Shire of Campaspe respondents in the 2025 ALC generally demonstrated healthier behaviours compared to Victorian benchmarks, with comparable adherence to fruit and vegetable

recommendations, fewer reports of engaging in health risk behaviours such as smoking and vaping, and a smaller proportion failing to meet physical activity and muscle strengthening recommendations. Conversely, a comparatively higher proportion of 2025 ALC respondents engaged in risky alcohol consumption, self-reported their health as fair or poor, reported low levels of life satisfaction and were classed as overweight or obese.

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, respondents showed strong adherence to aerobic physical activity recommendations, with 68% meeting recommendations, while just under half met the muscle-strengthening recommendations. Across both behaviours, adults were more likely than children to achieve recommended levels. Active travel patterns varied, with around one in six respondents walking daily and one in seven cycling weekly. Cycling was more common among males and children than females and adults. 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 69% meeting age-specific recommendations and minimal differences were seen between children and adults or between males and females. Overall, health promoting movement behaviours were often less common among those who are neurodivergent, experiencing financial stress, requiring help with daily activities. Positive correlations 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 most at-risk community members to be more active.

More than half of all respondents reported that they were not as active as they would like to be, with this more common among adults than children. These respondents also identified a range of barriers to participation, including lack of time, poor health or disability, lack of social support, cost and being unsure about what activities are available in the local area. 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.

Despite almost 40% of respondents stating that they did not participate in any sport, exercise or recreational activities, perceptions of the local environment for physical activity were generally positive, with around 68% of respondents agreeing that it was easy to be active where they live. Children were more likely than adults to hold this view. These respondents also tended to have more positive health and wellbeing and 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 Shire of Campaspe population, particularly in relation to food security and vegetable intake. More than one-third of respondents experienced some level of food insecurity, with higher rates among groups already facing broader health and social disadvantages. Approximately one-third of respondents consumed the recommended volume of water per day, while one in six reported consuming

sugar-sweetened beverages daily. Adherence to fruit and vegetable consumption recommendations was low, with 44% meeting the fruit recommendations and just 8% meeting the vegetable recommendations. Adherence to the fruit recommendations was lower among adults than children. Consistent with food security, fruit and vegetable consumption was lower among more marginalised community members, such as those with lower education, financial insecurity and food insecurity.

Barriers to eating enough fruit and vegetables were widely reported, with the most common being personal preferences, cost, limited access to high-quality produce and being inconvenient to prepare. Most barriers were noted more frequently among adults than children, except for personal preference. 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. Like physical activity, 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 health behaviour recommendations.

E5 Public facilities and open spaces

Respondents reported frequent use of public spaces and pedestrian infrastructure. For example, just under half used public open spaces weekly, with higher use among children than adults. Footpaths were used more often, with over 70% of respondents, particularly children, using them weekly. Off-road walking and cycling tracks were less commonly used, with only one-third using them weekly. Use of parks, sports grounds, playgrounds and swimming facilities was widespread, with children using sports, recreational and play-based facilities more than adults. The most common reasons for using public facilities or open spaces included socialising (62%), exercise or health and fitness (54%), and fun or enjoyment (49%), with children more likely to use spaces for socialising, fun, sport and unstructured play, and adults more likely to use them for mental health, and time to themselves. Perceptions of safety in the local area were generally high, with 85% of adults reporting feeling safe always or most of the time, and 89% of parents agreeing that their child is safe in their local area.

Suggestions for improvements most commonly related to exercise/sport equipment and facilities, with around one in eight respondents (13%) indicating they would like to see more or improved recreational equipment and facilities in the local area. Other commonly identified suggestions included more, improved and better-connected walking tracks and paths (11%), improved provision and quality of toilets and change rooms including better disability access (7%), better lighting on streets, tracks, trails and facilities (7%), and more cover, shade and shelter in public spaces (7%).

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, approximately one third (30%) rated their health as fair or poor, 12% reported low life satisfaction, 21% felt they were not valued by society, and 29% had poor mental wellbeing based on the WHO-5 index. In contrast, children's health ratings were markedly higher, with only 4% of parents or guardians reporting fair or poor health for their child. Obesity was more than three times as common among adults (37%) than children (12%), indicating substantial health and wellbeing challenges among adults living in the Loddon Campaspe region and underscoring the need for targeted investment to support improved population health.

Poorer health and wellbeing outcomes were consistently more prevalent among people also experiencing financial stress or food insecurity. Health and wellbeing behaviours often clustered

together, meaning that individuals with poor health in one area were more likely to experience poor outcomes in other aspects of their health and wellbeing. Consistent patterns were also observed linking poorer wellbeing with less healthy and higher-risk behaviours. This suggests that interventions targeting one area of health may have broader, positive spillover effects on other aspects of behaviour and wellbeing.

E7 Risk behaviours

Risk behaviours varied across the sample, with 61% of adult respondents reporting risky single-occasion alcohol consumption, 9% currently smoking, 5% currently vaping, and 41% gambling at least once in the past 12 months. Demographic, health and wellbeing, and health behaviours patterns varied across the four risk behaviours, apart from smoking, vaping and risky alcohol consumption all being more common among young adult females than older females. Smoking was also more common among those living by themselves and those who are not neurodivergent. Vaping was common among those born in Australia. Risky alcohol consumption was common among people living in larger households, those who are employed and those who meet the muscle strengthening recommendations. Weekly gambling was more common among males than females, those living in 2-3 person households, do not require help with daily activities, overweight or obese and not meeting the vegetable consumption recommendations.

The four risk behaviours also showed clear clustering. Current smokers, vapers and those who had engaged in risky alcohol consumption and gambling all had higher rates of engaging in the other risk behaviours. These overlapping patterns reinforce that risk behaviours tend to co-occur, particularly among more disadvantaged groups and among those experiencing poorer health and wellbeing.

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 Shire of Campaspe.

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 the Shire of Campaspe. 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 Shire of Campaspe region specifically, there were 1,052 individual responses received, from the population of 37,565 individuals aged 3 years and up, making the response rate for Shire of Campaspe 2.8%. 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 Shire of Campaspe population distribution for age, sex, residents' household location, education, and other demographics and was therefore not representative of the Shire of 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 Shire of Campaspe 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 Shire of Campaspe 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 Shire of Campaspe 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.

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 Shire of Campaspe 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 Shire of Campaspe 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 aged 18 to 34 years and those aged 70 and above. 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=5, <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 of Tongala and District, Stanhope and District and Kyabram were under-represented, whereas residents of Echuca and Rochester subregions were 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 Shire of Campaspe population. Further information regarding weighting is provided in Appendix A.

Table 2.1.1 Achieved sample composition

Age group	ABS population ¹ (Shire of Campaspe)		Active Living Census ² (unweighted)		ALC % as a % of the population
	N	%	N	%	%
Total sample	37,565		1,052		
Sex					
Males	18,528	49.3	342	33.1	67.1
Females	19,042	50.7	692	66.9	132.0
Age					
3-11 years	3,987	10.6	216	20.9	197.3
12-17 years	2,892	7.7	133	12.9	167.4
18-34 years	6,559	17.5	114	11.0	63.3
35-49 years	6,196	16.5	216	20.9	126.9
50-69 years	11,075	29.5	272	26.4	89.4
70+ years	6,867	18.3	81	7.8	42.9
Sex and age					
Males, 3 to 11	2,033	11.0	110	32.4	294.8
Males, 12 to 17	1,508	8.1	68	20.0	245.6
Males, 18 to 34	3,268	17.6	15	4.4	25.0
Males, 35 to 49	2,978	16.1	40	11.8	73.2
Males, 50 to 69	5,423	29.3	82	24.1	82.4
Males, 70+	3,312	17.9	25	7.4	41.1
Females, 3 to 11	1,946	10.2	104	15.1	148.0
Females, 12 to 17	1,383	7.3	65	9.5	130.2
Females, 18 to 34	3,287	17.3	99	14.4	83.4
Females, 35 to 49	3,218	16.9	176	25.6	151.5
Females, 50 to 69	5,643	29.7	187	27.2	91.8
Females, 70+	3,550	18.7	56	8.2	43.7
Subregion					
Echuca	15,755	41.3	551	52.9	127.9
Kyabram	7,924	20.8	151	14.5	69.7
Lockington and District	3,224	8.5	79	7.6	89.6
Rochester	3,191	8.4	115	11.0	131.8
Rushworth and District	2,573	6.8	57	5.5	81.0
Stanhope and District	2,151	5.6	36	3.5	61.2
Tongala and District	3,294	8.6	53	5.1	58.8

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 the Shire of Campaspe

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 with a Bachelor degree or higher (this has been adjusted during weighting). those who are employed, those living in households with four or more people and respondents who are experiencing very low, low and marginal food security. Groups that were under-represented include people who speak a main language other than English, those who require help with daily activities, those with less than bachelor level education, those who are unemployed or retired, those living in single-person households and those experiencing high food security. These differences to the benchmarks indicate that results should be interpreted with caution when comparing to the Shire of Campaspe general population despite the previously mentioned weighting applied.

Table 2.1.2 Achieved sample distribution for demographic characteristics

	ABS population ¹ (Shire of Campaspe)		Active Living Census ² (unweighted)		ALC % as a % of the population
	n	%	n	%	%
Total sample	30,694		683		2.2
Country of birth					
Born overseas	2,723	9.6	65	9.5	98.9
Born in Australia	25,496	90.4	616	90.5	100.1
Main language					
Speaks other main language	1,204	4.2	13	1.9	45.2
Speaks English as main language	27,323	95.8	669	98.1	102.4
Aboriginal and/or Torres Strait Islander status					
Aboriginal and/or Torres Strait Islander	690	2.4	17	2.5	104.1
Not Aboriginal or Torres Strait Islander	28,035	97.6	663	97.5	99.9
LGBTQIA+ Status³					
LGBTQIA+	-	-	22	3.2	-
Non-LGBTQIA+	-	-	657	96.8	-
Neurodivergent⁴					
Yes	-	-	36	5.4	-
No	-	-	476	72.0	-
Maybe	-	-	40	6.1	-
Not sure	-	-	109	16.5	-
Requires help with self-care, body movement or communication activities					
Requires help	2,511	8.8	36	5.3	60.0
Does not require help	25,994	91.2	645	94.7	103.9
Level of education					
Less than Bachelor level education	22,830	85.8	390	57.4	67.0
Holds a Bachelor degree or higher	3,791	14.2	289	42.6	298.9
Employment status					

Unemployed/Retired	11,683	41.1	160	23.5	57.1
Employed	16,753	58.9	522	76.5	129.9
Household size					
1 person	4,455	29.5	90	13.2	44.7
2-3 people	7,604	50.4	354	52.0	103.1
4-5 people	2,609	17.3	214	31.4	181.6
More than 5 people	411	2.7	23	3.4	123.9
Household financial status⁴					
Just getting along, poor or very poor	-	-	204	-	-
Reasonably comfortable, very comfortable or prosperous	-	-	477	-	-
Food security (last 12 months)⁵					
Very low food security	-	3.7	50	7.3	198.4
Low food security	-	5.8	60	8.8	151.9
Marginal food security	-	4.9	102	15.0	305.7
High food security	-	84.8	469	68.9	81.2

¹ Population benchmarks sourced from ABS Census 2021

² Base sizes include respondents aged 18 years and over living in the Shire of Campaspe

³ ABS 2022 estimates suggest 5.3% of the Victorian population is LGBTI+, estimates for the Shire of Campaspe 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 the Shire of Campaspe 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 and the 2023 VPHS data where available. These comparisons are indicative only as the methodology used for each study varied and this has the potential to influence results.

Although adherence to fruit and vegetable recommendations and consumption of sugar-sweetened beverage was similar to Victorian benchmarks, other findings from the 2025 ALC indicated greater differences in the health and wellbeing of Shire of Campaspe residents compared to state benchmarks. For example, there were fewer reports of engaging in risk behaviours among Shire of Campaspe ALC respondents including smoking and vaping (particularly males). Specifically, 8.8% of ALC respondents indicated that they currently engaged in smoking, and 5.0% 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 Shire of Campaspe. The proportion of ALC respondents who indicated that they had gambled at least once in the year prior to survey completion was only slightly higher than VPHS respondents (41.1% compared to 39.1%), however risky alcohol consumption was much higher. Specifically, 60.5% 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 compared to 41.3% of those who responded to the VPHS 2023 and just 17.9% of NHS 2022 respondents.

A greater proportion of respondents to the 2025 ALC met the aerobic physical activity recommendations (27.4% 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 (45.0%) compared to the 2022 NHS respondents (24.5%). There are currently no comparable benchmark datasets, however among the 2025 ALC respondents, 49% met recreational screen time recommendations of three hours per day for adults and two hours per day for children and adolescents. Majority (77.8%) of adult respondents met the sleep duration recommendations as outlined by the Sleep Health Foundation⁵.

Health and wellbeing measures indicated 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 (29.6%) 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 (36.7%) than those who participated in the VPHS 2023 (21.9%). When comparing Body Mass Index (BMI), a greater proportion of ALC respondents were classified as overweight or obese (69.3%) than VPHS (53.9%) and NHS respondents (65.3%). BMI was calculated using self-reported height and weight and should be interpreted cautiously due to potential reporting bias. BMI itself is also a limited measure of overweight and obesity as it does not account for body composition or fat distribution.

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>

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=624	
% rating health as fair or poor (persons)	13.0	20.9	29.6	141.7
% rating health as fair or poor (females)	13.5	20.7	28.2	136.2
% rating health as fair or poor (males)	12.2	20.8	31.0	149.0
Body Mass Index (BMI)			n=442	
% overweight or obese range (BMI ≥25.0) (persons)	65.3	53.9	69.3	128.6
% overweight or obese range (BMI ≥25.0) (females)	58.8	47.5	69.5	146.2
% overweight or obese range (BMI ≥25.0) (males)	72.1	60.6	69.1	114.0
Aerobic physical activity recommendations			n=665	
% not meeting recommendations (persons)	28.2	47.1	27.4	58.1
% not meeting recommendations (females)	29.8	48.7	29.2	59.9
% not meeting recommendations (males)	26.2	45.2	25.3	55.9
Muscle strengthening recommendations			n=617	
% not meeting recommendations (persons)	75.5	-	55.0	72.9
% not meeting recommendations (females)	77.2	-	56.9	73.8
% not meeting recommendations (males)	74.1	-	52.8	71.3
Screen time recommendations			n=660	
% not meeting screen time recommendations (persons)	-	-	51.0	-
% not meeting screen time recommendations (females)	-	-	49.0	-
% not meeting screen time recommendations (males)	-	-	52.8	-
Sleep duration recommendations			n=661	
% not meeting sleep recommendations (person)	-	-	32.2	-
% not meeting sleep recommendations (females)	-	-	31.5	-
% not meeting sleep recommendations (males)	-	-	32.8	-
Fruit intake recommendations			n=674	
% not meeting fruit recommendations (persons)	55.3	63.3	63.1	99.7
% not meeting fruit recommendations (females)	53.0	61.1	59.9	98.0
% not meeting fruit recommendations (males)	58.2	65.5	66.4	101.4
Vegetable intake recommendations			n=672	
% not meeting vegetable recommendations (persons)	93.6	90.3	92.3	102.2
% not meeting vegetable recommendations (females)	90.6	88.5	91.1	102.9
% not meeting vegetable recommendations (males)	96.5	94.3	93.5	99.1
Smoking status			n=624	
% current smokers (persons)	11.1	13.9	8.8	63.5

% current smokers (females)	8.7	11.3	6.9	61.0
% current smokers (males)	14.0	16.7	10.9	65.0
Vaping status		n=622		
% current vapers (person)	3.9	7.2	5.0	69.6
% current vapers (females)	2.5	5.5	5.6	102.0
% current vapers (males)	5.1	8.9	4.4	49.6
Alcohol consumption (single occasion past 12 months)⁵		n=624		
% had 4 or more standard drinks (persons)	17.9	41.3	60.5	146.5
% had 4 or more standard drinks (females)	11.6	30.1	55.3	183.8
% had 5 or more standard drinks (males)	24.1	53.2	66.0	124.0
Gambling		n=623		
% gambling (person)	-	39.1	41.1	105.2
% gambling (females)	-	32.7	39.5	120.7
% gambling (males)	-	45.8	42.7	93.3
Sugar-sweetened beverage consumption		n=680		
% drinks SSB daily (persons)	-	19.0	20.3	106.7
% drinks SSB daily (females)	-	14.9	16.6	111.6
% drinks SSB daily (males)	-	23.4	24.0	102.6
Life satisfaction		n=625		
% rating satisfaction as low to medium (0 to 6) (persons)	-	21.9	36.7	167.7
% rating satisfaction as low to medium (0 to 6) (females)	-	21.8	35.6	163.3
% rating satisfaction as low to medium (0 to 6) (males)	-	21.6	37.8	175.1

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

² Based on National Health Survey 2022

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 Shire of Campaspe 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 Shire of Campaspe ALC respondents in the same age group who had met the recommendations was 72.6% and, overall, 68.2% of respondents had met the above-mentioned aerobic physical activity recommendations (see Table 3.1.1). Adults (72.6%) were significantly more likely to meet the recommendations compared to children (50.3%), although the average minutes spent engaging in moderate to vigorous intensity aerobic physical activity per day was higher among children (268.1 minutes) than adults (189.7 minutes). Males spent more time per day in moderate to vigorous intensity aerobic activity per day (244.5 minutes) than females (166.0 minutes). No differences were seen between respondents' subregions of residence.

Proportionately fewer respondents who reported just getting along, poor or very poor (62.4%) and require help with daily activities (41.7%) met the aerobic physical activity recommendations compared to those who reported being reasonably comfortable, very comfortable or prosperous (78.9%) and not requiring help (71.0%).

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>

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	968	31.8	68.2	205.1
Children	303	49.7	50.3	268.1
Adults	665	27.4	72.6	189.7
Males	316	28.6	71.4	244.5
Females	647	34.6	65.4	166.0
Sex and age				
Males, 3 to 11	96	38.5	61.5	285.5
Males, 12 to 17	61	45.9	54.1	322.2
Males, 18 to 34	14	0.0	100.0	602.9
Males, 35 to 49	40	27.0	73.0	217.0
Males, 50 to 69	81	27.9	72.1	197.0
Males, 70+	24	32.6	67.4	102.5
Females, 3 to 11	91	49.5	50.5	242.4
Females, 12 to 17	53	71.7	28.3	216.4
Females, 18 to 34	96	34.3	65.7	165.3
Females, 35 to 49	170	22.2	77.8	134.7
Females, 50 to 69	185	27.6	72.4	128.3
Females, 70+	52	32.0	68.0	186.3
Subregion				
Echuca	502	35.0	65.0	191.0
Kyabram	144	27.1	72.9	229.2
Lockington and District	73	38.8	61.2	282.8
Rochester	108	22.5	77.5	165.0
Rushworth and District	55	28.9	71.1	212.8
Stanhope and District	32	27.9	72.1	299.0
Tongala and District	45	35.2	64.8	159.6
Demographic indicators				
Household size²				
1 person	86	32.7	67.3	138.6
2 or 3 people	347	28.3	71.7	185.4
4 or 5 people	207	22.8	77.2	234.5
More than 5 people	23	22.1	77.9	169.2
Born overseas	77	30.9	69.1	165.9
Born in Australia	891	31.8	68.2	208.8
Speaks other main language*	15	52.6	47.4	130.2
Speaks English as main language	952	31.3	68.7	206.2
Aboriginal and/or Torres Strait Islander*	26	57.8	42.2	165.1

Not Aboriginal or Torres Strait Islander	939	30.8	69.2	207.0
LGBTQIA+*	27	33.6	66.4	262.2
Non-LGBTQIA+	939	31.6	68.4	203.6
Neurodivergent	83	43.1	56.9	189.5
Not neurodivergent	672	30.5	69.5	189.8
Maybe	65	33.2	66.8	284.7
Not sure what neurodivergent means	127	31.1	68.9	240.9
Less than Bachelor level education ²	381	28.9	71.1	197.2
Holds a Bachelor degree or higher	282	19.3	80.7	148.4
Unemployed/Retired ²	155	34.7	65.3	118.1
Employed	510	23.9	76.1	223.3
Just getting along, poor or very poor ²	199	37.6	62.4	204.6
Reasonably comfortable, very comfortable or prosperous	465	21.1	78.9	181.5
Requires help with daily activities	95	58.3	41.7	150.5
Does not require help	872	29.0	71.0	210.8
Food security (last 12 months)²				
Low or very low food security	109	33.1	66.9	247.8
Marginal food security	98	34.9	65.1	142.8
High food security	457	22.9	77.1	180.4

¹ Base sizes include respondents living in the Shire of Campaspe. 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 most health and wellbeing indicators. Specifically, a lower proportion of those who self-reported their health to be fair or poor (43.0% vs 75.2%), have low to moderate life satisfaction (57.5% vs 79.2%), do not feel valued by society (50.2% vs sometimes [74.1%] and definitely [83.5%]) and have poor mental wellbeing (54.0% vs 80.5%) met the aerobic physical activity recommendations compared to their counterparts who reported more positive health and wellbeing.

Muscle strengthening activities and water consumption were the only health behaviours associated with aerobic physical activity. A lower proportion of those who did not meet the muscle strengthening recommendations (59.0%) met the aerobic physical activity recommendations compared to those who did meet the muscle strengthening recommendations (87.0%). Additionally, those who met the muscle strengthening (247.7 vs 165.9 minutes) and water recommendations (264.1 vs 169.7 minutes) spent more time per day in moderate to vigorous intensity aerobic activity than those who did not. No differences were noted according to risk behaviour indicators.

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	968	31.8	68.2	205.1
Health and wellbeing indicators				
Self-reported health - Fair or poor	162	57.0	43.0	104.0
Self-reported health - Good, very good, or excellent	722	24.8	75.2	234.3
Life satisfaction - Low to moderate (0 to 6) ²	194	42.5	57.5	188.2
Life satisfaction - High/very high (7 to 10)	415	20.8	79.2	186.0
Does not feel valued by society ²	127	49.8	50.2	122.9
Sometimes feel valued by society	296	25.9	74.1	219.5
Definitely feel valued by society	186	16.5	83.5	163.4
Poor mental wellbeing ²	180	46.0	54.0	135.4
Good mental wellbeing	485	19.5	80.5	212.6
Overweight or obese (BMI ≥25.0)	323	29.8	70.2	190.4
Normal range or underweight (BMI <25.0)	222	22.6	77.4	238.8
Health behaviour indicators				
Does not meet fruit intake recommendations	463	33.5	66.5	197.8
Meets fruit intake recommendations	497	29.4	70.6	219.3
Does not meet vegetable intake recommendations	862	31.5	68.5	211.0
Meets vegetable intake recommendations	95	32.2	67.8	164.6
Does not meet muscle strengthening recommendations	494	41.0	59.0	165.9
Meets muscle strengthening recommendations	339	13.0	87.0	247.7
Does not meet screen time recommendations	474	35.8	64.2	186.2
Meets screen time recommendations	452	25.7	74.3	223.6
Does not meet sleep recommendations	275	33.3	66.7	214.3
Meets sleep recommendations	662	31.1	68.9	189.8
Drinks sugar-sweetened beverages daily	133	34.8	65.2	191.7
Drinks sugar-sweetened beverages less than daily	831	30.8	69.2	208.9
Does not meet water recommendations	572	33.8	66.2	169.7
Meets water recommendations	382	27.5	72.5	264.1
Risk behaviour indicators²				
Current smoker	37	39.8	60.2	174.3
Ex-smoker	223	27.1	72.9	216.4
Never smoked	349	27.5	72.5	168.4

Current vaper	20	19.0	81.0	177.0
Ex-vaper	35	30.7	69.3	249.9
Never vaped	552	28.6	71.4	183.2
Had more than 4 standard drinks on a single occasion	359	23.8	76.2	209.8
Has not had more than 4 standard drinks	250	34.6	65.4	154.1
Gambled	242	25.9	74.1	212.0
Never gambled	366	30.0	70.0	170.6

¹ Base sizes include respondents living in the Shire of Campaspe. 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 45.0% and, overall, 42.0% of respondents had met the above-mentioned muscle strengthening recommendations (see Table 3.2.1). Adults were significantly more likely to have met the recommendations (45.0%) compared to children (27.4%). No differences were seen between males and females, or between residential subregions.

Proportionately fewer respondents with the following demographic characteristics met the muscle strengthening recommendations, and may benefit from targeted programs:

- Neurodivergent (24.0%) compared to not neurodivergent (43.6%) or unsure what neurodivergent means (48.0%)
- Just getting along, poor or very poor (32.7%) compared to reasonably comfortable, very comfortable or prosperous (52.6%)
- Requires help with daily activities (25.0%) compared to no help required (43.5%)
- Low or very low food security (29.9%) compared to high (49.7%) food security

Table 3.2.1 Muscle strengthening activities by selected demographic characteristics

	Unweighted base ¹	Does not meet recommendation	Meets recommendation	Average days per week
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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>

	n	%	%	#
Total sample	842	58.0	42.0	1.7
Children	225	72.6	27.4	1.7
Adults	617	55.0	45.0	1.7
Males	259	57.0	43.0	1.7
Females	578	58.7	41.3	1.7
Sex and age				
Males, 5 to 11	68	83.8	16.2	1.0
Males, 12 to 17	54	66.7	33.3	2.0
Males, 18 to 34	13	56.5	43.5	2.0
Males, 35 to 49	35	45.9	54.1	1.8
Males, 50 to 69	70	52.3	47.7	1.7
Males, 70+	19	57.3	42.7	2.0
Females, 5 to 11	55	61.8	38.2	2.1
Females, 12 to 17	46	76.1	23.9	1.7
Females, 18 to 34	92	58.8	41.2	1.5
Females, 35 to 49	163	48.2	51.8	1.9
Females, 50 to 69	175	59.5	40.5	1.5
Females, 70+	47	61.9	38.1	1.9
Subregion				
Echuca	444	58.0	42.0	1.8
Kyabram	118	56.4	43.6	1.6
Lockington and District	65	70.4	29.6	1.2
Rochester	97	59.5	40.5	1.5
Rushworth and District	50	45.1	54.9	2.5
Stanhope and District	21	59.8	59.8	1.5
Tongala and District	40	53.5	46.5	1.6
Demographic indicators				
Household size²				
1 person	81	65.6	34.4	1.6
2 or 3 people	320	55.2	44.8	1.7
4 or 5 people	196	47.4	52.6	1.9
More than 5 people	19	55.1	44.9	1.3
Born overseas	71	61.3	38.7	1.4
Born in Australia	770	58.2	41.8	1.7
Speaks other main language*	12	27.7	72.3	2.2
Speaks English as main language	829	58.5	41.5	1.7
Aboriginal and/or Torres Strait Islander*	19	79.3	20.7	1.2
Not Aboriginal or Torres Strait Islander	821	57.5	42.5	1.7
LGBTQIA+*	26	66.9	33.1	1.6

Non-LGBTQIA+	814	57.5	42.5	1.7
Neurodivergent	72	76.0	24.0	1.3
Not neurodivergent	579	56.4	43.6	1.7
Maybe	60	73.1	26.9	1.7
Not sure what neurodivergent means	110	52.0	48.0	1.7
Less than Bachelor level education ²	349	55.8	44.2	1.7
Holds a Bachelor degree or higher	266	50.1	49.9	1.9
Unemployed/Retired ²	140	63.3	36.7	1.7
Employed	477	51.3	48.7	1.7
Just getting along, poor or very poor ²	185	67.3	32.7	1.3
Reasonably comfortable, very comfortable or prosperous	431	47.4	52.6	2.0
Requires help with daily activities	67	75.0	25.0	1.1
Does not require help	774	56.5	43.5	1.8
Food security (last 12 months)²				
Low or very low food security	98	70.1	29.9	1.2
Marginal food security	95	50.8	49.2	1.8
High food security	423	50.3	49.7	1.9

¹ Base sizes include respondents living in the Shire of Campaspe. 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 all health and wellbeing indicators, except for BMI. Respondents with the following health and wellbeing indicators were proportionately less likely to meet the muscle strengthening recommendations compared to their counterparts who reported more positive health and wellbeing:

- Fair or poor self-reported health (22.9%) compared to good, very good or excellent health (47.9%)
- Low to moderate life satisfaction (34.4%) compared to high or very high life satisfaction (51.0%)
- Does not feels valued by society (32.0%) compared to definitely feels valued by society (58.3%)
- Poor mental wellbeing (28.3%) compared to good mental wellbeing (51.6%)

Muscle strengthening activity was found to be associated with fruit intake, aerobic physical activity and screen time. Specifically, adherence to the muscle strengthening recommendations was lower among those who failed to meet the fruit (35.8% vs 48.7%), aerobic physical activity (18.3% vs 51.0%) and screen time (33.7% vs 51.1%) recommendations compared to those who met the recommendations. Additionally, those who did not meet these recommendations engaged in significantly fewer days per week of muscle strengthening activity compared to those who did.

Risky drinking was the only risk behaviour associated with engagement in muscle strengthening activities. Contrary to published literature, those who engaged in risky drinking (51.8%) were more likely to meet the muscle strengthening recommendations compared to those who did not (33.7%).

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	842	58.0	42.0	1.7
Health and wellbeing indicators				
Self-reported health - Fair or poor	148	77.1	22.9	1.1
Self-reported health - Good, very good, or excellent	624	52.1	47.9	1.8
Life satisfaction - Low to moderate (0 to 6) ²	180	65.6	34.4	1.5
Life satisfaction - High/very high (7 to 10)	385	49.0	51.0	1.8
Does not feel valued by society ²	119	67.8	32.2	1.4
Sometimes feel valued by society	274	56.0	44.0	1.6
Definitely feel valued by society	173	41.7	58.3	2.0
Poor mental wellbeing ²	164	71.7	28.3	1.0
Good mental wellbeing	453	48.4	51.6	2.0
Overweight or obese (BMI ≥25.0)	294	57.3	42.7	1.6
Normal range or underweight (BMI <25.0)	198	56.1	43.9	1.9
Health behaviour indicators				
Does not meet fruit intake recommendations	423	64.2	35.8	1.4
Meets fruit intake recommendations	412	51.3	48.7	2.0
Does not meet vegetable intake recommendations	755	58.6	41.4	1.7
Meets vegetable intake recommendations	77	55.6	44.4	1.8
Does not meet aerobic physical activity recommendations	247	81.7	18.3	0.8
Meets aerobic physical activity recommendations	586	49.0	51.0	2.0
Does not meet screen time recommendations	418	66.3	33.7	1.3
Meets screen time recommendations	401	48.9	51.1	2.1
Does not meet sleep recommendations	240	62.2	37.8	1.5
Meets sleep recommendations	581	56.8	43.2	1.7
Drinks sugar-sweetened beverages daily	118	61.6	38.4	1.5
Drinks sugar-sweetened beverages less than daily	720	57.8	42.2	1.7
Does not meet water recommendations	507	59.7	40.3	1.6

Meets water recommendations	321	57.2	42.8	1.8
Risk behaviour indicators²				
Current smoker	36	61.0	39.0	1.9
Ex-smoker	208	51.1	48.9	1.7
Never smoked	320	57.4	42.6	1.6
Current vaper	21	44.0	56.0	2.3
Ex-vaper	35	64.9	35.1	1.8
Never vaped	507	55.4	44.6	1.6
Had more than 4 standard drinks on a single occasion	331	48.2	51.8	1.9
Has not had more than 4 standard drinks	234	66.3	33.7	1.4
Gambled	227	53.6	46.4	1.7
Never gambled	336	56.7	43.3	1.6

¹ Base sizes include respondents living in the Shire of Campaspe. 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

Daily walking to get to and from places was reported by 16.9% of 2025 ALC Shire of Campaspe respondents, 37.7% walked at least once a week but less than daily, 17.7% walked at least once a month but less than weekly and 27.6% walked to get to and from places less than once a month. For the most part, this was the same between children and adults, however a larger proportion of adults (29.1%) walked for transport less than once a month compared to children (20.0%). No differences were seen between males and females. 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 residential subregion, respondents from Kyabram (30.1%) were more likely to walk daily compared to Echuca residents (12.0%). Rushworth and District residents (17.8%) were less likely to walk at least once a week for transportation compared to residents of Echuca (37.6%), Lockington and District (44.3%) and Rochester (50.6%). Additionally, Echuca (33.6%) and Rushworth and District (39.5%) residents were more likely to walk for transportation less than once a month compared to those from Kyabram (14.9%) and Rochester

(16.8%). A lower proportion of daily walking to get to and from places was seen among respondents from the following demographic groups:

- More than 5 person (0.8%) and 4-5 person households (6.5%) compared to single (21.9%) and 2-3 person (21.8%) households
- Aboriginal and/or Torres Strait Islanders (3.7%) compared to non-Indigenous (17.2%)
- Maybe neurodivergent (7.5% weekly) compared to not neurodivergent (18.2%)

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	992	16.9	37.7	17.7	27.6
Children	310	16.2	45.6	18.2	20.0
Adults	676	17.2	35.9	17.7	29.1
Males	326	19.7	39.7	17.2	23.4
Females	662	14.1	35.9	18.2	31.8
Sex and age					
Males, 3 to 11	100	8.0	55.0	15.0	22.0
Males, 12 to 17	63	27.0	39.7	14.3	19.0
Males, 18 to 34	15	30.3	27.8	27.9	14.0
Males, 35 to 49	39	8.8	40.6	24.9	25.6
Males, 50 to 69	82	24.0	41.2	14.8	20.1
Males, 70+	25	18.9	34.6	12.6	33.8
Females, 3 to 11	94	19.1	39.4	24.5	17.0
Females, 12 to 17	52	11.5	48.1	17.3	23.1
Females, 18 to 34	99	8.2	33.3	16.6	41.9
Females, 35 to 49	176	10.8	35.4	22.9	30.9
Females, 50 to 69	187	13.8	35.9	15.4	34.8
Females, 70+	50	29.0	31.9	15.3	23.8
Subregion					
Echuca	515	12.0	37.6	16.7	33.6
Kyabram	143	30.1	34.9	20.1	14.9
Lockington and District	78	16.1	44.3	11.4	28.1
Rochester	111	15.6	50.6	17.0	16.8
Rushworth and District	56	22.0	17.8	20.7	39.5
Stanhope and District	32	24.6	30.8	21.7	23.0
Tongala and District	47	16.4	33.3	23.7	26.6
Demographic indicators					
Household size²					

1 person	87	21.8	33.4	13.0	31.7
2 or 3 people	352	21.9	37.0	13.7	27.4
4 or 5 people	214	6.5	32.9	29.9	30.8
More than 5 people	22	0.8	55.7	10.7	32.8
Born overseas	77	24.0	36.8	17.3	21.9
Born in Australia	914	16.4	38.1	17.9	27.6
Speaks other main language*	16	21.3	27.0	33.7	18.0
Speaks English as main language	975	16.8	38.0	17.4	27.8
Aboriginal and/or Torres Strait Islander	30	3.7	44.3	6.4	45.6
Not Aboriginal or Torres Strait Islander	959	17.2	37.6	18.3	27.0
LGBTQIA+*	27	29.8	32.7	2.8	34.7
Non-LGBTQIA+	964	16.5	38.0	18.1	27.4
Neurodivergent	81	20.8	33.0	11.4	34.8
Not neurodivergent	689	18.2	39.5	17.1	25.3
Maybe	67	7.5	36.3	13.5	42.8
Not sure what neurodivergent means	133	12.8	33.4	24.3	29.5
Less than Bachelor level education ²	387	16.8	35.8	16.7	30.7
Holds a Bachelor degree or higher	287	19.9	35.8	24.0	20.3
Unemployed/Retired ²	155	22.8	35.7	10.4	31.1
Employed	521	14.7	36.0	21.0	28.3
Just getting along, poor or very poor ²	202	11.9	30.2	19.5	38.4
Reasonably comfortable, very comfortable or prosperous	474	20.3	39.3	16.7	23.6
Requires help with daily activities	95	17.8	27.9	12.6	41.8
Does not require help	896	16.9	38.7	18.2	26.2
Food security (last 12 months)²					
Low or very low food security	109	13.2	27.9	20.2	38.7
Marginal food security	101	9.3	39.2	15.0	36.5
High food security	465	20.6	38.4	17.7	23.4

¹ Base sizes include respondents living in the Shire of Campaspe. 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 walking frequency by health and behaviour characteristics. Walking frequency was associated with all health and wellbeing indicators. Specifically, a lower proportion of those who self-reported their health as fair or poor (7.9%), reported daily walking for transportation compared to those with good, very good or excellent self-reported health (18.5%). Similarly, a lower proportion of those who do not feel valued by society (22.7%) reported walking for transportation at least once a week, but not daily, compared to their counterparts who sometimes feel valued by society (39.4%). Moreover, a higher proportion of those who self-reported their health as fair or poor (50.7% vs 22.1%), report low to moderate life satisfaction (44.0% vs 23.1%), do not feel valued by society (53.1% vs sometimes [27.6%] and definitely [18.2%]), have poor mental wellbeing (44.0% vs 23.0%) and were overweight or obese (32.8% vs 18.8%) reported

walking less than once a month for transportation compared to their counterparts with more positive health and wellbeing.

Aerobic physical activity was the only health behaviour associated with daily walking for transportation, which was more frequently reported among those who met the recommendations (21.9%) compared to those who did not (6.8%). Weekly walking was more common amongst respondents who met the sleep recommendations (43.6%) compared to those who did not (27.0%). Similarly, walking for transportation less than once a month was more often reported among those who did not meet the fruit (32.4% vs 19.9%), aerobic physical activity (44.4% vs 19.6%), muscle strengthening (32.3% vs 20.4%), and those who consumed sugar-sweetened beverages daily (44.1% vs 23.6%) compared to their counterparts who did not meet the respective recommendations or did not drink sugar-sweetened beverages.

Risky alcohol consumption was the only risk behaviour associated with walking for transport. A greater proportion of those who had engaged in risky alcohol consumption over the past 12 months (22.9%) reported walking for transportation once a month compared to those who had not (9.0%).

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	992	16.9	37.7	17.7	27.6
Health and wellbeing indicators					
Self-reported health - Fair or poor	164	7.9	21.5	19.9	50.7
Self-reported health - Good, very good, or excellent	742	18.5	42.9	16.6	22.1
Life satisfaction - Low to moderate (0 to 6) ²	199	10.2	28.3	17.5	44.0
Life satisfaction - High/very high (7 to 10)	419	19.3	40.4	17.2	23.1
Does not feel valued by society ²	130	12.2	22.7	12.0	53.1
Sometimes feel valued by society	298	13.8	39.4	19.3	27.6
Definitely feel valued by society	190	22.9	40.8	18.0	18.2
Poor mental wellbeing ²	183	13.0	29.7	13.3	44.0
Good mental wellbeing	493	18.9	38.5	19.6	23.0
Overweight or obese (BMI ≥25.0)	327	15.9	34.0	17.2	32.8
Normal range or underweight (BMI <25.0)	226	22.7	42.5	15.9	18.8
Health behaviour indicators					
Does not meet fruit intake recommendations	474	16.2	34.1	17.3	32.4
Meets fruit intake recommendations	504	18.8	41.9	19.4	19.9
Does not meet vegetable intake recommendations	879	17.9	37.2	18.3	26.7
Meets vegetable intake recommendations	97	10.7	43.8	16.3	29.1
Does not meet aerobic physical activity recommendations	310	6.8	33.7	15.1	44.4
Meets aerobic physical activity recommendations	647	21.9	39.2	19.3	19.6

Does not meet muscle strengthening recommendations	492	15.2	35.7	16.8	32.3
Meets muscle strengthening recommendations	345	18.1	40.9	20.5	20.4
Does not meet screen time recommendations	483	17.5	38.5	16.3	27.7
Meets screen time recommendations	458	15.2	38.3	18.9	27.6
Does not meet sleep recommendations	279	21.9	27.0	20.0	31.1
Meets sleep recommendations	674	14.6	43.6	16.6	25.2
Drinks sugar-sweetened beverages daily	137	14.8	27.8	13.3	44.1
Drinks sugar-sweetened beverages less than daily	849	17.4	40.1	18.9	23.6
Does not meet water recommendations	582	17.2	36.7	16.9	29.3
Meets water recommendations	385	17.4	39.3	21.1	22.2
Risk behaviour indicators²					
Current smoker	38	5.8	31.6	9.5	53.1
Ex-smoker	226	16.5	34.4	21.7	27.5
Never smoked	353	17.6	37.0	15.6	29.8
Current vaper	21	13.4	17.8	13.8	55.1
Ex-vaper	35	8.1	27.6	19.4	44.9
Never vaped	559	16.9	37.0	17.5	28.6
Had more than 4 standard drinks on a single occasion	362	14.4	36.3	22.9	26.4
Has not had more than 4 standard drinks	255	18.8	34.9	9.0	37.3
Gambled	243	12.8	37.4	20.9	28.9
Never gambled	373	18.4	34.2	14.9	32.4

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

3.3.2. Cycling

Among Shire of Campaspe respondents to the 2025 ALC, 14.5% reported cycling to get to and from places at least once a week, 15.3% cycled at least once a month but less than weekly, and the remaining 70.3% cycled to get to and from places less than once a month. Children (27.7% weekly and 26.4% monthly) and males (22.7% weekly) reported cycling for transportation more frequently than adults (11.2% and 12.6%) and females (6.2%). Looking at sex and age, both male and female children (3 to 11 years) were most likely to cycle weekly, however there was a greater variation between the other age groups among males than females (see Table 3.3.2.1).

When looking at frequency of cycling for transportation by subregion of residence, respondents from Stanhope and Tongala and Districts were among the least likely to report doing so at least once a week, whereas Echuca residents were the most likely to do so weekly and monthly. Respondents from the following demographic groups were less likely to report cycling for transport at least once a week:

- More than 5 person households (3.4%) compared to 2-3 person households (14.2%)

- Maybe neurodivergent (5.2%) and unsure what neurodivergent means (5.0%) compared to not neurodivergent (16.9%)
- Just getting along, poor or very poor (4.4%) compared to reasonably comfortable, very comfortable or prosperous (15.4%)
- Low or very low food security (4.5%) compared to high food security (15.4%)

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	971	14.5	15.3	70.3
Children	310	27.7	26.4	45.8
Adults	655	11.2	12.6	76.2
Males	320	22.7	14.2	63.1
Females	647	6.2	16.5	77.3
Sex and age				
Males, 3 to 11	100	41.0	21.0	38.0
Males, 12 to 17	63	27.0	27.0	46.0
Males, 18 to 34	15	18.7	37.1	44.1
Males, 35 to 49	40	24.3	10.8	64.9
Males, 50 to 69	78	17.0	9.3	73.7
Males, 70+	22	20.7	0.0	79.3
Females, 3 to 11	94	28.7	34.0	37.2
Females, 12 to 17	52	5.8	23.1	71.2
Females, 18 to 34	99	2.0	16.3	81.7
Females, 35 to 49	175	3.6	14.5	81.9
Females, 50 to 69	179	5.3	11.7	83.0
Females, 70+	44	0.0	8.3	91.7
Subregion				
Echuca	511	16.7	17.2	66.0
Kyabram	138	11.8	23.3	64.9
Lockington and District	75	15.3	5.6	79.1
Rochester	109	18.9	13.9	67.2
Rushworth and District	54	12.4	8.4	79.2
Stanhope and District	29	4.0	7.3	88.6
Tongala and District	45	4.4	7.5	88.1
Demographic indicators				
Household size²				
1 person	80	7.1	16.1	76.8
2 or 3 people	338	14.2	8.9	77.0

4 or 5 people	213	9.2	18.3	72.5
More than 5 people	23	3.4	7.7	88.9
Born overseas	76	8.0	7.8	84.1
Born in Australia	894	15.2	15.4	69.4
Speaks other main language*	16	17.2	3.3	79.5
Speaks English as main language	954	14.4	15.5	70.0
Aboriginal and/or Torres Strait Islander	30	19.2	5.1	75.7
Not Aboriginal or Torres Strait Islander	939	14.0	15.8	70.2
LGBTQIA+*	27	39.8	9.7	50.6
Non-LGBTQIA+	943	13.5	15.5	70.9
Neurodivergent	82	24.2	8.3	67.5
Not neurodivergent	680	16.9	15.6	67.5
Maybe	67	5.2	22.2	72.6
Not sure what neurodivergent means	128	5.0	14.5	80.5
Less than Bachelor level education ²	371	11.0	11.4	77.6
Holds a Bachelor degree or higher	283	12.4	19.1	68.5
Unemployed/Retired ²	144	13.1	4.0	82.9
Employed	511	10.4	16.1	73.5
Just getting along, poor or very poor ²	195	4.4	13.4	82.2
Reasonably comfortable, very comfortable or prosperous	460	15.4	12.1	72.5
Requires help with daily activities	94	22.3	12.6	65.2
Does not require help	876	13.7	15.6	70.8
Food security (last 12 months)²				
Low or very low food security	108	4.5	13.1	82.4
Marginal food security	98	4.8	13.7	81.5
High food security	448	15.4	12.3	72.4

¹ Base sizes include respondents living in the Shire of Campaspe. 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. BMI was the only health behaviour associated with cycling frequency. Specifically, a lower proportion of those who were overweight or obese (9.1%) reported cycling for transportation at least weekly compared to those who were normal weight or underweight (21.5%).

Cycling frequency was associated with fruit intake and aerobic physical activity. Specifically, weekly cycling for transportation was less common among those who did not meet the aerobic physical activity recommendations (9.2%) compared to those who did (17.0%). Similarly, a higher proportion of those who do not meet the fruit intake (76.0% vs 62.4%) and aerobic physical activity (79.5% vs 66.5%) recommendations reported cycling for transportation less than once a month compared to those who do. No associations were noted between transport cycling and any risk behaviour indicators.

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	971	14.5	15.3	70.3
Health and wellbeing indicators				
Self-reported health - Fair or poor	160	8.0	14.2	77.8
Self-reported health - Good, very good, or excellent	726	15.3	16.0	68.7
Life satisfaction - Low to moderate (0 to 6) ²	191	5.6	12.9	81.6
Life satisfaction - High/very high (7 to 10)	407	12.5	12.7	74.7
Does not feel valued by society ²	125	6.6	13.9	79.5
Sometimes feel valued by society	292	9.1	13.8	77.2
Definitely feel valued by society	182	14.9	9.8	75.3
Poor mental wellbeing ²	180	6.5	11.9	81.6
Good mental wellbeing	475	13.2	12.9	73.9
Overweight or obese (BMI ≥25.0)	320	9.1	14.5	76.4
Normal range or underweight (BMI <25.0)	219	21.5	16.0	62.5
Health behaviour indicators				
Does not meet fruit intake recommendations	461	13.6	10.4	76.0
Meets fruit intake recommendations	496	16.6	21.1	62.4
Does not meet vegetable intake recommendations	861	14.9	15.3	69.8
Meets vegetable intake recommendations	94	14.6	12.2	73.2
Does not meet aerobic physical activity recommendations	307	9.2	11.3	79.5
Meets aerobic physical activity recommendations	631	17.0	16.4	66.5
Does not meet muscle strengthening recommendations	481	14.5	11.6	73.9
Meets muscle strengthening recommendations	337	11.6	20.6	67.8
Does not meet screen time recommendations	468	12.5	12.5	75.0
Meets screen time recommendations	453	15.8	18.3	65.9
Does not meet sleep recommendations	272	10.1	14.9	75.0
Meets sleep recommendations	660	16.3	14.0	69.7
Drinks sugar-sweetened beverages daily	133	7.8	13.7	78.6
Drinks sugar-sweetened beverages less than daily	832	16.0	15.0	69.0
Does not meet water recommendations	567	15.4	13.6	71.1
Meets water recommendations	380	13.4	16.9	69.7

Risk behaviour indicators ²				
Current smoker	38	9.0	21.7	69.4
Ex-smoker	220	9.0	13.1	77.9
Never smoked	340	11.0	10.9	78.1
Current vaper	21	7.7	30.9	61.3
Ex-vaper	34	5.8	18.1	76.1
Never vaped	541	10.5	11.3	78.2
Had more than 4 standard drinks on a single occasion	351	11.3	15.6	73.1
Has not had more than 4 standard drinks	247	8.1	8.4	83.4
Gambled	235	11.2	16.9	71.9
Never gambled	362	9.1	9.8	81.0

¹ Base sizes include respondents living in the Shire of Campaspe. 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 (69.9%) was the most common method of travel, following by active travel (9.1%), passenger in a private vehicle (4.4%), work or education at home (2.4%) and public transport (1%). Almost a quarter of respondents (22.9%) 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 males 35 to 69 and females 18 to 49 years, those in 4 or more person households, maybe neurodivergent and those with marginal food security.

Table 3.3.3.2 presents the results according to health and wellbeing characteristics. Travel methods were not associated with any health and wellbeing indicators. Driving was more common among those who met water recommendations (80.5% vs 65.0%), were ex-vapers (86.8% vs 69.7%), had more than four standard drinks on a single occasion (79.3% vs 59.7%) and gambled in the last 12 months (79.7% vs 66.1%) compared to those who did not. Active travel was more common among respondents who did not meet the vegetable intake recommendations (9.8%) and who never vaped (8.0%) compared to those who did meet the recommendations (3.5%) and were current vapers (0.0%).

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	680	69.9	4.4	9.1	1.0	2.4	22.9
Males	162	64.4	3.3	11.6	1.0	1.8	25.7
Females	515	75.4	5.5	6.6	1.0	2.8	20.2
Sex and age							
Males, 18 to 34	15	69.8	11.5	32.6	2.4	0.0	0.0
Males, 35 to 49	40	73.7	0.0	14.2	3.7	4.7	3.7
Males, 50 to 69	82	78.4	3.4	10.3	0.0	2.0	14.7
Males, 70+	25	29.1	0.8	0.0	0.0	0.0	77.2
Females, 18 to 34	99	90.6	6.5	3.9	0.3	2.0	7.8
Females, 35 to 49	176	88.4	3.4	7.0	1.9	4.4	5.6
Females, 50 to 69	187	74.4	4.7	9.8	1.4	4.0	15.4
Females, 70+	53	28.5	7.9	5.3	0.4	0.0	74.9
Subregion							
Echuca	338	73.3	2.7	7.6	1.4	2.0	20.7
Kyabram	96	71.7	6.1	17.7	0.7	3.3	12.1
Lockington and District	57	66.8	1.3	11.8	0.0	4.1	22.5
Rochester	78	61.1	5.0	6.5	0.9	3.9	33.1
Rushworth and District	41	59.8	5.9	7.8	0.0	1.7	35.1
Stanhope and District	25	76.4	8.7	7.1	0.0	0.5	21.7
Tongala and District	39	63.8	8.3	4.7	2.1	1.3	35.4
Demographic indicators							
Household size							

1 person	88	59.2	3.3	8.9	0.6	0.6	40.6
2 or 3 people	354	64.0	4.5	9.5	0.8	3.5	27.1
4 or 5 people	214	85.6	4.4	8.9	1.9	1.6	5.7
More than 5 people	23	96.6	6.9	5.6	0.0	0.8	0.0
Born overseas	65	59.2	11.8	21.3	3.6	1.3	17.7
Born in Australia	614	70.8	3.6	7.8	0.8	2.5	23.7
Speaks other main language*	13	67.2	0.0	22.4	15.2	0.0	2.3
Speaks English as main language	667	70.0	4.5	8.8	0.7	2.4	23.4
Aboriginal and/or Torres Strait Islander*	17	77.6	0.0	2.9	2.9	0.0	22.4
Not Aboriginal or Torres Strait Islander	660	69.4	4.3	9.4	1.0	2.5	23.1
LGBTQIA+*	22	44.9	0.0	31.6	7.1	3.7	25.1
Non-LGBTQIA+	655	71.2	4.6	8.2	0.8	2.3	22.5
Neurodivergent	36	56.1	0.0	20.1	4.8	4.4	21.0
Not neurodivergent	476	72.2	3.8	9.0	1.0	3.0	19.5
Maybe	40	89.0	4.1	2.1	2.1	2.7	6.3
Not sure what neurodivergent means	108	62.2	4.2	7.9	0.0	0.4	35.1
Less than Bachelor level education	388	69.1	4.7	8.4	0.9	2.2	24.0
Holds a Bachelor degree or higher	289	76.1	2.3	13.1	1.7	3.5	14.9
Just getting along, poor or very poor	202	76.5	6.3	7.5	1.1	1.2	18.9
Reasonably comfortable, very comfortable or prosperous	477	65.9	3.2	10.0	1.0	3.1	25.3
Requires help with daily activities	35	44.1	8.0	18.9	1.6	0.0	49.5
Does not require help	644	71.9	4.1	8.3	1.0	2.6	20.8
Food security (last 12 months)							
Low or very low food security	109	78.7	10.4	9.7	2.2	1.0	16.7
Marginal food security	101	84.8	1.8	6.4	0.2	2.5	12.1

High food security	469	64.2	2.9	9.5	0.8	2.9	26.7
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¹ Base sizes include respondents aged 18 years and over living in the Shire of Campaspe. 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	680	69.9	4.4	9.1	1.0	2.4	22.9
Health and wellbeing indicators							
Self-reported health - Fair or poor	154	67.6	7.7	8.2	1.5	2.6	25.5
Self-reported health - Good, very good, or excellent	467	73.3	3.6	7.8	0.8	2.2	21.1
Life satisfaction - Low to moderate (0 to 6)	200	74.3	4.1	6.3	1.6	1.3	24.6
Life satisfaction - High/very high (7 to 10)	422	70.0	5.2	8.8	0.7	3.0	21.2
Does not feel valued by society	130	66.4	6.0	6.5	0.6	1.6	30.1
Sometimes feel valued by society	300	76.7	5.3	9.2	1.4	1.3	17.0
Definitely feel valued by society	192	66.5	2.7	6.7	0.7	5.0	26.2
Poor mental wellbeing	183	69.3	7.2	8.7	1.3	1.9	26.4
Good mental wellbeing	497	70.2	3.2	9.2	0.9	2.6	21.4
Overweight or obese (BMI ≥25.0)	297	73.5	4.5	6.8	0.6	3.3	20.5
Normal range or underweight (BMI <25.0)	143	62.7	6.3	13.6	0.0	0.4	28.6
Health behaviour indicators							
Does not meet fruit intake recommendations	391	71.2	5.5	9.3	0.6	3.4	21.6
Meets fruit intake recommendations	282	66.0	2.7	9.2	1.9	0.8	26.3

Does not meet vegetable intake recommendations	605	71.2	4.7	9.8	1.1	2.5	21.2
Meets vegetable intake recommendations	66	47.7	1.8	3.5	0.0	0.9	49.1
Does not meet aerobic physical activity recommendations	168	65.7	5.2	5.5	2.5	2.1	29.6
Meets aerobic physical activity recommendations	495	71.0	4.3	10.5	0.5	2.6	20.9
Does not meet muscle strengthening recommendations	331	68.9	6.2	9.6	0.7	2.5	24.6
Meets muscle strengthening recommendations	285	71.3	2.7	9.1	1.7	2.3	20.7
Does not meet screen time recommendations	320	64.8	6.4	11.5	0.8	3.2	26.9
Meets screen time recommendations	338	75.4	2.5	5.9	1.3	1.6	19.4
Does not meet sleep recommendations	200	77.5	2.7	10.8	0.7	2.3	19.0
Meets sleep recommendations	459	65.3	5.5	8.8	1.2	2.6	25.2
Drinks sugar-sweetened beverages daily	114	73.3	4.2	7.1	0.6	1.4	22.7
Drinks sugar-sweetened beverages less than daily	564	68.7	4.5	9.7	1.2	2.7	23.3
Does not meet water recommendations	420	65.0	4.5	8.1	0.8	1.9	28.6
Meets water recommendations	249	80.5	4.2	12.0	1.3	3.3	10.5
Risk behaviour indicators							
Current smoker	38	73.1	7.1	8.3	0.0	0.0	27.5
Ex-smoker	226	71.2	3.7	5.0	0.8	4.4	23.1
Never smoked	357	71.8	5.2	9.4	1.4	1.2	21.5
Current vaper	21	86.6	0.0	0.0	0.0	0.0	13.4
Ex-vaper	35	86.8	8.6	8.9	2.8	1.9	8.6
Never vaped	563	69.7	4.8	8.0	1.0	2.5	24.3
Had more than 4 standard drinks on a single occasion	362	79.3	4.3	7.5	0.6	2.8	14.3

Has not had more than 4 standard drinks	259	59.7	5.7	7.8	1.7	1.7	35.6
Gambled	245	79.7	3.0	8.1	2.0	1.7	14.5
Never gambled	375	66.1	6.1	7.3	0.4	2.8	28.4

¹ Base sizes include respondents aged 18 years and over living in the Shire of Campaspe. 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', 'my child does not attend school'. For all children who attend school, responses were recoded as 'car', 'public transport', 'active travel' for analysis and reporting purposes.

Overall, 65.8% of children were driven to school in a car, 23.4% took public transport and 25.7% 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 male (41.7% vs 14.1%) and female (35.6% vs 12.8%) children aged 12 to 17 used public transport to get to school compared to their younger (3 to 11 years) counterparts. Children from Kyabram were most likely to be driven to school in a car, children from Lockington and district were most likely to use public transport and children from Rochester were most likely to use active travel.

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	299	65.8	23.4	25.7
Males	159	69.3	25.9	30.2
Females	139	61.6	20.8	19.9
Sex and age				
Males, 3 to 11	99	73.7	14.1	30.3
Males, 12 to 17	60	63.3	41.7	30.0
Females, 3 to 11	94	56.4	12.8	22.3
Females, 12 to 17	45	71.1	35.6	15.6
Subregion				
Echuca	166	71.1	25.3	19.5
Kyabram	48	78.5	12.7	40.1
Lockington and District	20	35.1	41.8	19.9
Rochester	31	51.8	13.7	45.9
Rushworth and District	14	55.4	6.9	8.2
Stanhope and District	8	38.2	38.6	25.4
Tongala and District	8	76.5	41.3	23.2
Demographic indicators				
Born overseas*	12	58.3	18.3	49.8
Born in Australia	287	66.1	23.6	24.6
Speaks other main language*	3	63.0	0.0	0.0
Speaks English as main language	295	65.7	23.8	25.6
Aboriginal and/or Torres Strait Islander*	11	82.7	17.1	0.0
Not Aboriginal or Torres Strait Islander	288	65.2	23.7	26.6
LGBTQIA+*	4	49.5	75.3	0.0

Non-LGBTQIA+	295	66.1	22.7	26.0
Neurodivergent	43	65.7	32.1	27.0
Not neurodivergent	205	66.5	21.6	28.0
Maybe	25	52.1	21.1	19.9
Not sure what neurodivergent means	22	68.0	19.8	12.6
Requires help with daily activities	61	64.1	16.2	20.5
Does not require help	238	66.2	25.2	26.9

¹ Base sizes include respondents aged 3 to 17 years living in the Shire of Campaspe. 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 and public transport was not associated with any of the health and wellbeing indicators or health behaviours (see Table 3.3.4.2). Children who met the aerobic physical activity recommendations (35.0% vs 16.5%) were more likely to actively travel to and from school compared to those who failed to meet the recommendations.

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	299	65.8	23.4	25.7
Health and wellbeing indicators				
Self-reported health - Fair or poor*	9	76.8	23.7	38.6
Self-reported health - Good, very good, or excellent	267	64.7	24.2	18.7
Overweight or obese (BMI ≥25.0)	31	58.6	19.4	27.8
Normal range or underweight (BMI <25.0)	79	54.1	35.4	29.7
Health behaviour indicators				
Does not meet fruit intake recommendations	79	73.5	30.9	21.1
Meets fruit intake recommendations	219	62.7	20.7	27.5
Does not meet vegetable intake recommendations	269	67.6	24.0	25.2
Meets vegetable intake recommendations*	29	47.1	18.4	27.2
Does not meet aerobic physical activity recommendations	140	62.7	23.0	16.5
Meets aerobic physical activity recommendations	146	69.9	23.8	35.0
Does not meet muscle strengthening recommendations	152	71.3	30.0	27.8
Meets muscle strengthening recommendations	60	67.9	27.6	33.3
Does not meet screen time recommendations	154	65.0	29.8	28.3
Meets screen time recommendations	121	69.2	18.7	24.8
Does not meet sleep recommendations	74	71.2	29.7	17.6
Meets sleep recommendations	212	63.7	22.2	29.1

Drinks sugar-sweetened beverages daily*	23	65.8	17.8	30.5
Drinks sugar-sweetened beverages less than daily	272	65.7	23.9	25.6
Does not meet water recommendations	157	66.8	23.7	26.2
Meets water recommendations	134	65.7	23.0	25.0

¹ Base sizes include respondents aged 3 to 17 years living in the Shire of Campaspe. 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, 47.5% of respondents met the screen time recommendations and engaged in 4.5 hours per day of screen time. No differences were noted between males and females or children and adults. However, when looking by both sex and age, both male and female adolescents aged 12 to years were less likely to meet the screen time recommendations compared to other ages. Males aged 50 to 69 reported significantly average recreational screen time (5.4 hours) compared to males aged 70+ (3.6 hours). No differences were noted according to residential subregions. Neurodivergent respondents were less likely to meet the screen time recommendations (28.6%) and spent more time (6.1 hours) compared to those who are not neurodivergent (52.6%, 4.2 hours).

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	948	52.5	47.5	4.5
Children	288	58.7	41.3	4.4
Adults	660	51.0	49.0	4.5
Males	314	53.9	46.1	4.5
Females	630	50.9	49.1	4.5

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>

Sex and age				
Males, 3 to 11	95	47.4	52.6	3.8
Males, 12 to 17	61	72.1	27.9	4.8
Males, 18 to 34	15	60.5	39.5	4.4
Males, 35 to 49	37	44.5	55.5	4.2
Males, 50 to 69	81	58.8	41.2	5.4
Males, 70+	25	43.4	56.6	3.6
Females, 3 to 11	80	47.5	52.5	4.0
Females, 12 to 17	51	76.5	23.5	5.2
Females, 18 to 34	95	53.3	46.7	4.1
Females, 35 to 49	168	38.9	61.1	4.2
Females, 50 to 69	184	52.0	48.0	5.3
Females, 70+	52	50.0	50.0	4.1
Subregion				
Echuca	494	54.0	46.0	4.6
Kyabram	137	52.6	47.4	4.2
Lockington and District	75	51.7	48.3	4.9
Rochester	100	49.3	50.7	4.3
Rushworth and District	55	50.4	49.6	5.3
Stanhope and District	30	52.0	48.0	3.9
Tongala and District	47	51.7	48.3	4.0
Demographic indicators				
Household size ²				
1 person	87	51.6	48.4	4.3
2 or 3 people	342	53.4	46.6	4.8
4 or 5 people	209	44.9	55.1	4.2
More than 5 people	20	59.2	40.8	4.4
Born overseas	75	50.7	49.3	4.7
Born in Australia	872	53.0	47.0	4.5
Speaks other main language*	14	49.4	50.6	6.7
Speaks English as main language	933	52.5	47.5	4.5
Aboriginal and/or Torres Strait Islander*	28	42.4	57.6	4.1
Not Aboriginal or Torres Strait Islander	918	52.7	47.3	4.5
LGBTQIA+*	27	68.7	31.3	5.6
Non-LGBTQIA+	919	51.8	48.2	4.5
Neurodivergent	82	71.4	28.6	6.1
Not neurodivergent	653	47.4	52.6	4.2
Maybe	64	56.1	43.9	4.5
Not sure what neurodivergent means	127	57.2	42.8	4.7
Less than Bachelor level education ²	377	50.9	49.1	4.5

Holds a Bachelor degree or higher	281	51.1	48.9	4.9
Unemployed/Retired ²	155	57.1	42.9	4.8
Employed	505	48.1	51.9	4.4
Just getting along, poor or very poor ²	198	54.6	45.4	4.7
Reasonably comfortable, very comfortable or prosperous	461	48.6	51.4	4.4
Requires help with daily activities	89	59.5	40.5	4.6
Does not require help	858	51.7	48.3	4.5
Food security (last 12 months)²				
Low or very low food security	105	58.6	41.4	4.8
Marginal food security	97	47.2	52.8	4.1
High food security	457	48.6	51.4	4.5

¹ Base sizes include respondents living in the Shire of Campaspe. 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. Recreational screen time was not associated with any health and wellbeing or risky behaviour indicators. With regards to health behaviours, adherence to the recreational screen time recommendations was lower among those who did not meet muscle strengthening recommendations (37.8%) and consumed sugar-sweetened beverage daily (32.4%) compared to those who did meet the muscle strengthening recommendations (55.5%) and did not drink sugar-sweetened beverages daily (50.5%).

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	948	52.5	47.5	4.5
Health and wellbeing indicators				
Self-reported health - Fair or poor	156	50.0	50.0	4.3
Self-reported health - Good, very good, or excellent	715	51.5	48.5	4.4
Life satisfaction - Low to moderate (0 to 6) ²	194	46.6	53.4	4.5
Life satisfaction - High/very high (7 to 10)	411	51.1	48.9	4.4
Does not feel valued by society ²	125	56.1	43.9	4.7
Sometimes feel valued by society	298	45.3	54.7	4.2
Definitely feel valued by society	183	52.3	47.7	4.8
Poor mental wellbeing ²	178	57.9	42.1	4.9
Good mental wellbeing	482	48.2	51.8	4.4
Overweight or obese (BMI ≥25.0)	319	53.5	46.5	4.8

Normal range or underweight (BMI <25.0)	216	53.5	46.5	4.5
Health behaviour indicators				
Does not meet fruit intake recommendations	463	56.9	43.1	4.7
Meets fruit intake recommendations	476	48.1	51.9	4.3
Does not meet vegetable intake recommendations	849	53.6	46.4	4.5
Meets vegetable intake recommendations	88	46.2	53.8	4.6
Does not meet aerobic physical activity recommendations	297	60.4	39.6	4.9
Meets aerobic physical activity recommendations	629	48.7	51.3	4.3
Does not meet muscle strengthening recommendations	484	62.2	37.8	5.0
Meets muscle strengthening recommendations	335	44.5	55.5	4.2
Does not meet sleep recommendations	272	57.7	42.3	4.8
Meets sleep recommendations	657	49.8	50.2	4.3
Drinks sugar-sweetened beverages daily	134	67.6	32.4	5.2
Drinks sugar-sweetened beverages less than daily	810	49.5	50.5	4.4
Does not meet water recommendations	561	55.6	44.4	4.7
Meets water recommendations	372	46.4	53.6	4.1
Risk behaviour indicators²				
Current smoker	38	68.7	31.3	5.5
Ex-smoker	221	46.9	53.1	4.5
Never smoked	344	47.2	52.8	4.2
Current vaper	21	47.6	52.4	3.6
Ex-vaper	34	61.1	38.9	5.4
Never vaped	546	48.2	51.8	4.4
Had more than 4 standard drinks on a single occasion	353	44.0	56.0	4.1
Has not had more than 4 standard drinks	251	56.9	43.1	4.9
Gambled	239	48.1	51.9	4.4
Never gambled	364	49.7	50.3	4.5

¹ Base sizes include respondents living in the Shire of Campaspe. 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 the age-related recommendations according to selected demographic characteristics and health and behaviour characteristics. Overall, 68.8% met the age-specific sleep duration recommendations, and slept an average of 7.5 hours per night. Children slept longer than adults (9.3 hours vs. 7.1 hours), although there was no difference in adherence to the recommendations. No differences were seen between males and female or residential subregions. No differences in recommendation adherence were seen according to any of the demographic indicators, however respondents who required help with daily activities slept longer on average than those who did not (8.1 hours vs 7.4 hours).

Table 3.5.1 Sleep by selected demographic characteristics

	Unweighted base ¹ n	Does not meet recommendation %	Meets recommendation %	Average hours per night #
Total sample	960	31.2	68.8	7.5
Children	299	26.8	73.2	9.3
Adults	661	32.2	67.8	7.1
Males	312	31.1	68.9	7.6
Females	644	31.1	68.9	7.5
Sex and age				
Males, 3 to 11	100	19.0	81.0	9.6
Males, 12 to 17	61	32.8	67.2	8.5
Males, 18 to 34	13	54.5	45.5	6.7
Males, 35 to 49	38	16.4	83.6	7.6
Males, 50 to 69	76	35.7	64.3	7.0
Males, 70+	24	30.2	69.8	7.2
Females, 3 to 11	87	29.9	70.1	9.9
Females, 12 to 17	50	28.0	72.0	8.8

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>

Females, 18 to 34	96	34.4	65.6	7.0
Females, 35 to 49	175	33.4	66.6	7.0
Females, 50 to 69	183	29.9	70.1	7.1
Females, 70+	53	25.9	74.1	7.1
Subregion				
Echuca	492	31.1	69.0	7.6
Kyabram	143	34.8	65.2	7.6
Lockington and District	76	29.9	70.1	7.3
Rochester	107	23.6	76.4	7.6
Rushworth and District	54	30.9	69.1	7.5
Stanhope and District	30	39.6	60.4	7.1
Tongala and District	48	29.6	70.4	7.6
Demographic indicators				
Household size²				
1 person	85	43.1	56.9	6.8
2 or 3 people	348	26.6	73.4	7.2
4 or 5 people	205	35.5	64.5	7.0
More than 5 people	21	37.4	62.6	6.7
Born overseas	74	29.2	70.8	7.7
Born in Australia	886	31.3	68.7	7.5
Speaks other main language*	15	28.8	71.2	8.0
Speaks English as main language	944	31.2	68.8	7.5
Aboriginal and/or Torres Strait Islander*	28	31.7	68.3	7.7
Not Aboriginal or Torres Strait Islander	930	31.2	68.8	7.5
LGBTQIA+*	27	44.2	55.8	6.7
Non-LGBTQIA+	931	30.6	69.4	7.6
Neurodivergent	81	42.4	57.6	7.7
Not neurodivergent	668	30.0	70.0	7.6
Maybe	66	24.5	75.5	7.6
Not sure what neurodivergent means	122	33.9	66.1	7.2
Less than Bachelor level education ²	375	33.1	66.9	7.1
Holds a Bachelor degree or higher	284	28.0	72.0	7.1
Unemployed/Retired ²	155	29.9	70.1	7.2
Employed	506	33.4	66.6	7.0
Just getting along, poor or very poor ²	195	38.5	61.5	6.9
Reasonably comfortable, very comfortable or prosperous	465	28.8	71.2	7.2
Requires help with daily activities	94	26.8	73.2	8.4
Does not require help	865	31.7	68.3	7.4
Food security (last 12 months)²				
Low or very low food security	105	43.8	56.2	6.9

Marginal food security	98	26.8	73.2	7.1
High food security	457	28.7	71.3	7.2

¹ Base sizes include respondents living in the Shire of Campaspe. 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 was associated with all health and wellbeing indicators, except for self-reported health. Specifically, a lower proportion of those who have low to moderate life satisfaction (57.4% vs 73.6%), sometimes feel valued by society (63.4% vs 79.6% definitely), and have poor mental wellbeing (54.4% vs 73.3%) met the sleep recommendations compared to their counterparts who report more positive health and wellbeing. Additionally, those who were overweight or obese slept, on average, fewer hours per night (7.2) compared to those in the normal weight range or underweight (7.8 hours).

Respondents who met the fruit intake recommendations (8.0 hours) and consumed sugar-sweetened beverages less than daily (7.6 hours) slept longer compared to those who did not meet the recommendations (7.2 hours) and consumed sugar-sweetened beverages daily (7.1 hours).

Conversely, respondents who met the aerobic physical activity recommendations (7.4) slept fewer hours than those who did not meet them (7.8 hours). No associations were seen between sleep duration and 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	960	31.2	68.8	7.5
Health and wellbeing indicators				
Self-reported health - Fair or poor	156	39.4	60.6	7.2
Self-reported health - Good, very good, or excellent	724	28.4	71.6	7.6
Life satisfaction - Low to moderate (0 to 6) ²	194	42.6	57.4	6.9
Life satisfaction - High/very high (7 to 10)	411	26.4	73.6	7.2
Does not feel valued by society ²	126	35.6	64.4	7.0
Sometimes feel valued by society	292	36.6	63.4	7.0
Definitely feel valued by society	187	20.4	79.6	7.4
Poor mental wellbeing ²	179	45.6	54.4	6.9
Good mental wellbeing	482	26.7	73.3	7.2
Overweight or obese (BMI ≥25.0)	317	34.1	65.9	7.2
Normal range or underweight (BMI <25.0)	219	22.1	77.9	7.8
Health behaviour indicators				
Does not meet fruit intake recommendations	458	34.2	65.8	7.2
Meets fruit intake recommendations	494	26.8	73.2	8.0

Does not meet vegetable intake recommendations	857	30.8	69.2	7.5
Meets vegetable intake recommendations	93	29.7	70.3	7.6
Does not meet aerobic physical activity recommendations	306	33.0	67.0	7.8
Meets aerobic physical activity recommendations	631	30.7	69.3	7.4
Does not meet muscle strengthening recommendations	484	32.0	68.0	7.5
Meets muscle strengthening recommendations	337	27.3	72.7	7.4
Does not meet screen time recommendations	470	34.4	65.6	7.4
Meets screen time recommendations	459	27.6	72.4	7.5
Drinks sugar-sweetened beverages daily	133	37.7	62.3	7.1
Drinks sugar-sweetened beverages less than daily	824	29.8	70.2	7.6
Does not meet water recommendations	567	31.3	68.7	7.5
Meets water recommendations	379	31.3	68.7	7.6
Risk behaviour indicators²				
Current smoker	35	50.2	49.8	6.5
Ex-smoker	219	34.2	65.8	7.1
Never smoked	350	27.1	72.9	7.2
Current vaper	19	27.3	72.7	7.0
Ex-vaper	33	22.9	77.1	7.3
Never vaped	550	32.7	67.3	7.1
Had more than 4 standard drinks on a single occasion	349	32.0	68.0	7.0
Has not had more than 4 standard drinks	256	31.3	68.7	7.2
Gambled	236	34.8	65.2	6.9
Never gambled	367	29.5	70.5	7.2

¹ Base sizes include respondents living in the Shire of Campaspe. 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.

More than half of all respondents (57.1%) indicated that they had not participated in activities as often as they would like in the past 12 months. Adults (66.2%) were more likely than children (19.0%) to

indicate they had not participated in physical activities as often as they would have liked in the last 12 months, and this was consistent for both males and females. No differences were seen between males and females or between residential subregions.

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 (79.3%) compared to 2-3 person (58.6%) households
- Just getting along, poor or very poor (77.4%) compared to reasonably comfortable, very comfortable or prosperous (59.4%)
- Marginal (76.2%) food security compared to high food security (60.3%)

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

	Unweighted base ¹ n	Yes %	No %
Total sample	997	42.9	57.1
Children	310	81.0	19.0
Adults	681	33.8	66.2
Males	327	47.2	52.8
Females	666	38.7	61.3
Sex and age			
Males, 3 to 11	100	82.0	18.0
Males, 12 to 17	63	85.7	14.3
Males, 18 to 34	15	18.7	81.3
Males, 35 to 49	40	28.4	71.6
Males, 50 to 69	82	36.7	63.3
Males, 70+	25	59.1	40.9
Females, 3 to 11	94	81.9	18.1
Females, 12 to 17	52	73.1	26.9
Females, 18 to 34	99	25.8	74.2
Females, 35 to 49	176	25.0	75.0
Females, 50 to 69	187	32.1	67.9
Females, 70+	54	40.1	59.9
Subregion			
Echuca	518	46.5	53.5
Kyabram	144	39.5	60.5
Lockington and District	78	44.2	55.8
Rochester	111	43.2	56.8
Rushworth and District	56	39.8	60.2
Stanhope and District	33	29.6	70.4

Tongala and District	47	37.8	62.2
Demographic indicators			
Household size²			
1 person	88	30.2	69.8
2 or 3 people	354	41.4	58.6
4 or 5 people	214	20.7	79.3
More than 5 people	23	33.8	66.2
Born overseas	78	34.0	66.0
Born in Australia	918	44.1	55.9
Speaks other main language*	16	31.9	68.1
Speaks English as main language	980	43.1	56.9
Aboriginal and/or Torres Strait Islander	30	51.3	48.7
Not Aboriginal or Torres Strait Islander	964	42.8	57.2
LGBTQIA+*	27	14.2	85.8
Non-LGBTQIA+	967	44.2	55.8
Neurodivergent	82	42.9	57.1
Not neurodivergent	690	43.7	56.3
Maybe	67	39.2	60.8
Not sure what neurodivergent means	134	42.5	57.5
Less than Bachelor level education ²	389	33.9	66.1
Holds a Bachelor degree or higher	289	33.8	66.2
Unemployed/Retired ²	159	42.7	57.3
Employed	522	29.7	70.3
Just getting along, poor or very poor ²	203	22.6	77.4
Reasonably comfortable, very comfortable or prosperous	477	40.6	59.4
Requires help with daily activities	97	48.8	51.2
Does not require help	899	42.2	57.8
Food security (last 12 months)²			
Low or very low food security	110	24.6	75.4
Marginal food security	101	23.8	76.2
High food security	469	39.7	60.3

¹ Base sizes include respondents living in the Shire of Campaspe. 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 more physically active was associated with all health and wellbeing indicators. Specifically, a greater proportion of those who self-reported their health to be fair or poor (81.9% vs 48.7%), have low to moderate life satisfaction (75.8% vs 60.4%), do not feel valued by society (81.0% vs definitely [54.8%]), have poor mental wellbeing (82.5% vs 59.5%), and are overweight or obese (65.5% vs 45.4%) did not engage in as much physical activity over the past 12

months as they would have liked compared to their counterparts who report more positive health and wellbeing.

Differences in desire to be more physically active was seen between those who did and did not report adherence to the aerobic physical activity (67.6% of those who did compared to 52.1% of those who did not), muscle strengthening exercise (66.3% vs 48.8%), sleep duration (68.5% vs 50.8%) and fruit consumption (64.0% vs 46.2%) recommendations. No differences were seen according to risk behaviour indicators.

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	997	42.9	57.1
Health and wellbeing indicators			
Self-reported health - Fair or poor	167	18.1	81.9
Self-reported health - Good, very good, or excellent	744	51.3	48.7
Life satisfaction - Low to moderate (0 to 6) ²	201	24.2	75.8
Life satisfaction - High/very high (7 to 10)	422	39.6	60.4
Does not feel valued by society ²	130	19.0	81.0
Sometimes feel valued by society	301	34.2	65.8
Definitely feel valued by society	192	45.2	54.8
Poor mental wellbeing ²	183	17.5	82.5
Good mental wellbeing	498	40.5	59.5
Overweight or obese (BMI ≥25.0)	328	34.5	65.5
Normal range or underweight (BMI <25.0)	226	54.6	45.4
Health behaviour indicators			
Does not meet fruit intake recommendations	476	36.0	64.0
Meets fruit intake recommendations	506	53.8	46.2
Does not meet vegetable intake recommendations	883	42.8	57.2
Meets vegetable intake recommendations	97	54.7	45.3
Does not meet aerobic physical activity recommendations	313	32.4	67.6
Meets aerobic physical activity recommendations	648	47.9	52.1

Does not meet muscle strengthening recommendations	493	33.7	66.3
Meets muscle strengthening recommendations	346	51.2	48.8
Does not meet screen time recommendations	484	42.4	57.6
Meets screen time recommendations	461	44.1	55.9
Does not meet sleep recommendations	280	31.5	68.5
Meets sleep recommendations	677	49.2	50.8
Drinks sugar-sweetened beverages daily	137	41.1	58.9
Drinks sugar-sweetened beverages less than daily	854	43.6	56.4
Does not meet water recommendations	585	41.2	58.8
Meets water recommendations	387	45.5	54.5
Risk behaviour indicators²			
Current smoker	38	31.2	68.8
Ex-smoker	227	36.5	63.5
Never smoked	357	32.9	67.1
Current vaper	21	16.9	83.1
Ex-vaper	35	42.1	57.9
Never vaped	564	34.6	65.4
Had more than 4 standard drinks on a single occasion	363	28.8	71.2
Has not had more than 4 standard drinks	259	42.6	57.4
Gambled	246	27.8	72.2
Never gambled	375	38.6	61.4

¹ Base sizes include respondents living in the Shire of Campaspe. 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 (60.0%). Poor health or disability (29.3%), lack of social support (28.2%) and cost (24.6%) 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	524
Too busy / not enough time	60.0
Poor health or disability	29.3

Lack of social support	28.2
Cost	24.6
Unsure about what activities are available	11.2
Safety	9.2
Lack of motivation / laziness	5.0
No cool or shaded areas to exercise locally during hot weather	5.0
Caring responsibilities	4.7
Personal or cultural reasons	3.1
Lack of transport	1.8
Preferred activity not on offer locally / at suitable time	1.8
Injury	1.4
Distance	1.1
Tiredness / fatigue	0.7
Weather / seasonality	0.4
Lack of footpaths / bike paths	0.3

¹ Base sizes include respondents living in the Shire of Campaspe. 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 and health and wellbeing indicators but none of the health behaviours and risk behaviours. Specifically, a greater proportion of the respondents who were employed (74.9%), do not require help with daily activities (63.5%) and sometimes feel valued by society 69.7%) reported being too busy or not having enough time as a barrier to physical activity participation compared to those who were unemployed or retired (23.0%), require help (22.6%) and do not feel valued (47.5%).

Poor health or disability as a barrier to physical activity was associated with a range of demographic characteristics, health and wellbeing indicators, health behaviours and risk behaviours. Respondents from the following groups were more likely to report poor health or disability than their counterparts:

- Adults (30.0%) compared to children (10.6%)
- Unemployed or retired (49.7%) compared to those who are employed (22.6%)
- Require help with daily activities (60.6%) compared to do not require help (26.4%)
- Self-reported fair or poor health (47.7%) compared to good, very good or excellent health (19.1%)
- Low to moderate life satisfaction (41.5%) compared to high/very high life satisfaction (21.6%)
- Do not feel valued by society (44.2%) compared to sometimes feel valued by society (24.5%)
- Poor mental wellbeing (42.8%) compared to good mental wellbeing (22.7%)

- Did not meet aerobic physical activity recommendations (42.7%) compared to met them (19.8%)
- Did not have more than four standard drinks on a single occasion (42.0%) compared to risky alcohol consumption (21.8%)

Lack of social support was the third most common barrier to physical activity, which was reported by a greater proportion of respondents who reported being neurodivergent (55.6%) compared to those who were not sure what neurodivergent means (18.4%).

Cost as a barrier to physical activity was the fourth most common barrier and differed according to subregions and some demographic indicators only. A greater proportion of Kyabram residents (41.0%), those just getting along, poor or very poor (35.0%) and those experiencing low food security (36.8%) reported cost to be a barrier to physical activity compared to residents of Lockington and District (11.5%), those reasonably comfortable, very comfortable or prosperous (15.6%) and those with high food security (15.7%).

Being unsure what activities are available was the fifth most common barrier and differed according to subregions and perceived value by society only. A greater proportion of residents of Echuca (12.6%), Kyabram (10.6%) and Tongala (35.2%), and those who do not feel value by society (11.8%) or sometimes feel valued by society (12.7%) reported being unsure about what activities are available locally compared to residents of Stanhope and District (0.0%) and those who feel valued by society (1.0%).

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

	Unweighted base ¹	Too busy / not enough time	Poor health or disability	Lack of social support	Cost	Unsure about what activities are available
	n	%	%	%	%	%
Total sample	524	60.0	29.3	28.2	24.6	11.2
Children	59	50.7	10.6	22.4	37.8	16.7
Adults	462	60.7	30.0	28.9	24.0	11.0
Males	130	55.0	30.2	29.2	19.8	10.9
Females	391	64.7	28.6	27.6	29.1	11.6
Subregion						
Echuca	265	59.3	27.8	30.2	24.0	12.6
Kyabram	77	72.5	25.2	26.4	41.0	10.6
Lockington and District	46	48.6	50.8	12.8	11.5	8.4
Rochester	52	50.7	20.9	38.2	15.4	3.9
Rushworth and District	33	51.2	37.4	15.2	19.8	5.5
Stanhope and District	20	75.2	21.0	23.4	27.2	0.0
Tongala and District	25	52.1	41.9	38.4	22.7	35.2
Demographic indicators						
Born overseas	49	61.9	29.2	39.9	32.7	24.1
Born in Australia	474	60.6	29.6	27.3	22.8	10.0
Speaks other main language*	10	77.9	25.3	35.2	14.8	14.8
Speaks English as main language	514	59.6	29.4	28.1	24.9	11.2
Aboriginal and/or Torres Strait Islander*	17	59.6	43.7	36.9	24.6	7.6
Not Aboriginal or Torres Strait Islander	504	60.4	28.4	27.4	24.6	11.0
LGBTQIA+*	21	52.5	23.3	78.4	37.8	32.3
Non-LGBTQIA+	500	61.0	29.2	25.7	24.1	10.2

Neurodivergent	41	48.5	30.2	55.6	40.1	13.5
Not neurodivergent	356	60.9	24.3	28.2	21.2	11.0
Maybe	38	60.8	43.2	29.2	43.8	17.5
Not sure what neurodivergent means	75	69.6	32.9	18.4	24.9	8.7
Less than Bachelor level education ²	267	59.0	30.9	29.6	24.3	11.2
Holds a Bachelor degree or higher	193	71.6	23.5	25.8	23.1	9.8
Unemployed/Retired ²	92	23.0	49.7	32.9	21.2	11.6
Employed	370	74.9	22.6	27.4	25.0	10.7
Just getting along, poor or very poor ²	163	60.6	33.5	30.4	35.0	15.2
Reasonably comfortable, very comfortable or prosperous	298	61.2	27.4	27.9	15.6	7.8
Requires help with daily activities	44	22.6	60.6	45.7	28.5	25.1
Does not require help	480	63.5	26.4	26.6	24.3	10.0
Food security (last 12 months)²						
Low or very low food security	89	71.0	29.1	34.5	36.8	16.6
Marginal food security	73	47.8	39.1	29.5	34.6	15.8
High food security	299	60.9	26.6	26.8	15.7	7.3

¹ Base sizes include respondents living in the Shire of Campaspe. 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	Too busy / not enough time	Poor health or disability	Lack of social support	Cost	Unsure about what activities are available
	n	%	%	%	%	%
Total sample	524	60.0	29.3	28.2	24.6	11.2

Health and wellbeing indicators						
Self-reported health - Fair or poor	141	50.8	47.7	27.1	31.7	9.3
Self-reported health - Good, very good, or excellent	341	67.6	19.1	29.1	19.3	11.0
Life satisfaction - Low to moderate (0 to 6) ²	164	54.0	41.5	29.0	27.2	8.5
Life satisfaction - High/very high (7 to 10)	263	68.3	21.6	29.3	20.0	11.8
Does not feel valued by society ²	109	47.5	44.2	31.4	26.6	11.8
Sometimes feel valued by society	208	69.7	24.5	31.5	24.5	12.7
Definitely feel valued by society	110	62.7	25.2	21.0	15.3	1.0
Poor mental wellbeing ²	158	56.1	42.8	33.4	26.1	11.1
Good mental wellbeing	304	63.4	22.7	26.4	22.7	10.9
Overweight or obese (BMI ≥25.0)	210	62.1	31.9	35.1	22.5	13.3
Normal range or underweight (BMI <25.0)	104	65.2	19.7	29.0	27.8	10.1
Health behaviour indicators						
Does not meet fruit intake recommendations	292	64.6	30.3	31.0	27.3	12.8
Meets fruit intake recommendations	222	56.4	26.8	24.3	18.7	9.9
Does not meet vegetable intake recommendations	470	62.6	27.5	29.1	24.1	12.2
Meets vegetable intake recommendations	42	52.1	51.8	20.4	25.6	4.7
Does not meet aerobic physical activity recommendations	188	51.6	42.7	28.5	23.7	10.5
Meets aerobic physical activity recommendations	319	67.1	19.8	29.9	24.3	11.9
Does not meet muscle strengthening recommendations	298	56.6	31.4	33.2	25.0	12.3
Meets muscle strengthening recommendations	164	70.6	20.1	22.3	26.3	11.4
Does not meet screen time recommendations	263	58.5	29.6	29.6	25.2	13.8

Meets screen time recommendations	237	64.1	24.4	26.9	24.3	8.8
Does not meet sleep recommendations	181	60.8	27.9	31.2	28.4	11.5
Meets sleep recommendations	326	61.9	28.0	28.9	20.6	11.7
Drinks sugar-sweetened beverages daily	87	54.9	36.5	31.7	35.9	13.4
Drinks sugar-sweetened beverages less than daily	435	62.3	27.7	28.0	20.7	11.0
Does not meet water recommendations	326	58.3	30.6	30.3	22.9	12.8
Meets water recommendations	189	67.7	24.6	26.3	25.1	9.1
Risk behaviour indicators²						
Current smoker	31	43.6	30.1	20.8	29.5	5.7
Ex-smoker	154	66.5	32.0	25.2	18.5	13.3
Never smoked	241	63.6	27.2	32.8	24.7	8.4
Current vaper*	18	68.0	23.6	16.2	37.4	9.5
Ex-vaper	22	79.0	10.0	30.5	16.6	9.1
Never vaped	384	61.5	31.0	29.6	22.1	9.9
Had more than 4 standard drinks on a single occasion	256	63.8	21.8	27.8	20.7	12.0
Has not had more than 4 standard drinks	170	62.3	42.0	31.7	27.1	6.3
Gambled	177	61.4	29.3	24.2	21.4	6.0
Never gambled	248	64.0	29.2	32.9	23.6	13.3

¹ Base sizes include respondents living in the Shire of Campaspe. 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, 60.6% reported participating in at least one activity and 15.8% had participated in four or more activities. In the 2019 ALC, 12.9% of Shire of Campaspe respondents reported they had not participated in any activities, whereas in 2025, 39.4% 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 focuses 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 (44.2%) compared to children (20.0%) did not participate in any activities. A greater proportion of males (20.0%) and Echuca residents (21.5%) participated in four or more activities compared to females (11.8%) and those living in Kyabram (9.9%), Rochester (8.7%) and Stanhope and District (4.1%).

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:

- Unsure what neurodivergent means (53.1%) compared to not neurodivergent (34.4%)
- Less than Bachelor level education (46.6%) compared to Bachelor degree or higher (29.0%)
- Just getting along, poor or very poor (64.4%) compared to reasonably comfortable, very comfortable or prosperous (32.2%)
- Requires help with daily activities (56.6%) compared to no help required (37.9%)
- Low or very low (68.0%) or marginal food security (54.2%) compared to high (33.0%) food security

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	1,009	39.4	16.7	28.0	15.8
Children	313	20.0	13.9	42.7	23.4
Adults	678	44.2	17.4	24.2	14.3
Males	326	38.9	15.8	25.3	20.0
Females	667	40.5	17.6	30.0	11.8
Sex and age					
Males, 3 to 11	101	17.8	18.8	35.6	27.7
Males, 12 to 17	63	14.3	4.8	47.6	33.3
Males, 18 to 34	15	60.2	14.0	18.7	7.1
Males, 35 to 49	39	26.3	13.0	39.4	21.4
Males, 50 to 69	81	45.2	15.7	19.8	19.3
Males, 70+	25	47.2	22.8	12.6	17.3
Females, 3 to 11	96	26.0	10.4	46.9	16.7
Females, 12 to 17	52	21.2	23.1	42.3	13.5
Females, 18 to 34	98	52.9	21.2	22.0	3.9
Females, 35 to 49	175	36.3	18.0	26.0	19.7
Females, 50 to 69	187	40.6	18.5	28.7	12.2
Females, 70+	55	45.4	10.8	32.9	10.8
Subregion					
Echuca	531	34.1	15.9	28.5	21.5
Kyabram	141	47.9	13.9	28.3	9.9
Lockington and District	79	32.6	29.9	20.4	17.1
Rochester	110	41.8	12.8	36.7	8.7
Rushworth and District	56	36.2	20.4	32.5	10.9
Stanhope and District	35	57.2	10.0	28.7	4.1
Tongala and District	47	54.7	21.8	14.6	9.0
Demographic indicators					
Household size²					
1 person	88	54.1	19.2	24.0	2.7
2 or 3 people	352	42.0	18.5	20.7	18.8
4 or 5 people	213	39.9	14.4	31.3	14.3
More than 5 people	23	58.5	10.7	26.1	4.7
Born overseas	79	48.4	17.3	21.1	13.2
Born in Australia	917	38.4	16.8	28.6	16.1
Speaks other main language*	16	36.0	18.8	18.7	26.5
Speaks English as main language	980	39.8	16.7	28.0	15.5

Aboriginal and/or Torres Strait Islander	31	60.2	15.0	9.8	15.0
Not Aboriginal or Torres Strait Islander	963	38.9	16.6	28.4	16.1
LGBTQIA+*	27	24.6	51.3	17.7	6.4
Non-LGBTQIA+	967	39.9	15.6	28.3	16.2
Neurodivergent	82	50.9	14.6	20.8	13.7
Not neurodivergent	691	34.4	18.4	29.6	17.6
Maybe	67	33.9	22.4	35.0	8.7
Not sure what neurodivergent means	133	53.1	9.7	22.2	14.9
Less than Bachelor level education ²	387	46.6	17.4	22.7	13.3
Holds a Bachelor degree or higher	287	29.0	18.0	34.0	19.0
Unemployed/Retired ²	158	52.7	16.6	19.8	10.9
Employed	519	40.4	17.8	26.3	15.5
Just getting along, poor or very poor ²	201	64.4	14.9	14.8	5.9
Reasonably comfortable, very comfortable or prosperous	475	32.2	19.0	29.8	19.0
Requires help with daily activities	99	56.6	16.0	14.2	13.3
Does not require help	897	37.9	16.9	29.2	16.1
Food security (last 12 months)²					
Low or very low food security	110	68.0	9.6	20.5	1.9
Marginal food security	100	54.2	20.2	17.0	8.6
High food security	466	33.0	19.8	27.4	19.8

¹ Base sizes include respondents living in the Shire of Campaspe. 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 wellbeing were also more likely to indicate they had not participated in any activities (see Table .8.1.2). This was especially notable amongst respondents with the following health characteristics:

- Fair or poor self-rated health (67.6%) compared to good, very good or excellent health (32.7%)
- Do not (63.7%) and sometimes (46.9%) feel valued by society compared to definitely feel valued by society (30.7%)
- Poor mental wellbeing (61.3%) compared to good mental wellbeing (37.1%)
- Overweight or obese (44.3%) compared to normal weight or underweight (26.6%)

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 compared to their counterparts who met the recommendations:

- Fruit intake (46.8% vs 27.1%)
- Aerobic physical activity (55.8% vs 31.0%)
- Muscle strengthening exercise (45.9% vs 28.9%)

- Sleep duration (48.1% vs 34.6%)

Additionally, those who consumed sugar-sweetened beverages daily (57.0%) were more likely to report not participating in any sport, exercise or recreation activities compared those who did not (35.6%). Vaping was the only risk behaviour associated with participation in sport, exercise and recreational activities. Respondents who never vaped (14.1%) were more likely to participate in four or more activities compared to current vapers (2.5%).

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	1,009	39.4	16.7	28.0	15.8
Health and wellbeing indicators					
Self-reported health - Fair or poor	168	67.6	13.2	11.9	7.3
Self-reported health - Good, very good, or excellent	748	32.7	15.8	32.8	18.7
Life satisfaction - Low to moderate (0 to 6) ²	202	55.3	15.2	21.7	7.8
Life satisfaction - High/very high (7 to 10)	422	41.0	16.1	25.1	17.7
Does not feel valued by society ²	130	63.7	12.7	13.6	10.0
Sometimes feel valued by society	302	46.9	14.2	25.9	13.0
Definitely feel valued by society	192	30.7	21.7	28.7	18.9
Poor mental wellbeing ²	183	61.3	17.0	13.8	8.0
Good mental wellbeing	495	37.1	17.6	28.5	16.8
Overweight or obese (BMI ≥25.0)	328	44.3	19.8	22.2	13.7
Normal range or underweight (BMI <25.0)	227	26.6	11.1	39.4	22.9
Health behaviour indicators					
Does not meet fruit intake recommendations	474	46.8	15.7	25.6	11.9
Meets fruit intake recommendations	505	27.1	19.0	32.1	21.8
Does not meet vegetable intake recommendations	880	38.6	16.9	28.5	16.0
Meets vegetable intake recommendations	97	35.7	18.8	27.1	18.4
Does not meet aerobic physical activity recommendations	315	55.8	14.6	19.8	9.8
Meets aerobic physical activity recommendations	643	31.0	17.2	32.5	19.4
Does not meet muscle strengthening recommendations	493	45.9	16.1	24.1	14.0
Meets muscle strengthening recommendations	343	28.9	16.0	34.3	20.9
Does not meet screen time recommendations	481	42.5	19.1	24.6	13.7
Meets screen time recommendations	459	36.4	14.1	31.3	18.2

Does not meet sleep recommendations	279	48.1	18.2	20.4	13.3
Meets sleep recommendations	673	34.6	16.7	31.0	17.7
Drinks sugar-sweetened beverages daily	136	57.0	18.8	12.7	11.5
Drinks sugar-sweetened beverages less than daily	853	35.6	16.3	31.2	16.9
Does not meet water recommendations	584	39.6	17.1	26.4	16.9
Meets water recommendations	385	38.5	15.9	30.7	15.0
Risk behaviour indicators²					
Current smoker	38	62.9	15.8	14.2	7.1
Ex-smoker	228	41.5	16.2	22.6	19.7
Never smoked	357	46.4	15.5	26.8	11.3
Current vaper	21	58.2	22.7	16.6	2.5
Ex-vaper	35	41.1	8.4	26.9	23.6
Never vaped	565	45.5	16.1	24.3	14.1
Had more than 4 standard drinks on a single occasion	364	43.0	15.3	26.1	15.6
Has not had more than 4 standard drinks	259	49.9	17.0	21.1	12.0
Gambled	246	42.2	13.0	29.4	15.3
Never gambled	376	48.4	18.0	20.2	13.3

¹ Base sizes include respondents living in the Shire of Campaspe. 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.

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

- Walking – 13.5%
- Active play (at playgrounds / play centres) – 9.1%
- Australian Rules Football (AFL) – 7.3%
- Swimming – 7.3%
- Netball – 6.7%

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. 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. Overall, 72.4% reported engaging in their top 5 activities at least once a week. Activities with the highest rates of heavy participation were typically team sports, including cricket (90.1%), Australian rules football (87.9%) and netball (84.3%). High levels of heavy participation were also reported for jogging/running (91.9%) and walking (86.0%). In contrast, activities with the greatest proportions of light participation included fishing (49.7%), bushwalking/hiking (37.2%) and lawn bowls (21.7%).

What is unclear from these results is the extent to which the frequency of participation is a function of the activity itself, such as unstructured general recreational activities that may require travel (e.g., fishing and bush walking) versus organised sports that occur regularly (e.g., weekly), 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	1,307	72.4	15.1	12.4
Walking	176	86.0	7.6	6.4
Active play (at playgrounds / play centres)	116	70.5	15.6	13.9
Australian Rules Football (AFL)	94	87.9	3.8	8.3
Swimming	96	72.4	12.2	15.5
Netball (indoor / outdoor)	87	84.3	11.9	3.7
Fitness: Gym	87	78.7	16.3	5.0

Fitness: Indoor group activities / Aerobics)	76	81.5	11.4	7.1
Tennis (indoor / outdoor)	42	65.7	23.3	11.0
Jogging / running	41	91.9	8.1	0.0
Basketball (indoor / outdoor)	39	79.9	20.1	0.0
Dancing / Ballet / Calisthenics	38	74.5	8.8	16.7
Cycling: General cycling for recreation	35	53.5	28.3	18.1
Soccer (indoor / outdoor)	32	83.3	13.6	3.1
Bush walking / Hiking	30	44.4	18.5	37.2
Cricket (all types)	29	90.1	4.2	5.7
Golf	29	60.3	25.8	13.9
Aqua aerobics	24	82.0	3.1	14.9
Lawn bowls	21	67.1	11.1	21.7
Fishing	18	15.1	35.2	49.7
Athletics / Track and Field	15	70.9	17.8	11.4

¹ Base sizes include all activities mentioned by respondents aged 3 years and over living in the Shire of Campaspe. 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, netball, basketball and AFL. In contrast, adults were more likely to take part in walking, gym and group fitness classes and jogging/running. Gender differences were also evident. Females were more likely than males to participate in netball, indoor group fitness classes, while males were more likely to participate in Australian Rules Football (AFL).

Participation rate was associated with a range of demographic characteristics, health and wellbeing indicators, health behaviours and risk behaviours. However, no such association was evident for level of education, life satisfaction, perceived value to society, mental wellbeing, BMI or adherence to fruit intake recommendations.

Table 3.8.2.2 Top ten activities by selected demographic characteristics

	Unweighted base ¹	Walking	Active play (at playgrounds / play centres)	Australian Rules Football (AFL)	Swimming	Netball (indoor / outdoor)	Fitness: Gym	Fitness: Indoor group activities / Aerobics	Tennis (indoor / outdoor)	Jogging / running	Basketball (indoor / outdoor)
	n	%	%	%	%	%	%	%	%	%	%
Total sample	1,320	14.6	7.3	6.3	6.0	5.8	7.3	4.0	3.2	3.6	2.7
Children	495	1.5	12.5	16.4	12.1	10.9	2.2	0.6	4.2	0.6	5.8
Adults	806	19.8	5.4	2.5	3.6	3.7	9.1	5.3	2.9	4.7	1.4
Males	475	12.4	6.1	10.7	4.8	0.2	5.7	0.8	4.0	5.4	3.9
Females	823	17.4	8.7	1.6	7.0	11.4	8.7	7.6	2.4	1.7	1.3
Subregion											
Echuca	764	11.6	8.5	5.8	5.2	4.8	9.2	4.7	2.8	4.5	2.5
Kyabram	157	18.9	9.4	9.1	4.2	7.2	6.3	2.5	3.7	0.8	2.3
Lockington and District	108	11.2	7.4	5.5	8.1	2.6	1.0	4.5	1.5	2.7	2.9
Rochester	137	14.0	3.7	10.1	4.3	6.0	3.2	1.8	5.0	4.4	2.8
Rushworth and District	63	22.6	3.0	2.8	16.9	11.7	1.2	1.6	8.3	0.0	0.0
Stanhope and District	36	29.7	6.8	3.2	5.3	14.9	14.2	0.0	2.1	0.0	3.0
Tongala and District	40	29.2	1.2	2.5	6.3	4.3	11.4	12.1	0.0	9.6	4.4
Demographic indicators											
Household size²											
1 person	90	32.4	1.3	0.7	3.6	2.2	10.8	3.7	5.3	2.7	0.7
2 or 3 people	418	20.1	5.2	1.3	3.4	1.4	6.1	5.3	1.2	5.5	0.3
4 or 5 people	277	14.1	7.4	5.8	4.2	6.0	12.2	6.4	5.2	4.4	4.1
More than 5 people	20	6.8	8.8	1.2	0.0	35.7	30.1	0.0	0.0	1.2	0.0
Born overseas	90	14.3	10.4	0.0	8.3	0.0	4.5	4.6	0.0	1.3	3.3
Born in Australia	1,212	14.8	7.2	6.8	5.7	6.1	7.3	3.9	3.5	3.8	2.6
Speaks other main language*	20	0.0	9.7	0.0	16.2	0.0	7.7	2.2	0.0	3.7	9.1

Speaks English as main language	1,280	15.1	7.4	6.3	5.7	5.8	7.1	4.0	3.3	3.6	2.5
Aboriginal and/or Torres Strait Islander*	27	15.9	9.1	18.0	0.0	9.1	9.6	1.4	0.0	0.0	2.0
Not Aboriginal or Torres Strait Islander	1,274	14.6	7.3	6.0	6.1	5.6	7.0	4.2	3.3	3.7	2.7
LGBTQIA+	31	8.2	3.1	5.5	1.8	1.8	2.1	0.8	3.0	0.7	0.0
Non-LGBTQIA+	1,271	15.0	7.6	6.3	6.0	5.8	7.2	4.1	3.2	3.7	2.7
Neurodivergent	84	9.5	8.6	9.9	5.6	3.0	2.6	1.2	4.3	0.3	6.4
Not neurodivergent	960	15.1	6.9	6.4	6.3	6.4	7.6	4.1	3.4	5.0	2.8
Maybe	95	5.3	11.3	4.5	5.6	8.5	12.4	2.4	2.6	0.4	2.0
Not sure what neurodivergent means	143	14.9	8.2	5.2	3.9	3.2	4.1	4.9	1.9	0.6	0.8
Less than Bachelor level education ²	404	20.3	5.3	2.4	3.6	3.8	9.0	4.6	2.5	4.0	1.4
Holds a Bachelor degree or higher	398	17.5	6.3	3.1	3.8	3.5	8.8	7.3	4.2	7.7	1.6
Unemployed/Retired ²	151	25.4	3.8	0.0	5.0	0.0	4.8	4.6	2.6	3.2	0.0
Employed	651	17.7	6.1	3.4	3.1	5.0	10.4	5.3	3.0	5.3	2.0
Just getting along, poor or very poor ²	155	19.1	5.2	4.7	3.3	8.0	14.6	2.8	0.7	1.2	2.0
Reasonably comfortable, very comfortable or prosperous	647	19.9	5.5	1.9	3.7	2.6	7.4	5.8	3.5	5.7	1.3
Requires help with daily activities	106	8.5	20.5	8.6	11.6	2.8	3.6	1.8	2.3	1.1	0.0
Does not require help	1,194	15.2	6.5	6.2	5.5	5.9	7.3	4.1	3.3	3.8	2.8
Food security (last 12 months)²											
Low or very low food security	68	16.4	5.9	7.8	1.7	9.9	19.7	2.7	0.0	3.0	2.7
Marginal food security	90	21.2	7.9	4.3	1.4	6.5	10.8	3.4	2.8	1.0	1.0
High food security	644	20.0	5.1	1.5	4.2	2.4	7.1	5.7	3.3	5.5	1.3

¹ Base sizes include respondents living in the Shire of Campaspe. 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.

Table 3.8.2.3 Top ten activities by selected health and behaviour characteristics

	Unweighted base ¹	Walking	Active play (at playgrounds / play centres)	Australian Rules Football (AFL)	Swimming	Netball (indoor / outdoor)	Fitness: Gym	Fitness: Indoor group activities / Aerobics	Tennis (indoor / outdoor)	Jogging / running	Basketball (indoor / outdoor)
	n	%	%	%	%	%	%	%	%	%	%
Total sample	1,320	14.6	7.3	6.3	6.0	5.8	7.3	4.0	3.2	3.6	2.7
Health and wellbeing indicators											
Self-reported health - Fair or poor	118	24.2	5.2	4.2	5.2	2.5	6.9	6.5	0.0	0.0	0.0
Self-reported health - Good, very good, or excellent	1,077	13.5	6.9	6.9	6.3	5.8	7.9	4.0	2.9	4.4	2.9
Life satisfaction - Low to moderate (0 to 6) ²	195	19.1	4.7	5.0	2.4	3.8	13.5	4.1	2.0	2.7	0.2
Life satisfaction - High/very high (7 to 10)	535	20.3	4.7	1.9	4.6	3.0	8.0	6.3	1.9	6.1	1.7
Does not feel valued by society ²	107	20.9	4.6	0.0	4.0	4.1	6.9	5.7	0.5	3.0	0.5
Sometimes feel valued by society	366	21.0	5.5	3.5	3.2	4.0	13.0	4.6	2.8	4.5	1.6
Definitely feel valued by society	258	18.2	3.6	3.0	5.3	1.6	5.6	7.6	1.1	6.9	1.0
Poor mental wellbeing ²	161	28.5	5.9	5.6	3.3	4.7	5.3	5.9	2.8	1.8	0.3
Good mental wellbeing	645	17.8	5.3	1.8	3.6	3.5	9.9	5.2	2.9	5.3	1.7
Overweight or obese (BMI ≥25.0)	396	20.4	7.8	2.9	3.9	4.0	8.4	5.4	1.4	2.4	0.8
Normal range or underweight (BMI <25.0)	372	11.3	5.1	6.6	7.2	4.5	10.4	4.1	3.3	7.4	3.5
Health behaviour indicators											
Does not meet fruit intake recommendations	534	15.3	7.0	4.8	4.2	5.3	9.0	3.5	2.6	5.0	2.1
Meets fruit intake recommendations	761	14.2	7.8	7.8	7.5	6.0	5.3	4.3	3.9	2.3	3.1
Does not meet vegetable intake recommendations	1,159	15.1	7.0	6.6	5.9	5.7	6.9	3.6	3.3	4.0	2.8
Meets vegetable intake recommendations	131	10.3	13.0	4.1	5.4	5.7	8.9	7.4	2.4	0.0	1.4
Does not meet aerobic physical activity recommendations	292	10.2	8.0	7.9	8.8	9.1	5.8	4.5	3.4	0.6	1.4

Meets aerobic physical activity recommendations	978	16.0	7.3	5.9	5.2	4.7	7.4	3.7	3.1	4.5	3.0
Does not meet muscle strengthening recommendations	593	12.8	6.8	8.5	6.4	7.0	5.8	2.4	3.1	2.3	2.9
Meets muscle strengthening recommendations	535	16.0	6.0	4.2	4.2	5.1	9.4	5.4	3.4	5.3	3.0
Does not meet screen time recommendations	583	13.4	7.6	6.5	3.5	5.4	7.2	4.7	3.2	3.1	2.3
Meets screen time recommendations	654	15.8	7.6	6.6	7.6	5.7	6.4	3.1	3.5	4.5	3.2
Does not meet sleep recommendations	314	16.3	12.6	5.4	4.2	5.0	6.2	3.7	3.3	3.4	2.1
Meets sleep recommendations	933	13.7	5.5	7.0	6.5	5.8	7.3	4.0	3.4	3.8	3.0
Drinks sugar-sweetened beverages daily	132	13.5	3.3	8.9	1.8	4.5	6.9	4.0	3.4	1.8	5.8
Drinks sugar-sweetened beverages less than daily	1,163	14.9	7.9	6.0	6.5	5.9	7.1	4.0	3.2	3.9	2.3
Does not meet water recommendations	750	16.5	6.7	4.6	5.4	4.5	6.5	3.9	3.5	3.9	2.6
Meets water recommendations	523	11.5	8.7	9.1	7.0	7.5	7.8	4.1	2.9	3.4	2.9
Risk behaviour indicators²											
Current smoker	26	12.2	8.5	0.0	0.0	5.1	25.1	0.0	0.0	0.0	0.0
Ex-smoker	285	21.1	3.9	2.6	3.7	2.3	9.5	5.7	0.4	5.2	0.8
Never smoked	420	19.7	5.1	3.3	4.6	3.7	8.0	6.4	3.5	5.5	1.8
Current vaper	17	14.0	18.8	3.3	0.0	10.7	21.2	0.0	0.0	0.0	0.0
Ex-vaper	42	7.5	2.3	2.3	3.1	9.2	29.4	1.3	0.0	9.9	0.0
Never vaped	672	21.3	4.5	2.8	4.2	2.3	7.4	6.3	2.2	4.8	1.4
Had more than 4 standard drinks on a single occasion	466	16.8	4.9	4.3	1.9	4.3	10.0	4.8	2.4	5.3	2.0
Has not had more than 4 standard drinks	266	26.0	4.5	0.0	7.8	1.1	8.7	7.5	1.1	4.7	0.0
Gambled	296	20.7	3.1	5.8	2.8	4.1	10.3	3.5	2.7	2.9	1.4
Never gambled	434	19.4	6.0	0.4	4.8	2.5	9.0	7.4	1.3	6.8	1.2

¹ Base sizes include respondents living in the Shire of Campaspe. 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 21 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).

The most often used facility for respondents' main activities was Echuca War Memorial Aquatic Centre. People who used the following venues for their main activity were most likely to be heavy users of the facility:

- Kyabram Recreation Reserve (100%)
- Victoria Park (98.3%)
- Primal Health Club (97.8%)
- MJ Morgan Reserve (95.3%)
- Palmer's Gymnastics, Echuca (91.1%)

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

- Apex Park (34.6%)
- Murray River (31.9%)
- Echuca War Memorial Aquatic Centre (21.1%)
- Scenic Drive (19.1%)
- Echuca District Netball Complex (17.1%)

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 21 facilities				
Echuca War Memorial Aquatic Centre	81	71.4	7.5	21.1
Echuca South Recreation Reserve	37	87.2	8.0	4.8
Echuca East Recreation Reserve	32	70.0	27.4	2.7
Rochester Recreation Reserve	28	84.6	4.4	11.0
Echuca Stadium	24	85.0	10.0	5.0
Echuca District Netball Complex	21	76.1	6.8	17.1
Echuca Lawn Tennis Club	20	70.0	22.9	7.0
Murray River	18	19.1	49.0	31.9
Campaspe River Walk	17	86.3	6.3	7.4
Victoria Park	16	98.3	1.7	0.0
Kyabram Recreation Reserve	15	100.0	0.0	0.0
Lockington Recreation Reserve	14	90.3	4.1	5.6
Primal Health Club	12	97.8	2.2	0.0
Body Fit Training, Echuca	11	90.5	9.5	0.0
Palmer's Gymnastics, Echuca	11	91.1	8.9	0.0
Splash 'N' Learn to Swim	11	92.3	7.7	0.0
Apex Park	10	38.6	26.8	34.6
Hopwood Gardens	10	90.8	0.0	9.2
MJ Morgan Reserve	10	95.3	4.7	0.0
Next Level Echuca Moama	10	88.8	0.0	11.2
Scenic Drive	10	61.8	19.1	19.1

¹ Base sizes include respondents aged 3 years and over living in the Shire of Campaspe. 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. The average travel distance to get to main activities was 14.9 kilometres.

Approximately 70.2% of main activities had been accessed via car, while 24.9% were accessed via active transportation, including 29.5% on foot and 5.4% via cycling. Few (1.4%) used public transport, taxis, or Uber to get to or from their main activities. No differences in travel methods were seen between subregions.

As might be expected, where the activity is also a mode of transport (walking or cycling), respondents often mentioned accessing their activity via this same mode. The following activities were almost always accessed via car:

- Tennis (indoor / outdoor) (100%)
- Cricket (all types) (96.3%)
- Basketball (indoor / outdoor) (95.7%)
- Netball (indoor / outdoor) (93.9%)
- Golf (90.2%)

Of the main activities, respondents travelled the furthest to go bush walking or hiking (36.1 kilometres on average). Residents had to travel the least distance for recreational cycling (0.8 kilometres), walking (4.1 kilometres) and working out at the gym (5.7 kilometres), making these accessible activity options.

Table 3.8.4.1 Travel to and from main activities by subregion and top activities

	Unweighted base ¹	Car	Walking	Bicycle	Public transport / taxi / Uber	Average kilometres travelled ²
Total sample	1,288	70.2	19.5	5.4	1.4	14.9
Subregion						
Echuca	746	71.8	17.1	6.5	1.4	11.2
Kyabram	159	67.4	19.9	5.5	2.9	29.5
Lockington and District	101	76.7	14.1	6.2	0.0	17.6
Rochester	134	67.8	26.4	1.4	0.0	15.9
Rushworth and District	61	43.7	36.6	9.7	0.0	7.8
Stanhope and District	33	81.1	18.9	0.0	0.0	26.9
Tongala and District	39	71.9	21.9	0.0	5.7	12.1
Top activities						
Walking	174	28.0	65.3	0.0	2.4	4.1
Active play (at playgrounds / play centres)	116	73.3	22.9	2.3	1.1	7.6
Australian Rules Football (AFL)	95	88.6	8.5	2.0	1.0	22.9
Swimming	94	78.3	4.1	1.7	6.7	16.6
Netball (indoor / outdoor)	87	93.9	5.0	0.0	1.1	17.3
Fitness: Gym	86	80.5	13.8	0.3	1.0	5.7
Fitness: Indoor group activities / Aerobics)	74	91.1	2.4	0.6	1.8	6.8
Tennis (indoor / outdoor)	42	100.0	0.0	0.0	0.0	7.1
Jogging / running	40	44.5	54.8	0.0	0.0	11.4
Basketball (indoor / outdoor)	38	95.7	0.0	4.3	0.0	10.9
Dancing / Ballet / Calisthenics	36	87.0	3.2	0.0	6.1	9.1
Cycling: General cycling for recreation	35	8.0	1.8	89.4	0.0	0.8
Soccer (indoor / outdoor)	32	82.1	6.1	2.6	9.2	23.0
Bush walking / Hiking	29	82.5	16.6	0.9	0.0	36.1
Cricket (all types)	29	96.3	3.7	0.0	0.0	29.4

Golf	28	90.2	0.9	0.0	0.0	12.6
Aqua aerobics	24	89.5	10.5	0.0	0.0	11.0
Lawn bowls	21	76.5	17.0	0.0	0.0	5.8
Fishing	18	78.2	19.0	2.7	0.0	22.0
Athletics / Track and Field	14	78.0	10.1	6.0	0.0	7.1

¹ Base sizes include all activities mentioned by respondents aged 3 years and over living in the Shire of Campaspe. 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 presents the travel methods used to get to various facilities. The facilities/spaces that residents most frequently reported driving by car were those that are used primarily for fitness and indoor sports, including:

- Echuca Stadium (100%)
- Echuca Lawn Tennis Club (100%)
- Lockington Recreation Reserve (100%)
- Body Fit Training, Echuca (100%)
- Palmer's Gymnastics, Echuca (100%)
- Splash 'N' Learn to Swim (100%)
- Scenic Drive (100%)

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

- Campaspe River Walk (67.5%)
- Hopwood Gardens (51.1%)
- Apex Park (43.8%)
- Kyabram Recreation Reserve (24.5%)

Cycling was not commonly reported as a method to travel to get to facilities. Residents were travelling furthest to get to Kyabram Recreation Reserve (44.9 kilometres), followed by MJ Morgan Reserve (28.8 kilometres) and Lockington Recreation Reserve (26.2 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	1,288	70.2	19.5	5.4	1.4	14.9
Top facilities						
Echuca War Memorial Aquatic Centre	81	90.3	1.5	0.4	7.8	9.9
Echuca South Recreation Reserve	37	89.4	1.8	0.0	0.0	7.8
Echuca East Recreation Reserve	32	61.1	21.0	2.7	0.0	3.1
Rochester Recreation Reserve	28	83.7	15.0	1.2	0.0	13.7
Echuca Stadium	24	100.0	0.0	0.0	0.0	7.9
Echuca District Netball Complex	21	95.0	5.0	0.0	0.0	12.0
Echuca Lawn Tennis Club	20	100.0	0.0	0.0	0.0	5.4
Murray River	18	92.0	8.0	0.0	0.0	12.0
Campaspe River Walk	17	26.2	67.5	6.3	0.0	6.0
Victoria Park	17	95.4	4.6	0.0	0.0	11.7
Kyabram Recreation Reserve	15	75.5	24.5	0.0	0.0	44.9
Lockington Recreation Reserve	14	100.0	0.0	0.0	0.0	26.2
Primal Health Club	12	82.3	17.7	0.0	0.0	6.2
Body Fit Training, Echuca	11	100.0	0.0	0.0	0.0	5.5
Palmer's Gymnastics, Echuca	11	100.0	0.0	0.0	0.0	9.1
Splash 'N' Learn to Swim	11	100.0	0.0	0.0	0.0	6.7
Apex Park	10	56.2	43.8	0.0	0.0	6.6
Hopwood Gardens	10	48.9	51.1	0.0	0.0	3.7
MJ Morgan Reserve	10	87.0	13.0	0.0	0.0	28.8
Next Level Echuca Moama	10	96.9	3.1	0.0	0.0	4.2
Scenic Drive	3	100.0	0.0	0.0	0.0	10.6

¹ Base sizes include all activities mentioned by respondents aged 3 years and over living in the Shire of Campaspe. 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 top 20 most reported activities.

The highest quality ratings were received for the facilities or spaces where people participated in unstructured recreation activities (active play, bush walking/ hiking, athletics / track and field), golf, and indoor group activities. These facilities also received the highest accessibility ratings, except for those used for bush walking/ hiking and athletics. Instead, facilities used for lawn bowls and tennis were rated as highly accessible.

The lowest ratings for quality were received for team sport activities such as basketball, netball, football, as well as fishing. Accessibility ratings were similar with fishing, netball, cricket, bush walking and recreational cycling seen to be least accessible. Reviewing the suggested improvements for fishing, bushwalking and 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			
Walking	173	32.2	67.8
Active play (at playgrounds / play centres)	116	17.7	82.3
Australian Rules Football (AFL)	95	44.3	55.7
Swimming	94	21.1	78.9
Netball (indoor / outdoor)	87	59.3	40.7
Fitness: Gym	86	21.1	78.9
Fitness: Indoor group activities / Aerobics)	76	3.2	96.8
Tennis (indoor / outdoor)	42	22.0	78.0
Jogging / running	41	32.0	68.0
Basketball (indoor / outdoor)	38	56.0	44.0
Dancing / Ballet / Calisthenics	37	18.7	81.3
Cycling: General cycling for recreation	35	23.4	76.6
Soccer (indoor / outdoor)	32	20.5	79.5
Bush walking / Hiking	29	16.7	83.3
Cricket (all types)	29	33.4	66.6
Golf	29	11.1	88.9
Aqua aerobics	24	20.5	79.5
Lawn bowls	21	20.4	79.6

Fishing	18	38.3	61.7
Athletics / Track and Field	14	11.0	89.0

¹ Base sizes include all activities mentioned by respondents aged 3 years and over living in the Shire of Campaspe. 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			
Walking	172	20.2	79.8
Active play (at playgrounds / play centres)	116	11.9	88.1
Australian Rules Football (AFL)	95	33.8	66.2
Swimming	94	23.4	76.6
Netball (indoor / outdoor)	87	39.9	60.1
Fitness: Gym	86	16.4	83.6
Fitness: Indoor group activities / Aerobics)	75	5.2	94.8
Tennis (indoor / outdoor)	42	7.5	92.5
Jogging / running	41	28.7	71.3
Basketball (indoor / outdoor)	38	27.4	72.6
Dancing / Ballet / Calisthenics	37	23.4	76.6
Cycling: General cycling for recreation	35	38.5	61.5
Soccer (indoor / outdoor)	32	12.1	87.9
Bush walking / Hiking	29	35.0	65.0
Cricket (all types)	29	34.6	65.4
Golf	29	11.4	88.6
Aqua aerobics	24	16.2	83.8
Lawn bowls	21	4.4	95.6
Fishing	18	52.1	47.9
Athletics / Track and Field	14	34.1	65.9

¹ Base sizes include all activities mentioned by respondents aged 3 years and over living in the Shire of Campaspe. 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 21 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:

- Body Fit Training, Echuca (100%)
- Next Level Echuca Moama (100%)
- Scenic Drive (90.2%)
- Echuca Lawn Tennis Club (87.1%)
- Campaspe River Walk (84.0%)

The top two ranked facilities or spaces for accessibility also aligned with the top ranked facilities for quality:

- Body Fit Training, Echuca (100%)
- Next Level Echuca Moama (100%)
- Echuca East Recreation Reserve (97.3%)
- Hopwood Gardens (93.2)
- Scenic Drive (87.8%)

The facilities or spaces with the lowest proportion of respondents rating them as good or excellent in quality are:

- Echuca District Netball Complex (33%)
- MJ Morgan Reserve (35.8%)
- Echuca South Recreation Reserve (36.0%)
- Echuca Stadium (43.2%)
- Rochester Recreation Reserve (52.0%)

Overall accessibility ratings were generally more positive than quality ratings for facilities and spaces where people engage in sports, exercise and recreational activities. Some facilities were also among the five facilities with the lowest proportion of respondents rating them as good or excellent in accessibility, as follows:

- MJ Morgan Reserve (43.9%)
- Rochester Recreation Reserve (57.2%)
- Echuca South Recreation Reserve (61.1%)
- Victoria Park (62.2%)
- Palmer's Gymnastics, Echuca (63.4%)

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	Very poor to average quality	Good to excellent quality
	N	%	%
Top 21 facilities			
Echuca War Memorial Aquatic Centre	81	19.1	80.9
Echuca South Recreation Reserve	37	64.0	36.0
Echuca East Recreation Reserve	32	22.9	77.1
Rochester Recreation Reserve	28	48.0	52.0
Echuca Stadium	24	56.8	43.2
Echuca District Netball Complex	21	67.0	33.0
Echuca Lawn Tennis Club	20	12.9	87.1
Murray River	18	31.3	68.7
Campaspe River Walk	17	16.0	84.0
Victoria Park	17	46.1	53.9
Kyabram Recreation Reserve	15	36.1	63.9
Lockington Recreation Reserve	14	28.7	71.3
Primal Health Club	12	23.1	76.9
Body Fit Training, Echuca	11	0.0	100.0
Palmer's Gymnastics, Echuca	11	27.4	72.6
Splash 'N' Learn to Swim	11	25.6	74.4
Apex Park	10	36.0	64.0
Hopwood Gardens	10	25.2	74.8
MJ Morgan Reserve	10	64.2	35.8
Next Level Echuca Moama	10	0.0	100.0
Scenic Drive	10	9.8	90.2

¹ Base sizes include all activities mentioned by respondents aged 3 years and over living in the Shire of Campaspe. 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 21 facilities			

Echuca War Memorial Aquatic Centre	81	16.9	83.1
Echuca South Recreation Reserve	37	38.9	61.1
Echuca East Recreation Reserve	32	2.7	97.3
Rochester Recreation Reserve	28	42.8	57.2
Echuca Stadium	24	34.4	65.6
Echuca District Netball Complex	21	26.5	73.5
Echuca Lawn Tennis Club	20	15.7	84.3
Murray River	18	32.2	67.8
Campaspe River Walk	17	12.8	87.2
Victoria Park	17	37.8	62.2
Kyabram Recreation Reserve	15	34.9	65.1
Lockington Recreation Reserve	14	26.8	73.2
Primal Health Club	12	25.3	74.7
Body Fit Training, Echuca	11	0.0	100.0
Palmer's Gymnastics, Echuca	11	36.6	63.4
Splash 'N' Learn to Swim	11	22.8	77.2
Apex Park	10	21.3	78.7
Hopwood Gardens	10	6.8	93.2
MJ Morgan Reserve	10	56.1	43.9
Next Level Echuca Moama	10	0.0	100.0
Scenic Drive	10	12.2	87.8

¹ Base sizes include all activities mentioned by respondents aged 3 years and over living in the Shire of Campaspe. 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, 67.8% reported agreeing that it is easy to be physically active in their local area, with the proportion being higher among children (79.2%) compared to adults (64.7%). A greater proportion of females disagreed (13.9%) that it was easy to be physically active locally compared to males (4.4%). A greater proportion of respondents from Echuca (75.7%) agreed that it was easy to be physically active in their local area compared to respondents from Kyabram (52.6%).

Those who reported just getting along, poor or very poor (44.5%), low or very low food security (44.8%) or marginal food security (48.9%) were less likely to agree that it was easy to be physically active in their local area compared to those who reported being reasonably comfortable, very comfortable or prosperous (76.9%) and those with high food security (75.4%).

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	997	67.8	23.1	9.1
Children	310	79.2	15.2	5.6
Adults	681	64.7	25.2	10.0
Males	325	72.8	22.9	4.4
Females	668	62.9	23.2	13.9
Sex and age				
Males, 3 to 11	100	84.0	13.0	3.0
Males, 12 to 17	62	82.3	17.7	0.0
Males, 18 to 34	15	60.6	39.4	0.0
Males, 35 to 49	40	67.2	25.3	7.4
Males, 50 to 69	82	67.6	24.1	8.3
Males, 70+	24	81.7	18.3	0.0
Females, 3 to 11	94	77.7	17.0	5.3
Females, 12 to 17	53	69.8	13.2	17.0
Females, 18 to 34	99	53.2	33.1	13.7
Females, 35 to 49	176	65.9	19.2	14.9
Females, 50 to 69	187	63.3	19.7	17.1
Females, 70+	55	57.8	28.4	13.7
Subregion				
Echuca	518	75.7	18.7	5.6
Kyabram	144	52.6	34.3	13.1
Lockington and District	78	63.3	24.4	12.3
Rochester	111	72.3	15.5	12.2
Rushworth and District	56	61.8	20.7	17.5
Stanhope and District	33	53.0	43.7	3.3
Tongala and District	47	60.5	26.7	12.8
Demographic indicators				
Household size²				
1 person	88	60.6	29.0	10.5
2 or 3 people	354	68.8	20.8	10.3
4 or 5 people	214	59.9	31.6	8.5
More than 5 people	23	60.7	28.6	10.7
Born overseas	78	54.2	37.4	8.4
Born in Australia	918	68.9	21.9	9.2
Speaks other main language*	16	67.7	13.8	18.4
Speaks English as main language	980	67.8	23.3	8.9
Aboriginal and/or Torres Strait Islander	30	79.5	19.8	0.7

Not Aboriginal or Torres Strait Islander	964	67.6	22.9	9.5
LGBTQIA+*	27	44.1	39.6	16.3
Non-LGBTQIA+	967	68.9	22.3	8.9
Neurodivergent	83	53.9	32.2	13.8
Not neurodivergent	689	70.0	20.9	9.1
Maybe	67	69.9	24.9	5.2
Not sure what neurodivergent means	133	68.0	22.8	9.2
Less than Bachelor level education ²	389	63.9	26.1	10.0
Holds a Bachelor degree or higher	289	70.8	18.8	10.4
Unemployed/Retired ²	159	57.9	29.1	13.0
Employed	522	67.8	23.5	8.7
Just getting along, poor or very poor ²	204	44.5	36.8	18.7
Reasonably comfortable, very comfortable or prosperous	476	76.9	18.3	4.8
Requires help with daily activities	97	53.8	26.8	19.4
Does not require help	899	69.4	22.6	8.0
Food security (last 12 months)²				
Low or very low food security	110	44.8	35.6	19.6
Marginal food security	102	48.9	37.5	13.6
High food security	469	75.4	18.8	5.9

¹ Base sizes include respondents living in the Shire of Campaspe. 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 (40.7% vs 75.5%), with low to moderate life satisfaction (49.4% vs 72.4%), who do not feel valued by society (39.1% vs sometimes [64.6%] and definitely [81.7%]) and have poor mental wellbeing (40.7% vs 74.3%) agree 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 adherence to the fruit intake, aerobic physical activity and muscle strengthening recommendations. Agreeance that it is easy to be physically active in the local area was lower among respondents who did not meet the fruit intake (60.1% vs 76.3%), aerobic physical activity (47.3% vs 76.2%) and muscle strengthening (59.3% vs 78.4%) recommendations, compared to their counterparts who did. Further, a greater proportion of those who did not engage in risky alcohol consumption over the past 12 months (15.2%) reported disagreeing that it was easy to be active locally compared to those who engaged in risky alcohol consumption (6.9%).

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	997	67.8	23.1	9.1
Health and wellbeing indicators				
Self-reported health - Fair or poor	166	40.7	42.7	16.6
Self-reported health - Good, very good, or excellent	745	75.5	17.5	7.0
Life satisfaction - Low to moderate (0 to 6) ²	201	49.4	33.9	16.7
Life satisfaction - High/very high (7 to 10)	422	72.4	21.0	6.6
Does not feel valued by society ²	129	39.1	36.1	24.8
Sometimes feel valued by society	301	64.6	28.0	7.4
Definitely feel valued by society	193	81.7	13.3	5.0
Poor mental wellbeing ²	182	40.7	40.1	19.1
Good mental wellbeing	499	74.3	19.3	6.4
Overweight or obese (BMI ≥25.0)	328	65.2	25.6	9.2
Normal range or underweight (BMI <25.0)	226	77.4	14.7	7.9
Health behaviour indicators				
Does not meet fruit intake recommendations	475	60.1	28.4	11.5
Meets fruit intake recommendations	507	76.3	17.4	6.2
Does not meet vegetable intake recommendations	884	66.8	23.8	9.4
Meets vegetable intake recommendations	96	73.6	19.7	6.7
Does not meet aerobic physical activity recommendations	313	47.3	33.3	19.4
Meets aerobic physical activity recommendations	649	76.2	18.9	4.8
Does not meet muscle strengthening recommendations	493	59.3	27.8	12.9
Meets muscle strengthening recommendations	346	78.4	16.6	4.9
Does not meet screen time recommendations	484	63.6	25.9	10.5
Meets screen time recommendations	462	72.5	19.8	7.7
Does not meet sleep recommendations	279	63.8	25.8	10.4
Meets sleep recommendations	679	70.1	21.0	9.0
Drinks sugar-sweetened beverages daily	137	59.5	28.6	11.9
Drinks sugar-sweetened beverages less than daily	855	69.6	21.8	8.6
Does not meet water recommendations	585	63.9	25.2	11.0
Meets water recommendations	388	73.6	19.9	6.5
Risk behaviour indicators²				
Current smoker	37	70.7	19.7	9.6
Ex-smoker	227	68.1	23.9	8.0
Never smoked	358	59.8	28.4	11.7
Current vaper	21	65.0	26.0	9.0
Ex-vaper	35	76.5	10.8	12.7

Never vaped	564	62.9	27.1	10.0
Had more than 4 standard drinks on a single occasion	363	67.6	25.4	6.9
Has not had more than 4 standard drinks	259	58.9	26.0	15.2
Gambled	246	65.6	25.1	9.3
Never gambled	375	62.8	26.5	10.7

¹ Base sizes include respondents living in the Shire of Campaspe. 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 respondents according to their demographic characteristics. Overall, 63.3% of Shire of Campaspe respondents had high food security, 14.3% had marginal food security, 10.9% had low food security and a further 11.5% had very low food security. No differences in food security were seen between males and females, however proportionate differences in food security were seen for many demographic characteristics. When thinking about groups that need the most support, very low food security was reported more frequently among respondents who are:

- Females aged 18 to 34 (21.8%), 35 to 49 (98.7%) and 50 to 69 (5.2) compared to 70 years and above (0.0%)
- Residents of Echuca (12.2%) compared to Rushworth and district (1.7%)
- Less than a bachelor level education (12.8%) compared to Bachelor degree or higher (3.7%)
- Just getting along, poor or very poor (28.6%) compared to reasonably comfortable, very comfortable or prosperous (1.2%)

Table 4.1.1 Adult food security by selected demographic characteristics

	Unweighted base ¹	High food security	Marginal food security	Low food security	Very low food security
	n	%	%	%	%
Total sample	681	63.3	14.3	10.9	11.5
Sex and age					
Males	161	66.1	10.4	10.8	12.7

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>

Females	517	60.6	17.9	11.1	10.3
Males, 18 to 34	15	25.8	11.6	25.4	37.1
Males, 35 to 49	40	55.1	13.2	20.6	11.1
Males, 50 to 69	82	72.0	14.3	4.4	9.3
Males, 70+	24	88.4	0.0	5.8	5.8
Females, 18 to 34	99	37.3	22.5	18.5	21.8
Females, 35 to 49	176	64.7	19.9	6.7	8.7
Females, 50 to 69	187	73.5	12.8	8.5	5.2
Females, 70+	55	76.5	15.5	7.9	0.0
Subregion					
Echuca	339	64.2	13.8	9.8	12.2
Kyabram	96	49.8	14.7	20.4	15.1
Lockington and District	57	75.6	11.5	6.5	6.4
Rochester	78	73.2	20.6	2.1	4.1
Rushworth and District	41	69.2	13.2	16.0	1.7
Stanhope and District	25	48.4	16.2	2.7	32.7
Tongala and District	39	62.9	9.4	19.4	8.2
Demographic indicators					
Household size					
1 person	88	52.8	20.2	11.3	15.7
2 or 3 people	354	74.6	11.9	5.8	7.8
4 or 5 people	214	53.3	13.9	18.7	14.2
More than 5 people	23	20.9	28.1	22.8	28.2
Born overseas	65	62.5	5.4	28.5	3.6
Born in Australia	615	63.9	14.5	9.1	12.5
Speaks other main language*	13	58.4	0.0	26.4	15.2
Speaks English as main language	668	63.4	14.7	10.6	11.4
Aboriginal and/or Torres Strait Islander*	17	34.5	20.1	16.4	29.1
Not Aboriginal or Torres Strait Islander	661	64.5	13.8	10.8	10.9
LGBTQIA+*	22	53.2	10.6	9.5	26.7
Non-LGBTQIA+	656	63.4	14.6	11.0	11.0
Neurodivergent	36	58.5	14.2	1.4	25.9
Not neurodivergent	475	68.3	12.2	10.8	8.6
Maybe	40	21.4	30.5	24.9	23.2
Not sure what neurodivergent means	109	60.6	13.4	11.7	14.3
Less than Bachelor level education	389	60.9	14.6	11.8	12.8
Holds a Bachelor degree or higher	289	76.9	13.1	6.4	3.7
Unemployed/Retired	159	68.6	8.3	12.4	10.8
Employed	522	60.9	17.1	10.2	11.8
Just getting along, poor or very poor	204	25.8	21.9	23.7	28.6
Reasonably comfortable, very comfortable or prosperous	476	85.9	9.8	3.2	1.2

Requires help with daily activities	36	43.6	18.7	12.7	25.0
Does not require help	644	64.9	13.9	10.8	10.5

¹ Base sizes include respondents aged 18 years and above living in the Shire of Campaspe. 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. Very low food security was associated with life satisfaction, perceived value to society and mental wellbeing. A greater proportion of those with low to moderate life satisfaction (24.6% vs 5.1%), poor mental wellbeing (28.1% vs 4.9%), don't or sometimes feel valued by society (17.0% and 15.2% vs definitely [2.7%]) reported very low levels of food security compared to their counterparts with more positive wellbeing indicators.

Similarly, very low food security was associated with adherence to the fruit and vegetable intake recommendations. A greater proportion of those who did not meet the fruit (16.5% vs 3.9%) and vegetable (12.7% vs 0.0%) recommendations reported very low food security compared to those who met them.

No differences in very low food security were seen according to risk taking behaviours; however current smokers were less likely to report high food security (33.7%) compared to ex-smokers (63.5%) and those who have never smoked (66.0%).

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	681	63.3	14.3	10.9	11.5
Health and wellbeing indicators					
Self-reported health - Fair or poor	154	44.8	18.9	16.0	20.3
Self-reported health - Good, very good, or excellent	468	69.8	12.3	8.9	9.0
Life satisfaction - Low to moderate (0 to 6)	201	41.8	18.9	14.7	24.6
Life satisfaction - High/very high (7 to 10)	422	74.4	11.8	8.7	5.1
Does not feel valued by society	129	42.8	22.3	17.9	17.0
Sometimes feel valued by society	301	58.5	12.9	13.4	15.2
Definitely feel valued by society	193	85.3	11.5	0.5	2.7
Poor mental wellbeing	182	35.4	18.6	17.9	28.1
Good mental wellbeing	499	74.4	12.6	8.1	4.9
Overweight or obese (BMI ≥25.0)	297	64.4	14.5	9.5	11.6
Normal range or underweight (BMI <25.0)	143	69.9	10.2	10.0	9.9
Health behaviour indicators					
Does not meet fruit intake recommendations	390	55.3	13.6	14.7	16.5
Meets fruit intake recommendations	283	78.1	14.0	4.0	3.9
Does not meet vegetable intake recommendations	606	61.6	14.3	11.5	12.7
Meets vegetable intake recommendations	65	94.1	4.5	1.0	0.4

Does not meet aerobic physical activity recommendations	168	54.2	17.4	12.8	15.7
Meets aerobic physical activity recommendations	496	66.9	11.9	10.7	10.4
Does not meet muscle strengthening recommendations	331	58.2	13.8	14.4	13.6
Meets muscle strengthening recommendations	285	69.4	16.1	5.2	9.2
Does not meet screen time recommendations	319	61.5	12.8	13.4	12.3
Meets screen time recommendations	340	66.7	14.7	9.2	9.5
Does not meet sleep recommendations	200	58.7	11.2	10.7	19.4
Meets sleep recommendations	460	67.8	14.2	10.2	7.8
Drinks sugar-sweetened beverages daily	114	52.7	18.7	5.6	23.1
Drinks sugar-sweetened beverages less than daily	565	66.8	12.4	12.4	8.4
Does not meet water recommendations	421	65.9	13.4	10.1	10.7
Meets water recommendations	249	60.6	13.9	13.3	12.2
Risk behaviour indicators²					
Current smoker	37	33.7	22.1	10.2	34.0
Ex-smoker	227	63.5	13.1	9.0	14.4
Never smoked	358	66.0	13.8	12.6	7.6
Current vaper	21	39.4	41.4	7.9	11.3
Ex-vaper	35	43.9	7.0	8.7	40.3
Never vaped	564	65.1	13.1	11.3	10.4
Had more than 4 standard drinks on a single occasion	363	64.0	14.0	11.5	10.6
Has not had more than 4 standard drinks	259	60.7	13.7	10.2	15.4
Gambled	246	63.0	14.0	11.0	12.0
Never gambled	375	61.9	14.4	11.0	12.7

¹ Base sizes include respondents aged 18 years and above living in the Shire of Campaspe. 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
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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>

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
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 Shire of Campaspe was 1.5 which is below the recommended daily intake, and less than half (44.1%) meet the age-specific fruit intake recommendations. Among adults, 36.9% of the 2025 ALC sample met their recommendation, compared with 45.7% in the 2019 ALC, indicating a significant decline in fruit consumption over the past six years. 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. These differences may reflect variations in methodology and data collection years, so comparisons should be interpreted with caution.

A greater proportion of children (71.4%) met the fruit consumption recommendations compared to adults (36.9%). No differences were seen between males and females. Residents of Lockington and district were the most likely to meet fruit intake recommendations (68.7%), with the proportion being significantly greater than respondents from all other subregions (proportion ranging from 23.5% to 37.6%).

A lower proportion of people from the following demographic groups reported consuming the recommended serves of fruit:

- Hold less than a Bachelor level education (34.7%) compared to Bachelor degree or higher (49.1%)
- Just getting along, poor or very poor (25.0%) compared to reasonably comfortable, very comfortable or prosperous (43.7%)
- Low or very low food security (13.0%) compared to marginal (37.9%) or high (45.5%) food security

A lower average number of serves of fruit was also reported among ALC respondents who are neurodivergent (1.2) compared to those who are not neurodivergent (1.6), in addition to the above noted groups (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	1,001	55.9	44.1	1.5
Children	327	28.6	71.4	2.2

Adults	674	63.1	36.9	1.4
Males	332	58.6	41.4	1.5
Females	664	53.4	46.6	1.5
Sex and age				
Males, 3 to 11	106	23.6	76.4	2.3
Males, 12 to 17	67	40.3	59.7	2.1
Males, 18 to 34	14	86.5	13.5	1.0
Males, 35 to 49	40	65.9	34.1	1.4
Males, 50 to 69	82	66.7	33.3	1.3
Males, 70+	23	55.4	44.6	1.5
Females, 3 to 11	96	9.4	90.6	2.4
Females, 12 to 17	56	51.8	48.2	1.6
Females, 18 to 34	97	69.6	30.4	1.2
Females, 35 to 49	174	63.3	36.7	1.4
Females, 50 to 69	187	57.6	42.4	1.4
Females, 70+	54	41.1	58.9	1.8
Subregion				
Echuca	335	65.3	34.7	1.3
Kyabram	96	65.2	34.8	1.4
Lockington and District	57	31.3	68.7	1.8
Rochester	76	62.4	37.6	1.3
Rushworth and District	41	67.2	32.8	1.3
Stanhope and District	25	76.5	23.5	1.1
Tongala and District	38	66.0	34.0	1.4
Demographic indicators				
Household size²				
1 person	88	63.9	36.1	1.3
2 or 3 people	350	60.8	39.2	1.4
4 or 5 people	213	66.6	33.4	1.3
More than 5 people	22	71.4	28.6	1.2
Born overseas	80	61.4	38.6	1.5
Born in Australia	921	55.4	44.6	1.5
Speaks other main language*	16	42.4	57.6	1.8
Speaks English as main language	984	56.3	43.7	1.5
Aboriginal and/or Torres Strait Islander*	29	54.6	45.4	1.5
Not Aboriginal or Torres Strait Islander	968	55.8	44.2	1.5
LGBTQIA+*	27	67.7	32.3	1.2
Non-LGBTQIA+	971	55.6	44.4	1.5
Neurodivergent	84	66.9	33.1	1.2
Not neurodivergent	696	52.7	47.3	1.6
Maybe	67	59.4	40.6	1.5
Not sure what neurodivergent means	129	62.4	37.6	1.4

Less than Bachelor level education ²	383	65.3	34.7	1.3
Holds a Bachelor degree or higher	288	50.9	49.1	1.6
Unemployed/Retired ²	157	57.9	42.1	1.5
Employed	517	65.5	34.5	1.3
Just getting along, poor or very poor ²	200	75.0	25.0	1.1
Reasonably comfortable, very comfortable or prosperous	473	56.3	43.7	1.5
Requires help with daily activities	100	46.9	53.1	1.6
Does not require help	900	57.0	43.0	1.5
Food security (last 12 months)²				
Low or very low food security	108	87.0	13.0	0.9
Marginal food security	100	62.1	37.9	1.3
High food security	465	54.5	45.5	1.5

¹ Base sizes include respondents living in the Shire of Campaspe. 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. Average daily serves of fruit and adherence to fruit intake recommendation were associated with all health and wellbeing indicators, except for BMI. Specifically, those with fair or poor self-reported health (29.0% vs 48.1%), with lower to moderate life satisfaction (26.7% vs 42.1%), poor mental wellbeing (25.4% vs 41.6%) and don't or sometimes feel valued by society (23.9% and 31.5% vs definitely [56.2%]) were significantly less likely to meet the fruit consumption recommendations compared to their counterparts with more positive wellbeing indicators.

Average daily serves of fruit and adherence to fruit consumption recommendations were also associated with vegetable intake, muscle strengthening and consuming sugar-sweetened beverages. A smaller proportion of those who did not meet the vegetable (41.4% vs 72.9%) and muscle strengthening (36.7% vs 49.7%) recommendations reported meeting the fruit intake recommendations compared to those who met them. Additionally, those who consumed sugar-sweetened beverages daily (25.4%) were less likely to meet the fruit intake recommendations compared to those who did not (48.2%). No differences were noted according to risk behaviours. However, those who never vaped consumed more fruit daily (1.4 serves), on average, compared to those who were ex-vapers (1.0 serves).

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	1,001	55.9	44.1	1.5
Health and wellbeing indicators				
Self-reported health - Fair or poor	162	71.0	29.0	1.2
Self-reported health - Good, very good, or excellent	737	51.9	48.1	1.6
Life satisfaction - Low to moderate (0 to 6) ²	197	73.3	26.7	1.1
Life satisfaction - High/very high (7 to 10)	419	57.9	42.1	1.5
Does not feel valued by society ²	127	76.1	23.9	1.1
Sometimes feel valued by society	298	68.5	31.5	1.3

Definitely feel valued by society	191	43.8	56.2	1.7
Poor mental wellbeing ²	179	74.6	25.4	1.1
Good mental wellbeing	495	58.4	41.6	1.5
Overweight or obese (BMI ≥25.0)	324	58.6	41.4	1.4
Normal range or underweight (BMI <25.0)	227	53.6	46.4	1.5
Health behaviour indicators				
Does not meet vegetable intake recommendations	898	58.6	41.4	1.5
Meets vegetable intake recommendations	98	27.1	72.9	2.1
Does not meet aerobic physical activity recommendations	313	59.6	40.4	1.4
Meets aerobic physical activity recommendations	647	55.0	45.0	1.6
Does not meet muscle strengthening recommendations	494	63.3	36.7	1.4
Meets muscle strengthening recommendations	341	50.3	49.7	1.6
Does not meet screen time recommendations	482	61.4	38.6	1.4
Meets screen time recommendations	457	52.7	47.3	1.5
Does not meet sleep recommendations	278	61.6	38.4	1.4
Meets sleep recommendations	674	53.0	47.0	1.6
Drinks sugar-sweetened beverages daily	138	74.6	25.4	1.1
Drinks sugar-sweetened beverages less than daily	850	51.8	48.2	1.6
Does not meet water recommendations	587	60.0	40.0	1.5
Meets water recommendations	387	49.2	50.8	1.6
Risk behaviour indicators²				
Current smoker	37	78.1	21.9	1.2
Ex-smoker	224	61.8	38.2	1.4
Never smoked	354	61.9	38.1	1.4
Current vaper	20	78.8	21.2	1.2
Ex-vaper	34	75.8	24.2	1.0
Never vaped	559	61.5	38.5	1.4
Had more than 4 standard drinks on a single occasion	355	63.6	36.4	1.3
Has not had more than 4 standard drinks	260	62.3	37.7	1.4
Gambled	240	61.3	38.7	1.4
Never gambled	374	64.6	35.4	1.3

¹ Base sizes include respondents living in the Shire of Campaspe. 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, Shire of Campaspe residents were consuming 2.1 daily serves of vegetables, well below the recommended serves per day for all ages. Overall, 91.9% of respondents did

not meet the age- and sex-specific vegetable consumption recommendations. In 2019, the proportion not meeting the recommendations was 87.5%, indicating a slight decline in vegetable consumption over the past six years. Among adults in the 2025 sample, the proportion not meeting the recommendations was 92.3%. This is similar to the 2023 VPHS and 2022 NHS Victorian results, with 90% and 94% of adults, respectively, not meeting the vegetable intake recommendations.

No differences in recommendation adherence were found between children and adults or between males and females, however children consumed more serves of fruit per day (2.5), on average, compared to adults (2.0). Residents of Echuca were more likely to meet the vegetable recommendations (10.6%) compared to residents of Tongala and district (1.8%). A lower proportion of respondents who were born overseas (1.9%) and with marginal (2.4%) and low or very low food security (0.4%) reported consuming the recommended serves of vegetables compared to those born in Australia (8.7%) and those experiencing high food security (10.5%). The average number of serves of vegetables was also lower among respondents born overseas, hold less than a bachelor level education, are just getting along, poor or very poor, require help with daily activities and have marginal, 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	998	91.9	8.1	2.1
Children	326	90.5	9.5	2.5
Adults	672	92.3	7.7	2.0
Males	332	93.2	6.8	1.9
Females	666	90.5	9.5	2.2
Sex and age				
Males, 3 to 11	106	87.7	12.3	2.5
Males, 12 to 17	67	98.5	1.5	2.5
Males, 18 to 34	14	100.0	0.0	1.1
Males, 35 to 49	40	99.0	1.0	1.4
Males, 50 to 69	82	98.5	1.5	1.8
Males, 70+	23	75.6	24.4	2.5
Females, 3 to 11	97	87.6	12.4	2.5
Females, 12 to 17	56	89.3	10.7	2.3
Females, 18 to 34	98	98.6	1.4	1.7
Females, 35 to 49	174	91.4	8.6	2.3
Females, 50 to 69	187	88.8	11.2	2.4
Females, 70+	54	80.4	19.6	2.7
Subregion				
Echuca	333	89.4	10.6	2.1
Kyabram	96	96.1	3.9	1.7
Lockington and District	57	88.1	11.9	2.6
Rochester	76	95.4	4.6	2.0
Rushworth and District	40	94.9	5.1	1.9

Stanhope and District	25	92.9	7.1	1.7
Tongala and District	39	98.2	1.8	1.8
Demographic indicators				
Household size²				
1 person	88	86.9	13.1	1.9
2 or 3 people	348	91.7	8.3	2.1
4 or 5 people	212	96.1	3.9	1.8
More than 5 people	23	96.2	3.8	1.8
Born overseas	79	98.1	1.9	1.7
Born in Australia	919	91.3	8.7	2.1
Speaks other main language*	16	100.0	0.0	1.7
Speaks English as main language	981	91.7	8.3	2.1
Aboriginal and/or Torres Strait Islander*	29	100.0	0.0	1.3
Not Aboriginal or Torres Strait Islander	965	91.5	8.5	2.1
LGBTQIA+*	27	90.5	9.5	2.0
Non-LGBTQIA+	968	91.9	8.1	2.1
Neurodivergent	82	95.5	4.5	1.8
Not neurodivergent	694	90.9	9.1	2.2
Maybe	67	93.7	6.3	2.1
Not sure what neurodivergent means	130	92.8	7.2	1.8
Less than Bachelor level education ²	382	92.6	7.4	1.9
Holds a Bachelor degree or higher	287	90.0	10.0	2.6
Unemployed/Retired ²	157	84.7	15.3	2.2
Employed	515	95.7	4.3	1.9
Just getting along, poor or very poor ²	199	95.5	4.5	1.6
Reasonably comfortable, very comfortable or prosperous	472	90.3	9.7	2.3
Requires help with daily activities	99	96.4	3.6	1.6
Does not require help	898	91.4	8.6	2.1
Food security (last 12 months)²				
Low or very low food security	108	99.6	0.4	1.2
Marginal food security	98	97.6	2.4	1.6
High food security	465	89.5	10.5	2.3

¹ Base sizes include respondents living in the Shire of Campaspe. 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. Adherence to the vegetable consumption recommendations was not associated with any health and wellbeing indicators, however, associations were seen between average daily serves of vegetables and three out of five health and wellbeing indicators. Specifically, those with fair or poor self-reported health (1.7 vs 2.2), with lower to moderate life satisfaction (1.7 vs 2.2) and do not or sometimes

feel valued by society (1.6 and 1.9 vs definitely [2.5]) consumed fewer serves of vegetables compared to their counterparts with more positive wellbeing indicators.

Adherence to the vegetable consumption recommendations was associated with fruit intake and daily sugar-sweetened beverage consumption. Specifically, a smaller proportion of those who did not meet the fruit intake recommendations (3.9%) and consumed sugar-sweetened beverages daily (1.3%) reported meeting the vegetable consumption recommendations compared to those who met the fruit intake recommendations (13.5%) and did not consume sugar-sweetened beverages daily (9.7%). A lower average number of serves of vegetables was also reported among Shire of Campaspe respondents who did not meet fruit intake or muscle strengthening recommendations and consumed sugar-sweetened beverages daily (see Table 4.2.2.2 for details).

Vaping and gambling were the two assessed risk behaviour associated with adherence to the vegetable consumption recommendations. Specifically, a lower proportion of respondents who are ex vapers (0.0%) and had gambled in the past 12 months (3.0%) met the vegetable consumption recommendations compared to their counterparts who had never vaped (9.1%) and never gambled (11.4%).

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	998	91.9	8.1	2.1
Health and wellbeing indicators				
Self-reported health - Fair or poor	161	91.6	8.4	1.7
Self-reported health - Good, very good, or excellent	736	91.6	8.4	2.2
Life satisfaction - Low to moderate (0 to 6) ²	196	93.3	6.7	1.7
Life satisfaction - High/very high (7 to 10)	418	91.1	8.9	2.2
Does not feel valued by society ²	126	93.2	6.8	1.6
Sometimes feel valued by society	298	94.3	5.7	1.9
Definitely feel valued by society	190	85.9	14.1	2.5
Poor mental wellbeing ²	179	92.7	7.3	1.7
Good mental wellbeing	493	92.1	7.9	2.1
Overweight or obese (BMI ≥25.0)	322	93.0	7.0	2.1
Normal range or underweight (BMI <25.0)	227	85.1	14.9	2.5
Health behaviour indicators				
Does not meet fruit intake recommendations	479	96.1	3.9	1.5
Meets fruit intake recommendations	517	86.5	13.5	2.8
Does not meet aerobic physical activity recommendations	311	91.6	8.4	1.9
Meets aerobic physical activity recommendations	646	91.8	8.2	2.2
Does not meet muscle strengthening recommendations	490	93.2	6.8	1.9
Meets muscle strengthening recommendations	342	92.3	7.7	2.3
Does not meet screen time recommendations	480	93.1	6.9	2.0
Meets screen time recommendations	457	90.9	9.1	2.2

Does not meet sleep recommendations	276	92.1	7.9	2.0
Meets sleep recommendations	674	91.7	8.3	2.2
Drinks sugar-sweetened beverages daily	137	98.7	1.3	1.5
Drinks sugar-sweetened beverages less than daily	848	90.3	9.7	2.2
Does not meet water recommendations	588	92.3	7.7	2.0
Meets water recommendations	386	90.6	9.4	2.3
Risk behaviour indicators²				
Current smoker	37	89.5	10.5	2.1
Ex-smoker	223	93.0	7.0	2.0
Never smoked	353	91.3	8.7	2.0
Current vaper	20	97.4	2.6	1.8
Ex-vaper	34	100.0	0.0	1.7
Never vaped	557	90.9	9.1	2.1
Had more than 4 standard drinks on a single occasion	354	92.4	7.6	2.0
Has not had more than 4 standard drinks	259	91.0	9.0	2.0
Gambled	238	97.0	3.0	1.9
Never gambled	374	88.6	11.4	2.1

¹ Base sizes include respondents living in the Shire of Campaspe. 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 cost (21.7%), personal preferences (17.0%) and access and quality (15.0%). Other relatively common barriers to increasing serves of fruit were habit and routine (9.1%), while 7.8% stated that they had 'no particular reason' for not meeting the recommended intake.

Table 4.2.3.1 Barriers to fruit consumption

Reasons	% (¹ N=481)
Cost	21.7
Preferences	17.0
Access/quality	15.0
Habit/routine	9.1
No particular reason	7.8
Satisfied with current intake/low appetite	6.9
Diet/health restrictions	4.7

Inconvenient to prepare	3.0
Time	2.9
Other	1.5

¹ Base sizes include respondents living in the Shire of Campaspe. 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 affordability, desirability (personal preference), affordability, access and habit formation are likely to be the most effective in increasing fruit consumption.

Respondents from the following groups were more likely to report cost as a barrier and may benefit from targeted intervention:

- Adults (23.2%) compared to children (8.7%)
- Less than a Bachelor level education (25.2%) compared to Bachelor degree or above (8.1%)
- Just getting along, poor or very poor (38.1%) compared to reasonably comfortable, very comfortable or prosperous (11.5%)
- Low or very low (46.1%) and marginal (35.4%) food security compared to high food security (7.8%)
- Low to moderate life satisfaction (34.3%) compared to high or very high life satisfaction (17.3%)
- Poor mental wellbeing (39.1%) compared to good mental wellbeing (14.9%)

Reporting of personal preferences as a barrier to fruit consumption differed between children and adults and by adherence to the sleep recommendations. Specifically, a greater proportion of children (39.6%) and those who met the sleep recommendations (21.7%) reported personal preferences as a barrier to fruit consumption compared to adults (14.3%) and those who did not meet the sleep recommendations (9.4%). Access or quality (including freshness, perishability, variety etc.) was reported more frequently as a barrier to fruit consumption among respondents who did not require help with daily activities (16.0%) compared to those who did require help (4.4%). Habit or routine being reported as a barrier to fruit consumption was reported by a greater proportion of adults (10.0%) and ex-smokers (17.3%) compared to children (1.2%) and current smokers (1.8%). 'No particular reason' was the fifth most common response when asked to report barriers to fruit consumption and differences were seen according to subregion and smoking only. A greater proportion of respondents from Echuca (8.4%) and those who had never smoked (6.7%) cited 'no particular reason' for not consuming the recommended serves of fruit compared to residents of Stanhope and District (0.7%) and current smokers (0.0%).

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

	Unweighted base ¹ n	Cost %	Preferences %	Access/quality %	Habit/routine %	No particular reason %
Total sample	481	21.7	17.0	15.0	9.1	7.8
Children	90	8.7	39.6	10.0	1.2	10.2
Adults	391	23.2	14.3	15.6	10.0	7.6
Males	152	17.7	12.6	15.8	9.8	8.7
Females	327	26.0	21.9	14.2	8.1	6.9
Subregion						
Echuca	254	23.2	17.3	14.1	7.0	8.4
Kyabram	69	29.4	8.9	21.3	5.1	13.0
Lockington and District	23	28.5	24.8	9.4	3.3	3.7
Rochester	52	12.8	22.2	9.9	5.3	5.0
Rushworth and District	34	14.6	20.9	21.2	2.2	2.2
Stanhope and District	19	16.3	19.5	19.6	28.2	0.7
Tongala and District	27	17.4	16.4	9.5	28.7	11.7
Demographic indicators						
Born overseas	46	20.6	24.9	24.9	5.3	7.8
Born in Australia	435	21.8	16.1	14.0	9.5	7.8
Speaks other main language*	8	56.4	15.2	0.0	16.7	0.0
Speaks English as main language	473	21.1	17.0	15.3	9.0	8.0
Aboriginal and/or Torres Strait Islander*	15	31.5	16.8	13.0	0.0	5.5
Not Aboriginal or Torres Strait Islander	463	21.5	16.4	15.2	9.5	7.9
LGBTQIA+*	17	39.3	2.9	21.1	8.4	30.9
Non-LGBTQIA+	463	20.9	17.7	14.8	9.1	6.8
Neurodivergent	48	13.0	20.1	13.9	3.1	19.4
Not neurodivergent	318	22.6	18.1	16.0	9.9	4.4

Maybe	31	33.7	18.8	27.8	6.5	6.1
Not sure what neurodivergent means	74	21.0	9.5	10.4	9.3	13.7
Less than Bachelor level education ²	242	25.2	13.6	16.0	9.2	7.3
Holds a Bachelor degree or higher	147	8.1	19.8	13.5	16.6	9.6
Unemployed/Retired ²	82	17.4	8.9	15.5	9.0	4.3
Employed	309	25.6	16.5	15.7	10.5	8.9
Just getting along, poor or very poor ²	134	38.1	14.6	19.6	10.5	4.8
Reasonably comfortable, very comfortable or prosperous	257	11.5	14.1	12.5	9.7	9.8
Requires help with daily activities	36	26.1	30.5	4.4	3.5	5.1
Does not require help	445	21.3	15.8	16.0	9.6	8.1
Food security (last 12 months)²						
Low or very low food security	84	46.1	14.6	21.1	4.9	6.8
Marginal food security	60	35.4	13.3	15.0	12.0	3.2
High food security	246	7.8	14.7	11.0	12.6	9.2

¹ Base sizes include respondents living in the Shire of Campaspe. 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	Cost	Preferences	Access/quality	Habit/routine	No particular reason
	n	%	%	%	%	%
Total sample	481	21.7	17.0	15.0	9.1	7.8
Health and wellbeing indicators						
Self-reported health - Fair or poor	111	28.4	16.2	23.4	7.3	6.5
Self-reported health - Good, very good, or excellent	330	20.6	18.6	13.4	10.3	6.7
Life satisfaction - Low to moderate (0 to 6) ²	143	34.3	15.8	16.8	10.0	8.1

Life satisfaction - High/very high (7 to 10)	220	17.3	14.9	17.0	10.4	5.1
Does not feel valued by society ²	88	31.9	16.4	17.1	8.7	4.2
Sometimes feel valued by society	192	22.4	16.0	15.9	8.3	7.7
Definitely feel valued by society	84	20.2	11.6	19.6	18.7	5.3
Poor mental wellbeing ²	128	39.1	19.0	23.2	11.5	2.6
Good mental wellbeing	263	14.9	11.9	11.7	9.3	10.2
Overweight or obese (BMI ≥25.0)	186	21.1	16.4	19.2	11.1	7.7
Normal range or underweight (BMI <25.0)	103	15.1	17.8	30.1	8.8	3.3
Health behaviour indicators						
Does not meet vegetable intake recommendations	460	22.5	17.5	14.0	9.3	8.0
Meets vegetable intake recommendations*	19	0.0	6.5	41.9	1.3	4.3
Does not meet aerobic physical activity recommendations	168	29.4	20.9	13.0	5.6	5.7
Meets aerobic physical activity recommendations	295	18.4	15.6	16.4	11.1	8.6
Does not meet muscle strengthening recommendations	275	22.0	20.1	19.3	7.2	5.7
Meets muscle strengthening recommendations	148	20.1	12.7	10.9	15.9	8.6
Does not meet screen time recommendations	253	19.3	16.6	19.0	11.1	7.6
Meets screen time recommendations	210	25.1	17.4	9.3	7.0	7.8
Does not meet sleep recommendations	148	26.9	9.4	16.7	14.1	7.4
Meets sleep recommendations	310	20.1	21.7	14.3	6.2	5.9
Drinks sugar-sweetened beverages daily	102	33.1	17.4	15.4	4.3	3.4
Drinks sugar-sweetened beverages less than daily	373	18.3	16.8	15.1	10.7	8.9
Does not meet water recommendations	306	24.4	15.7	15.0	7.5	5.5
Meets water recommendations	165	16.0	21.1	16.2	11.4	11.6

Risk behaviour indicators ²						
Current smoker	29	30.2	21.2	32.4	1.8	0.0
Ex-smoker	135	22.1	16.4	11.3	17.3	7.8
Never smoked	198	25.5	13.7	18.5	6.5	6.7
Current vaper*	14	19.3	26.1	8.7	23.2	1.8
Ex-vaper	24	31.1	26.8	34.3	2.5	0.0
Never vaped	323	24.2	13.8	16.1	10.3	7.3
Had more than 4 standard drinks on a single occasion	222	22.5	17.4	14.4	12.4	8.7
Has not had more than 4 standard drinks	140	28.1	12.7	19.9	7.4	3.2
Gambled	144	26.4	16.4	15.7	10.0	9.4
Never gambled	218	23.5	14.7	18.0	10.6	4.6

¹ Base sizes include respondents living in the Shire of Campaspe. 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 five main themes that emerged amongst those who provided a response as to why they have not met vegetable consumption recommendations were cost (14.6%), personal preferences (12.4%), being inconvenient to prepare (12.1%), lack of time (9.4%) and time (9.1%).

Table 4.2.4.1 Barriers to vegetable consumption

Reasons	% (¹ N=900)
Cost	14.6
Preferences	12.4
Inconvenient to prepare	12.1
Time	9.4
Access/quality	9.1
Satisfied with current intake/low appetite	7.9
Habit/routine	5.5
No particular reason	5.4
Other	4.3
Diet/health restrictions	2.7

¹ Base sizes include respondents living in the Shire of Campaspe. 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 affordability, desirability (personal preference), inconvenience, lack of time and access are likely to be the most effective in increasing vegetable consumption.

Cost as a barrier to vegetable consumption was associated with age, financial status, food security, life satisfaction, perceived value by society, mental wellbeing and fruit intake. No associations were seen according to any risk behaviours. The following groups were more likely to report cost as a barrier and may benefit from targeted intervention:

- Adults (16.6%) compared to children (6.7%)
- Just getting along, poor or very poor (33.9%) compared to reasonably comfortable, very comfortable or prosperous (5.9%)
- Low or very low food security (47.9%) compared to marginal (22.3%) and high (3.0%) food security
- Low to moderate life satisfaction (27.9%) compared to high or very high life satisfaction (10.7%)
- Do not (25.4%) and sometimes (19.2%) feel valued by society compared to definitely feel valued by society (5.0%)
- Poor mental wellbeing (31.0%) compared to good mental wellbeing (10.6%)

- Did not meet fruit intake recommendations (19.4%) compared to met them (7.8%)

The following respondents were more likely to report personal preferences as a barrier to vegetable consumption:

- Children (37.6%) compared to adults (5.9%)
- Residents of Echuca (15.9%) compared to Kyabram (7.5%) and Tongala and District (4.5%)
- Maybe neurodivergent (27.2%) compared to those unsure what neurodivergent means (6.4%)
- Require help with daily activities (26.1%) compared to those who do not (10.8%)
- Did not meet the muscle strengthening recommendations (14.1%) compared to met them (7.5%)

Being 'inconvenient to prepare' was noted as a barrier to vegetable consumption by a larger proportion of adults (14.3%) compared to children (3.7%). Time as a barrier to vegetable consumption was reported by larger proportion of adults (11.0%) and those who drink sugar-sweetened beverages less than daily (11.2%) compared to children (3.0%) and those who drink them daily (2.4%). Access and quality as a barrier to vegetable consumption differed according to subregion of residence only. A larger proportion of residents of Echuca (9.9%) reported access and quality as a barrier to vegetable consumption compared to residents of Tongala and district (2.4%).

Like 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 Shire of Campaspe 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 n	Cost %	Preferences %	Inconvenient to prepare %	Time %	Access/quality %
Total sample	900	14.6	12.4	12.1	9.4	9.1
Children	294	6.7	37.6	3.7	3.0	5.5
Adults	606	16.6	5.9	14.3	11.0	10.1
Males	311	12.3	12.1	9.6	7.5	10.6
Females	589	16.9	12.7	14.7	11.3	7.6
Subregion						
Echuca	455	11.7	15.9	12.1	8.2	9.9
Kyabram	135	24.2	7.5	6.3	12.2	15.6
Lockington and District	73	14.2	9.3	9.7	10.5	3.8
Rochester	99	12.3	12.6	18.4	6.3	4.8
Rushworth and District	50	8.9	12.9	12.0	6.7	11.3
Stanhope and District	31	25.9	8.7	15.2	24.5	7.2
Tongala and District	48	12.5	4.5	15.2	4.9	2.4
Demographic indicators						
Born overseas	73	13.0	12.0	10.2	19.0	10.7
Born in Australia	827	14.7	12.4	12.3	8.4	9.0
Speaks other main language*	16	27.3	2.9	1.2	18.8	0.0
Speaks English as main language	883	14.3	12.6	12.4	9.2	9.3
Aboriginal and/or Torres Strait Islander*	29	16.0	10.4	3.0	6.5	11.8
Not Aboriginal or Torres Strait Islander	867	14.6	12.4	12.6	9.6	9.1
LGBTQIA+*	25	27.0	19.5	26.7	11.9	9.1
Non-LGBTQIA+	872	14.2	12.2	11.7	9.4	9.2
Neurodivergent	80	16.5	19.6	13.7	6.5	3.7
Not neurodivergent	613	12.4	12.1	12.3	9.6	9.3

Maybe	60	23.8	27.2	14.9	7.1	24.2
Not sure what neurodivergent means	124	19.5	6.4	11.5	10.5	6.6
Less than Bachelor level education ²	354	17.7	4.9	14.6	10.6	10.4
Holds a Bachelor degree or higher	249	9.8	11.9	12.8	14.1	8.1
Unemployed/Retired ²	137	11.2	3.2	12.7	6.5	6.8
Employed	469	18.8	7.0	14.9	12.9	11.4
Just getting along, poor or very poor ²	188	33.9	4.9	13.3	15.7	11.4
Reasonably comfortable, very comfortable or prosperous	417	5.9	6.5	14.9	8.2	9.3
Requires help with daily activities	93	13.7	26.1	6.4	5.0	9.9
Does not require help	806	14.7	10.8	12.8	9.9	9.1
Food security (last 12 months)²						
Low or very low food security	105	47.9	4.4	10.2	13.5	17.5
Marginal food security	91	22.3	8.0	18.0	10.4	10.6
High food security	410	3.0	6.0	15.0	10.2	7.0

¹ Base sizes include respondents living in the Shire of Campaspe. 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 n	Cost %	Preferences %	Inconvenient to prepare %	Time %	Access/quality %
Total sample	900	14.6	12.4	12.1	9.4	9.1
Health and wellbeing indicators						
Self-reported health - Fair or poor	151	20.1	8.2	14.8	9.6	11.3
Self-reported health - Good, very good, or excellent	656	13.2	14.0	11.6	10.7	8.6
Life satisfaction - Low to moderate (0 to 6) ²	181	27.9	8.2	14.2	12.3	8.3

Life satisfaction - High/very high (7 to 10)	371	10.7	4.9	14.7	12.0	11.2
Does not feel valued by society ²	120	25.4	12.7	13.7	8.8	10.9
Sometimes feel valued by society	273	19.2	4.1	12.0	14.4	11.5
Definitely feel valued by society	159	5.0	5.0	21.0	10.1	6.5
Poor mental wellbeing ²	169	31.0	8.2	14.6	16.4	11.8
Good mental wellbeing	437	10.6	4.9	14.1	8.8	9.3
Overweight or obese (BMI ≥25.0)	291	16.3	9.5	12.7	9.2	13.2
Normal range or underweight (BMI <25.0)	194	10.9	16.2	14.1	12.5	9.0
Health behaviour indicators						
Does not meet fruit intake recommendations	460	19.4	10.2	14.7	11.8	10.1
Meets fruit intake recommendations	438	7.8	15.5	8.5	6.1	7.8
Does not meet aerobic physical activity recommendations	289	16.2	16.8	13.2	8.3	9.1
Meets aerobic physical activity recommendations	573	14.5	10.7	12.1	10.4	9.2
Does not meet muscle strengthening recommendations	451	17.6	14.1	14.1	10.2	8.8
Meets muscle strengthening recommendations	304	13.4	7.5	12.9	9.8	11.3
Does not meet screen time recommendations	439	15.5	13.7	13.8	7.1	9.8
Meets screen time recommendations	410	13.8	10.7	10.4	13.0	8.5
Does not meet sleep recommendations	254	19.9	10.9	13.7	7.8	10.6
Meets sleep recommendations	603	12.6	13.3	12.4	10.4	8.6
Drinks sugar-sweetened beverages daily	133	18.8	13.6	15.5	2.4	11.2
Drinks sugar-sweetened beverages less than daily	754	13.8	12.0	11.5	11.2	8.7
Does not meet water recommendations	545	15.2	12.0	12.2	10.0	9.4
Meets water recommendations	332	14.2	14.0	12.7	8.9	8.7
Risk behaviour indicators²						

Current smoker	35	23.2	5.0	13.7	7.5	28.2
Ex-smoker	201	17.8	3.7	16.3	10.6	6.6
Never smoked	315	15.7	7.4	13.5	14.2	10.0
Current vaper	19	22.7	7.0	40.6	5.0	8.6
Ex-vaper	34	20.6	10.6	22.1	12.8	23.4
Never vaped	496	16.4	5.3	12.7	12.6	9.3
Had more than 4 standard drinks on a single occasion	316	17.2	5.6	15.4	10.9	9.5
Has not had more than 4 standard drinks	235	17.2	6.0	13.6	14.3	10.5
Gambled	224	14.9	6.0	16.9	8.1	12.8
Never gambled	327	18.7	5.6	13.0	15.2	8.4

¹ Base sizes include respondents living in the Shire of Campaspe. 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 6.2 cups of water per day and 34.1% met their age- and sex- specific recommendations (see Table 4.3.1.1). Adults aged 18 years and above reported drinking an average of 6.4 cups per day and 31.2% met the recommendation, which is more than in 2019, when the average was just 4.8 cups per day and 20.9% met the recommendation.

A lower proportion of adults (31.2%) than children (46.0%) met their respective water consumption recommendations. No differences were seen according to subregion of residence. Proportionate differences in adherence to the water consumption recommendations were seen among those from single person households (19.4%) and those unemployed or retired (16.7%) compared to those from 4-5 person households (41.6%) and those employed (38.0%). Respondents who require help with daily activities also reported consuming fewer cups of water on average per day (4.9 compared to 6.4), despite no difference in recommendation adherence.

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	982	65.9	34.1	6.2
Children	311	54.0	46.0	5.6
Adults	671	68.8	31.2	6.4
Males	322	74.3	25.7	6.5
Females	658	57.6	42.4	6.0
Sex and age				
Males, 3 to 11	103	57.3	42.7	5.1
Males, 12 to 17	60	55.0	45.0	6.5

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, 18 to 34	14	34.1	65.9	11.8
Males, 35 to 49	40	81.0	19.0	7.2
Males, 50 to 69	80	85.4	14.6	6.0
Males, 70+	25	89.0	11.0	4.9
Females, 3 to 11	94	59.6	40.4	5.0
Females, 12 to 17	52	40.4	59.6	6.2
Females, 18 to 34	97	56.9	43.1	6.1
Females, 35 to 49	176	50.7	49.3	6.7
Females, 50 to 69	185	64.5	35.5	5.9
Females, 70+	54	64.5	35.5	5.5
Subregion				
Echuca	509	64.0	36.0	6.1
Kyabram	146	64.1	35.9	6.9
Lockington and District	76	65.3	34.7	5.5
Rochester	107	73.6	26.4	5.7
Rushworth and District	55	76.0	24.0	5.5
Stanhope and District	31	61.4	38.6	7.2
Tongala and District	48	65.3	34.7	7.0
Demographic indicators				
Household size²				
1 person	87	80.6	19.4	5.3
2 or 3 people	348	70.2	29.8	6.0
4 or 5 people	212	58.4	41.6	7.8
More than 5 people	22	66.9	33.1	6.8
Born overseas	78	73.0	27.0	6.5
Born in Australia	904	65.2	34.8	6.2
Speaks other main language*	16	81.6	18.4	4.7
Speaks English as main language	965	65.5	34.5	6.2
Aboriginal and/or Torres Strait Islander*	27	83.7	16.3	4.0
Not Aboriginal or Torres Strait Islander	952	65.0	35.0	6.3
LGBTQIA+*	27	41.5	58.5	8.7
Non-LGBTQIA+	952	67.1	32.9	6.1
Neurodivergent	82	58.8	41.2	6.1
Not neurodivergent	685	64.6	35.4	6.2
Maybe	65	62.5	37.5	7.1
Not sure what neurodivergent means	125	72.5	27.5	6.2
Less than Bachelor level education ²	380	69.9	30.1	6.3
Holds a Bachelor degree or higher	288	63.2	36.8	7.1
Unemployed/Retired ²	157	83.3	16.7	5.1
Employed	514	62.0	38.0	7.0

Just getting along, poor or very poor ²	197	69.9	30.1	6.4
Reasonably comfortable, very comfortable or prosperous	473	68.4	31.6	6.4
Requires help with daily activities	100	75.0	25.0	4.9
Does not require help	881	64.8	35.2	6.4
Food security (last 12 months)²				
Low or very low food security	106	64.0	36.0	7.0
Marginal food security	98	67.8	32.2	5.8
High food security	466	70.4	29.6	6.4

¹ Base sizes include respondents living in the Shire of Campaspe. 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. No associations were found with any of the health and wellbeing indicators or risk behaviours.

Water consumption was associated with sugar-sweetened beverage consumption and aerobic physical activity. A smaller proportion of those who consumed sugar-sweetened beverages daily (18.6%) reported meeting the water consumption recommendations compared to those who consumed them less than daily (37.4%). Respondents who did not meet the aerobic physical activity recommendations (5.2) also reported consuming fewer cups of water on average per day compared to those who met them (6.7).

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	982	65.9	34.1	6.2
Health and wellbeing indicators				
Self-reported health - Fair or poor	162	72.7	27.3	5.7
Self-reported health - Good, very good, or excellent	730	64.0	36.0	6.4
Life satisfaction - Low to moderate (0 to 6) ²	196	68.9	31.1	6.4
Life satisfaction - High/very high (7 to 10)	418	68.8	31.2	6.3
Does not feel valued by society ²	125	66.8	33.2	5.8
Sometimes feel valued by society	297	70.1	29.9	6.7
Definitely feel valued by society	192	67.6	32.4	6.2
Poor mental wellbeing ²	179	71.7	28.3	5.8
Good mental wellbeing	492	67.6	32.4	6.6
Overweight or obese (BMI ≥25.0)	322	66.8	33.2	6.5
Normal range or underweight (BMI <25.0)	223	67.4	32.6	6.3
Health behaviour indicators				
Does not meet fruit intake recommendations	471	70.3	29.7	6.1

Meets fruit intake recommendations	503	60.4	39.6	6.4
Does not meet vegetable intake recommendations	877	66.4	33.6	6.3
Meets vegetable intake recommendations	97	61.4	38.6	5.6
Does not meet aerobic physical activity recommendations	312	70.6	29.4	5.2
Meets aerobic physical activity recommendations	642	64.1	35.9	6.7
Does not meet muscle strengthening recommendations	491	67.9	32.1	6.0
Meets muscle strengthening recommendations	337	65.6	34.4	6.3
Does not meet screen time recommendations	476	69.6	30.4	5.9
Meets screen time recommendations	457	61.3	38.7	6.7
Does not meet sleep recommendations	276	65.8	34.2	6.3
Meets sleep recommendations	670	65.8	34.2	6.1
Drinks sugar-sweetened beverages daily	135	81.4	18.6	4.9
Drinks sugar-sweetened beverages less than daily	845	62.6	37.4	6.5
Risk behaviour indicators²				
Current smoker	37	66.5	33.5	7.1
Ex-smoker	225	62.5	37.5	6.8
Never smoked	351	73.6	26.4	6.0
Current vaper	20	69.7	30.3	6.7
Ex-vaper	35	60.5	39.5	7.4
Never vaped	556	69.4	30.6	6.3
Had more than 4 standard drinks on a single occasion	356	66.2	33.8	6.8
Has not had more than 4 standard drinks	257	72.1	27.9	5.8
Gambled	239	67.8	32.2	6.9
Never gambled	373	69.2	30.8	6.0

¹ Base sizes include respondents living in the Shire of Campaspe. 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 beverages (soft drink, cordials, sports drinks or caffeinated energy drinks) daily, which is similar to the 20.3% of Shire of Campaspe adult respondents to the 2025 ALC who reported consuming sugar-sweetened beverages daily. The proportion was higher among adults than children (8.0%), 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. The proportion of respondents consuming sugar-sweetened beverages daily was higher amongst residents of Echuca (19.5%) compared to residents of Tongala and district (7.1%).

Daily consumption of sugar-sweetened beverages was not associated with any of the demographic indicators; however weekly consumption was higher among those who do not require help (37.8%) compared to those who require help (21.1%) (see Table 4.4.1.1 for details). Additionally, those who are not neurodivergent (17.7%) were more likely to never consume sugar-sweetened beverages compared to those who are maybe neurodivergent (6.9%) and those who are unsure what neurodivergent means (8.1%). Likewise, those with high food security (18.6%) were more likely to report never consuming sugar-sweetened beverages compared to those with low or very low food security (4.6%).

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	1,003	17.7	36.2	31.1	15.1
Children	316	8.0	37.7	38.2	16.2
Adults	680	20.3	35.9	29.5	14.4
Males	328	20.2	36.9	29.0	13.9
Females	669	15.2	35.5	33.2	16.1
Sex and age					
Males, 3 to 11	104	2.9	36.5	36.5	24.0
Males, 12 to 17	61	11.5	54.1	32.8	1.6
Males, 18 to 34	14	15.8	34.1	31.6	18.5
Males, 35 to 49	40	26.4	35.2	30.0	8.4
Males, 50 to 69	82	26.4	39.8	25.5	8.3
Males, 70+	25	22.0	28.3	27.6	22.0
Females, 3 to 11	96	4.2	26.0	50.0	19.8
Females, 12 to 17	53	18.9	39.6	26.4	15.1
Females, 18 to 34	98	25.1	49.0	23.3	2.7
Females, 35 to 49	176	21.4	39.1	28.8	10.8
Females, 50 to 69	187	11.4	25.5	39.6	23.5
Females, 70+	55	3.3	28.1	35.8	32.9
Subregion					
Echuca	518	19.5	34.3	32.8	13.4
Kyabram	148	19.4	38.7	22.8	19.2
Lockington and District	78	15.2	21.0	35.2	28.5
Rochester	111	18.3	44.1	30.0	7.6
Rushworth and District	57	13.0	30.5	23.1	33.4
Stanhope and District	33	19.5	30.8	43.3	6.3
Tongala and District	48	7.1	51.4	34.6	6.8
Demographic indicators					
Household size²					
1 person	88	24.5	30.2	28.0	17.3

2 or 3 people	354	16.5	33.2	33.7	16.5
4 or 5 people	213	24.5	44.3	23.3	8.0
More than 5 people	23	27.8	39.0	21.8	11.4
Born overseas	79	10.0	28.4	35.2	26.4
Born in Australia	924	18.4	36.9	30.7	14.0
Speaks other main language*	16	15.1	15.0	52.7	17.2
Speaks English as main language	986	17.7	36.5	30.7	15.1
Aboriginal and/or Torres Strait Islander	31	43.4	23.2	19.4	14.0
Not Aboriginal or Torres Strait Islander	967	16.3	36.9	31.6	15.1
LGBTQIA+*	27	26.7	19.6	25.2	28.5
Non-LGBTQIA+	973	17.4	36.9	31.3	14.3
Neurodivergent	83	17.8	44.4	23.8	13.9
Not neurodivergent	699	14.7	36.2	31.3	17.7
Maybe	66	23.8	31.8	37.6	6.9
Not sure what neurodivergent means	132	24.7	35.1	32.1	8.1
Less than Bachelor level education ²	388	21.4	35.7	28.6	14.3
Holds a Bachelor degree or higher	289	13.6	37.2	35.4	13.8
Unemployed/Retired ²	160	18.4	31.0	32.0	18.6
Employed	520	21.1	38.2	28.3	12.4
Just getting along, poor or very poor ²	202	25.3	36.5	28.0	10.2
Reasonably comfortable, very comfortable or prosperous	477	17.4	35.7	30.1	16.8
Requires help with daily activities	100	34.7	21.1	26.2	18.1
Does not require help	902	15.9	37.8	31.5	14.8
Food security (last 12 months)²					
Low or very low food security	109	26.1	38.7	30.6	4.6
Marginal food security	101	27.9	43.5	17.2	11.5
High food security	469	16.8	32.7	32.0	18.6

¹ Base sizes include respondents living in the Shire of Campaspe. 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.

Daily consumption of sugar-sweetened beverages was associated with BMI and some health behaviour indicators (see Table 4.4.1.2). Specifically, a greater proportion of those who reported being overweight or obese (23.1%) were significantly more likely to consume sugar-sweetened beverages daily compared to those of normal weight or underweight (7.4%). Additionally, a greater proportion of respondents who did not meet the fruit (24.1% vs 10.4%), vegetable (19.4% vs 2.8%), screen time (22.9% vs 12.4%) and water (21.7% vs 9.6%) recommendations, reported daily consumption of sugar-sweetened beverages compared to those who met the corresponding health behaviour recommendations.

Daily consumption of sugar-sweetened beverages was not associated with any risk behaviours. However, a greater proportion of respondents who are ex-smokers (12.9%) or never smoked (15.8%), never vaped (14.7%) and never gambled (17.5%) reported never consuming sugar-sweetened beverages compared to their

counterparts who were current smokers (1.4%), were ex-vapers (0.0%) or had not gambled (7.6%) in the past 12 months.

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	1,003	17.7	36.2	31.1	15.1
Health and wellbeing indicators					
Self-reported health - Fair or poor	166	26.1	39.6	24.0	10.4
Self-reported health - Good, very good, or excellent	743	15.7	35.7	33.3	15.4
Life satisfaction - Low to moderate (0 to 6) ²	200	28.4	31.5	31.2	8.9
Life satisfaction - High/very high (7 to 10)	423	16.6	39.2	28.2	16.0
Does not feel valued by society ²	129	29.4	35.0	27.2	8.4
Sometimes feel valued by society	301	20.7	37.6	28.6	13.1
Definitely feel valued by society	193	14.6	35.6	32.0	17.8
Poor mental wellbeing ²	183	27.3	33.7	30.7	8.3
Good mental wellbeing	497	17.3	36.8	28.9	16.9
Overweight or obese (BMI ≥25.0)	328	23.1	36.3	29.3	11.3
Normal range or underweight (BMI <25.0)	226	7.4	36.2	39.2	17.2
Health behaviour indicators					
Does not meet fruit intake recommendations	475	24.1	37.6	28.8	9.4
Meets fruit intake recommendations	513	10.4	32.9	34.8	21.8
Does not meet vegetable intake recommendations	887	19.4	36.8	30.2	13.6
Meets vegetable intake recommendations	98	2.8	23.3	44.8	29.2
Does not meet aerobic physical activity recommendations	315	19.7	35.0	33.5	11.7
Meets aerobic physical activity recommendations	649	17.0	36.9	30.5	15.5
Does not meet muscle strengthening recommendations	494	19.4	38.1	28.7	13.7
Meets muscle strengthening recommendations	344	17.0	35.5	34.0	13.5
Does not meet screen time recommendations	483	22.9	35.1	29.4	12.6
Meets screen time recommendations	461	12.2	39.0	32.9	15.9
Does not meet sleep recommendations	279	21.4	35.5	27.1	15.9
Meets sleep recommendations	678	16.0	35.6	33.9	14.5
Does not meet water recommendations	590	21.7	36.9	28.0	13.4
Meets water recommendations	390	9.6	34.7	38.0	17.7

Risk behaviour indicators ²					
Current smoker	37	39.0	43.5	16.2	1.4
Ex-smoker	227	19.7	33.0	34.3	12.9
Never smoked	358	17.9	38.2	28.0	15.8
Current vaper	20	31.6	39.9	19.1	9.4
Ex-vaper	35	28.4	35.7	35.8	0.0
Never vaped	565	19.2	36.5	29.6	14.7
Had more than 4 standard drinks on a single occasion	362	18.6	40.5	30.9	10.0
Has not had more than 4 standard drinks	260	22.1	31.2	27.7	19.0
Gambled	245	22.8	42.8	26.8	7.6
Never gambled	376	18.6	32.6	31.4	17.5

¹ Base sizes include respondents living in the Shire of Campaspe. 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, 68.9% reported agreeing 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, both males and females aged 70 years and above were the most likely to report agreeing that it is easy to access healthy food in the local area.

A greater proportion of respondents from Echuca (77.8%), Lockington and District (72.2%) and Rochester (76.9%) agreed that it was easy to access healthy food in their local area compared to respondents from Kyabram (53.5%), Rushworth and district (50.9%) and Stanhope and district (40.5%). 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:

- 4-5 person households (58.8%) compared to 2-3 person households (75.6%)
- Less than a Bachelor level education (67.5%) compared to Bachelor degree or higher (80.3%)
- Just getting along, poor or very poor (44.9%) compared to reasonably comfortable, very comfortable or prosperous (83.6%)
- Low or very low (39.0%) and marginal (60.0%) food security compared to high food security (81.6%)

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	998	68.9	21.5	9.5

Children	310	68.8	23.0	8.3
Adults	682	69.2	21.3	9.5
Males	326	69.5	22.6	8.0
Females	668	68.3	20.5	11.2
Sex and age				
Males, 3 to 11	100	75.0	20.0	5.0
Males, 12 to 17	62	69.4	22.6	8.1
Males, 18 to 34	15	42.2	57.8	0.0
Males, 35 to 49	40	55.0	31.8	13.1
Males, 50 to 69	82	74.0	17.1	8.9
Males, 70+	25	87.4	7.1	5.4
Females, 3 to 11	94	68.1	24.5	7.4
Females, 12 to 17	53	58.5	26.4	15.1
Females, 18 to 34	99	56.4	30.2	13.4
Females, 35 to 49	176	70.6	18.2	11.2
Females, 50 to 69	187	72.8	13.8	13.5
Females, 70+	55	84.5	10.4	5.0
Subregion				
Echuca	519	77.8	15.9	6.4
Kyabram	144	53.5	34.3	12.2
Lockington and District	78	72.2	14.1	13.7
Rochester	111	76.9	18.5	4.6
Rushworth and District	56	50.9	21.9	27.2
Stanhope and District	33	40.5	54.8	4.7
Tongala and District	47	59.5	21.6	19.0
Demographic indicators				
Household size²				
1 person	89	69.3	23.6	7.1
2 or 3 people	354	75.6	15.5	9.0
4 or 5 people	214	58.8	31.3	9.9
More than 5 people	23	52.8	25.2	22.0
Born overseas	78	65.5	21.9	12.6
Born in Australia	919	69.7	21.0	9.3
Speaks other main language*	16	78.6	2.1	19.3
Speaks English as main language	981	68.7	21.9	9.4
Aboriginal and/or Torres Strait Islander	30	53.9	33.7	12.5
Not Aboriginal or Torres Strait Islander	965	69.5	21.0	9.5
LGBTQIA+*	27	61.2	11.3	27.4
Non-LGBTQIA+	968	69.2	21.8	9.0
Neurodivergent	83	54.9	26.9	18.2

Not neurodivergent	690	73.3	17.7	9.0
Maybe	67	51.6	34.0	14.4
Not sure what neurodivergent means	133	66.2	25.9	7.9
Less than Bachelor level education ²	390	67.5	22.8	9.8
Holds a Bachelor degree or higher	289	80.3	11.2	8.5
Unemployed/Retired ²	160	69.3	17.3	13.4
Employed	522	69.1	23.1	7.8
Just getting along, poor or very poor ²	204	44.9	38.8	16.2
Reasonably comfortable, very comfortable or prosperous	477	83.6	10.8	5.6
Requires help with daily activities	97	57.2	24.7	18.1
Does not require help	900	70.1	21.2	8.7
Food security (last 12 months)²				
Low or very low food security	110	39.0	37.9	23.0
Marginal food security	102	60.0	34.2	5.8
High food security	469	81.6	12.7	5.7

¹ Base sizes include respondents living in the Shire of Campaspe. 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 summarises the findings regarding the association between perceived ease of access to healthy food locally and health and wellbeing indicators. A lower proportion of those with fair or poor health (53.6% vs 74.2%), with low to moderate life satisfaction (56.9% vs 76.6%), who do not feel valued by society (53.5% vs definitely [81.1%]) and have poor mental wellbeing (50.0% vs 77.0%) agreed that it is easy to access healthy food in their local area compared to their counterparts with more positive health and wellbeing indicators.

Perceived ease of access to healthy food in the local area was associated with fruit and vegetable intake. Specifically, agreeance that it is easy to access healthy food in the local area was lower among respondents who did not meet fruit (62.9% vs 78.1%) and vegetable (68.4% vs 83.0%) recommendations compared to their counterparts who did. Perceived ease of access to healthy food locally was not associated with any assessed risk behaviour indicators.

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	998	68.9	21.5	9.5
Health and wellbeing indicators				
Self-reported health - Fair or poor	167	53.6	31.4	15.0
Self-reported health - Good, very good, or excellent	745	74.2	18.4	7.4
Life satisfaction - Low to moderate (0 to 6) ²	201	56.9	29.3	13.9
Life satisfaction - High/very high (7 to 10)	423	76.6	16.8	6.6

Does not feel valued by society ²	130	53.5	29.9	16.6
Sometimes feel valued by society	301	69.9	21.8	8.4
Definitely feel valued by society	193	81.1	13.9	5.0
Poor mental wellbeing ²	183	50.0	33.7	16.3
Good mental wellbeing	499	77.0	16.2	6.8
Overweight or obese (BMI ≥25.0)	328	66.8	22.6	10.6
Normal range or underweight (BMI <25.0)	227	76.1	14.5	9.5
Health behaviour indicators				
Does not meet fruit intake recommendations	476	62.9	25.0	12.1
Meets fruit intake recommendations	507	78.1	16.2	5.7
Does not meet vegetable intake recommendations	884	68.4	22.3	9.3
Meets vegetable intake recommendations	97	83.0	6.9	10.0
Does not meet aerobic physical activity recommendations	314	64.2	23.7	12.1
Meets aerobic physical activity recommendations	649	71.6	20.3	8.2
Does not meet muscle strengthening recommendations	494	67.3	20.0	12.6
Meets muscle strengthening recommendations	346	71.1	22.5	6.4
Does not meet screen time recommendations	485	66.7	24.2	9.1
Meets screen time recommendations	462	72.7	18.3	9.0
Does not meet sleep recommendations	280	67.8	22.9	9.4
Meets sleep recommendations	679	71.2	19.3	9.6
Drinks sugar-sweetened beverages daily	137	71.2	16.1	12.7
Drinks sugar-sweetened beverages less than daily	856	69.2	21.8	9.0
Does not meet water recommendations	586	68.2	21.2	10.7
Meets water recommendations	388	72.5	20.3	7.1
Risk behaviour indicators²				
Current smoker	38	68.2	21.0	10.8
Ex-smoker	227	71.1	18.9	10.0
Never smoked	358	67.8	23.6	8.6
Current vaper	21	52.0	37.8	10.2
Ex-vaper	35	70.8	15.3	13.9
Never vaped	565	69.9	21.1	9.0
Had more than 4 standard drinks on a single occasion	363	69.0	22.0	8.9
Has not had more than 4 standard drinks	260	70.0	20.0	10.1
Gambled	246	71.6	20.4	8.0
Never gambled	376	67.3	22.4	10.3

- ¹ Base sizes include respondents living in the Shire of Campaspe. 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 the Shire of Campaspe, are made where available.

5.1. Frequency of public open space use

Overall, 46.1% 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 54.0% of respondents reported being weekly users of public open space. Children (60.8%) were more likely to be weekly users of public open spaces compared to adults (42.8%). A greater proportion of both male and female children aged 3 to 11 years used public open spaces at least weekly compared to their older counterparts.

Respondents who are neurodivergent (30.4%) or those unsure what neurodivergent means (34.0%) and those with low or very low food security (28.4%) were less likely to use public open spaces at least once per week compared to those who are not neurodivergent (51.2%) and those with high food security (48.3%), reinforcing the need to consider the barriers to the use of public open space amongst the more vulnerable members of the community.

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	946	46.1	26.6	27.3
Children	296	60.8	27.5	11.7
Adults	642	42.8	26.7	30.6
Males	313	50.2	28.1	21.7
Females	627	42.1	25.1	32.8
Sex and age				
Males, 3 to 11	98	66.3	27.6	6.1
Males, 12 to 17	61	62.3	21.3	16.4
Males, 18 to 34	15	23.5	74.1	2.4
Males, 35 to 49	38	51.9	24.8	23.3
Males, 50 to 69	76	45.8	24.8	29.5
Males, 70+	23	59.2	12.4	28.4
Females, 3 to 11	89	64.0	31.5	4.5
Females, 12 to 17	47	44.7	27.7	27.7
Females, 18 to 34	93	45.3	24.6	30.1
Females, 35 to 49	165	36.3	30.4	33.3
Females, 50 to 69	180	37.0	19.9	43.1
Females, 70+	49	33.2	22.9	44.0
Subregion				
Echuca	496	46.3	27.0	26.7
Kyabram	135	48.1	30.7	21.3
Lockington and District	75	43.3	21.2	35.5
Rochester	104	44.6	31.3	24.1
Rushworth and District	52	37.4	24.6	38.0
Stanhope and District	28	39.8	19.0	41.2
Tongala and District	46	60.7	14.5	24.9
Demographic indicators				
Household size²				
1 person	82	42.7	24.7	32.5
2 or 3 people	333	43.0	24.3	32.7
4 or 5 people	204	43.7	32.7	23.6
More than 5 people	22	35.3	20.9	43.8
Born overseas	75	49.2	28.1	22.8
Born in Australia	868	45.4	26.7	27.9
Speaks other main language*	16	39.5	25.3	35.2
Speaks English as main language	927	46.2	26.7	27.1

Aboriginal and/or Torres Strait Islander*	29	18.9	38.7	42.4
Not Aboriginal or Torres Strait Islander	913	47.2	26.2	26.6
LGBTQIA+*	27	31.6	44.7	23.6
Non-LGBTQIA+	916	46.8	25.8	27.4
Neurodivergent	77	30.4	32.5	37.1
Not neurodivergent	656	51.2	23.9	24.8
Maybe	64	48.3	35.6	16.2
Not sure what neurodivergent means	127	34.0	30.7	35.3
Less than Bachelor level education ²	368	42.0	26.9	31.1
Holds a Bachelor degree or higher	272	47.5	26.2	26.4
Unemployed/Retired ²	146	42.4	17.9	39.7
Employed	496	42.9	30.5	26.6
Just getting along, poor or very poor ²	195	34.6	29.6	35.9
Reasonably comfortable, very comfortable or prosperous	447	47.8	24.9	27.3
Requires help with daily activities	94	37.9	22.5	39.6
Does not require help	849	46.9	27.1	26.0
Food security (last 12 months)²				
Low or very low food security	107	28.4	35.9	35.7
Marginal food security	97	43.9	21.1	35.0
High food security	437	48.3	24.9	26.8

¹ Base sizes include respondents living in the Shire of Campaspe. 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 all health and wellbeing indicators, except for BMI (see Table 5.1.2). A lower proportion of people with the following health and wellbeing indicators reported being weekly users of public open spaces:

- Fair or poor health (25.2%) compared to good, very good or excellent health (53.0%)
- Low to moderate life satisfaction (27.4%) compared to high or very high life satisfaction (51.9%)
- Does not feel valued by society (31.1%) compared to definitely feel valued by society (54.0%)
- Poor mental wellbeing (31.5%) compared to good mental wellbeing (47.8%)

Similarly, differences in public open space user were seen for some health behaviour indicators. Specifically, a lower proportion of those who failed to meet the following recommendations were weekly users of public open spaces compared to their counterparts who met the respective recommendations:

- Fruit intake (35.4% vs 59.2%)
- Aerobic physical activity (33.6% vs 51.5%)
- Muscle strengthening exercise (39.1% vs 54.2%)

Additionally, those who consumed sugar-sweetened beverages daily (32.3%) were less likely to use public open spaces at least once per week compared to those who did not (48.7%). No associations were observed in public open space use according to participation in risk taking behaviours.

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	946	46.1	26.6	27.3
Health and wellbeing indicators				
Self-reported health - Fair or poor	165	25.2	24.0	50.8
Self-reported health - Good, very good, or excellent	736	53.0	27.4	19.6
Life satisfaction - Low to moderate (0 to 6) ²	199	27.4	32.2	40.4
Life satisfaction - High/very high (7 to 10)	415	51.9	23.6	24.5
Does not feel valued by society ²	128	31.1	18.9	50.0
Sometimes feel valued by society	297	42.7	30.6	26.8
Definitely feel valued by society	189	54.0	25.9	20.1
Poor mental wellbeing ²	183	31.5	24.6	43.9
Good mental wellbeing	459	47.8	27.6	24.5
Overweight or obese (BMI ≥25.0)	324	45.1	25.1	29.8
Normal range or underweight (BMI <25.0)	223	50.0	28.3	21.7
Health behaviour indicators				
Does not meet fruit intake recommendations	455	35.4	31.8	32.7
Meets fruit intake recommendations	473	59.2	21.0	19.8
Does not meet vegetable intake recommendations	836	45.1	28.2	26.7
Meets vegetable intake recommendations	90	54.0	14.8	31.2
Does not meet aerobic physical activity recommendations	305	33.6	25.0	41.5
Meets aerobic physical activity recommendations	608	51.5	28.3	20.2
Does not meet muscle strengthening recommendations	478	39.1	27.9	32.9
Meets muscle strengthening recommendations	319	54.2	27.5	18.3
Does not meet screen time recommendations	455	43.4	25.9	30.7
Meets screen time recommendations	441	50.5	27.3	22.2
Does not meet sleep recommendations	268	39.1	30.4	30.5

Meets sleep recommendations	640	49.6	25.4	25.0
Drinks sugar-sweetened beverages daily	130	32.3	24.1	43.5
Drinks sugar-sweetened beverages less than daily	809	48.7	27.2	24.1
Does not meet water recommendations	560	43.0	27.1	29.9
Meets water recommendations	360	52.2	27.8	20.0
Risk behaviour indicators²				
Current smoker	38	35.9	21.2	42.8
Ex-smoker	225	46.7	24.6	28.7
Never smoked	351	41.7	29.0	29.3
Current vaper	21	50.2	7.0	42.7
Ex-vaper	35	49.9	32.3	17.8
Never vaped	556	42.2	27.3	30.5
Had more than 4 standard drinks on a single occasion	360	48.0	27.0	25.1
Has not had more than 4 standard drinks	254	35.9	26.1	38.0
Gambled	243	42.7	28.8	28.6
Never gambled	370	43.5	24.8	31.8

¹ Base sizes include respondents living in the Shire of Campaspe. 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 Shire of Campaspe residents who complete the 2025 ALC, 70.1% used footpaths in the area at least once per week (see Table 5.2.1). This proportion was higher among children (82.3%) than adults (67.6%). Additionally, 15.5% reported using footpaths less than once a month. No differences were seen between males and females. For both males and females, the groups with the highest proportion who used footpaths once a week was those aged 12 to 17 years old. A greater proportion of residents of Rushworth and District (37.1%) used footpaths less than once a month than residents of Kyabram (9.9%) and Rochester (7.4%).

Weekly usage was also less common amongst people from the following demographic groups:

- Unsure what neurodivergent means (51.3%) compared to not neurodivergent (76.5%)
- Less than a Bachelor level education (65.5%) compared to Bachelor degree or higher (79.1%)
- Just getting along, poor or very poor (57.0%) compared to reasonably comfortable, very comfortable or prosperous (74.0%)
- Low or very low food security (50.9%) compared to high food security (73.8%)

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
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	n	%	%	%
Total sample	950	70.1	14.5	15.5
Children	295	82.3	9.1	8.6
Adults	647	67.6	15.7	16.7
Males	313	66.5	17.5	16.1
Females	631	73.8	11.5	14.7
Sex and age				
Males, 3 to 11	98	78.6	10.2	11.2
Males, 12 to 17	60	86.7	8.3	5.0
Males, 18 to 34	15	39.8	48.7	11.5
Males, 35 to 49	38	74.4	12.4	13.1
Males, 50 to 69	77	70.0	16.6	13.5
Males, 70+	23	54.9	13.3	31.8
Females, 3 to 11	89	80.9	10.1	9.0
Females, 12 to 17	47	85.1	6.4	8.5
Females, 18 to 34	93	70.6	16.9	12.5
Females, 35 to 49	167	83.5	11.1	5.4
Females, 50 to 69	181	67.4	8.5	24.1
Females, 70+	50	66.6	8.9	24.6
Subregion				
Echuca	499	67.9	15.5	16.5
Kyabram	136	75.0	15.1	9.9
Lockington and District	75	63.5	19.4	17.1
Rochester	104	80.9	11.7	7.4
Rushworth and District	52	56.0	6.9	37.1
Stanhope and District	28	68.3	13.8	17.9
Tongala and District	46	74.1	12.4	13.5
Demographic indicators				
Household size²				
1 person	83	66.8	13.0	20.3
2 or 3 people	334	66.7	16.0	17.2
4 or 5 people	206	71.3	16.9	11.8
More than 5 people	22	57.5	18.1	24.4
Born overseas	76	72.6	8.8	18.6
Born in Australia	871	70.4	14.4	15.2
Speaks other main language*	16	77.9	4.1	18.0
Speaks English as main language	931	69.9	14.8	15.3
Aboriginal and/or Torres Strait Islander*	29	45.3	13.7	41.0
Not Aboriginal or Torres Strait Islander	917	71.1	14.6	14.3
LGBTQIA+*	27	64.2	19.5	16.3

Non-LGBTQIA+	920	70.5	14.2	15.3
Neurodivergent	78	64.5	20.9	14.6
Not neurodivergent	659	76.5	10.4	13.1
Maybe	64	67.7	22.9	9.4
Not sure what neurodivergent means	126	51.3	24.0	24.7
Less than Bachelor level education ²	371	65.5	16.6	17.9
Holds a Bachelor degree or higher	274	79.1	11.0	10.0
Unemployed/Retired ²	148	59.5	7.7	32.9
Employed	499	71.1	19.3	9.6
Just getting along, poor or very poor ²	196	57.0	20.6	22.4
Reasonably comfortable, very comfortable or prosperous	451	74.0	12.8	13.2
Requires help with daily activities	94	60.9	10.9	28.2
Does not require help	853	71.1	14.9	14.0
Food security (last 12 months)²				
Low or very low food security	107	50.9	23.3	25.7
Marginal food security	97	70.0	15.4	14.6
High food security	442	73.8	13.2	12.9

¹ Base sizes include respondents living in the Shire of Campaspe. 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 those who use footpaths once a week or more often was similar to that observed for open space use. That is, people reporting lower levels of health and wellbeing were less likely to be frequent users of footpaths (see Table 5.2.2). The proportion of weekly footpath use was lower among respondents who had fair or poor self-reported health (43.9% vs 79.3%) and did not feel valued by society (50.0% vs sometimes [69.4%] and definitely [81.7%]) compared to their counterparts with more positive wellbeing indicators.

Associations were seen according to all health behaviour indicators, except for vegetable intake, screen time and sleep recommendations. Specifically, a lower proportion of those who failed to meet the following health behaviour recommendations used footpaths once a week or more often compared to those who met them:

- Fruit intake (63.0% vs 81.3%)
- Aerobic physical activity (57.9% vs 77.7%)
- Muscle strengthening exercise (63.9% vs 81.5%)
- Water consumption (67.2% vs 78.8%)

Additionally, those who reported drinking sugar-sweetened beverages daily (55.9%) were more likely to use footpaths at least once a week compared to those who did not (73.9%).

The only risk behaviour that was associated with footpath use was risky alcohol consumption. A greater proportion of those who had not consumed risky amounts of alcohol in the past 12 months (25.0%) used footpaths in the local area infrequently compared to those who had (11.4%).

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	950	70.1	14.5	15.5
Health and wellbeing indicators				
Self-reported health - Fair or poor	166	43.9	20.2	35.9
Self-reported health - Good, very good, or excellent	740	79.3	11.9	8.8
Life satisfaction - Low to moderate (0 to 6) ²	200	58.8	15.6	25.7
Life satisfaction - High/very high (7 to 10)	419	73.6	14.6	11.8
Does not feel valued by society ²	129	50.0	17.8	32.2
Sometimes feel valued by society	300	69.4	15.2	15.3
Definitely feel valued by society	190	81.7	12.1	6.2
Poor mental wellbeing ²	183	60.1	11.1	28.8
Good mental wellbeing	464	70.9	17.8	11.3
Overweight or obese (BMI ≥25.0)	326	67.1	17.9	15.0
Normal range or underweight (BMI <25.0)	224	79.5	7.2	13.3
Health behaviour indicators				
Does not meet fruit intake recommendations	458	63.0	17.8	19.2
Meets fruit intake recommendations	474	81.3	9.1	9.6
Does not meet vegetable intake recommendations	840	70.3	14.3	15.4
Meets vegetable intake recommendations	90	77.0	11.4	11.6
Does not meet aerobic physical activity recommendations	306	57.9	10.6	31.5
Meets aerobic physical activity recommendations	609	77.7	14.6	7.7
Does not meet muscle strengthening recommendations	480	63.9	16.4	19.6
Meets muscle strengthening recommendations	321	81.5	11.3	7.1
Does not meet screen time recommendations	458	66.6	15.4	18.0
Meets screen time recommendations	442	73.7	13.8	12.5
Does not meet sleep recommendations	271	66.2	16.8	17.0
Meets sleep recommendations	641	74.7	11.7	13.6
Drinks sugar-sweetened beverages daily	131	55.9	16.8	27.2
Drinks sugar-sweetened beverages less than daily	812	73.9	13.4	12.7
Does not meet water recommendations	564	67.2	13.9	18.8
Meets water recommendations	360	78.8	14.3	6.9
Risk behaviour indicators²				

Current smoker	38	49.4	19.0	31.6
Ex-smoker	226	69.2	15.5	15.3
Never smoked	354	70.1	14.1	15.8
Current vaper	21	47.1	38.1	14.8
Ex-vaper	35	73.0	10.5	16.6
Never vaped	560	68.8	68.8	17.1
Had more than 4 standard drinks on a single occasion	362	71.1	17.6	11.4
Has not had more than 4 standard drinks	256	63.8	11.2	25.0
Gambled	244	68.1	18.1	13.9
Never gambled	373	67.8	12.9	19.3

¹ Base sizes include respondents living in the Shire of Campaspe. 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 Shire of Campaspe residents who completed the 2025 ALC, 29.0% used off-road walking and cycling tracks in the area at least once per week (see Table 5.3.1). Infrequent use (less than monthly) was higher among adults (52.8%) compared to children (41.5%). No differences were observed when looking at sex and age. A greater proportion of residents from Lockington and district (72.3%) used off-road walking and cycling tracks less frequently compared to residents from Echuca (49.2%), Kyabram (40.3%) and Rochester (45.8%).

Weekly off-road walking and cycling track usage was lower amongst people from the following demographic groups, suggesting that they may benefit from targeted promotion efforts:

- More than 5 person households (8.9%) compared to 2-3 person (30.6%) and 4-5 person households (25.2%)
- Those unsure what neurodivergent means (20.2%) compared to not neurodivergent (33.6%)
- Just getting along, poor or very poor (16.5%) compared to reasonably comfortable, very comfortable or prosperous (34.5%)
- Requires help with daily activities (16.6%) compared to no help required (30.3%)
- Low or very low (14.8%) or marginal (16.7%) food security compared to high food security (35.3%)

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	939	29.0	20.4	50.5
Children	293	33.4	25.1	41.5
Adults	638	27.7	19.6	52.8

Males	310	33.4	20.1	46.5
Females	623	24.8	20.9	54.3
Sex and age				
Males, 3 to 11	98	36.7	23.5	39.8
Males, 12 to 17	59	35.6	30.5	33.9
Males, 18 to 34	15	23.5	27.9	48.6
Males, 35 to 49	38	31.4	24.8	43.8
Males, 50 to 69	75	34.8	15.6	49.7
Males, 70+	23	33.7	13.2	53.1
Females, 3 to 11	88	31.8	23.9	44.3
Females, 12 to 17	47	27.7	23.4	48.9
Females, 18 to 34	93	20.1	22.2	57.7
Females, 35 to 49	167	28.2	24.6	47.2
Females, 50 to 69	176	23.9	17.6	58.4
Females, 70+	48	21.7	16.3	62.1
Subregion				
Echuca	494	31.3	19.6	49.2
Kyabram	135	30.8	28.9	40.3
Lockington and District	71	18.7	9.0	72.3
Rochester	102	32.2	22.0	45.8
Rushworth and District	52	30.7	9.1	60.2
Stanhope and District	29	17.4	15.1	67.5
Tongala and District	46	20.5	30.1	49.4
Demographic indicators				
Household size²				
1 person	79	27.1	19.7	53.1
2 or 3 people	330	30.6	16.3	53.1
4 or 5 people	206	25.2	26.0	48.8
More than 5 people	22	8.9	18.4	72.7
Born overseas	75	21.8	25.5	52.7
Born in Australia	861	29.9	20.2	49.9
Speaks other main language*	16	25.3	34.5	40.2
Speaks English as main language	920	29.0	20.2	50.8
Aboriginal and/or Torres Strait Islander*	29	14.3	17.7	68.0
Not Aboriginal or Torres Strait Islander	906	29.5	20.7	49.8
LGBTQIA+*	27	33.9	2.7	63.4
Non-LGBTQIA+	909	28.9	21.2	49.9
Neurodivergent	76	18.9	14.4	66.7
Not neurodivergent	655	33.6	21.5	44.9
Maybe	64	22.1	14.8	63.1

Not sure what neurodivergent means	123	20.2	21.1	58.7
Less than Bachelor level education ²	363	26.3	18.1	55.5
Holds a Bachelor degree or higher	273	35.7	27.3	37.0
Unemployed/Retired ²	144	27.1	11.7	61.3
Employed	494	27.9	23.0	49.1
Just getting along, poor or very poor ²	192	16.5	18.3	65.2
Reasonably comfortable, very comfortable or prosperous	446	34.5	20.3	45.2
Requires help with daily activities	94	16.6	8.2	75.2
Does not require help	842	30.3	21.8	47.9
Food security (last 12 months)²				
Low or very low food security	107	14.8	20.5	64.7
Marginal food security	96	16.7	20.9	62.5
High food security	434	35.3	19.1	45.5

¹ Base sizes include respondents living in the Shire of Campaspe. 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 all health and wellbeing indicators, except for BMI (see Table 5.3.2). Weekly use was less frequent among those who reported fair or poor health (10.9% vs 35.3%), low to moderate life satisfaction (15.7% vs 35.1%), do not and sometimes feel valued by society (16.7% and 24.8% vs definitely [44.5%]) and poor mental wellbeing (14.3% vs 33.7%) compared to their counterparts with more positive health and wellbeing.

With regards to health behaviours, off-road walking and cycling track use was associated with aerobic physical activity, muscle strengthening and consuming sugar-sweetened beverages only. Respondents who failed to meet aerobic physical activity (13.2% vs 36.9%), muscle strengthening recommendations (22.4% vs 36.9%) and consume sugar-sweetened beverages daily (17.4% vs 31.8%) were less likely to report weekly track use compared to their counterparts with who met the recommendations and did not drink sugar-sweetened beverages daily. There were no differences in frequency of off-road track use according to engagement in any of the assessed risk behaviours.

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	939	29.0	20.4	50.5
Health and wellbeing indicators				
Self-reported health - Fair or poor	164	10.9	13.9	75.2
Self-reported health - Good, very good, or excellent	731	35.3	22.7	42.1
Life satisfaction - Low to moderate (0 to 6) ²	198	15.7	16.2	68.1
Life satisfaction - High/very high (7 to 10)	412	35.1	21.2	43.6

Does not feel valued by society ²	127	16.7	11.7	71.6
Sometimes feel valued by society	295	24.8	24.9	50.4
Definitely feel valued by society	188	44.5	14.9	40.6
Poor mental wellbeing ²	181	14.3	16.0	69.7
Good mental wellbeing	457	33.7	21.2	45.1
Overweight or obese (BMI ≥25.0)	323	26.4	21.9	51.7
Normal range or underweight (BMI <25.0)	223	37.6	22.4	40.0
Health behaviour indicators				
Does not meet fruit intake recommendations	453	24.1	20.1	55.8
Meets fruit intake recommendations	468	34.5	22.3	43.2
Does not meet vegetable intake recommendations	829	28.2	21.4	50.5
Meets vegetable intake recommendations	90	33.1	17.1	49.8
Does not meet aerobic physical activity recommendations	302	13.2	16.7	70.0
Meets aerobic physical activity recommendations	603	36.9	22.8	40.3
Does not meet muscle strengthening recommendations	478	22.4	19.0	58.6
Meets muscle strengthening recommendations	314	36.9	22.4	40.7
Does not meet screen time recommendations	451	25.6	18.7	55.7
Meets screen time recommendations	439	32.6	21.5	45.9
Does not meet sleep recommendations	267	26.3	22.5	51.2
Meets sleep recommendations	635	30.1	20.1	49.8
Drinks sugar-sweetened beverages daily	128	17.4	14.5	68.1
Drinks sugar-sweetened beverages less than daily	804	31.8	22.0	46.2
Does not meet water recommendations	555	28.0	21.3	50.7
Meets water recommendations	358	31.3	20.6	48.0
Risk behaviour indicators²				
Current smoker	38	18.4	8.1	73.5
Ex-smoker	222	27.3	16.6	56.1
Never smoked	350	30.3	23.3	46.4
Current vaper	21	20.3	1.2	78.5
Ex-vaper	35	39.1	10.0	50.9
Never vaped	552	27.7	21.3	51.0
Had more than 4 standard drinks on a single occasion	359	27.7	21.9	50.4
Has not had more than 4 standard drinks	251	28.8	15.8	55.4
Gambled	240	29.1	20.4	50.4
Never gambled	369	27.3	18.5	54.1

¹ Base sizes include respondents living in the Shire of Campaspe. 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, 9.2% 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 (67.2%) of respondents having used them. The next most common were sports grounds, ovals and clubrooms (49.3%), playgrounds (38.2%), swimming pools or splash parks (36.8%), and halls/ community centres (30.9%). This list is largely consistent with the 2019 results except for community gardens. In 2019, they ranked 4th and were used by 36.9% of respondents, whereas in 2025 they rank 7th, with usage declining to 20.1% of respondents.

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

	All respondents
	%
Unweighted base (n)¹	865
Parks	67.2
Sports grounds, ovals and clubrooms	49.3
Playgrounds	38.2
Swimming pools / splash parks	36.8
Halls / community centres	30.9
Indoor sports / leisure / fitness centres	21.2
Community gardens	20.1
Skateparks / BMX	14.8
Hard courts (e.g., netball / tennis)	14.0
Other	7.9
After hours usage of education facilities (e.g., school, TAFE, university)	6.8

¹ Base sizes include respondents aged 3 years and over living in the Shire of Campaspe. 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.

Children were more likely to report use of all locations except for parks, halls/ community centres and community gardens, for which no differences were seen. Females were more likely to use playgrounds than males. For all top facilities apart from halls/community centres and community gardens, usage was highest among both males and females aged 3 to 11 whereas males and females aged 70 years and above used halls/community centres most. Usage of all facilities differed between subregions demonstrating a need for tailored, localised action and engagement when it comes to facility additions, removals, or upgrades (refer to Table 5.4.1.2b for details).

Other notable differences include:

- Usage of all top facilities except for parks, halls/community centres and community gardens was highest among those in 4-5 person households.
- LGBTQIA+ people were less likely to use sports grounds, ovals and clubrooms, playgrounds, halls/community centres and skateparks/BMX tracks.
- Those with a Bachelor degree or higher education were more likely to use playgrounds, swimming pools/splash parks, indoor sports/leisure/fitness centres and hard courts.
- Those who are employed were more likely to use sports grounds, ovals and clubrooms, playgrounds, indoor sports/leisure/fitness centres, skateparks/BMX tracks and hard courts, and less likely to use halls/community centres.

When looking at health and wellbeing, health behaviour and risk behaviour indicators, the only consistent finding was with regards to fruit consumption. Those who met the fruit intake recommendations were more likely to use sports grounds, ovals and clubrooms, playgrounds, skateparks/BMX tracks and hard courts. 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	Playgrounds	Swimming pools / splash parks	Halls / community centres	Indoor sports / leisure / fitness centres	Community gardens	Skateparks / BMX	Hard courts (e.g., netball / tennis)
	n	%	%	%	%	%	%	%	%	%
Total sample	865	67.2	49.3	38.2	36.8	30.9	21.2	20.1	14.8	14.0
Children	288	62.0	71.2	63.8	64.6	24.9	38.5	17.4	32.3	26.6
Adults	572	68.7	43.5	31.7	29.6	32.7	16.7	21.0	10.2	10.5
Males	290	69.3	50.5	30.4	33.6	29.6	19.2	21.0	16.7	11.8
Females	570	64.8	48.4	46.3	40.1	32.1	23.2	19.2	13.0	16.4
Sex and age										
Males, 3 to 11	97	66.0	76.3	83.5	76.3	18.6	40.2	20.6	51.5	22.7
Males, 12 to 17	59	42.4	78.0	23.7	55.9	25.4	42.4	10.2	18.6	25.4
Males, 18 to 34	15	86.0	46.6	30.3	44.1	16.3	41.9	25.6	34.8	14.0
Males, 35 to 49	35	76.4	54.0	53.6	44.3	16.2	12.1	35.7	17.5	20.0
Males, 50 to 69	64	71.9	40.0	16.9	18.2	34.4	6.9	14.4	3.2	5.0
Males, 70+	19	62.9	36.0	0.0	1.1	53.6	2.1	24.7	0.0	0.0
Females, 3 to 11	88	73.9	67.0	87.5	64.8	26.1	37.5	20.5	33.0	27.3
Females, 12 to 17	43	60.5	60.5	39.5	53.5	32.6	30.2	16.3	14.0	34.9
Females, 18 to 34	91	75.0	42.7	49.2	35.2	19.7	15.5	13.3	8.7	12.6
Females, 35 to 49	155	70.6	67.5	60.0	47.5	32.1	35.4	22.1	26.2	24.9
Females, 50 to 69	150	54.6	36.5	31.3	34.7	28.7	13.3	21.9	2.1	8.5
Females, 70+	40	47.5	22.3	7.9	18.3	74.3	21.8	23.3	0.0	0.0
Subregion										
Echuca	463	70.2	47.1	41.2	37.0	23.0	27.1	19.3	19.0	14.6
Kyabram	126	71.9	46.2	40.8	52.4	25.6	22.8	20.3	13.3	15.5
Lockington and District	65	63.5	49.5	40.9	38.4	53.7	13.8	25.8	7.8	10.0

Rochester	89	57.1	58.1	34.9	14.4	45.8	6.9	16.1	9.1	14.9
Rushworth and District	46	57.0	57.7	31.3	37.7	36.4	10.1	8.8	3.2	9.1
Stanhope and District	27	47.0	49.9	23.5	33.7	42.9	14.8	27.3	18.3	8.3
Tongala and District	39	77.5	46.5	26.8	31.6	43.1	13.6	31.7	7.6	13.3

Demographic indicators

Household size²

1 person	70	72.3	28.6	13.7	22.8	42.3	20.9	39.1	11.6	8.1
2 or 3 people	284	67.0	42.2	24.4	21.7	36.1	10.5	17.4	3.1	5.4
4 or 5 people	196	69.2	55.4	52.7	45.7	22.5	26.3	17.1	21.8	18.1
More than 5 people	21	70.3	40.0	44.7	39.1	19.1	11.2	19.9	11.2	30.4
Born overseas	68	67.9	29.1	23.8	45.0	23.7	14.8	19.0	9.8	2.6
Born in Australia	795	66.8	51.0	39.2	35.5	31.0	21.2	19.6	14.5	14.4
Speaks other main language*	15	49.5	23.2	46.5	77.6	29.6	29.6	3.8	4.8	0.0
Speaks English as main language	848	67.5	49.9	38.1	36.0	31.0	21.1	20.5	15.0	14.3
Aboriginal and/or Torres Strait Islander*	25	76.4	44.4	47.5	31.8	13.6	20.4	17.3	9.4	3.1
Not Aboriginal or Torres Strait Islander	836	66.7	49.8	38.2	37.2	31.2	21.4	20.4	15.1	14.5
LGBTQIA+*	23	63.3	23.0	14.6	30.1	12.5	8.7	12.6	3.9	6.9
Non-LGBTQIA+	839	67.3	50.6	39.3	37.2	31.5	21.7	20.3	15.2	14.3
Neurodivergent	69	61.0	43.2	43.6	45.6	17.8	20.0	17.2	17.6	10.1
Not neurodivergent	607	68.8	49.2	39.2	40.0	29.7	21.1	18.6	14.1	16.1
Maybe	62	75.8	55.8	56.6	51.6	35.0	46.9	42.4	32.6	20.4
Not sure what neurodivergent means	104	58.5	56.4	31.6	22.0	34.6	15.1	16.3	11.0	7.2
Less than Bachelor level education ²	317	68.4	41.7	29.5	26.2	33.6	14.3	20.6	9.5	8.8
Holds a Bachelor degree or higher	253	72.2	54.5	43.6	48.3	27.0	30.0	22.5	13.8	19.3
Unemployed/Retired ²	113	60.1	25.0	13.7	20.9	48.5	8.4	24.5	1.6	0.6
Employed	459	71.9	50.4	38.4	32.9	26.8	19.8	19.7	13.4	14.1

Just getting along, poor or very poor ²	160	72.3	39.4	34.2	34.7	26.8	18.1	24.8	11.7	9.0
Reasonably comfortable, very comfortable or prosperous	412	66.7	45.9	30.3	26.8	36.0	15.9	18.8	9.3	11.3
Requires help with daily activities	85	74.3	31.6	57.9	44.2	45.5	18.3	25.9	21.0	14.5
Does not require help	778	66.4	51.2	36.4	36.2	29.5	21.5	19.6	14.2	14.0
Food security (last 12 months)²										
Low or very low food security	87	69.2	35.0	35.8	30.5	21.4	18.8	18.4	12.5	8.6
Marginal food security	81	80.3	47.1	38.4	43.4	40.1	21.4	32.3	11.3	16.1
High food security	403	66.9	46.2	29.3	26.7	34.1	15.2	19.6	9.3	10.0

¹ Base sizes include respondents living in the Shire of Campaspe. 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	Playgrounds	Swimming pools / splash parks	Halls / community centres	Indoor sports / leisure / fitness centres	Community gardens	Skateparks / BMX	Hard courts (e.g., netball / tennis)
	n	%	%	%	%	%	%	%	%	%
Total sample	865	67.2	49.3	38.2	36.8	30.9	21.2	20.1	14.8	14.0
Health and wellbeing indicators										
Self-reported health - Fair or poor	129	69.5	36.3	35.7	35.7	36.5	13.8	18.0	9.3	8.9
Self-reported health - Good, very good, or excellent	696	66.6	53.8	39.0	37.6	29.7	23.2	20.5	16.3	15.9
Life satisfaction - Low to moderate (0 to 6) ²	169	66.2	49.8	31.9	34.1	33.1	19.7	21.6	14.6	12.3
Life satisfaction - High/very high (7 to 10)	377	69.9	41.4	32.1	27.9	33.0	15.1	20.5	7.6	10.0
Does not feel valued by society ²	104	63.2	31.2	30.1	27.1	39.0	11.7	22.6	9.8	10.0
Sometimes feel valued by society	261	71.9	49.5	37.0	32.7	26.6	21.0	20.6	11.4	11.6
Definitely feel valued by society	183	66.6	43.7	24.4	27.0	40.7	12.2	20.0	7.8	9.8

Poor mental wellbeing ²	154	67.3	39.9	26.5	28.9	29.3	7.5	20.3	9.5	7.5
Good mental wellbeing	418	69.3	45.0	33.7	29.9	34.0	20.3	21.2	10.4	11.6
Overweight or obese (BMI ≥25.0)	295	70.5	48.1	33.2	28.2	34.3	16.1	20.7	10.9	10.4
Normal range or underweight (BMI <25.0)	207	68.3	50.0	37.5	41.1	33.6	29.1	22.1	14.6	14.7
Health behaviour indicators										
Does not meet fruit intake recommendations	407	66.0	43.2	32.9	32.4	28.5	17.8	15.7	10.3	9.8
Meets fruit intake recommendations	443	68.3	57.7	45.3	42.8	32.8	25.1	25.3	19.5	18.0
Does not meet vegetable intake recommendations	763	68.2	50.3	38.9	37.5	30.0	20.6	19.3	14.9	13.6
Meets vegetable intake recommendations	85	52.0	42.5	33.1	32.2	35.7	24.6	25.7	9.2	12.1
Does not meet aerobic physical activity recommendations	259	63.4	40.6	42.3	36.7	33.5	15.6	19.4	12.4	10.1
Meets aerobic physical activity recommendations	575	68.9	52.9	36.9	37.3	28.3	23.4	19.8	15.1	14.7
Does not meet muscle strengthening recommendations	430	68.7	43.8	36.3	35.5	31.2	17.5	20.4	14.4	13.0
Meets muscle strengthening recommendations	299	66.8	58.2	36.3	35.4	33.4	24.4	19.1	13.8	15.7
Does not meet screen time recommendations	415	65.8	41.4	34.8	33.5	31.5	20.5	19.9	16.0	11.9
Meets screen time recommendations	406	69.8	57.5	41.6	41.6	30.0	22.9	20.6	13.8	15.4
Does not meet sleep recommendations	242	67.5	46.2	36.1	33.2	22.9	17.4	17.7	14.2	9.7
Meets sleep recommendations	589	67.4	51.9	38.8	38.1	33.8	21.9	21.1	14.2	15.0
Drinks sugar-sweetened beverages daily	120	65.4	41.1	31.0	29.3	34.1	14.0	11.7	9.7	6.3
Drinks sugar-sweetened beverages less than daily	739	67.2	50.7	39.2	37.9	29.6	21.9	21.2	15.1	14.9
Does not meet water recommendations	510	68.9	45.0	36.9	35.3	30.2	17.3	17.4	12.0	11.4
Meets water recommendations	335	65.6	56.0	41.3	39.9	30.1	27.2	23.8	18.7	16.2
Risk behaviour indicators²										
Current smoker	32	78.5	49.0	50.7	34.9	39.3	40.6	44.8	43.5	29.0

Ex-smoker	200	69.7	47.8	28.4	32.2	32.0	14.3	18.6	7.9	7.2
Never smoked	313	66.0	41.7	32.5	28.0	32.8	15.1	19.1	6.4	10.9
Current vaper	21	82.1	58.3	58.7	59.3	33.1	34.6	46.8	21.2	30.0
Ex-vaper	31	81.1	64.2	28.0	22.1	20.5	32.8	28.3	21.4	10.9
Never vaped	491	66.7	42.3	30.8	28.9	34.0	14.4	18.7	8.4	9.7
Had more than 4 standard drinks on a single occasion	326	70.9	53.3	34.1	29.8	28.3	19.3	23.6	11.7	15.1
Has not had more than 4 standard drinks	220	64.4	30.6	29.3	30.8	40.6	12.7	16.8	7.2	4.0
Gambled	216	66.2	55.8	36.1	32.8	33.0	21.6	22.3	14.0	15.2
Never gambled	328	69.9	36.9	29.5	28.4	33.0	13.5	20.1	7.2	7.8

¹ Base sizes include respondents living in the Shire of Campaspe. 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 two reasons for use of public facilities and open spaces were each selected by over half of all respondents: for socialising with family or friends (61.8%) and exercise or health and fitness (54.4%). The next most frequently reported reasons were for fun or enjoyment (48.7%), entertaining kids / watching kids' activities (34.3%), for organised sport (29.7%), and unstructured physical recreation activities (26.1%).

The top three main reasons reported for using public facilities and open spaces were the same as those reported in the 2019 ALC. However, respondents to the 2019 ALC reported using public facilities or open spaces for unstructured physical recreation facilities (46.7%) and organised sport (35.9%) more frequently compared to 2025 respondents (26.1% and 29.7%, respectively). '*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.

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

	All respondents
	%
Unweighted base (n)¹	860
Socialising with family / friends	61.8
Exercise / health and fitness	54.4
For fun / enjoyment	48.7
Entertaining kids / watching kids' activities	34.3
Organised sport (e.g., cricket or netball for a club)	29.7
Unstructured physical recreation activities	26.1
For my mental health and wellbeing	24.9
Exercising the dog	23.7
For time to myself	23.4
Community event / performance	19.0
Getting back to nature	16.9
Commuting (i.e., to get from a to b)	9.1
Taking part in cultural activities or events on Country	5.1
Some other reason	3.4

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

For the top ten reasons for use of public spaces and facilities, further analyses were conducted to explore associations with demographic characteristics, health and wellbeing characteristics, health behaviours and risk behaviours. Full subgroup comparisons are shown below in Tables 5.4.2.2 and 5.4.2.3.

Children were more likely to use public facilities and open spaces for socialising with family/friends, fun/enjoyment, organised sport and unstructured physical recreation activities. Adults were more likely to use public facilities and open spaces for mental health and wellbeing and time to themselves. Females were more likely to use public facilities and open spaces for entertaining kids / watching kids' activities compared to males. Differences in use of public facilities and open spaces for various reasons were seen across the subregions and all additional demographic indicators (see Table 5.4.2.2 for more detail). Likewise, there were differences in reasons for usage for all health and wellbeing indicators, health behaviours and risk behaviours (see Table 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	Socialising with family / friends	Exercise / health and fitness	For fun / enjoyment	Entertaining kids / watching kids' activities	Organised sport (e.g., cricket or netball for a club)	Unstructured physical recreation activities	For my mental health and wellbeing	Exercising the dog	For time to myself	Community event / performance
	n	%	%	%	%	%	%	%	%	%	%
Total sample	860	61.8	54.4	48.7	34.3	29.7	26.1	24.9	23.7	23.4	19.0
Children	289	76.1	53.6	79.5	27.6	49.5	35.2	14.3	17.5	8.4	15.4
Adults	564	58.5	54.7	40.2	36.6	23.9	23.9	27.9	25.9	27.4	20.2
Males	283	61.2	57.1	48.8	25.5	32.6	27.1	22.5	26.9	23.4	18.9
Females	571	62.9	51.7	48.9	42.8	27.1	25.2	27.0	20.6	23.3	18.9
Sex and age											
Males, 3 to 11	98	82.7	55.1	89.8	33.7	55.1	30.6	10.2	19.4	4.1	15.3
Males, 12 to 17	58	79.3	65.5	63.8	10.3	56.9	39.7	22.4	17.2	15.5	13.8
Males, 18 to 34	12	62.5	50.3	47.1	40.7	9.6	28.3	3.2	18.8	18.8	18.7
Males, 35 to 49	34	54.3	64.7	46.2	52.2	37.9	43.4	37.5	24.8	39.5	9.7
Males, 50 to 69	62	56.5	54.0	46.7	22.8	21.4	13.8	24.0	29.3	29.8	28.6
Males, 70+	18	48.9	59.0	11.2	1.1	31.1	27.9	25.6	42.2	17.8	15.5
Females, 3 to 11	87	69.0	37.9	93.1	46.0	42.5	35.6	9.2	10.3	3.4	19.5
Females, 12 to 17	45	71.1	62.2	57.8	6.7	42.2	35.6	20.0	26.7	15.6	8.9
Females, 18 to 34	89	60.4	45.1	43.9	55.1	13.5	22.0	27.5	22.6	20.7	7.5
Females, 35 to 49	155	71.2	53.8	56.2	69.2	51.8	28.8	30.4	21.0	28.6	29.1
Females, 50 to 69	151	60.9	58.5	35.1	26.2	12.6	27.8	32.9	28.7	32.2	15.4
Females, 70+	40	50.5	57.7	25.0	24.0	14.3	6.2	35.3	8.7	30.6	41.9
Subregion											
Echuca	458	63.2	58.0	54.6	36.8	31.2	28.8	22.2	26.9	21.9	16.4
Kyabram	125	58.6	56.5	47.7	36.4	27.2	21.0	21.0	19.6	23.3	17.3
Lockington and District	66	49.4	46.8	43.5	31.8	30.6	17.6	30.3	12.0	26.1	34.7

Rochester	90	61.7	62.3	46.1	30.3	28.9	28.7	32.1	15.3	34.2	23.3
Rushworth and District	46	75.8	45.3	51.4	22.5	25.4	29.4	45.8	17.6	29.9	18.2
Stanhope and District	26	67.3	39.4	34.0	42.9	13.9	20.0	9.5	20.3	11.5	14.9
Tongala and District	39	55.4	35.7	24.1	24.7	33.3	24.0	31.9	44.8	19.5	21.6
Demographic indicators											
Household size²											
1 person	68	37.3	55.2	43.6	12.6	8.7	30.7	27.4	41.0	39.9	34.8
2 or 3 people	282	57.6	58.7	34.0	28.3	21.0	21.4	30.0	26.3	27.3	18.9
4 or 5 people	194	70.8	49.0	50.1	61.6	35.8	25.5	26.9	19.4	20.9	15.7
More than 5 people	19	56.8	45.8	33.6	47.2	34.7	17.9	10.0	8.9	31.8	15.3
Born overseas	68	47.4	47.1	43.2	19.5	17.8	17.2	27.1	22.3	31.4	15.3
Born in Australia	790	63.3	55.0	49.3	35.7	30.9	27.0	24.8	23.9	22.6	19.4
Speaks other main language*	15	25.5	62.2	55.7	29.5	13.3	17.6	13.1	0.0	33.5	8.9
Speaks English as main language	842	62.7	54.1	48.6	34.5	30.0	26.3	25.1	24.3	23.1	19.2
Aboriginal and/or Torres Strait Islander*	25	78.2	17.6	59.3	32.5	19.9	7.4	16.6	2.3	14.8	8.5
Not Aboriginal or Torres Strait Islander	831	61.6	55.9	48.2	34.5	30.2	27.0	25.3	24.7	23.5	19.5
LGBTQIA+*	21	29.5	67.0	45.4	24.4	9.4	31.6	40.0	31.3	49.2	5.5
Non-LGBTQIA+	835	62.9	54.2	48.9	34.7	30.4	26.1	24.7	23.7	22.6	19.4
Neurodivergent	68	65.2	43.4	58.5	31.5	28.9	24.5	17.1	10.1	14.6	16.8
Not neurodivergent	607	61.0	57.0	49.7	34.8	33.0	28.4	26.6	23.3	23.2	18.6
Maybe	61	54.8	63.3	72.1	45.9	18.4	48.5	21.1	42.4	28.3	34.2
Not sure what neurodivergent means	103	66.2	48.8	34.8	33.6	25.1	14.2	19.8	24.1	24.3	13.6
Less than Bachelor level education ²	310	56.4	52.7	36.6	34.0	23.2	20.9	27.0	25.6	28.3	19.9
Holds a Bachelor degree or higher	252	68.2	66.4	57.9	50.4	28.5	40.0	33.3	27.9	23.4	22.6
Unemployed/Retired ²	112	55.0	50.0	22.8	21.2	16.2	16.5	28.7	23.7	22.7	21.0
Employed	452	59.8	56.4	46.7	42.5	26.8	26.7	27.6	26.7	29.2	20.0

Just getting along, poor or very poor ²	159	53.4	42.2	34.5	37.5	15.1	18.0	21.5	22.1	23.5	20.3
Reasonably comfortable, very comfortable or prosperous	405	61.4	61.8	43.4	36.1	29.0	27.2	31.5	28.0	29.7	20.2
Requires help with daily activities	83	65.7	26.3	62.5	36.6	17.7	20.5	13.0	17.7	21.7	23.3
Does not require help	774	61.6	57.0	47.5	34.1	30.9	26.6	26.1	24.4	23.6	18.6
Food security (last 12 months)²											
Low or very low food security	88	55.4	34.3	35.5	41.2	12.5	12.6	18.3	18.9	22.3	14.6
Marginal food security	79	56.0	58.1	49.6	32.7	18.0	23.8	33.3	32.5	40.2	26.2
High food security	397	60.0	61.1	39.9	35.8	29.2	27.8	30.1	26.9	26.6	21.0

¹ Base sizes include respondents living in the Shire of Campaspe. 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	Socialising with family / friends	Exercise / health and fitness	For fun / enjoyment	Entertaining kids / watching kids' activities	Organised sport (e.g., cricket or netball for a club)	Unstructured physical recreation activities	For my mental health and wellbeing	Exercising the dog	For time to myself	Community event / performance
	n	%	%	%	%	%	%	%	%	%	%
Total sample	860	61.8	54.4	48.7	34.3	29.7	26.1	24.9	23.7	23.4	19.0
Health and wellbeing indicators											
Self-reported health - Fair or poor	129	61.0	35.9	42.3	34.3	17.9	16.3	22.8	20.4	18.8	21.1
Self-reported health - Good, very good, or excellent	694	61.8	58.7	49.8	34.6	32.5	29.0	25.5	24.9	24.4	19.1
Life satisfaction - Low to moderate (0 to 6) ²	166	55.1	45.7	38.5	39.2	21.9	18.6	24.9	23.1	22.1	21.9
Life satisfaction - High/very high (7 to 10)	376	59.4	58.9	40.3	36.0	24.6	26.6	29.5	27.1	30.0	20.1
Does not feel valued by society ²	100	51.1	43.6	24.2	32.6	10.7	14.4	19.0	33.8	21.5	15.7
Sometimes feel valued by society	259	58.0	51.2	44.3	40.7	28.6	24.1	26.8	23.4	29.8	17.2
Definitely feel valued by society	185	61.6	66.7	40.5	33.2	22.5	29.3	35.2	25.4	26.4	29.9

Poor mental wellbeing ²	153	49.5	46.4	26.9	37.1	14.9	21.7	25.3	30.0	24.4	20.4
Good mental wellbeing	411	61.9	57.9	45.3	36.5	27.4	24.7	28.9	24.2	28.6	20.2
Overweight or obese (BMI ≥25.0)	291	60.0	58.4	43.0	35.1	30.3	23.6	30.3	27.8	28.5	24.4
Normal range or underweight (BMI <25.0)	208	65.1	64.2	53.5	36.3	30.1	37.8	25.7	24.5	27.3	22.2
Health behaviour indicators											
Does not meet fruit intake recommendations	398	60.8	50.0	42.3	34.1	23.6	25.0	23.8	26.1	22.0	18.2
Meets fruit intake recommendations	446	66.3	59.3	58.1	35.9	37.4	29.0	25.5	21.7	23.3	20.6
Does not meet vegetable intake recommendations	756	63.3	53.3	50.1	36.0	30.3	27.0	24.7	24.1	23.0	20.1
Meets vegetable intake recommendations	86	62.9	64.2	44.3	23.4	26.9	25.0	20.4	21.7	20.8	10.5
Does not meet aerobic physical activity recommendations	261	61.8	37.8	47.4	30.2	25.4	18.6	18.5	22.4	18.0	17.7
Meets aerobic physical activity recommendations	566	63.8	61.6	50.0	37.2	31.2	30.2	28.0	25.2	25.8	19.2
Does not meet muscle strengthening recommendations	424	57.5	48.1	45.3	30.7	29.0	21.8	21.1	26.7	22.1	20.8
Meets muscle strengthening recommendations	299	68.0	64.6	50.3	40.3	33.8	34.0	30.3	23.0	27.9	19.4
Does not meet screen time recommendations	409	62.3	53.7	47.3	32.1	24.4	26.9	25.5	26.4	22.0	22.1
Meets screen time recommendations	404	63.0	56.1	50.0	38.0	36.2	26.6	25.1	23.5	23.3	16.5
Does not meet sleep recommendations	237	56.1	48.8	45.4	37.0	22.5	19.5	27.7	20.6	26.1	15.0
Meets sleep recommendations	589	64.9	57.2	49.7	33.2	33.5	30.1	24.0	26.2	21.5	21.5
Drinks sugar-sweetened beverages daily	119	58.6	38.9	47.9	30.9	21.4	18.3	14.6	21.1	14.0	21.1
Drinks sugar-sweetened beverages less than daily	737	62.6	57.4	49.0	35.1	31.5	27.8	27.1	24.4	25.4	18.6
Does not meet water recommendations	505	63.1	53.9	47.6	33.0	27.3	24.5	23.1	25.2	22.8	16.8
Meets water recommendations	333	62.1	55.4	52.0	38.8	34.6	29.1	28.3	22.5	23.9	22.9
Risk behaviour indicators²											

Current smoker	30	57.5	37.7	54.0	47.0	20.2	36.1	24.6	40.2	35.3	34.8
Ex-smoker	201	58.7	58.7	39.8	40.5	25.4	23.3	23.6	27.9	20.3	22.8
Never smoked	310	58.4	54.1	37.7	33.8	23.3	23.5	31.3	21.8	31.6	17.1
Current vaper	19	68.4	52.1	41.3	64.7	26.5	24.9	41.5	44.7	29.7	10.3
Ex-vaper	31	45.6	73.6	63.0	49.0	25.6	39.7	20.3	35.6	34.6	33.1
Never vaped	489	59.0	53.6	37.7	35.0	23.7	23.0	27.8	23.9	26.5	20.1
Had more than 4 standard drinks on a single occasion	323	63.5	55.0	43.7	42.6	31.1	24.0	30.3	26.0	26.5	16.3
Has not had more than 4 standard drinks	219	50.0	54.9	32.8	28.8	12.2	24.4	23.8	24.9	28.3	27.4
Gambled	216	57.0	56.1	46.6	40.0	29.1	25.7	27.9	28.0	27.9	23.2
Never gambled	324	59.2	54.3	34.6	35.3	20.2	23.1	27.8	24.0	26.6	18.7

¹ Base sizes include respondents living in the Shire of Campaspe. 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	Socialising with family / friends	Exercise / health and fitness	For fun / enjoyment	For my mental health and wellbeing	Entertaining kids / watching kids' activities	Organised sport (e.g., cricket or netball for a club)	Unstructured physical recreation activities	Exercising the dog	For time to myself	Community event / performance
	n	%	%	%	%	%	%	%	%	%	%
Unweighted base (n)	860	583	482	505	226	336	293	267	196	184	169
Facility type											

Parks	556	64.0	55.0	54.5	29.2	40.9	28.4	31.5	30.5	26.4	21.4
Sports grounds, ovals and clubrooms	481	72.2	63.3	57.1	24.9	40.7	53.8	34.8	26.3	21.2	24.0
Playgrounds	417	76.1	50.8	70.4	24.2	66.9	34.0	33.7	21.2	21.0	18.9
Swimming pools / splash parks	409	76.2	63.8	68.5	24.2	50.6	36.1	37.2	20.7	19.5	23.4
Halls / community centres	247	70.5	53.0	48.3	27.2	34.4	34.6	34.6	25.1	27.3	39.7
Indoor sports / leisure / fitness centres	240	77.7	82.3	72.2	28.6	47.8	54.3	42.9	28.7	22.9	26.4
Community gardens	177	66.9	61.6	61.9	37.7	37.2	24.3	42.0	41.2	44.2	27.8
Skateparks / BMX	163	74.2	57.1	81.8	23.5	60.9	49.9	48.8	26.8	20.9	26.3
Hard courts (e.g., netball / tennis)	162	77.7	73.6	63.7	33.2	47.3	74.5	48.4	18.0	20.5	24.4
Other	62	54.9	70.4	55.9	39.2	23.7	15.1	47.7	52.1	23.3	36.0
After hours usage of education facilities (e.g., school, TAFE, university)	55	80.7	43.1	51.0	21.8	37.2	39.4	43.7	16.1	16.2	29.7

¹ Base sizes include respondents aged 3 years and over living in the Shire of Campaspe. 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, 27.4% of adults reported always feeling safe in their local area, and 15.2% reported sometimes or rarely feeling safe. A greater proportion of males reported always feeling safe (34.0%) compared to females (21.0%). Differences in safety were seen between subregions, with residents from Echuca (16.5%) and Kyabram (25.4%) more likely to report sometimes or rarely feeling safe compared to residents from Rushworth and district (0.0%) and Tongala and district (4.6%).

Differences in perceived safety were seen for some demographic indicators, with a greater proportion of those in the following demographic characteristics reporting feeling safe only sometimes or rarely compared to their counterparts:

- Maybe neurodivergent (51.5%) compared to not neurodivergent (9.8%)
- Employed (18.6%) compared to unemployed/retired (7.7%)
- Just getting along, poor or very poor (28.9%) compared to reasonably comfortable, very comfortable or prosperous (7.0%)
- Low or very food security (36.7%) compared to high food security (6.0%)

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	680	27.4	57.4	15.2
Males	162	34.0	50.1	15.9
Females	515	21.0	64.5	14.5
Sex and age				
Males, 18 to 34	15	18.7	32.6	48.7
Males, 35 to 49	40	23.0	57.4	19.5
Males, 50 to 69	82	35.7	51.5	12.7
Males, 70+	25	48.1	51.9	0.0
Females, 18 to 34	99	19.3	63.8	16.9
Females, 35 to 49	176	10.6	68.3	21.1
Females, 50 to 69	187	24.3	64.3	11.4
Females, 70+	53	33.8	60.5	5.7
Subregion				
Echuca	338	20.5	63.1	16.5
Kyabram	96	12.9	61.7	25.4

Lockington and District	57	52.5	38.5	9.0
Rochester	78	40.5	50.7	8.8
Rushworth and District	41	43.1	56.9	0.0
Stanhope and District	25	31.8	38.7	29.4
Tongala and District	39	33.5	61.9	4.6
Demographic indicators				
Household size				
1 person	88	24.2	58.4	17.4
2 or 3 people	353	37.1	51.7	11.3
4 or 5 people	214	12.7	67.7	19.6
More than 5 people	23	7.7	61.6	30.7
Born overseas	65	23.7	58.1	18.3
Born in Australia	614	28.1	57.8	14.1
Speaks other main language*	13	3.6	45.4	51.0
Speaks English as main language	667	28.0	57.7	14.3
Aboriginal and/or Torres Strait Islander*	17	2.9	72.4	24.7
Not Aboriginal or Torres Strait Islander	660	28.6	56.8	14.6
LGBTQIA+*	22	31.6	61.9	6.5
Non-LGBTQIA+	656	27.2	57.2	15.6
Neurodivergent	36	29.2	49.2	21.6
Not neurodivergent	476	28.7	61.5	9.8
Maybe	40	3.5	45.0	51.5
Not sure what neurodivergent means	109	27.1	53.6	19.3
Less than Bachelor level education	388	26.4	57.6	16.1
Holds a Bachelor degree or higher	289	31.6	57.8	10.6
Unemployed/Retired	158	38.2	54.1	7.7
Employed	522	22.5	58.9	18.6
Just getting along, poor or very poor	203	17.4	53.8	28.9
Reasonably comfortable, very comfortable or prosperous	477	33.4	59.5	7.0
Requires help with daily activities	36	14.8	60.0	25.2
Does not require help	643	28.5	57.1	14.4
Food security (last 12 months)				
Low or very low food security	110	10.0	53.3	36.7
Marginal food security	101	9.7	67.7	22.6
High food security	468	37.9	56.1	6.0

¹ Base sizes include respondents aged 18 years and over living in the Shire of Campaspe. 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 life satisfaction and perceived value to society only (see Table 5.5.1.2). A greater proportion of those with low to moderate life satisfaction (29.9% vs 6.8%) and

don't feel valued by society (30.6% vs sometimes [13.8%] and definitely [5.6%]) reported sometimes or rarely feeling safe in their local area, compared with their counterparts experiencing more positive health and wellbeing.

Perceived safety was also associated with fruit consumption. Specifically, those who failed to meet the fruit intake recommendations (19.1%) reported feeling safe less frequently than those who did meet the recommendations (7.2%). Additionally, respondents who met aerobic physical activity recommendations (30.5%) were more likely to report always feeling safe than those who did not meet the recommendations (17.9%).

Perceived safety was associated with smoking only with a greater proportion of ex-smokers (29.0%) and those who have never smoked (28.3%) reporting always feeling safe than current smokers (9.3%). No other differences in reported feelings of safety in the local area were observed according to risk behaviours, suggesting that safety may be unrelated to personal risk taking. This however does not account for the risk-taking behaviours of others in their local area.

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	680	27.4	57.4	15.2
Health and wellbeing indicators				
Self-reported health - Fair or poor	155	19.8	57.8	22.4
Self-reported health - Good, very good, or excellent	466	30.2	57.7	12.1
Life satisfaction – Low to moderate (0 to 6)	201	17.2	52.9	29.9
Life satisfaction – High/very high (7 to 10)	421	32.8	60.5	6.8
Does not feel valued by society	130	7.3	62.2	30.6
Sometimes feel valued by society	301	23.4	62.7	13.8
Definitely feel valued by society	191	51.3	43.1	5.6
Poor mental wellbeing	183	15.5	60.7	23.8
Good mental wellbeing	497	32.3	56.0	11.6
Overweight or obese (BMI ≥25.0)	297	27.6	61.0	11.4
Normal range or underweight (BMI <25.0)	143	30.9	55.7	13.4
Health behaviour indicators				
Does not meet fruit intake recommendations	391	26.3	54.6	19.1
Meets fruit intake recommendations	281	28.9	63.9	7.2
Does not meet vegetable intake recommendations	604	25.8	58.9	15.4
Meets vegetable intake recommendations	66	44.3	48.5	7.2
Does not meet aerobic physical activity recommendations	168	17.9	62.1	20.0
Meets aerobic physical activity recommendations	495	30.5	56.8	12.7

Does not meet muscle strengthening recommendations	330	25.6	59.0	15.4
Meets muscle strengthening recommendations	285	26.8	60.2	13.0
Does not meet screen time recommendations	319	31.0	55.7	13.3
Meets screen time recommendations	339	24.3	59.9	15.8
Does not meet sleep recommendations	201	28.0	54.4	17.6
Meets sleep recommendations	458	27.5	61.3	11.2
Drinks sugar-sweetened beverages daily	114	21.7	64.1	14.2
Drinks sugar-sweetened beverages less than daily	564	29.3	56.1	14.6
Does not meet water recommendations	421	28.0	60.5	11.5
Meets water recommendations	248	26.1	52.3	21.6
Risk behaviour indicators				
Current smoker	38	9.3	55.1	35.6
Ex-smoker	227	29.0	58.2	12.8
Never smoked	356	28.3	57.8	13.8
Current vaper	21	24.8	39.5	35.8
Ex-vaper	35	17.6	62.7	19.7
Never vaped	563	27.7	58.4	13.9
Had more than 4 standard drinks on a single occasion	363	28.0	57.3	14.7
Has not had more than 4 standard drinks	258	25.5	59.1	15.4
Gambled	246	23.0	57.1	19.9
Never gambled	374	29.7	58.1	12.2

¹ Base sizes include respondents aged 18 years and over living in the Shire of Campaspe. 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, 88.8% of parents agreed that their child is safe in their local area. No differences in child safety were seen between males and females, or children and adolescents and within subregions.

Neurodivergence was the only demographic factor that was associated with perceived child safety in local area with a greater proportion of respondents whose child is neurodivergent (23.1%) or not neurodivergent (10.3%) disagreeing that their child was safe in the local area compared to those unsure what neurodivergent means (0.0%).

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

	Unweighted base ¹	Agree	Disagree
	n	%	%
Total sample	298	88.8	11.2

Males	157	89.0	11.0
Females	140	88.5	11.5
Sex and age			
Males, 3 to 11	98	90.8	9.2
Males, 12 to 17	59	86.4	13.6
Females, 3 to 11	94	89.4	10.6
Females, 12 to 17	46	87.0	13.0
Subregion			
Echuca	166	84.1	15.9
Kyabram	47	89.2	10.8
Lockington and District	20	90.3	9.7
Rochester	31	100.0	0.0
Rushworth and District	14	100.0	0.0
Stanhope and District	8	100.0	0.0
Tongala and District	8	100.0	0.0
Demographic indicators			
Born overseas*	12	91.0	9.0
Born in Australia	286	88.7	11.3
Speaks other main language*	3	63.0	37.0
Speaks English as main language	294	89.0	11.0
Aboriginal and/or Torres Strait Islander*	11	91.2	8.8
Not Aboriginal or Torres Strait Islander	287	88.7	11.3
LGBTQIA+*	4	100.0	0.0
Non-LGBTQIA+ ²	294	88.6	11.4
Neurodivergent	44	76.9	23.1
Not neurodivergent	204	89.7	10.3
Maybe	25	91.6	8.4
Not sure what neurodivergent means	21	100.0	0.0
Requires help with daily activities	60	81.1	18.9
Does not require help	238	90.7	9.3

¹ Base sizes include respondents aged 3 to 17 years living in the Shire of Campaspe. 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 any of the assessed health and wellbeing, or health behaviour indicators (see Table 5.5.2.2).

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	298	88.8	11.2

Health and wellbeing indicators			
Self-reported health - Fair or poor*	9	57.0	43.0
Self-reported health - Good, very good, or excellent	266	91.5	8.5
Overweight or obese (BMI ≥ 25.0)	31	93.3	6.7
Normal range or underweight (BMI < 25.0)	79	93.2	6.8
Health behaviour indicators			
Does not meet fruit intake recommendations	79	83.2	16.8
Meets fruit intake recommendations	218	90.8	9.2
Does not meet vegetable intake recommendations	268	89.0	11.0
Meets vegetable intake recommendations*	29	86.6	13.4
Does not meet aerobic physical activity recommendations	140	84.3	15.7
Meets aerobic physical activity recommendations	146	92.9	7.1
Does not meet muscle strengthening recommendations	152	90.3	9.7
Meets muscle strengthening recommendations	60	90.9	9.1
Does not meet screen time recommendations	154	87.7	12.3
Meets screen time recommendations	121	89.9	10.1
Does not meet sleep recommendations	74	83.0	17.0
Meets sleep recommendations	212	90.2	9.8
Drinks sugar-sweetened beverages daily*	23	82.4	17.6
Drinks sugar-sweetened beverages less than daily	272	89.2	10.8
Does not meet water recommendations	157	87.6	12.4
Meets water recommendations	134	89.5	10.5

¹ Base sizes include respondents aged 3 to 17 years living in the Shire of Campaspe. 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 respondents who self-reported fair or poor health was 24.6%. Adults were slightly higher than the VPHS benchmark and considerably higher than the NHS benchmark at 29.6%.

There were no significant differences in self-reported levels of health amongst males and females, however, adults were more likely to report lower levels of health than children (29.6% vs 3.7%). When looking at sex and age, for both males and females, those aged 35 years and above were the most likely to self-report lower health whereas children and adolescents were more likely to report very good/ excellent health. Residents from Echuca and Rochester were more likely to report very good/ excellent health compared to Lockington and district and Stanhope and district.

In relation to key demographic indicators, people from the following groups were more likely to self-report fair or poor health:

- Single person households (40.8%) compared to more than 5 person households (11.8%)
- Just getting along, poor or very poor (42.9%) compared to reasonably comfortable, very comfortable or prosperous (21.2%)
- Low or very low food security (45.2%) compared to high food security (20.7%)

Table 6.1.1 Self-reported health status by selected demographic characteristics

	Unweighted base ¹ n	Fair / Poor %	Good %	Very good / Excellent %
Total sample	917	24.6	36.9	38.5
Children	285	3.7	18.5	77.8
Adults	624	29.6	41.3	29.1
Males	304	25.3	37.3	37.5
Females	606	24.1	36.3	39.6

Sex and age				
Males, 3 to 11	94	2.1	19.1	78.7
Males, 12 to 17	59	1.7	27.1	71.2
Males, 18 to 34	13	43.0	38.0	19.0
Males, 35 to 49	38	27.3	34.7	38.0
Males, 50 to 69	75	28.1	49.8	22.2
Males, 70+	23	32.7	32.7	34.5
Females, 3 to 11	85	1.2	12.9	85.9
Females, 12 to 17	46	13.0	15.2	71.7
Females, 18 to 34	86	37.4	39.0	23.7
Females, 35 to 49	158	23.6	47.7	28.8
Females, 50 to 69	176	24.9	44.9	30.1
Females, 70+	52	24.4	30.3	45.3
Subregion				
Echuca	482	25.5	34.3	40.2
Kyabram	129	27.1	37.1	35.8
Lockington and District	71	25.3	52.5	22.3
Rochester	101	19.5	31.8	48.7
Rushworth and District	51	29.8	26.6	43.6
Stanhope and District	30	20.6	61.3	18.1
Tongala and District	43	21.4	36.2	42.4
Demographic indicators				
Household size ²				
1 person	82	40.8	29.8	29.3
2 or 3 people	322	26.9	40.9	32.1
4 or 5 people	197	29.4	47.0	23.7
More than 5 people	21	11.8	66.3	21.9
Born overseas	76	33.1	28.7	38.2
Born in Australia	836	23.1	38.0	38.9
Speaks other main language*	16	35.2	32.6	32.1
Speaks English as main language	896	24.3	37.0	38.7
Aboriginal and/or Torres Strait Islander*	23	54.4	34.6	11.0
Not Aboriginal or Torres Strait Islander	888	23.7	36.8	39.5
LGBTQIA+*	24	32.7	49.5	17.8
Non-LGBTQIA+	886	24.3	36.5	39.2
Neurodivergent	73	38.4	29.3	32.3
Not neurodivergent	629	21.2	34.9	44.0
Maybe	62	37.0	21.5	41.5
Not sure what neurodivergent means	124	28.4	48.5	23.1
Less than Bachelor level education ²	356	30.7	41.0	28.3

Holds a Bachelor degree or higher	264	20.7	44.1	35.2
Unemployed/Retired ²	147	37.1	32.3	30.6
Employed	476	25.8	45.6	28.5
Just getting along, poor or very poor ²	189	42.9	39.2	17.9
Reasonably comfortable, very comfortable or prosperous	433	21.2	42.9	36.0
Requires help with daily activities	89	38.2	31.0	30.8
Does not require help	823	23.1	37.5	39.5
Food security (last 12 months)²				
Low or very low food security	101	45.2	36.4	18.4
Marginal food security	93	38.4	41.5	20.1
High food security	428	20.7	43.7	35.6

¹ Base sizes include respondents living in the Shire of Campaspe. 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 (51.9% vs 16.7%), do not feel valued by society (53.5% vs sometimes [27.1%] and definitely [15.8%]), poor mental wellbeing (54.2% vs 18.2%) and were overweight or obese (29.2% vs 15.1%) 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 some health behaviour indicators. Respondents who failed to meet the following health behaviour recommendations were more likely to self-report their health as fair or poor compared to those who met them:

- Fruit intake (29.9% vs 15.9%)
- Aerobic physical activity (42.3% vs 15.5%)
- Muscle strengthening (32.1% vs 13.3%)

A greater proportion of current smokers self-reported their health as fair or poor (56.3%) compared to those who have never smoked (23.8%). No other risk behaviours were associated with self-reported health.

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	917	24.6	36.9	38.5
Health and wellbeing indicators				
Life satisfaction - Low to moderate (0 to 6) ²	201	51.9	36.0	12.1
Life satisfaction - High/very high (7 to 10)	421	16.7	44.3	39.0
Does not feel valued by society ²	127	53.5	38.7	7.8

Sometimes feel valued by society	302	27.1	46.3	26.6
Definitely feel valued by society	193	15.8	32.4	51.8
Poor mental wellbeing ²	181	54.2	37.3	8.5
Good mental wellbeing	443	18.2	43.1	38.7
Overweight or obese (BMI ≥25.0)	328	29.2	45.3	25.6
Normal range or underweight (BMI <25.0)	228	15.1	19.6	65.2
Health behaviour indicators				
Does not meet fruit intake recommendations	441	29.9	41.2	28.9
Meets fruit intake recommendations	458	15.9	32.6	51.5
Does not meet vegetable intake recommendations	807	23.7	39.0	37.2
Meets vegetable intake recommendations	90	23.5	19.3	57.2
Does not meet aerobic physical activity recommendations	293	42.3	30.8	26.9
Meets aerobic physical activity recommendations	591	15.5	39.7	44.8
Does not meet muscle strengthening recommendations	461	32.1	36.0	31.9
Meets muscle strengthening recommendations	311	13.3	39.2	47.5
Does not meet screen time recommendations	443	23.5	42.6	33.9
Meets screen time recommendations	428	24.6	32.6	42.8
Does not meet sleep recommendations	251	29.5	40.1	30.4
Meets sleep recommendations	629	20.3	36.4	43.3
Drinks sugar-sweetened beverages daily	128	34.5	45.9	19.6
Drinks sugar-sweetened beverages less than daily	781	21.8	35.1	43.1
Does not meet water recommendations	542	26.5	36.1	37.4
Meets water recommendations	350	19.4	38.1	42.5
Risk behaviour indicators²				
Current smoker	38	56.3	29.2	14.4
Ex-smoker	228	32.0	42.3	25.8
Never smoked	354	23.8	42.2	33.9
Current vaper	21	46.8	40.5	12.7
Ex-vaper	35	29.3	39.4	31.3
Never vaped	562	28.8	41.3	29.8
Had more than 4 standard drinks on a single occasion	362	26.5	43.6	29.9
Has not had more than 4 standard drinks	258	34.3	37.9	27.8
Gambled	244	32.2	40.6	27.3
Never gambled	375	28.3	41.4	30.3

¹ Base sizes include respondents living in the Shire of Campaspe. 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, 11.7% of respondents aged 18 years and over reported low life satisfaction. No differences were seen between males and females. When looking by sex and age, a greater proportion of males and females 35 to 69 years reported low life satisfaction compared to their counterparts aged 70 years and above. Among females, a greater proportion of those aged 18 through to 69 years reported low life satisfaction compared to those aged 70 years and above. No differences were seen according to subregion of residence.

Residents were more likely to record low levels of life satisfaction if they belong to the following demographic groups:

- Neurodivergent (48.3%) compared to not neurodivergent (7.4%) and those unsure what neurodivergent means (10.0%)
- Just getting along, poor, or very poor (22.7%), compared to those who are reasonably comfortable, very comfortable, or prosperous (4.9%)
- Low or very low (22.4%) and marginal (26.9%) food security compared to high food security (4.3%)

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	625	11.7	25.1	46.6	16.7
Males	149	13.5	24.3	46.6	15.6
Females	473	9.7	25.9	46.5	17.8
Sex and age					
Males, 18 to 34	13	16.2	43.1	35.1	5.5
Males, 35 to 49	38	21.5	18.3	47.9	12.4
Males, 50 to 69	75	15.9	20.7	46.5	16.9
Males, 70+	23	0.9	25.7	52.1	21.3
Females, 18 to 34	86	14.1	28.7	50.0	7.3

Females, 35 to 49	159	13.1	21.0	50.5	15.3
Females, 50 to 69	176	8.8	18.6	47.8	24.9
Females, 70+	52	0.0	39.4	34.0	26.6
Subregion					
Echuca	320	10.9	28.6	43.9	16.6
Kyabram	83	13.6	16.9	58.7	10.8
Lockington and District	51	10.3	33.8	34.6	21.2
Rochester	70	11.6	15.9	52.9	19.7
Rushworth and District	37	9.2	26.8	55.8	8.2
Stanhope and District	23	27.6	23.3	23.9	25.2
Tongala and District	35	3.7	23.6	57.6	15.1
Demographic indicators					
Household size					
1 person	83	13.4	36.7	40.7	9.2
2 or 3 people	321	10.9	19.5	47.0	22.6
4 or 5 people	198	10.9	27.7	50.9	10.5
More than 5 people	21	21.8	25.1	36.7	16.4
Born overseas	61	19.3	7.4	61.0	12.3
Born in Australia	562	10.0	27.1	45.5	17.4
Speaks other main language*	13	30.5	15.9	37.1	16.6
Speaks English as main language	611	11.2	25.1	47.0	16.7
Aboriginal and/or Torres Strait Islander*	14	6.1	56.5	34.1	3.3
Not Aboriginal or Torres Strait Islander	608	12.0	23.7	47.4	16.9
LGBTQIA+*	20	50.1	35.3	14.6	0.0
Non-LGBTQIA+	601	10.5	24.7	48.1	16.7
Neurodivergent	30	48.3	6.4	42.5	2.8
Not neurodivergent	432	7.4	20.0	53.1	19.4
Maybe	38	42.1	37.0	18.2	2.7
Not sure what neurodivergent means	103	10.0	37.9	41.5	10.6
Less than Bachelor level education	358	11.8	25.8	46.7	15.7
Holds a Bachelor degree or higher	263	11.3	20.2	46.9	21.6
Unemployed/Retired	146	11.9	28.2	39.5	20.4
Employed	478	11.6	23.3	50.1	15.0
Just getting along, poor or very poor	191	22.7	37.9	33.1	6.3
Reasonably comfortable, very comfortable or prosperous	432	4.9	16.8	55.4	22.9
Requires help with daily activities	31	21.9	47.2	22.3	8.6
Does not require help	592	10.9	23.1	48.8	17.3
Food security (last 12 months)					
Low or very low food security	102	22.4	40.0	35.7	1.9
Marginal food security	94	26.9	21.4	41.8	9.9

High food security	427	4.3	20.3	51.3	24.0
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¹ Base sizes include respondents aged 18 years and over living in the Shire of Campaspe. 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 (see Table 6.2.2). Specifically, a greater proportion of respondents who reported fair or poor health (25.4% vs 5.9%), do not feel valued by society (36.6% vs sometimes [6.9%] and definitely [0.8%]) and poor mental wellbeing (31.6% vs 2.4%) reported low life satisfaction compared to their counterparts with more positive health and wellbeing indicators.

Life satisfaction was associated with fruit intake, with respondents who failed to meet the fruit intake recommendations (14.5%) more likely to report low life satisfaction compared to those who met them (5.2%). Additionally, respondents who met the aerobic physical activity (20.1% vs 8.9%) and muscle strengthening (22.7% vs 10.6%) recommendations were more likely to report very high life satisfaction compared to those who did not.

Vaping and smoking were the only risk behaviours that were associated with life satisfaction. A greater proportion of current vapers reported low life satisfaction (47.2%) compared to ex-smokers (8.9%) and those who have never vaped (10.0%). Additionally, a greater proportion of ex-smokers (17.3%) and those who have never smoked (18.6%) reported very high life satisfaction compared to current smokers (4.2%).

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	625	11.7	25.1	46.6	16.7
Health and wellbeing indicators					
Self-reported health - Fair or poor	156	25.4	39.0	31.3	4.3
Self-reported health - Good, very good, or excellent	466	5.9	19.2	52.9	21.9
Does not feel valued by society	130	36.6	35.2	26.2	2.0
Sometimes feel valued by society	302	6.9	27.9	54.1	11.1
Definitely feel valued by society	191	0.8	11.2	48.0	39.9
Poor mental wellbeing	182	31.6	37.9	29.2	1.3
Good mental wellbeing	443	2.4	19.1	54.7	23.8
Overweight or obese (BMI ≥25.0)	296	12.8	22.8	51.3	13.1
Normal range or underweight (BMI <25.0)	144	5.7	19.3	48.6	26.4
Health behaviour indicators					
Does not meet fruit intake recommendations	363	14.5	27.1	46.5	11.9
Meets fruit intake recommendations	253	5.2	21.1	50.0	23.6
Does not meet vegetable intake recommendations	552	11.4	25.0	48.8	14.8
Meets vegetable intake recommendations	62	6.2	23.4	34.9	35.5

Does not meet aerobic physical activity recommendations	159	18.1	35.3	37.7	8.9
Meets aerobic physical activity recommendations	450	8.2	20.8	51.0	20.1
Does not meet muscle strengthening recommendations	306	13.6	28.7	47.2	10.6
Meets muscle strengthening recommendations	259	6.7	20.2	50.4	22.7
Does not meet screen time recommendations	292	10.5	23.6	52.7	13.2
Meets screen time recommendations	313	11.3	26.9	42.6	19.1
Does not meet sleep recommendations	180	13.3	33.4	42.6	10.8
Meets sleep recommendations	425	8.5	21.2	50.5	19.8
Drinks sugar-sweetened beverages daily	108	11.7	37.3	35.0	16.0
Drinks sugar-sweetened beverages less than daily	515	10.7	21.9	50.3	17.1
Does not meet water recommendations	388	11.9	24.1	46.7	17.3
Meets water recommendations	226	7.7	28.3	49.5	14.6
Risk behaviour indicators					
Current smoker	38	18.3	32.1	45.3	4.2
Ex-smoker	226	9.7	30.7	42.3	17.3
Never smoked	357	12.2	19.3	49.9	18.6
Current vaper	21	47.2	13.6	36.3	2.9
Ex-vaper	35	8.9	38.9	47.3	4.8
Never vaped	563	10.0	24.4	47.1	18.5
Had more than 4 standard drinks on a single occasion	364	11.8	25.7	46.0	16.6
Has not had more than 4 standard drinks	257	10.8	23.8	48.0	17.3
Gambled	245	11.6	29.4	43.1	15.9
Never gambled	375	11.9	21.6	49.0	17.5

¹ Base sizes include respondents aged 18 years and over living in the Shire of Campaspe. 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, 21.4% of residents aged 18 years and over indicated that they do not feel valued by society. There were no differences according to sex, or by sex and age. Across the subregions, residents of Lockington and District (44.2%), Rochester (41.0%) and Rushworth and District (44.7%) were more likely to report definitely being valued by society than residents of Kyabram (12.2%). Furthermore, a greater proportion of those living in Echuca (26.4%) reported that they do not feel valued by society compared to those living in Lockington and District (7.9%).

Respondents from the following demographic groups were more likely to indicate they do not feel valued by society included:

- Maybe neurodivergent (54.0%) compared to not neurodivergent (17.3%)
- Just getting along, poor, or very poor (30.2%) compared to reasonably comfortable, very comfortable, or prosperous (16.1%)
- Require help with daily activities (49.1%) compared to those who do not (19.2%)
- Low or very low food security (31.3%) compared to high food security (14.4%)

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	625	21.4	52.5	26.1
Males	149	19.6	56.6	23.8
Females	473	22.8	48.7	28.4
Sex and age				
Males, 18 to 34	13	13.5	78.2	8.3
Males, 35 to 49	38	20.4	53.0	26.6
Males, 50 to 69	75	20.7	61.3	18.0
Males, 70+	23	20.4	38.9	40.8
Females, 18 to 34	86	30.1	51.5	18.4
Females, 35 to 49	160	17.5	55.3	27.2
Females, 50 to 69	176	23.2	45.6	31.2
Females, 70+	51	17.3	40.8	41.9
Subregion				
Echuca	320	26.4	51.9	21.7
Kyabram	83	17.2	70.7	12.2
Lockington and District	51	7.9	47.9	44.2
Rochester	71	12.4	46.7	41.0
Rushworth and District	37	13.0	42.3	44.7
Stanhope and District	23	30.7	45.5	23.8
Tongala and District	34	25.1	46.9	28.0
Demographic indicators				
Household size				
1 person	83	26.5	52.0	21.5
2 or 3 people	321	19.8	47.1	33.1
4 or 5 people	198	18.7	63.7	17.6
More than 5 people	21	42.4	43.9	13.7
Born overseas	62	19.5	59.9	20.6
Born in Australia	561	20.9	52.1	27.0

Speaks other main language*	13	30.5	38.1	31.5
Speaks English as main language	611	21.2	52.8	26.0
Aboriginal and/or Torres Strait Islander*	14	24.2	75.8	0.0
Not Aboriginal or Torres Strait Islander	608	21.2	51.5	27.3
LGBTQIA+*	20	48.8	35.8	15.4
Non-LGBTQIA+	601	20.7	53.1	26.2
Neurodivergent	30	34.5	46.6	18.9
Not neurodivergent	433	17.3	53.6	29.1
Maybe	38	54.0	39.6	6.4
Not sure what neurodivergent means	102	23.0	56.9	20.1
Less than Bachelor level education	356	21.9	54.1	24.0
Holds a Bachelor degree or higher	265	19.5	43.4	37.1
Unemployed/Retired	147	25.4	44.9	29.6
Employed	477	19.6	55.9	24.5
Just getting along, poor or very poor	191	30.2	57.7	12.1
Reasonably comfortable, very comfortable or prosperous	432	16.1	49.3	34.7
Requires help with daily activities	31	49.1	46.4	4.5
Does not require help	592	19.2	52.8	27.9
Food security (last 12 months)				
Low or very low food security	102	31.3	65.0	3.7
Marginal food security	95	32.1	47.1	20.8
High food security	426	14.4	49.6	36.1

¹ Base sizes include respondents aged 18 years and over living in the Shire of Campaspe. 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.

Similar to other health and wellbeing outcomes, perceived value to society was associated with all health and wellbeing indicators, except for BMI (see Table 6.3.2). Specifically, a greater proportion of respondents who reported fair or poor health (38.2% vs 1.04%), low life satisfaction (41.7% vs 9.6%) and poor mental wellbeing (43.8% vs 10.9%) do not feel valued by society compared to their counterparts with more positive health and wellbeing indicators.

Perceived value to society was also associated with many health behaviours. Respondents who failed to meet the fruit intake (24.6% vs 13.5%) and aerobic physical activity (36.9% vs 14.8%) recommendations were more likely to report not feeling valued by society compared to those who met them. In addition, a greater proportion of respondents who met muscle strengthening (33.0% vs 19.4%) and sleep (31.4% vs 17.1%) recommendations definitely feel valued by society compared to their counterparts who did not.

A greater proportion of current vapers reported not feeling valued by society (58.6%) compared to ex-vapers (19.8%) and those who have never vaped (19.4%). No other associations were seen with risk behaviours.

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	625	21.4	52.5	26.1
Health and wellbeing indicators				
Self-reported health - Fair or poor	156	38.2	48.0	13.9
Self-reported health - Good, very good, or excellent	466	14.0	54.6	31.3
Life satisfaction - Low to moderate (0 to 6)	202	41.7	49.8	8.5
Life satisfaction - High/very high (7 to 10)	421	9.6	54.2	36.2
Poor mental wellbeing	183	43.8	44.0	12.2
Good mental wellbeing	442	10.9	56.5	32.6
Overweight or obese (BMI ≥25.0)	296	22.5	53.1	24.4
Normal range or underweight (BMI <25.0)	145	13.0	46.2	40.8
Health behaviour indicators				
Does not meet fruit intake recommendations	364	24.6	57.5	17.9
Meets fruit intake recommendations	252	13.5	46.3	40.2
Does not meet vegetable intake recommendations	552	20.9	54.8	24.3
Meets vegetable intake recommendations	62	17.3	37.7	45.0
Does not meet aerobic physical activity recommendations	158	36.9	48.3	14.8
Meets aerobic physical activity recommendations	451	14.8	55.3	29.9
Does not meet muscle strengthening recommendations	307	26.5	54.1	19.4
Meets muscle strengthening recommendations	259	15.3	51.7	33.0
Does not meet screen time recommendations	292	23.9	49.3	26.7
Meets screen time recommendations	314	18.2	58.0	23.7
Does not meet sleep recommendations	181	23.0	59.9	17.1
Meets sleep recommendations	424	19.6	49.0	31.4
Drinks sugar-sweetened beverages daily	108	29.2	52.4	18.4
Drinks sugar-sweetened beverages less than daily	515	18.5	53.0	28.5
Does not meet water recommendations	388	19.9	53.8	26.3
Meets water recommendations	226	21.8	50.4	27.8
Risk behaviour indicators				
Current smoker	38	31.1	54.6	14.3
Ex-smoker	227	20.9	52.1	27.1
Never smoked	356	20.5	51.7	27.8
Current vaper	21	58.6	26.0	15.5

Ex-vaper	35	19.8	58.7	21.5
Never vaped	563	19.4	53.3	27.3
Had more than 4 standard drinks on a single occasion	363	18.2	57.0	24.8
Has not had more than 4 standard drinks	258	26.0	45.2	28.8
Gambled	246	21.0	52.0	27.1
Never gambled	374	22.0	52.2	25.8

¹ Base sizes include respondents aged 18 years and over living in the Shire of Campaspe. 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, 28.9% of residents aged 18 years and over were classified as having poor mental wellbeing. No differences were noted according to sex. For females, the only difference observed was that a greater proportion of those aged 18 to 69 (ranging from 27.0% to 33.5%) had poor mental wellbeing compared to those aged 70 and above (8.5%). No differences were noted according to subregion of residence.

Respondents who below to the following demographic groups were more likely to indicate they have poor mental wellbeing:

- One-person households (50.2%) compared to 2-3 person households (19.8%)
- Just getting along, poor, or very poor (51.5%) compared to those who are reasonably comfortable, very comfortable, or prosperous (15.6%)
- Low or very low (58.5%) and marginal (37.0%) food security compared to high food security (15.9%)

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	683	28.9	71.1	58.4
Males	162	30.7	69.3	58.6
Females	518	27.1	72.9	58.3
Sex and age				

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>

Males, 18 to 34	15	37.0	63.0	57.8
Males, 35 to 49	40	29.4	70.6	55.6
Males, 50 to 69	82	27.0	73.0	59.1
Males, 70+	25	34.6	65.4	60.6
Females, 18 to 34	99	33.5	66.5	53.1
Females, 35 to 49	176	32.2	67.8	57.1
Females, 50 to 69	187	27.0	73.0	60.1
Females, 70+	56	8.5	91.5	66.4
Subregion				
Echuca	341	27.9	72.1	58.7
Kyabram	96	29.7	70.3	59.3
Lockington and District	57	36.6	63.4	51.6
Rochester	78	19.1	80.9	61.7
Rushworth and District	41	19.2	80.8	64.1
Stanhope and District	25	44.9	55.1	52.3
Tongala and District	39	36.4	63.6	58.0
Demographic indicators				
Household size				
1 person	90	50.2	49.8	52.1
2 or 3 people	354	19.8	80.2	61.9
4 or 5 people	214	32.2	67.8	56.5
More than 5 people	23	39.3	60.7	53.7
Born overseas	65	34.7	65.3	58.7
Born in Australia	616	28.6	71.4	58.1
Speaks other main language*	13	32.8	67.2	60.2
Speaks English as main language	669	28.9	71.1	58.3
Aboriginal and/or Torres Strait Islander*	17	41.9	58.1	49.4
Not Aboriginal or Torres Strait Islander	663	28.5	71.5	58.7
LGBTQIA+*	22	63.9	36.1	31.8
Non-LGBTQIA+	657	27.7	72.3	59.3
Neurodivergent	36	40.6	59.4	41.1
Not neurodivergent	476	26.7	73.3	59.8
Maybe	40	41.1	58.9	49.6
Not sure what neurodivergent means	109	31.3	68.7	59.0
Less than Bachelor level education	390	29.6	70.4	58.3
Holds a Bachelor degree or higher	289	25.6	74.4	59.2
Unemployed/Retired	160	37.5	62.5	55.8
Employed	522	25.0	75.0	59.5
Just getting along, poor or very poor	204	51.5	48.5	47.8
Reasonably comfortable, very comfortable or prosperous	477	15.6	84.4	65.0

Requires help with daily activities	36	51.8	48.2	45.5
Does not require help	645	27.2	72.8	59.3
Food security (last 12 months)				
Low or very low food security	110	58.5	41.5	45.5
Marginal food security	102	37.0	63.0	54.4
High food security	469	15.9	84.1	64.5

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

Like other health outcomes, mental wellbeing was also associated with other health and wellbeing indicators, except for BMI (see Table 6.4.2). Specifically, a greater proportion of respondents who reported fair or poor health (58.1% vs 20.6%), reported low life satisfaction (60.1% vs 15.3%) and did not feel valued by society (65.2% vs sometimes [26.7%] and definitely [14.9%]) reported poor mental wellbeing compared to their counterparts with more positive health and wellbeing indicators.

Mental wellbeing was also associated with some health behaviour indicators. Respondents who failed to meet the following health behaviour recommendations were more likely to report poor mental wellbeing compared to those who met them:

- Fruit intake (34.2% vs 19.9%)
- Aerobic physical activity (49.9% vs 22.1%)
- Muscle strengthening (37.1% vs 17.9%)
- Sleep duration (41.4% vs 23.5%)

Contrary to published literature, none of the risk behaviours were found to be associated with mental wellbeing.

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	683	28.9	71.1	58.4
Health and wellbeing indicators				
Self-reported health - Fair or poor	156	58.1	41.9	44.4
Self-reported health - Good, very good, or excellent	468	20.6	79.4	64.2
Life satisfaction - Low to moderate (0 to 6)	202	60.1	39.9	43.3
Life satisfaction - High/very high (7 to 10)	423	15.3	84.7	67.0
Does not feel valued by society	130	65.2	34.8	42.1
Sometimes feel valued by society	302	26.7	73.3	59.9
Definitely feel valued by society	193	14.9	85.1	68.6
Overweight or obese (BMI ≥25.0)	297	33.9	66.1	56.5
Normal range or underweight (BMI <25.0)	145	20.2	79.8	64.3
Health behaviour indicators				

Does not meet fruit intake recommendations	391	34.2	65.8	55.5
Meets fruit intake recommendations	283	19.9	80.1	63.1
Does not meet vegetable intake recommendations	606	29.2	70.8	57.8
Meets vegetable intake recommendations	66	27.6	72.4	64.1
Does not meet aerobic physical activity recommendations	169	49.9	50.1	46.7
Meets aerobic physical activity recommendations	496	22.1	77.9	62.6
Does not meet muscle strengthening recommendations	332	37.1	62.9	52.4
Meets muscle strengthening recommendations	285	17.9	82.1	65.3
Does not meet screen time recommendations	320	32.8	67.2	56.2
Meets screen time recommendations	340	24.8	75.2	61.1
Does not meet sleep recommendations	201	41.4	58.6	52.1
Meets sleep recommendations	460	23.5	76.5	61.5
Drinks sugar-sweetened beverages daily	114	39.5	60.5	53.2
Drinks sugar-sweetened beverages less than daily	566	26.7	73.3	59.5
Does not meet water recommendations	422	30.4	69.6	58.5
Meets water recommendations	249	26.4	73.6	58.0
Risk behaviour indicators				
Current smoker	38	45.3	54.7	55.1
Ex-smoker	228	35.2	64.8	57.5
Never smoked	358	27.5	72.5	59.6
Current vaper	21	38.7	61.3	56.5
Ex-vaper	35	40.5	59.5	52.7
Never vaped	566	31.0	69.0	59.0
Had more than 4 standard drinks on a single occasion	364	29.0	71.0	59.3
Has not had more than 4 standard drinks	260	35.9	64.1	57.5
Gambled	246	28.1	71.9	58.8
Never gambled	377	34.7	65.3	58.1

¹ Base sizes include respondents aged 18 years and over living in the Shire of Campaspe. 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, 4.0% were classified as underweight, 32.0% healthy weight, 31.6% overweight and 33.4% obese. To identify opportunities for supporting improved health amongst Shire of Campaspe residents, we have focused 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 36.5% of adult respondents within Shire of Campaspe have a BMI that puts them in the obese range. This is a very slight decrease compared to the 2019 ALC, whereby 35.6% of adult respondents were classified as obese according to their BMI.

Adults were more likely to be overweight (32.8%) or obese (36.5%) compared to children (14.6% and 11.8%, respectively). No differences were seen according to sex. When looking by sex and age, males aged 35 to 69, and females aged 18 to 69 were more likely to be obese than their younger counterparts. Residents from Kyabram (42.1%) were more likely to be overweight compared to residents from Echuca (31.2%).

Overweight and obesity were associated with level of employment status and education, respectively. Respondents who were employed (39.3%) were more likely to be overweight than those unemployed or retired (19.8%). A greater proportion of respondents who have lower than a Bachelor level education (38.9%) were more likely to be obese than those with a Bachelor degree or higher (25.0%).

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	556	4.0	32.0	30.6	33.4	27.9
Children	114	17.3	56.3	14.6	11.8	19.0
Adults	442	2.1	28.6	32.8	36.5	29.2
Males	175	5.2	31.4	30.2	33.1	28.2
Females	379	2.8	32.8	31.0	33.4	27.6
Sex and age						
Males, 3 to 11	31	19.4	41.9	16.1	22.6	18.1
Males, 12 to 17	32	12.5	68.8	12.5	6.3	20.1
Males, 18 to 34	9	23.4	38.3	38.3	0.0	22.3
Males, 35 to 49	29	5.5	35.2	34.2	25.1	28.3
Males, 50 to 69	57	0.0	19.4	27.3	53.2	31.4
Males, 70+	17	0.0	31.2	40.2	28.6	30.6
Females, 3 to 11	28	21.4	46.4	21.4	10.7	16.7
Females, 12 to 17	23	17.4	65.2	8.7	8.7	21.1
Females, 18 to 34	59	0.0	25.2	40.4	34.4	28.7
Females, 35 to 49	114	0.0	29.9	37.8	32.3	28.4
Females, 50 to 69	124	2.2	25.0	31.0	41.9	29.5
Females, 70+	31	0.0	46.9	16.6	36.5	27.7

Subregion						
Echuca	308	3.0	37.5	31.2	28.3	26.9
Kyabram	66	14.1	17.7	42.1	26.1	27.0
Lockington and District	41	4.0	32.0	29.3	34.7	27.6
Rochester	67	1.0	37.6	18.5	42.9	28.5
Rushworth and District	33	2.1	34.6	23.8	39.5	29.9
Stanhope and District	13	0.0	32.5	25.0	42.6	29.9
Tongala and District	27	1.2	14.4	33.6	50.8	32.5
Demographic indicators						
Household size ²						
1 person	47	0.0	42.4	35.2	22.4	27.7
2 or 3 people	236	1.6	25.5	30.5	42.5	30.2
4 or 5 people	146	4.7	27.8	33.4	34.0	28.2
More than 5 people	13	0.0	20.2	63.9	15.9	27.1
Born overseas	58	15.6	16.4	48.7	19.4	26.8
Born in Australia	497	2.6	33.7	28.5	35.2	28.1
Speaks other main language*	11	31.3	43.4	25.3	0.0	21.2
Speaks English as main language	543	3.5	31.5	30.8	34.2	28.1
Aboriginal and/or Torres Strait Islander*	9	0.0	0.0	31.2	68.8	30.7
Not Aboriginal or Torres Strait Islander	545	4.1	32.8	30.5	32.6	27.9
LGBTQIA+*	18	3.1	28.2	33.7	35.0	28.0
Non-LGBTQIA+	537	4.1	32.0	30.5	33.4	27.9
Neurodivergent	40	6.9	26.9	31.1	35.1	26.8
Not neurodivergent	386	4.6	32.9	32.1	30.3	27.2
Maybe	42	1.9	38.6	19.3	40.3	28.2
Not sure what neurodivergent means	71	0.7	26.4	31.6	41.3	30.8
Less than Bachelor level education ²	248	2.5	26.6	32.0	38.9	29.6
Holds a Bachelor degree or higher	192	0.0	37.7	37.3	25.0	27.3
Unemployed/Retired ²	99	6.0	28.9	19.8	45.3	30.6
Employed	342	0.2	28.0	39.3	32.4	28.5
Just getting along, poor or very poor ²	119	5.5	18.5	35.7	40.4	29.7
Reasonably comfortable, very comfortable or prosperous	322	0.5	33.1	31.6	34.8	29.0
Requires help with daily activities	31	17.3	12.5	17.0	53.3	29.2
Does not require help	527	3.1	33.1	31.3	32.4	27.9
Food security (last 12 months) ²						
Low or very low food security	63	8.7	19.7	31.7	39.8	29.2
Marginal food security	65	1.2	21.7	40.4	36.7	29.2
High food security	312	0.2	31.2	32.4	36.2	29.3

¹ Base sizes include respondents living in the Shire of Campaspe. 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 associated with all health and wellbeing indicators, except for mental wellbeing (see Table 6.5.2). Specifically, a greater proportion of those with fair or poor health (60.3% vs 24.8%), low to moderate life satisfaction (51.8% vs 29.2%) and not feeling valued by society (56.1% vs definitely [25.7%]) were classified as obese compared to their counterparts with more positive health and wellbeing indicators.

Obesity was also associated with aerobic physical activity and consumption of sugar-sweetened beverages. A greater proportion of respondents who failed to meet aerobic physical activity recommendations (50.5%) were classified as obese compared to those who met the recommendations (28.0%). Those who reported consuming sugar-sweetened beverages daily (56.4%) were also more likely to be obese compared to those who did not (28.7%). The only risk behaviour that was associated with obesity was gambling, with those who had gambled over the past 12 months (49.0%) more likely to be obese compared to those who had not (28.4%).

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	556	4.0	32.0	30.6	33.4	27.9
Health and wellbeing indicators						
Self-reported health - Fair or poor	104	7.5	15.1	17.0	60.3	32.7
Self-reported health - Good, very good, or excellent	452	2.9	37.4	34.9	24.8	26.4
Life satisfaction - Low to moderate (0 to 6) ²	136	1.7	22.0	24.5	51.8	31.7
Life satisfaction - High/very high (7 to 10)	304	2.3	31.7	36.8	29.2	28.0
Does not feel valued by society ²	82	2.8	17.6	23.5	56.1	31.8
Sometimes feel valued by society	210	2.7	25.1	36.9	35.3	29.0
Definitely feel valued by society	149	0.5	42.0	31.8	25.7	27.7
Poor mental wellbeing ²	122	6.0	14.8	38.3	40.9	30.1
Good mental wellbeing	320	0.5	34.4	30.5	34.6	28.8
Health behaviour indicators						
Does not meet fruit intake recommendations	289	3.2	31.1	30.5	35.2	28.4
Meets fruit intake recommendations	262	5.2	33.8	31.4	29.6	27.1
Does not meet vegetable intake recommendations	485	4.0	30.3	31.6	34.0	28.2
Meets vegetable intake recommendations	64	4.4	50.5	25.0	20.1	24.6
Does not meet aerobic physical activity recommendations	148	5.2	24.8	19.5	50.5	30.7
Meets aerobic physical activity recommendations	397	3.6	34.8	33.6	28.0	27.0

Does not meet muscle strengthening recommendations	279	4.8	31.1	30.9	33.1	27.8
Meets muscle strengthening recommendations	213	2.6	34.5	29.1	33.8	28.2
Does not meet screen time recommendations	276	4.5	30.8	30.2	34.5	28.2
Meets screen time recommendations	259	2.4	32.9	31.4	33.4	27.9
Does not meet sleep recommendations	150	3.2	23.6	33.7	39.5	28.6
Meets sleep recommendations	386	4.5	35.5	29.5	30.5	27.6
Drinks sugar-sweetened beverages daily	84	0.0	15.2	28.4	56.4	31.8
Drinks sugar-sweetened beverages less than daily	470	4.9	35.2	31.2	28.7	27.1
Does not meet water recommendations	334	4.1	32.2	31.3	32.4	28.2
Meets water recommendations	211	4.0	31.7	29.7	34.6	27.3
Risk behaviour indicators²						
Current smoker	29	0.0	36.8	21.6	41.6	28.8
Ex-smoker	165	0.0	24.5	36.7	38.8	30.0
Never smoked	248	4.0	30.2	31.9	34.0	28.7
Current vaper*	15	0.0	33.9	20.3	45.8	30.0
Ex-vaper	29	0.0	37.9	25.2	37.0	27.3
Never vaped	398	2.4	27.5	34.1	36.0	29.3
Had more than 4 standard drinks on a single occasion	269	0.0	29.2	33.1	37.7	29.6
Has not had more than 4 standard drinks	172	5.5	28.0	32.9	33.6	28.2
Gambled	173	0.0	25.0	25.9	49.0	30.9
Never gambled	267	3.5	30.6	37.5	28.4	28.1

¹ Base sizes include respondents living in the Shire of Campaspe. 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 adult smokers as 13.9%, the proportion of current adult smokers in Shire of Campaspe according to the 2025 ALC was lower at 8.8% (see Table 7.1.1). No differences in smoking rates were seen between males and females. For males, respondents aged 35 to 49 (69.7%) were more likely to have never smoked compared to 50 to 69 years old (39.3%). Among females, current smoking rates were significantly higher for those aged 18-34 (11.8%) and 50-69 (7.1%) compared to those age 70 years and above (0.0%). Across the subregions, current smoking rates were higher amongst residents of Echuca (13.7%) than those from Kyabram (1.1%).

Current smoking participation rates were noticeably higher amongst respondents from single person households (25.1%) and those who are not neurodivergent (7.4%) compared to those in 2-3 person households (3.2%) and are neurodivergent (0.0%).

Table 7.1.1 Smoking by selected demographic characteristics

	Unweighted base ¹ n	Current smoker %	Ex-smoker %	Never smoked %
Total sample	624	8.8	38.7	52.4
Males	147	10.9	42.3	46.9
Females	474	6.9	35.4	57.7
Sex and age				
Males, 18 to 34	13	26.9	35.2	37.8
Males, 35 to 49	38	4.0	26.3	69.7
Males, 50 to 69	73	7.7	53.0	39.3
Males, 70+	23	13.3	39.8	46.9
Females, 18 to 34	85	11.8	32.9	55.3
Females, 35 to 49	161	5.8	32.9	61.3

Females, 50 to 69	176	7.1	41.4	51.5
Females, 70+	52	0.0	33.2	66.8
Subregion				
Echuca	319	13.7	37.9	48.4
Kyabram	83	1.1	42.9	55.9
Lockington and District	51	5.4	50.2	44.3
Rochester	71	7.6	26.7	65.8
Rushworth and District	37	6.2	26.5	67.3
Stanhope and District	22	4.6	29.3	66.1
Tongala and District	35	4.3	53.7	42.0
Demographic indicators				
Household size				
1 person	81	25.1	30.0	44.9
2 or 3 people	323	3.2	41.7	55.0
4 or 5 people	197	9.1	38.7	52.2
More than 5 people	21	11.4	35.5	53.1
Born overseas	61	2.4	33.3	64.3
Born in Australia	561	8.7	39.6	51.7
Speaks other main language*	12	0.0	24.2	75.8
Speaks English as main language	611	9.1	39.0	52.0
Aboriginal and/or Torres Strait Islander*	14	25.1	46.6	28.3
Not Aboriginal or Torres Strait Islander	607	8.3	38.4	53.4
LGBTQIA+*	20	5.1	33.1	61.9
Non-LGBTQIA+	600	9.0	38.8	52.1
Neurodivergent	30	0.0	38.7	61.3
Not neurodivergent	434	7.4	36.2	56.4
Maybe	38	36.3	39.7	23.9
Not sure what neurodivergent means	101	7.7	46.6	45.7
Less than Bachelor level education	355	9.7	39.6	50.7
Holds a Bachelor degree or higher	265	4.3	33.4	62.3
Unemployed/Retired	147	10.5	33.2	56.2
Employed	476	8.1	41.1	50.8
Just getting along, poor or very poor	191	13.5	40.8	45.7
Reasonably comfortable, very comfortable or prosperous	431	5.9	37.4	56.7
Requires help with daily activities	30	26.0	42.7	31.4
Does not require help	592	7.5	38.2	54.3
Food security (last 12 months)				
Low or very low food security	103	15.4	38.9	45.7
Marginal food security	94	12.7	35.9	51.4
High food security	425	4.4	39.6	56.0

¹ Base sizes include respondents aged 18 years and over living in the Shire of Campaspe. 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.

Smoking rates were not associated with any health and wellbeing, or health behaviour indicators (see Table 7.1.2). When looking at other risk behaviours, current smoking rates were higher among respondents who engaged in gambling in the past 12 months (15.1%) compared to those who had never gambled (4.5%). Additionally, a higher proportion of those who engaged in risky alcohol consumption (45.5%) were ex-smokers compared to those who had not engaged in risk alcohol consumption (28.7%). Similarly, those who had never vaped (58.4%) or engaged in risky alcohol consumption (62.3%) had never smoked compared to current vapers (1.2%), ex-vapers (11.7%) and those who had more than four standard drinks on a single occasion (45.7%). Strategies aimed at reducing smoking rates should therefore be considered in conjunction with strategies aimed at addressing other risk behaviours.

Table 7.1.2 Smoking by selected health and behaviour characteristics

	Unweighted base ¹ n	Current smoker %	Ex-smoker %	Never smoked %
Total sample	624	8.8	38.7	52.4
Health and wellbeing indicators				
Self-reported health - Fair or poor	156	16.7	41.6	41.7
Self-reported health - Good, very good, or excellent	464	5.5	37.7	56.8
Life satisfaction - Low to moderate (0 to 6)	200	12.2	42.6	45.2
Life satisfaction - High/very high (7 to 10)	421	6.9	36.4	56.7
Does not feel valued by society	130	12.8	37.4	49.9
Sometimes feel valued by society	298	9.3	38.6	52.1
Definitely feel valued by society	193	4.8	39.8	55.4
Poor mental wellbeing	183	12.5	42.5	45.0
Good mental wellbeing	441	7.1	37.0	55.9
Overweight or obese (BMI ≥25.0)	297	7.9	41.9	50.2
Normal range or underweight (BMI <25.0)	145	10.4	30.7	58.8
Health behaviour indicators				
Does not meet fruit intake recommendations	362	10.1	38.4	51.5
Meets fruit intake recommendations	253	4.9	40.7	54.4
Does not meet vegetable intake recommendations	551	8.0	39.7	52.3
Meets vegetable intake recommendations	62	10.5	33.5	56.0
Does not meet aerobic physical activity recommendations	159	11.5	37.1	51.4
Meets aerobic physical activity recommendations	450	6.9	39.4	53.7

Does not meet muscle strengthening recommendations	308	10.7	35.5	53.8
Meets muscle strengthening recommendations	256	8.4	42.1	49.5
Does not meet screen time recommendations	289	12.9	37.5	49.7
Meets screen time recommendations	314	5.6	40.9	53.5
Does not meet sleep recommendations	180	12.6	41.5	45.9
Meets sleep recommendations	424	5.8	36.9	57.3
Drinks sugar-sweetened beverages daily	106	15.4	37.8	46.8
Drinks sugar-sweetened beverages less than daily	516	6.2	39.2	54.6
Does not meet water recommendations	387	7.9	35.7	56.4
Meets water recommendations	226	8.7	46.9	44.3
Risk behaviour indicators				
Current vaper	21	40.8	58.0	1.2
Ex-vaper	35	28.3	60.1	11.7
Never vaped	565	5.4	36.2	58.4
Had more than 4 standard drinks on a single occasion	364	8.8	45.5	45.7
Has not had more than 4 standard drinks	259	9.0	28.7	62.3
Gambled	245	15.1	39.3	45.6
Never gambled	377	4.5	38.4	57.1

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

7.2. Vaping

Using the same question word 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 Shire of Campaspe according to the 2025 ALC was lower at 5.0% (see Table 7.2.1). No differences in vaping rates were seen between males and females. When looking at vaping rates by a combination of sex and age, females aged 18 to 34 years were the most likely to currently vape compared to their older counterparts. Residents of Echuca (10.3%) were more likely to be ex-vapers than those from Lockington and district (0.0%) and Stanhope and district (0.0%).

Respondents born in Australia (4.7%) had proportionately higher rates of vaping compared to those born overseas (0.0%). Additionally, a greater proportion of neurodivergent (88.9%), not neurodivergent (91.1%), not sure what neurodivergent means (89.3%), unemployed/retired (94.9%),

and reasonably comfortable, very comfortable or prosperous (92.8%) had never vaped compared to maybe neurodivergent (46.2%), employed (85.4%) and just getting along, poor or very poor (81.2%).

Table 7.2.1 Vaping by selected demographic characteristics

	Unweighted base ¹ n	Current vaper %	Ex-vaper %	Never vaped %
Total sample	622	5.0	6.6	88.4
Males	147	4.4	4.8	90.8
Females	472	5.6	8.3	86.1
Sex and age				
Males, 18 to 34	13	13.5	21.8	64.8
Males, 35 to 49	38	5.1	0.0	94.9
Males, 50 to 69	73	3.3	4.4	92.3
Males, 70+	23	0.9	0.0	99.1
Females, 18 to 34	84	16.5	19.9	63.5
Females, 35 to 49	160	2.1	7.1	90.8
Females, 50 to 69	176	1.0	3.0	96.0
Females, 70+	52	0.0	0.0	100.0
Subregion				
Echuca	317	5.0	10.3	84.8
Kyabram	83	5.2	2.4	92.4
Lockington and District	50	0.7	0.0	99.3
Rochester	71	4.9	2.6	92.5
Rushworth and District	37	2.1	17.3	80.6
Stanhope and District	23	15.5	0.0	84.5
Tongala and District	35	3.5	3.1	93.3
Demographic indicators				
Household size				
1 person	80	9.2	8.2	82.5
2 or 3 people	323	3.2	5.9	90.9
4 or 5 people	196	4.2	7.8	87.9
More than 5 people	21	18.2	0.0	81.8
Born overseas	61	0.0	5.7	94.3
Born in Australia	559	4.7	6.7	88.6
Speaks other main language*	12	0.0	7.3	92.7
Speaks English as main language	609	5.1	6.6	88.3
Aboriginal and/or Torres Strait Islander*	14	0.0	9.5	90.5
Not Aboriginal or Torres Strait Islander	605	5.2	6.5	88.3
LGBTQIA+*	20	5.1	23.8	71.1

Non-LGBTQIA+	598	5.1	6.0	88.9
Neurodivergent	30	6.3	4.8	88.9
Not neurodivergent	432	2.5	6.4	91.1
Maybe	38	24.8	29.0	46.2
Not sure what neurodivergent means	101	7.5	3.2	89.3
Less than Bachelor level education	355	5.4	6.5	88.1
Holds a Bachelor degree or higher	263	2.9	7.5	89.6
Unemployed/Retired	147	2.5	2.7	94.9
Employed	474	6.2	8.4	85.4
Just getting along, poor or very poor	190	8.9	9.8	81.2
Reasonably comfortable, very comfortable or prosperous	430	2.6	4.6	92.8
Requires help with daily activities	30	11.8	4.8	83.4
Does not require help	590	4.5	6.7	88.8
Food security (last 12 months)				
Low or very low food security	103	4.1	13.9	82.0
Marginal food security	93	14.8	3.3	81.9
High food security	424	3.2	4.7	92.1

¹ Base sizes include respondents aged 18 years and over living in the Shire of Campaspe. 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.

No differences in vaping status were noted according to any health and wellbeing indicators (see table 7.2.2). Vegetable consumption was the only health behaviour found to be associated with vaping. A greater proportion of those who met vegetable intake recommendations (98.6%) had never vaped compared to those who did not meet them (88.3%).

Vaping rates were associated with smoking and risky alcohol consumption. Specifically, those who were ex-smokers (7.5%) and had more than four standard drinks on a single occasion (7.4%) were more likely to be current vapers compared to those who had never smoked (0.1%) or did not engage in risky alcohol consumption over the past 12 months (1.3%). Strategies to reduce vaping rates should therefore be implemented alongside approaches that address other related risk behaviours.

Table 7.2.2 Vaping by selected health and behaviour characteristics

	Unweighted base ¹	Current vaper	Ex-vaper	Never vaped
	n	%	%	%
Total sample	622	5.0	6.6	88.4
Health and wellbeing indicators				
Self-reported health - Fair or poor	155	7.9	6.5	85.6
Self-reported health - Good, very good, or excellent	463	3.8	6.6	89.6
Life satisfaction - Low to moderate (0 to 6)	198	8.3	8.6	83.1

Life satisfaction - High/very high (7 to 10)	421	3.1	5.4	91.5
Does not feel valued by society	127	13.8	6.1	80.1
Sometimes feel valued by society	299	2.5	7.4	90.1
Definitely feel valued by society	193	3.0	5.4	91.7
Poor mental wellbeing	182	6.0	8.3	85.7
Good mental wellbeing	440	4.5	5.8	89.7
Overweight or obese (BMI ≥ 25.0)	297	3.8	7.0	89.2
Normal range or underweight (BMI < 25.0)	145	4.4	9.7	85.9
Health behaviour indicators				
Does not meet fruit intake recommendations	361	5.3	8.0	86.7
Meets fruit intake recommendations	252	2.5	4.4	93.2
Does not meet vegetable intake recommendations	549	4.5	7.2	88.3
Meets vegetable intake recommendations	62	1.4	0.0	98.6
Does not meet aerobic physical activity recommendations	158	2.9	7.3	89.8
Meets aerobic physical activity recommendations	449	4.8	6.6	88.6
Does not meet muscle strengthening recommendations	308	4.6	8.8	86.6
Meets muscle strengthening recommendations	255	7.2	5.9	86.9
Does not meet screen time recommendations	288	5.1	8.1	86.8
Meets screen time recommendations	313	5.4	5.0	89.7
Does not meet sleep recommendations	181	3.4	4.8	91.7
Meets sleep recommendations	421	4.3	7.6	88.1
Drinks sugar-sweetened beverages daily	106	6.5	9.3	84.2
Drinks sugar-sweetened beverages less than daily	514	3.6	6.0	90.5
Does not meet water recommendations	388	4.3	5.9	89.8
Meets water recommendations	223	4.1	8.6	87.3
Risk behaviour indicators				
Current smoker	36	23.6	21.4	55.0
Ex-smoker	228	7.5	10.2	82.3
Never smoker	357	0.1	1.5	98.4
Had more than 4 standard drinks on a single occasion	363	7.4	7.0	85.6
Has not had more than 4 standard drinks	258	1.3	6.0	92.7
Gambled	245	7.2	8.5	84.3
Never gambled	375	3.5	5.2	91.3

¹ Base sizes include respondents aged 18 years and over living in the Shire of Campaspe. 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 Council (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, 60.5% 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 Shire of Campaspe, therefore, were more likely to engage in risky drinking behaviour than the benchmarks suggest for Victorian residents more broadly.

While no differences were noted according to sex, when looking at sex and age, a greater proportion of females aged 18 to 49 engaged in risky alcohol consumption in the last 12 months compared to their older counterparts. Associations were not seen according to subregion of residence.

Demographic factors that were associated with risky alcohol consumption include household size and employment status. A greater proportion of those living in 4-5 person (72.7%) or more than 5 person households (81.6%) and employed (68.3%) engaged in risky drinking over the past 12 months compared to those living in single person (46.1%) or 2-3 person (57.7%) households and those who are unemployed or retired (43.7%). These groups could benefit from targeted intervention to reduce their alcohol consumption.

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	624	60.5	39.5
Males	146	66.0	34.0
Females	475	55.3	44.7
Sex and age			
Males, 18 to 34	13	57.0	43.0
Males, 35 to 49	37	76.5	23.5
Males, 50 to 69	73	74.2	25.8
Males, 70+	23	47.8	52.2
Females, 18 to 34	85	63.9	36.1
Females, 35 to 49	161	66.4	33.6
Females, 50 to 69	177	48.9	51.1

Females, 70+	52	37.6	62.4
Subregion			
Echuca	319	60.8	39.2
Kyabram	83	54.7	45.3
Lockington and District	51	52.4	47.6
Rochester	71	67.3	32.7
Rushworth and District	37	50.9	49.1
Stanhope and District	22	63.9	36.1
Tongala and District	35	70.3	29.7
Demographic indicators			
Household size			
1 person	81	46.1	53.9
2 or 3 people	323	57.7	42.3
4 or 5 people	197	72.7	27.3
More than 5 people	21	81.6	18.4
Born overseas	61	57.8	42.2
Born in Australia	561	60.3	39.7
Speaks other main language*	12	35.6	64.4
Speaks English as main language	611	61.1	38.9
Aboriginal and/or Torres Strait Islander*	14	60.0	40.0
Not Aboriginal or Torres Strait Islander	607	60.3	39.7
LGBTQIA+*	20	62.3	37.7
Non-LGBTQIA+	600	60.6	39.4
Neurodivergent	30	54.1	45.9
Not neurodivergent	434	58.8	41.2
Maybe	38	48.7	51.3
Not sure what neurodivergent means	101	69.9	30.1
Less than Bachelor level education	355	60.9	39.1
Holds a Bachelor degree or higher	265	59.9	40.1
Unemployed/Retired	147	43.7	56.3
Employed	476	68.3	31.7
Just getting along, poor or very poor	190	57.2	42.8
Reasonably comfortable, very comfortable or prosperous	432	62.6	37.4
Requires help with daily activities*	16	47.0	53.0
Does not require help	319	62.7	37.3
Food security (last 12 months)			
Low or very low food security	78	68.5	31.5
Marginal food security	45	70.4	29.6
High food security	213	58.3	41.7

¹ Base sizes include respondents aged 18 years and over living in the Shire of Campaspe. 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.

There were no differences in risky alcohol consumption according to any of the health and wellbeing indicators (see Table 7.3.2). The only health behaviour indicator that was associated with risky alcohol consumption was muscle strengthening activities. Specifically, a greater proportion of those who met the muscle strengthening recommendations (69.9%) engaged in risky alcohol consumption over the past 12 months compared to those who did not (52.3%).

Consistent with published literature, all other risk behaviours were associated with risky alcohol consumption. Ex-smokers (70.9%), current vapers (89.7%) and those who gambled in the past 12 months (75.3%) were more likely to consume risky amounts of alcohol compared to those who never smoked (53.0%), never vaped (58.7%) and did not gamble in the past 12 months (50.2%). As with the recommendation for smoking and vaping, 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	624	60.5	39.5
Health and wellbeing indicators			
Self-reported health - Fair or poor	155	54.2	45.8
Self-reported health - Good, very good, or excellent	465	63.2	36.8
Life satisfaction - Low to moderate (0 to 6)	199	62.4	37.6
Life satisfaction - High/very high (7 to 10)	422	59.5	40.5
Does not feel valued by society	129	51.8	48.2
Sometimes feel valued by society	299	65.9	34.1
Definitely feel valued by society	193	56.9	43.1
Poor mental wellbeing	182	55.4	44.6
Good mental wellbeing	442	62.9	37.1
Overweight or obese (BMI ≥ 25.0)	296	63.0	37.0
Normal range or underweight (BMI < 25.0)	145	58.2	41.8
Health behaviour indicators			
Does not meet fruit intake recommendations	362	59.8	40.2
Meets fruit intake recommendations	253	58.5	41.5
Does not meet vegetable intake recommendations	551	59.8	40.2
Meets vegetable intake recommendations	62	55.4	44.6
Does not meet aerobic physical activity recommendations	158	51.8	48.2
Meets aerobic physical activity recommendations	451	64.6	35.4

Does not meet muscle strengthening recommendations	309	52.3	47.7
Meets muscle strengthening recommendations	256	69.9	30.1
Does not meet screen time recommendations	290	54.5	45.5
Meets screen time recommendations	314	66.8	33.2
Does not meet sleep recommendations	181	59.8	40.2
Meets sleep recommendations	424	59.0	41.0
Drinks sugar-sweetened beverages daily	105	55.9	44.1
Drinks sugar-sweetened beverages less than daily	517	61.1	38.9
Does not meet water recommendations	387	57.8	42.2
Meets water recommendations	226	64.3	35.7
Risk behaviour indicators			
Current smoker	38	59.9	40.1
Ex-smoker	228	70.9	29.1
Never smoker	357	53.0	47.0
Current vaper	21	89.7	10.3
Ex- vaper	35	64.3	35.7
Never vaper	565	58.7	41.3
Gambled	245	75.3	24.7
Never gambled	377	50.2	49.8

¹ Base sizes include respondents aged 18 years and over living in the Shire of Campaspe. 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, 41.1% of 2025 ALC respondents from the Shire of Campaspe reported having gambled at some time during the past 12 months. This is slightly higher than the 38.4% of Campaspe respondents from the 2019 ALC and the 39% of 2023 VPHS respondents.

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 Shire of Campaspe residents who responded to the 2025 ALC, 8.1% reported that they gamble every week (see Table 7.4.1). Males (12.8%) were more likely than females (3.5%) to report weekly gambling. Respondents from Echuca (35.1%) and Rochester (45.1%) were more likely to report monthly gambling compared to respondents from Tongala and district (15.3%).

Respondents living in 2-3 person households (9.9%) and those who do not require help with daily activities (8.6%) had proportionately higher rates of weekly gambling compared to those living in more than 5 person households (0.0%) and require help with daily activities (1.7%).

Table 7.4.1.1 Gambling frequency by selected demographic characteristics

	Unweighted base ¹ n	Weekly %	Monthly or less often %	Never gambled %
Total sample	623	8.1	33.1	58.9
Males	147	12.8	30.0	57.3
Females	473	3.5	36.0	60.5
Sex and age				
Males, 18 to 34	13	13.5	32.5	54.1
Males, 35 to 49	38	5.1	51.2	43.7
Males, 50 to 69	73	15.8	31.8	52.5
Males, 70+	23	13.3	8.0	78.7
Females, 18 to 34	85	0.0	31.8	68.2
Females, 35 to 49	160	4.8	35.9	59.3
Females, 50 to 69	176	6.5	38.1	55.4
Females, 70+	52	2.6	39.4	58.1
Subregion				
Echuca	317	5.2	35.1	59.7
Kyabram	83	11.1	24.1	64.8
Lockington and District	51	2.7	40.0	57.3
Rochester	71	14.0	45.1	40.9
Rushworth and District	37	10.5	31.3	58.2

Stanhope and District	23	11.7	28.7	59.6
Tongala and District	35	12.4	15.3	72.3
Demographic indicators				
Household size				
1 person	81	11.1	33.1	55.8
2 or 3 people	323	9.9	28.0	62.1
4 or 5 people	196	3.6	43.8	52.6
More than 5 people	21	0.0	24.6	75.4
Born overseas	61	11.9	10.7	77.4
Born in Australia	560	6.7	36.0	57.2
Speaks other main language*	12	0.0	15.6	84.4
Speaks English as main language	610	8.3	33.6	58.1
Aboriginal and/or Torres Strait Islander*	14	3.4	34.4	62.2
Not Aboriginal or Torres Strait Islander	606	8.3	32.9	58.8
LGBTQIA+*	20	3.8	19.7	76.5
Non-LGBTQIA+	599	8.3	33.4	58.4
Neurodivergent	30	10.5	16.9	72.6
Not neurodivergent	433	8.3	30.6	61.2
Maybe	38	16.3	40.4	43.3
Not sure what neurodivergent means	101	6.3	40.8	52.9
Less than Bachelor level education	355	8.8	32.9	58.3
Holds a Bachelor degree or higher	264	4.1	32.6	63.3
Unemployed/Retired	147	9.3	23.2	67.5
Employed	475	7.5	37.8	54.7
Just getting along, poor or very poor	191	9.3	32.4	58.3
Reasonably comfortable, very comfortable or prosperous	430	7.4	33.7	58.9
Requires help with daily activities	30	1.7	41.2	57.1
Does not require help	591	8.6	32.4	59.0
Food security (last 12 months)				
Low or very low food security	103	6.6	34.2	59.2
Marginal food security	94	13.0	27.9	59.1
High food security	424	7.6	34.3	58.1

¹ Base sizes include respondents aged 18 years and over living in the Shire of Campaspe. 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.

The only health and wellbeing indicators associated with gambling frequency was overweight and obesity (see Table 7.4.1.2). Specifically, those who reported being overweight or obese were more likely to report being weekly gamblers (10.8%) compared to those in the normal or underweight range (1.8%).

Weekly gambling was also associated with vegetable intake, with those failing to meet the recommendations being more likely to gamble on a weekly basis (7.2%) compared to those who did meet the recommendations (0.0%).

Associations were seen between gambling and all other risk behaviours. Weekly gambling was more prevalent among those who had never vaped (8.0%) and engaged in risky alcohol consumption (11.3%) compared to ex-vapers (1.7%) and those who did not have more than four standard drinks over the past 12 months (2.1%). Furthermore, monthly gambling was seen more frequently in current smokers (57.2%) compared to those who had never smoked (26.8%).

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	623	8.1	33.1	58.9
Health and wellbeing indicators				
Self-reported health - Fair or poor	156	7.9	36.4	55.8
Self-reported health - Good, very good, or excellent	463	8.2	31.6	60.3
Life satisfaction - Low to moderate (0 to 6)	199	8.9	37.2	53.9
Life satisfaction - High/very high (7 to 10)	421	7.6	30.7	61.7
Does not feel valued by society	129	10.9	29.2	59.9
Sometimes feel valued by society	298	7.3	33.8	58.8
Definitely feel valued by society	193	7.3	35.2	57.6
Poor mental wellbeing	182	5.7	30.4	63.9
Good mental wellbeing	441	9.2	34.3	56.5
Overweight or obese (BMI ≥25.0)	297	10.8	32.0	57.2
Normal range or underweight (BMI <25.0)	143	1.8	30.7	67.5
Health behaviour indicators				
Does not meet fruit intake recommendations	362	5.9	32.8	61.3
Meets fruit intake recommendations	252	7.9	34.2	57.9
Does not meet vegetable intake recommendations	551	7.2	34.7	58.0
Meets vegetable intake recommendations	61	0.0	15.0	85.0
Does not meet aerobic physical activity recommendations	158	5.3	32.2	62.5
Meets aerobic physical activity recommendations	450	8.3	34.1	57.6
Does not meet muscle strengthening recommendations	308	5.5	34.0	60.5
Meets muscle strengthening recommendations	255	7.4	35.1	57.5
Does not meet screen time recommendations	289	5.3	34.9	59.8
Meets screen time recommendations	314	10.6	31.2	58.3

Does not meet sleep recommendations	180	11.3	32.5	56.2
Meets sleep recommendations	423	5.3	32.7	62.1
Drinks sugar-sweetened beverages daily	106	7.7	38.0	54.3
Drinks sugar-sweetened beverages less than daily	515	7.1	32.3	60.6
Does not meet water recommendations	387	7.3	32.6	60.2
Meets water recommendations	225	6.5	34.8	58.6
Risk behaviour indicators				
Current smoker	38	12.9	57.2	29.9
Ex-smoker	228	5.8	35.8	58.4
Never smoker	356	8.9	26.8	64.2
Current vaper	21	17.5	41.4	41.0
Ex- vaper	35	1.7	51.3	47.0
Never vaper	564	8.0	31.2	60.8
Had more than 4 standard drinks on a single occasion	363	11.3	39.6	49.1
Has not had more than 4 standard drinks	259	2.1	23.4	74.5

¹ Base sizes include respondents aged 18 years and over living in the Shire of Campaspe. 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 68.9% of respondents who engaged in gambling participating in the lottery. The next most common were electronic gaming machines (32.8%), race betting (23.2%) and sports betting (15.8%).

Table 7.4.2.1 Types of gambling

Types of gambling	%	n (N=246)
Lottery	68.9	172
Electronic gaming machines	32.8	71
Race betting	23.2	59
Sports betting	15.8	36
Instant scratch tickets	13.4	32
Casino table games	6.1	12
Keno or bingo	6.1	10
Private betting	5.6	5

¹ Base sizes include respondents aged 18 years and over living in the Shire of Campaspe. 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 five most common types of gambling by age, sex and age, and subregion of residence. While there were no differences seen between males and females, some differences were seen according to sex and age. Among males, those aged 70 years and above were more likely to participate in the lottery (95.7%) compared to those aged 35 to 49 years (43.5%). Additionally, males aged 50 to 69 years were more likely to participate in race betting (36.6%) compared to those aged 35 to 49 years (9.7%) and those aged 70 years and above (4.3%). They were also more likely to engage in sports betting (21.8%) compared to those aged 70 years and above (0.0%). Among females, those aged 35 to 49 years were more likely to participate in race betting (33.1%) compared to those aged 70 years and above (7.0%), and more likely to participate in sports betting (21.3%) compared to those aged 50 to 69 years (3.4%) and aged 70 years and above (0.0%).

Race betting was more common among residents of Echuca (23.4%), Kyabram (53.0%) and Rushworth and district (54.0%) compared to residents of Lockington and District (6.8%), Rochester (11.3%) and Stanhope and District (0.0%). Respondents from Echuca (15.5%) were more likely to use instant scratch tickets than respondents from Kyabram (1.2%).

Table 7.4.2.2 Types of gambling by selected demographic characteristics

	Unweighted base ¹	Lottery	Electronic gaming machines	Race betting	Sports betting	Instant scratch tickets
	n	%	%	%	%	%
Total sample	246	68.9	32.8	23.2	15.8	13.4
Males	68	67.4	32.0	25.7	21.7	13.4
Females	176	70.3	33.9	20.9	9.6	13.4
Males, 18 to 34	5	58.6	58.6	35.3	35.3	29.3
Males, 35 to 49	22	43.5	37.7	9.7	24.0	7.2
Males, 50 to 69	35	75.8	20.8	36.6	21.8	8.1
Males, 70+	6	95.7	33.3	4.3	0.0	29.0
Females, 18 to 34	23	62.7	50.5	25.3	14.5	7.2
Females, 35 to 49	61	68.3	35.4	33.1	21.3	22.7
Females, 50 to 69	73	77.9	26.0	16.9	3.4	8.4
Females, 70+	19	68.7	25.2	7.0	0.0	18.2
Subregion						
Echuca	119	68.1	34.4	23.4	17.9	15.5
Kyabram	26	63.8	32.8	53.0	27.0	1.2
Lockington and District	21	73.7	37.0	6.8	5.2	13.1
Rochester	40	70.0	34.7	11.3	5.8	9.4
Rushworth and District	17	78.7	23.3	54.0	25.7	16.9
Stanhope and District	11	59.4	24.6	0.0	4.9	14.1
Tongala and District	10	91.8	33.0	10.6	8.2	33.0

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

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 in the Shire of Campaspe can be seen in Table A2.1. Benchmarks for education and country of birth have been adjusted so that age by region totals are consistent across benchmarks.

Table A2.1 Campaspe – Population benchmarks used for calibration

Benchmark category		Population proportion ¹
Age group	Education	%
3 to 9	-	12.1
14 to 17	-	8.8
18 to 34	Has Bachelors	3.0
	No Bachelors	14.8
35 to 49	Has Bachelors	3.7
	No Bachelors	12.8
50 to 69	Has Bachelors	3.7
	No Bachelors	25.2
70+	Has Bachelors	1.0
	No Bachelors	14.9
Age	Sex	
3 to 17	Male	10.8
	Female	10.1
18+	Male	38.9
	Female	40.2
Age	Country of birth	
3 to 17	-	20.9
18+	Australia	71.7
	Other	7.5

¹ Population benchmarks sourced from ABS Census 2021

References

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- Valliant, R., J. Dever, and F. Kreuter (2013). Practical Tools for Designing and Weighting Survey Samples. New York: Springer.

Appendix B: Questionnaire

2025
**Active
Living**
CENSUS



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 <i>(if less than once a month, record 0)</i>				
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 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5		☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 - Completely satisfied				
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

	2	3	4	5
	hours minutes	hours minutes	hours minutes	hours minutes

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)

[illegible]

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)

	2	3	4	5
	km	km	km	km

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

	2	3	4	5
	km	km	km	km

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?	

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

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 subregion

	Total	Echuca	Kyabram	Lockington and District	Rochester	Rushworth and District	Stanhope and District	Tongala and District
	%	%	%	%	%	%	%	%
Unweighted base¹	1,052	551	151	79	115	57	36	53
Sex								
Males	49.9	48.2	56.4	49.3	47.0	42.6	52.8	54.5
Females	50.1	51.8	43.6	50.7	53.0	57.4	47.2	45.5
Age								
Males, 3 to 11	12.5	14.2	11.2	15.3	11.7	10.2	2.0	9.1
Males, 12 to 17	9.4	11.1	8.9	7.5	14.3	62.5	4.9	1.9
Males, 18 to 34	10.8	11.4	21.8	0.0	0.0	0.0	26.8	3.4
Males, 35 to 49	14.8	15.4	17.7	0.0	14.5	0.0	22.3	22.1
Males, 50 to 69	33.7	28.0	40.3	49.1	38.6	33.3	43.9	22.1
Males, 70+	18.9	19.9	0.0	28.1	20.9	50.3	0.0	41.5
Females, 3 to 11	12.1	13.3	15.9	7.8	10.8	12.3	7.2	5.6
Females, 12 to 17	8.6	12.6	6.0	1.8	3.4	4.0	5.5	8.5
Females, 18 to 34	24.7	22.4	31.0	17.4	19.7	25.4	41.4	34.7
Females, 35 to 49	18.5	20.5	22.4	13.8	20.3	10.9	11.9	9.5
Females, 50 to 69	22.4	20.2	15.3	45.0	22.0	42.4	6.5	20.4
Females, 70+	13.6	11.0	9.4	14.1	23.7	5.0	27.4	21.3

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

Table C2 **Health behaviours by subregion**

	Total	Echuca	Kyabram	Lockington and District	Rochester	Rushworth and District	Stanhope and District	Tongala and District
	%	%	%	%	%	%	%	%
Unweighted base¹	1,052	551	151	79	115	57	36	53
Health and wellbeing								
General health - Fair / poor	24.6	25.5	27.1	25.3	19.5	29.8	20.6	21.4
Life satisfaction - Low to moderate (0 to 6 out of 10) ²	36.7	39.5	30.5	44.1	27.4	36.0	50.9	27.3
Does not feel valued by society ²	21.4	26.4	17.2	7.9	12.4	13.0	30.7	25.1
Poor mental wellbeing ²	28.9	27.9	29.7	36.6	19.1	19.2	44.9	36.4
Overweight or obese (BMI ≥25.0)	64.0	59.5	68.2	64.0	61.4	63.3	67.5	84.4
Health behaviours								
Does not meet fruit recommendations	55.9	56.9	56.4	28.7	56.2	63.1	70.4	62.2
Does not meet vegetable recommendations	91.9	89.0	95.3	90.0	93.5	95.8	93.6	98.4
Does not meet aerobic physical activity recommendations	31.8	35.0	27.1	38.8	22.5	28.9	27.9	35.2
Does not meet muscle strengthening recommendations	58.0	58.0	56.4	70.4	59.5	45.1	59.8	53.5
Does not meet screen recommendations	52.5	54.0	52.6	51.7	49.3	50.4	52.0	51.7
Does not meet sleep recommendations	31.2	31.1	34.8	29.9	23.6	30.9	39.6	29.6
Drinks sugar-sweetened beverages daily	17.7	19.5	19.4	15.2	18.3	13.0	19.5	7.1
Does not meet water recommendations	65.9	64.0	64.1	65.3	73.6	76.0	61.4	65.3
Other risk factors								
Current smoker ²	8.8	13.7	1.1	5.4	7.6	6.2	4.6	4.3
Current vaper ²	5.0	5.0	5.2	0.7	4.9	2.1	15.5	3.5
Consumed more than 4 standard drinks on at least one occasion in the last 12 months ²	60.5	60.8	54.7	52.4	67.3	50.9	63.9	70.3
Gambled in past 12 months ²	41.1	40.3	35.2	42.7	59.1	41.8	40.4	27.7
Food security								
Low or very low food security ²	22.4	22.0	35.5	13.0	6.2	17.7	35.4	27.6

¹ Base sizes include all respondents aged 3 years and over living in the Shire of Campaspe. 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	Echuca	Kyabram	Lockington and District	Rochester	Rushworth and District	Stanhope and District	Tongala and District
	%	%	%	%	%	%	%	%
Total activities								
% of respondents undertaking activity	14.6	11.6	18.9	11.2	14.0	22.6	29.7	29.2
# respondents undertaking activity	178	93	26	15	18	11	7	7
Frequency of participation								
Heavy - Once a week or more	86.0	76.7	96.2	84.8	94.7	84.6	93.8	100.0
Medium - One to three times a month	7.6	10.1	0.9	15.2	5.3	13.7	6.2	0.0
Light - Less often	6.4	13.2	2.9	0.0	0.0	1.7	0.0	0.0
Travel mode								
Car	28.0	34.9	7.5	23.9	16.3	13.1	44.9	49.1
Walking	65.3	58.5	76.6	66.3	83.7	86.9	55.1	41.2
Bike	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Public transport / taxi / Uber	2.4	1.3	64.0	0.0	0.0	0.0	0.0	9.7
Other	4.3	5.3	9.5	9.7	0.0	0.0	0.0	0.0
Distance to activity								
Average distance travelled to activity	4.1	4.1	3.0	3.7	5.1	1.3	7.3	5.8
Facility quality rating								
Good, excellent	67.8	74.4	78.4	80.6	60.5	64.5	61.3	24.6
Average	26.4	16.7	18.5	19.4	25.5	35.5	38.7	75.4
Very poor, poor	5.8	8.8	3.1	0.0	13.9	0.0	0.0	0.0
Mean score (out of 5)	3.8	3.9	4.0	4.2	3.5	3.8	4.0	3.2
Facility accessibility rating								
Good, excellent	79.8	83.5	87.7	90.3	74.7	64.5	61.3	79.3
Average	14.5	14.1	9.2	9.7	16.1	0.0	38.7	20.7
Very poor, poor	5.7	2.4	3.1	0.0	9.2	35.5	0.0	0.0
Mean score (out of 5)	4.0	4.2	4.1	4.4	3.7	3.1	4.0	3.9

¹ Base sizes include all respondents aged 3 years and over living in the Shire of Campaspe 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 – Active Play

	Total	Echuca	Kyabram	Lockington and District	Rochester	Rushworth and District	Stanhope and District	Tongala and District
	%	%	%	%	%	%	%	%
Total activities								
% of respondents undertaking activity	7.3	8.5	9.4	7.4	3.7	3.0	6.8	1.2
# respondents undertaking activity	120	81	15	8	6	4*	4*	1*
Frequency of participation								
Heavy - Once a week or more	70.5	70.3	86.8	29.1	74.1	0.0	100.0	100.0
Medium - One to three times a month	15.6	18.9	7.1	0.0	13.2	58.7	0.0	0.0
Light - Less often	13.9	10.8	6.1	70.9	12.8	41.3	0.0	0.0
Travel mode								
Car	73.3	68.2	82.8	70.7	71.2	100.0	100.0	100.0
Walking	22.9	28.9	9.8	17.1	28.8	0.0	0.0	0.0
Bike	2.3	1.1	5.3	12.2	0.0	0.0	0.0	0.0
Public transport / taxi / Uber	1.1	1.7	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.3	0.0	2.1	0.0	0.0	0.0	0.0	0.0
Distance to activity								
Average distance travelled to activity	7.6	5.1	14.4	11.9	8.4	3.7	15.0	8.0
Facility quality rating								
Good, excellent	82.3	91.3	66.0	87.8	32.6	71.1	80.0	100.0
Average	17.4	8.7	32.1	12.2	67.4	28.9	20.0	0.0
Very poor, poor	0.3	0.0	1.9	0.0	0.0	0.0	0.0	0.0
Mean score (out of 5)	4.0	4.1	3.7	4.0	3.5	3.7	3.8	5.0
Facility accessibility rating								
Good, excellent	88.1	87.8	92.1	100.0	86.8	71.1	80.0	100.0
Average	10.9	12.2	6.1	0.0	0.0	28.9	20.0	0.0
Very poor, poor	1.0	0.0	1.9	0.0	13.2	0.0	0.0	0.0
Mean score (out of 5)	4.1	4.2	4.2	4.2	3.6	3.7	4.4	5.0

¹ Base sizes include all respondents aged 3 years and over living in the Shire of Campaspe 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 C5 Activities – Australian Rules Football (AFL)

	Total	Echuca	Kyabram	Lockington and District	Rochester	Rushworth and District	Stanhope and District	Tongala and District
	%	%	%	%	%	%	%	%
Total activities								
% of respondents undertaking activity	6.3	5.8	9.1	5.5	10.1	2.8	3.2	2.5
# respondents undertaking activity	96	46	17	8	16	3*	2*	2*
Frequency of participation								
Heavy - Once a week or more	87.9	86.0	100.0	88.5	79.7	69.0	100.0	100.0
Medium - One to three times a month	3.8	6.0	0.0	0.0	0.0	31.0	0.0	0.0
Light - Less often	8.3	8.0	0.0	11.5	20.3	0.0	0.0	0.0
Travel mode								
Car	88.6	8.0	89.0	100.0	82.9	62.1	100.0	100.0
Walking	8.5	7.5	0.0	0.0	17.1	37.9	0.0	0.0
Bike	2.0	0.0	11.0	0.0	0.0	0.0	0.0	0.0
Public transport / taxi / Uber	1.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Distance to activity								
Average distance travelled to activity	22.9	21.1	47.5	14.9	8.8	16.6	10.0	1.0
Facility quality rating								
Good, excellent	55.7	50.5	56.9	46.2	68.4	100.0	50.0	0.0
Average	34.1	36.5	43.1	0.0	31.6	0.0	50.0	100.0
Very poor, poor	10.3	13.0	0.0	53.8	0.0	0.0	0.0	0.0
Mean score (out of 5)	3.5	3.5	3.6	3.1	3.7	4.3	3.5	3.0
Facility accessibility rating								
Good, excellent	66.2	60.9	52.4	46.2	88.6	100.0	100.0	100.0
Average	28.3	36.4	35.0	25.6	11.4	0.0	0.0	0.0
Very poor, poor	5.5	2.6	12.5	28.2	0.0	0.0	0.0	0.0
Mean score (out of 5)	3.7	3.7	3.4	3.4	4.1	4.3	4.0	5.0

¹ Base sizes include all respondents aged 3 years and over living in the Shire of Campaspe 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 C6 Activities – Swimming

	Total	Echuca	Kyabram	Lockington and District	Rochester	Rushworth and District	Stanhope and District	Tongala and District
	%	%	%	%	%	%	%	%
Total activities								
% of respondents undertaking activity	6.0	5.2	4.2	8.1	4.3	16.9	5.3	6.3
# respondents undertaking activity	96	48	9	11	9	10	2*	5*
Frequency of participation								
Heavy - Once a week or more	72.4	72.1	66.8	78.9	73.1	74.6	100.0	48.1
Medium - One to three times a month	12.2	9.7	4.2	13.4	26.9	20.2	0.0	9.7
Light - Less often	15.5	18.2	29.0	7.7	0.0	5.2	0.0	42.2
Travel mode								
Car	78.3	84.7	66.2	78.7	100.0	46.3	100.0	90.3
Walking	4.1	4.2	4.8	0.0	0.0	7.1	0.0	9.7
Bike	1.7	0.0	0.0	21.3	0.0	0.0	0.0	0.0
Public transport / taxi / Uber	6.7	8.6	29.0	0.0	0.0	0.0	0.0	0.0
Other	9.2	2.5	0.0	0.0	0.0	46.6	0.0	0.0
Distance to activity								
Average distance travelled to activity	16.6	6.5	81.3	17.9	20.4	6.0	21.3	22.3
Facility quality rating								
Good, excellent	78.9	78.8	43.7	87.5	77.2	100.0	74.1	72.3
Average	17.4	19.4	24.5	12.5	22.8	0.0	25.9	27.7
Very poor, poor	3.7	1.8	31.8	0.0	0.0	0.0	0.0	0.0
Mean score (out of 5)	4.0	3.9	3.3	4.3	3.9	4.6	3.7	4.4
Facility accessibility rating								
Good, excellent	76.6	83.4	20.6	87.5	77.2	100.0	0.0	72.3
Average	22.5	16.6	69.6	12.5	22.8	0.0	100.0	27.7
Very poor, poor	0.9	0.0	9.8	0.0	0.0	0.0	0.0	0.0
Mean score (out of 5)	4.1	4.1	3.2	4.4	4.3	4.6	3.0	4.3

¹ Base sizes include all respondents aged 3 years and over living in the Shire of Campaspe 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 – Netball

	Total	Echuca	Kyabram	Lockington and District	Rochester	Rushworth and District	Stanhope and District	Tongala and District
	%	%	%	%	%	%	%	%
Total activities								
% of respondents undertaking activity	5.8	4.8	7.2	2.6	6.0	11.7	14.9	4.3
# respondents undertaking activity	89	45	12	4*	9	9	5*	4*
Frequency of participation								
Heavy - Once a week or more	84.3	81.6	93.3	82.0	91.9	63.1	100.0	100.0
Medium - One to three times a month	11.9	10.1	6.7	18.0	8.1	36.9	0.0	0.0
Light - Less often	3.7	8.2	0.0	0.0	0.0	0.0	0.0	0.0
Travel mode								
Car	93.9	95.2	100.0	100.0	75.6	91.3	100.0	100.0
Walking	5.0	2.4	0.0	0.0	24.4	8.7	0.0	0.0
Bike	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Public transport / taxi / Uber	1.1	2.4	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Distance to activity								
Average distance travelled to activity	17.3	15.8	32.2	12.3	17.2	11.8	6.4	11.2
Facility quality rating								
Good, excellent	40.7	36.7	51.5	36.0	12.3	83.8	16.9	42.3
Average	36.9	45.0	48.5	0.0	23.1	10.8	66.1	12.4
Very poor, poor	22.5	18.4	0.0	64.0	64.6	5.4	16.9	45.3
Mean score (out of 5)	3.3	3.2	3.8	2.7	2.5	4.0	3.0	3.0
Facility accessibility rating								
Good, excellent	60.1	61.8	54.4	18.0	56.5	89.2	16.9	87.6
Average	27.4	29.5	12.6	43.4	37.8	10.8	66.1	12.4
Very poor, poor	12.5	8.7	33.0	38.5	5.8	0.0	16.9	0.0
Mean score (out of 5)	3.6	3.6	3.4	2.8	3.6	4.2	3.0	4.1

¹ Base sizes include all respondents aged 3 years and over living in the Shire of Campaspe 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.