



Central Goldfields 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 Central Goldfields Shire and was prepared by the Healthy Loddon Campaspe team.

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

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Contents

List of tables	i
Executive Summary	1
1. Introduction	5
1.1. Background	5
1.2. Context.....	6
1.3. Research objectives.....	7
1.4. Methodology	7
1.4.1. Sample frame / distribution.....	8
1.4.2. Questionnaire	8
1.4.3. Enumeration period	9
1.4.4. Returns / response rate.....	9
1.4.5. Data file preparation	9
1.4.6. Sampling error / weighting.....	9
1.5. About this report.....	11
2. Respondent Profile	13
2.1. ABS population benchmarks	13
2.2. Health indicator population benchmarks	17
3. Movement Behaviours	20
3.1. Aerobic physical activity.....	20
3.2. Muscle strengthening activities.....	24
3.3. Active travel and travel to work or education	27
3.3.1. Walking	28
3.3.2. Cycling.....	31
3.3.3. Adult's travel to work or education	34
3.3.4. Children's travel to school	41
3.4. Recreational screen time	43
3.5. Sleep	46
3.6. Participation in desired level of physical activity	50
3.7. Barriers to physical activity participation.....	54
3.8. Sport, exercise and recreation participation	60
3.8.1. Participation in sport, exercise and recreation activities	60
3.8.2. Types of sport, exercise and recreation activities participated in.....	65
3.8.3. Facilities for sport, exercise and recreational activities	71
3.8.4. Travel to get to and from activities and their facilities	72
3.8.5. Quality and accessibility of facilities available for main activities	78
3.8.6. Quality and accessibility of specific facilities	80
3.9. Perceived ease of being physically active in local area.....	82
4. Diet	87
4.1. Food security	87
4.2. Fruit and vegetable consumption.....	90
4.2.1. Fruit consumption	91
4.2.2. Vegetable consumption.....	94
4.2.3. Barriers to fruit consumption	98
4.2.4. Barriers to vegetable consumption.....	104

4.3.	Water consumption	110
4.4.	Sugar-sweetened beverages.....	113
4.5.	Ease of access to healthy food locally	117
5.	Use of public facilities and open spaces	121
5.1.	Frequency of public open space use	121
5.2.	Frequency of footpath use	125
5.3.	Frequency of off-road walking and cycling track use.....	128
5.4.	Use of other public facilities or open spaces	131
5.4.1.	Types of public facilities or open spaces used	132
5.4.2.	Reasons for use of public facilities or open spaces	139
5.4.3.	Suggested improvements to encourage greater use of public facilities and open spaces	147
5.5.	Perceived safety in local area	150
5.5.1.	Adult safety in local area	150
5.5.2.	Children's safety in the local area	154
6.	Health and Wellbeing	156
6.1.	Self-reported health status.....	156
6.2.	Life satisfaction	159
6.3.	Perceived value to society	163
6.4.	Mental wellbeing	166
6.5.	Body mass index (BMI).....	169
7.	Risk behaviours.....	174
7.1.	Smoking	174
7.2.	Vaping	177
7.3.	Alcohol consumption.....	180
7.4.	Gambling.....	184
7.4.1.	Gambling frequency	184
7.4.2.	Types of gambling	187
Appendix A: Detailed description of weighting.....		189
Appendix B: Questionnaire		192
Appendix C: Detailed tables		193

List of tables

Table 2.1.1	Achieved sample composition.....	14
Table 2.1.2	Achieved sample distribution for demographic characteristics	15
Table 2.2.1	Health indicator population benchmarks	18
Table 3.1.1	Aerobic physical activity by selected demographic groups	21
Table 3.1.2	Aerobic physical activity by selected health and behaviour characteristics	22
Table 3.2.1	Muscle strengthening activities by selected demographic characteristics	24
Table 3.2.2	Muscle strengthening activities by selected health and behaviour characteristics	26
Table 3.3.1.1	Walking frequency by selected demographic characteristics	28
Table 3.3.1.2	Walking frequency by selected health and behaviour characteristics.....	30
Table 3.3.2.1	Cycling frequency by selected demographic characteristics	31
Table 3.3.2.2	Cycling frequency by selected health and behaviour characteristics.....	33
Table 3.3.3.1	Adult's travel to work/education by selected demographic characteristics	36
Table 3.3.3.2	Adult's travel to work/education by selected health and behaviour characteristics	38
Table 3.3.4.1	Children's travel to school by selected demographic characteristics	41
Table 3.3.4.2	Children's travel to school by selected health and behaviour characteristics	42
Table 3.4.1	Recreational screen time by selected demographic characteristics	43
Table 3.4.2	Recreational screen time by selected health and behaviour characteristics	45
Table 3.5.1	Sleep by selected demographic characteristics	47
Table 3.5.2	Sleep duration by selected health and behaviour characteristics	49
Table 3.6.1	Participation in desired level of physical activity by selected demographic characteristics	50
Table 3.6.2	Participation in desired level of physical activity by selected health and behaviour characteristics.....	52
Table 3.7.1	Barriers to physical activity participation	54
Table 3.7.2	Top five barriers to physical activity participation by selected demographic characteristics.....	56
Table 3.7.3	Top five barriers to physical activity participation by selected health and behaviour characteristics.....	57
Table 3.8.1.1	Participation in sport, exercise and recreational activities by selected demographic characteristics.....	60
Table 3.8.1.2	Participation in sport, exercise and recreational activities by selected health and behaviour characteristics.....	62
Table 3.8.2.1	Activity types by frequency of participation	65
Table 3.8.2.2	Top ten activities by selected demographic characteristics	67
Table 3.8.2.3	Top ten activities by selected health and behaviour characteristics	68
Table 3.8.3	Main recreational facilities used by frequency of activity	71
Table 3.8.4.1	Travel to and from main activities.....	73
Table 3.8.4.2	Travel to and from main activity facilities	76
Table 3.8.5.1	Quality of facilities by activity.....	78
Table 3.8.5.2	Accessibility of facilities by activity	79

Table 3.8.6.1	Quality ratings for most used facilities or spaces	81
Table 3.8.6.2	Accessibility ratings for most used facilities or spaces.....	81
Table 3.9.1	Perceived ease of being physically active in local area by selected demographic characteristics.....	83
Table 3.9.2	Perceived ease of being physically active in local area by selected health and behaviour characteristics.....	84
Table 4.1.1	Adult food security by selected demographic characteristics	87
Table 4.1.2	Adult food security by selected health and behaviour characteristics.....	89
Table 4.2.1.1	Fruit consumption by selected demographic characteristics	91
Table 4.2.1.2	Fruit consumption by selected health and behaviour characteristics.....	93
Table 4.2.2.1	Vegetable consumption by selected demographic characteristics	95
Table 4.2.2.2	Vegetable consumption by selected health and behaviour characteristics	96
Table 4.2.3.1	Barriers to fruit consumption	98
Table 4.2.3.2	Top five barriers to fruit consumption by selected demographic characteristics	100
Table 4.2.3.3	Top five barriers to fruit consumption by selected health and behaviour characteristics	101
Table 4.2.4.1	Barriers to vegetable consumption.....	104
Table 4.2.4.2	Top five barriers to vegetable consumption by selected demographic characteristics	106
Table 4.2.4.3	Top five barriers to vegetable consumption by selected health and behaviour characteristics.....	107
Table 4.3.1.1	Water consumption by selected demographic characteristics	110
Table 4.3.1.2	Water consumption by selected health and behaviour characteristics	112
Table 4.4.1.1	Sugar-sweetened beverage consumption by selected demographic characteristics ..	114
Table 4.4.1.2	Sugar-sweetened beverage consumption by selected health and behaviour characteristics.....	115
Table 4.5.1	Perceived ease of access to healthy food in local area by selected demographic characteristics.....	117
Table 4.5.2	Perceived ease of access to healthy food in local area by selected health and behaviour characteristics.....	119
Table 5.1.1	Frequency of public open space use by selected demographic characteristics	122
Table 5.1.2	Frequency of public open space use by selected health and behaviour characteristics	123
Table 5.2.1	Frequency of footpath use by selected demographic characteristics	125
Table 5.2.2	Frequency of footpath use by selected health and behaviour characteristics	127
Table 5.3.1	Frequency of off-road walking and cycling track use by selected demographic characteristics.....	128
Table 5.3.2	Frequency of off-road walking and cycling track use by selected health and behaviour characteristics.....	130
Table 5.4.1.1	Types of public facilities or open spaces used by user types	132
Table 5.4.1.2	Public facilities and open spaces by selected demographic characteristics	134
Table 5.4.1.3	Public facilities and open spaces by selected health and behaviour characteristics ...	136
Table 5.4.2.1	Reasons for using public facilities or open spaces by user types.....	139

Table 5.4.2.2	Top 10 reasons for using public facilities or open spaces by selected demographic characteristics.....	141
Table 5.4.2.3	Top 10 reasons for using public facilities or open spaces by selected health and behaviour characteristics.....	143
Table 5.4.2.4	Reason for use of public facilities and open spaces by facility type	145
Table 5.4.3.1	Summary of improvements that would encourage more regular use of open spaces	148
Table 5.4.3.2	Improvements specific to identified locations.....	149
Table 5.5.1.1	Adult's perceived safety in local area by selected demographic characteristics	151
Table 5.5.1.2	Adult's perceived safety in local area by selected health and behaviour characteristics	152
Table 5.5.2.1	Children's perceived safety in local area by selected demographic characteristics	154
Table 5.5.2.2	Children's perceived safety in local area by selected health and behaviour characteristics.....	155
Table 6.1.1	Self-reported health status by selected demographic characteristics.....	156
Table 6.1.2	Self-reported health status by selected health and behaviour characteristics	158
Table 6.2.1	Life satisfaction by selected demographic characteristics	160
Table 6.2.2	Life satisfaction by selected health and behaviour characteristics	162
Table 6.3.1	Perceived value to society by selected demographic characteristics	163
Table 6.3.2	Perceived value to society by selected health and behaviour characteristics	165
Table 6.4.1	Mental wellbeing by selected demographic characteristics	167
Table 6.4.2	Mental wellbeing by selected health and behaviour characteristics	168
Table 6.5.1	Body Mass Index by selected demographic characteristics	170
Table 6.5.2	Body Mass Index by selected health and behaviour characteristics.....	172
Table 7.1.1	Smoking by selected demographic characteristics	174
Table 7.1.2	Smoking by selected health and behaviour characteristics	176
Table 7.2.1	Vaping by selected demographic characteristics	177
Table 7.2.2	Vaping by selected health and behaviour characteristics	179
Table 7.3.1	Risky alcohol consumption on single occasion by selected demographic characteristics	181
Table 7.3.2	Risky alcohol consumption by selected health and behaviour characteristics	182
Table 7.4.1.1	Gambling frequency by selected demographic characteristics.....	184
Table 7.4.1.2	Gambling frequency by selected health and behaviour characteristics	185
Table 7.4.2.1	Types of gambling	187
Table 7.4.2.2	Types of gambling by selected demographic characteristics.....	188
Table A1	Extent of missing values among weighting characteristics	190
Table A2	Central Goldfields – Population benchmarks used for calibration	191
Table C1	Population by LGA	193
Table C2	Health behaviours by LGA	194
Table C3	Activities – Walking	196
Table C4	Activities – Fitness: Gym	197
Table C5	Activities – Australian Rules Football (AFL)	198

Table C6	Activities – Netball	199
Table C7	Activities – Swimming.....	200

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 643 respondents from the Central Goldfields Shire. Compared to population benchmarks, females, children and adolescents, Aboriginal and Torres Strait Islanders and those with a Bachelor level education or higher were over-represented. Weighting was applied at the LGA level so that results could be generalised to the Central Goldfields 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).

Overall, the 2025 ALC results for Central Goldfields indicated a combination of positive health behaviours and areas of concern relative to Victorian benchmarks. There was a 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 Central Goldfields' respondents engaged in risky alcohol consumption, gambled, drank sugar-sweetened beverages daily, 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 Central Goldfields 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 69.6% meeting recommendations, while around 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 five respondents walking daily and one in ten cycling weekly. In contrast, recreational screen time was high across the sample, with half exceeding recommended limits, particularly adolescents, although sex differences were minimal. Sleep adherence was comparatively stronger, with roughly 68% meeting age-specific recommendations and minimal differences were seen between children and adults or between males and females. 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 marginalised community members to be more active.

Adults were more likely than children to report that they were not as active as they would like to be. These respondents also identified a range of barriers to participation, including lack of time and social support, cost, safety, and poor health or disability which was particularly common among adults. Because these groups have expressed a desire to be more active, understanding the key reasons for their insufficient activity is essential for informing targeted efforts to better support them.

Perceptions of the local environment for physical activity were generally positive, with around 61% of respondents agreeing that it was easy to be active where they live. These respondents also tended to report better 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 population, particularly in relation to food security and vegetable intake. Around one-third of respondents experienced some level of food insecurity. Approximately one-third of respondents consumed the recommended volume of water per day, while one fifth reported consuming sugar-sweetened beverages daily. Adherence to fruit and vegetable consumption recommendations was low, with less than half meeting the fruit recommendations and just 7% meeting the vegetable recommendations. Adherence to the fruit recommendations was lower among adults than children, and males were less likely to meet the vegetable recommendations than females. Food insecurity was higher and fruit and vegetable consumption was lower among groups already facing broader health and social disadvantages.

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. Personal preference was more commonly reported among children than adults as a barrier to vegetable consumption, and access/quality more common among adults than children as a barrier to fruit consumption. 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 health 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, though patterns varied by sex and age. Half used public open spaces weekly, with higher use among children than adults. Footpaths were used more often, with 72% of respondents using them weekly. Off-road walking and cycling tracks were less commonly used, with just over one-third using them weekly. Use of parks, sports grounds, indoor sport and fitness facilities, swimming facilities and playgrounds was widespread, with children more engaged in recreational and play-based facilities than adults. Females also more frequently reported using swimming facilities and playgrounds than males. The most common reasons for using public facilities or open spaces included exercise or health and fitness (65%), socialising (56%), and fun or enjoyment (47%), with children more likely to use spaces for socialising, fun and organised sport 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 three quarters of adults reporting feeling safe most of the time or always, and 73% of parents agreeing that their child is safe in their local area.

Suggestions for improvements most commonly related to lighting (15.5%), with respondents indicating that they would like to see better lighting on streets, tracks, trails and facilities. Other commonly identified suggestions included more or improved recreational equipment and facilities (13.9%), more, improved and better-connected walking tracks and footpaths (8.6%), more and cheaper/free programmed events and activities (6.8%), and improved accessibility to parks and facilities (4.4%).

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, more than one quarter (28.6%) rated their health as fair or poor, 11.5% reported low life satisfaction, 26.0% felt they were not valued by society, and 17.7% had poor mental wellbeing based on the WHO-5 index. In contrast, children's health ratings were markedly higher, with only 2.4% of parents or guardians reporting fair or poor health for their child. Obesity was twice as common among adults (36.8%) as among children (18.5%), indicating substantial health and wellbeing challenges among adults living in the Central Goldfields 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, food insecurity, or require help with daily activities. 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 61.6% of adult respondents reporting risky single-occasion alcohol consumption, 8.5% currently smoking, 3.4% currently vaping, and 43.7% gambling at least once in the past 12 months. Demographic, health and wellbeing, and health behaviours patterns varied across the four risk behaviours. Smoking was more common among those who are not neurodivergent, and those experiencing financial and food insecurity. Risky alcohol consumption was common among people living in larger households and those who are employed. Weekly gambling was more common among those not meeting the vegetable consumption recommendations. The four risk behaviours also showed clear clustering, reinforcing 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 Campaspe Shire.

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

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

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

The 2025 ALC provides a much needed 6-year follow-up on the 2019 Loddon Campaspe region wide ALC, and an 11-year follow-up on the 2014 City of Greater Bendigo ALC. A separate report will explore changes over time using these 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 Central Goldfields Shire. In some places, data from the 2019 ALC and 2025 ALC have been compared but for the most part, this report presents only data from the 2025 survey. The 2019 ALC reports can be accessed at: [2019 Active Living Census | Healthy Loddon Campaspe](#)

1.3. Research objectives

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

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

1.4. Methodology

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

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

1.4.1. Sample frame / distribution

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

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

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

1.4.2. Questionnaire

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

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

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

1.4.3. Enumeration period

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

1.4.4. Returns / response rate

In total, 8,244 individual responses to the 2025 Active Living Census were received by the close of the enumeration period. This comprised 7,913 online completions and a further 331 individual responses through the paper-based version of the survey. Based on the regional population of 245,157 residents aged 3 years and over, this represents an individual response rate of 3.4%. For the Central Goldfields region specifically, there were 643 individual responses received, from the population of 13,167 individuals aged 3 years and up, making the response rate for Greater Bendigo 4.9%. 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 Central Goldfields population distribution for age, sex, education, and other demographics and was therefore not representative of the Central Goldfields 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 Central Goldfields 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 Central Goldfields Shire 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 Central Goldfields Shire 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 Central Goldfields Shire population distribution indicates how representative the pool of respondents is of 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 Central Goldfields Shire sourced from the 2021 ABS Census. These are compared to the distribution of respondents achieved in the 2025 ALC. When interpreting the achieved sample distribution as a proportion of the ABS population distribution, a percentage below 100% indicates that a respondent group is under-represented in the achieved sample, while a percentage above 100% indicates a respondent group is over-represented.

For the 2025 ALC, females were over-represented in the achieved sample when compared to their proportions in the population. Both male and female child and adolescent respondents (3 to 11 years and 12 to 17 years), and female respondents aged 35 to 49 years were also over-represented in the survey. Under-representation was most notable young adult males aged 18 to 34 years, and middle-aged to older adult males and females aged 50 to 69 and 70+. Note that ABS benchmarks do not include any alternate sex categories so a comparison for respondents falling into the "Other" category in the ALC (n=7, 1.0%) 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).

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 Central Goldfields Shire population. Further information regarding weighting is provided in Appendix A.

Table 2.1.1 Achieved sample composition

Age group	ABS population ¹ (Central Goldfields Shire)		Active Living Census ² (unweighted)		ALC % as a % of the population
	N	%	N	%	
Total sample	13,167		643		
Sex					
Males	6,489	49.3	201	32.1	65.2
Females	6,678	50.7	425	67.9	133.9
Age					
3-11 years	1,187	9.0	100	16.0	177.5
12-17 years	893	6.8	144	23.0	339.7
18-34 years	1,997	15.2	62	9.9	65.4
35-49 years	1,854	14.1	158	25.3	179.5
50-69 years	4,186	31.8	117	18.7	58.9
70+ years	3,048	23.2	44	7.0	30.4
Sex and age					
Males, 3 to 11	614	9.5	51	25.6	270.9
Males, 12 to 17	464	7.1	79	39.7	555.4
Males, 18 to 34	998	15.4	6	3.0	19.6
Males, 35 to 49	879	13.5	25	12.6	92.8
Males, 50 to 69	2,059	31.7	24	12.1	38.0
Males, 70+	1,477	22.8	14	7.0	30.9
Females, 3 to 11	578	8.7	48	11.4	132.0
Females, 12 to 17	427	6.4	63	15.0	234.4
Females, 18 to 34	998	15.0	56	13.3	89.2
Females, 35 to 49	974	14.6	131	31.2	213.7
Females, 50 to 69	2,127	31.9	93	22.1	69.5
Females, 70+	1,570	23.5	29	6.9	29.4
Subregion					
Maryborough	10,056	72.6	472	73.5	101.3
Central Goldfields - excluding Maryborough	3,800	27.4	170	26.5	96.6

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 Central Goldfields Shire

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

Results revealed an over-representation of respondents with a Bachelor degree or higher (this has been adjusted during weighting). Aboriginal and Torres Strait Islanders, those who are employed and those living in households with four or more people were also over-represented. Groups that were under-represented include people born overseas, those who speak a main language other than English, those who are unemployed, those who require help with daily activities and those living in

single-person households. These differences from the benchmarks indicate that results should be interpreted with caution when comparing to the Central Goldfields Shire general population despite the previously mentioned weighting applied.

Table 2.1.2 Achieved sample distribution for demographic characteristics

Age group	ABS population ¹ (Central Goldfields Shire)		Active Living Census ² (unweighted)		ALC % as a % of the population
	n	%	n	%	
Total sample	11,088		381		
Country of birth					
Born overseas	1,190	11.8	27	7.1	60.3
Born in Australia	8,915	88.2	353	92.9	105.3
Main language					
Speaks other main language	333	3.2	7	1.9	57.5
Speaks English as main language	9,944	96.8	369	98.1	101.4
Aboriginal and/or Torres Strait Islander status					
Aboriginal and/or Torres Strait Islander	166	1.6	7	1.8	114.5
Not Aboriginal or Torres Strait Islander	10,179	98.4	374	98.2	99.8
LGBTQIA+ Status³					
LGBTQIA+	-	-	16	4.2	-
Non-LGBTQIA+	-	-	362	95.8	-
Neurodivergent⁴					
Yes	-	-	29	8.1	-
No	-	-	259	71.9	-
Maybe	-	-	12	3.3	-
Not sure	-	-	60	16.7	-
Requires help with self-care, body movement or communication activities					
Requires help	1,246	12.1	16	4.2	34.9
Does not require help	9,044	87.9	363	95.8	109.0
Level of education					
Less than Bachelor level education	8,442	88.8	258	67.9	76.4
Holds a Bachelor degree or higher	1,062	11.2	122	32.1	287.3
Employment status					
Unemployed/Retired	5,688	55.6	98	25.8	46.4
Employed	4,539	44.4	282	74.2	167.2
Household size					
1 person	2,136	37.0	47	12.3	33.3
2-3 people	2,778	48.1	165	43.3	90.0
4-5 people	742	12.9	145	38.1	296.1
More than 5 people	116	2.0	24	6.3	313.4
Household financial status⁴					

Just getting along, poor or very poor	-	-	151	-	-
Reasonably comfortable, very comfortable or prosperous	-	-	229	-	-
Food security (last 12 months)⁵					
Very low food security	-	3.7	47	12.4	334.3
Low food security	-	5.8	43	11.3	195.1
Marginal food security	-	4.9	49	12.9	263.2
High food security	-	84.8	241	63.4	74.8

¹ Population benchmarks sourced from ABS Census 2021

² Base sizes include respondents aged 18 years and over living in Central Goldfields Shire

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

⁴ Population benchmark data not available

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

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

2.2. Health indicator population benchmarks

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

Although adherence to fruit and vegetable recommendations was similar to Victorian benchmarks, other findings from the 2025 ALC indicated greater differences in the health and wellbeing of Central Goldfields Shire residents compared to state benchmarks. For example, there were fewer reports of engaging in smoking and vaping among Central Goldfields' ALC respondents. Specifically, 8.5% of ALC respondents indicated that they currently engaged in smoking, and 3.4% 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 Central Goldfields Shire. A greater proportion of Central Goldfields' respondents to the 2025 ALC met the aerobic physical activity recommendations (24.5% 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 (54.0%) compared to the 2022 NHS respondents (24.5%). There are currently no comparable benchmark datasets, however among the 2025 ALC respondents, 53.6% met recreational screen time recommendations of three hours per day for adults and two hours per day for children and adolescents. Just over two-thirds (69.0%) of adult respondents met the sleep duration recommendations as outlined by the Sleep Health Foundation⁵.

The proportion of ALC respondents who indicated that they had gambled at least once in the year prior to survey completion was slightly higher than VPHS respondents (43.7% compared to 39.1%). A higher proportion of ALC respondents reported risky alcohol consumption, with 61.6% indicating they had consumed more than four standard drinks in a single session at least once in the past 12 months, compared to 41.3% of VPHS respondents. Daily sugar-sweetened beverage consumption was comparatively higher among ALC respondents (23.2%) than VPHS respondents (19.0%), with the difference more pronounced among females (21.6% compared to 14.9%).

When comparing Body Mass Index (BMI), ALC respondents were more likely to be overweight or obese (72.5%) than VPHS respondents (53.9%) and 2022 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. Health and wellbeing measures indicate poorer self-reported health and lower life satisfaction in the ALC sample compared to the available benchmark data. A greater proportion of ALC respondents reported their health as fair or poor (28.6%) 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 (32.4%) than those who participated in the VPHS 2023 (21.9%).

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=336	
% rating health as fair or poor (persons)	13.0	20.9	28.6	136.9
% rating health as fair or poor (females)	13.5	20.7	27.4	132.4
% rating health as fair or poor (males)	12.2	20.8	29.7	142.7
Body Mass Index (BMI)			n=260	
% overweight or obese range (BMI ≥25.0) (persons)	65.3	53.9	72.5	134.4
% overweight or obese range (BMI ≥25.0) (females)	58.8	47.5	69.1	145.4
% overweight or obese range (BMI ≥25.0) (males)	72.1	60.6	76.1	125.6
Aerobic physical activity recommendations			n=374	
% not meeting recommendations (persons)	28.2	47.1	24.5	52.0
% not meeting recommendations (females)	29.8	48.7	29.1	59.7
% not meeting recommendations (males)	26.2	45.2	20.4	45.2
Muscle strengthening recommendations			n=337	
% not meeting recommendations (persons)	75.5	-	46.0	60.9
% not meeting recommendations (females)	77.2	-	49.6	64.3
% not meeting recommendations (males)	74.1	-	43.4	58.6
Screen time recommendations			n=367	
% not meeting screen time recommendations (persons)	-	-	46.4	-
% not meeting screen time recommendations (females)	-	-	50.8	-
% not meeting screen time recommendations (males)	-	-	40.5	-
Sleep duration recommendations			n=364	
% not meeting sleep recommendations (person)	-	-	30.3	-
% not meeting sleep recommendations (females)	-	-	31.1	-
% not meeting sleep recommendations (males)	-	-	30.2	-
Fruit intake recommendations			n=373	
% not meeting fruit recommendations (persons)	55.3	63.3	61.8	97.7
% not meeting fruit recommendations (females)	53	61.1	58.1	95.1
% not meeting fruit recommendations (males)	58.2	65.5	67.6	103.1
Vegetable intake recommendations			n=373	
% not meeting vegetable recommendations (persons)	93.6	90.3	93.4	103.5
% not meeting vegetable recommendations (females)	90.6	88.5	87.0	98.3
% not meeting vegetable recommendations (males)	96.5	94.3	100.0	106.0
Smoking status			n=337	

% current smokers (persons)	11.1	13.9	8.5	61.5
% current smokers (females)	8.7	11.3	7.7	68.3
% current smokers (males)	14	16.7	9.4	56.3
Vaping status		n=334		
% current vapers (person)	3.9	7.2	3.4	46.6
% current vapers (females)	2.5	5.5	3.0	55.1
% current vapers (males)	5.1	8.9	3.7	41.5
Alcohol consumption (single occasion past 12 months)⁵		n= 337		
% had 4 or more standard drinks (persons)	17.9	41.3	61.6	149.1
% had 4 or more standard drinks (females)	11.6	30.1	55.9	185.8
% had 5 or more standard drinks (males)	24.1	53.2	67.2	126.2
Gambling		n=337		
% gambling (person)	-	39.1	43.7	111.8
% gambling (females)	-	32.7	38.2	117.0
% gambling (males)	-	45.8	49.3	107.7
Sugar-sweetened beverage consumption		n=372		
% drinks SSB daily (persons)	-	19.0	23.2	122.1
% drinks SSB daily (females)	-	14.9	21.6	144.6
% drinks SSB daily (males)	-	23.4	25.6	109.5
Life satisfaction		n=335		
% rating satisfaction as low to medium (0 to 6) (persons)	-	21.9	32.4	147.9
% rating satisfaction as low to medium (0 to 6) (females)	-	21.8	32.3	148.0
% rating satisfaction as low to medium (0 to 6) (males)	-	21.6	32.4	149.9

¹ Base sizes include respondents aged 18 years and over living in Central Goldfields Shire. 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 the Central Goldfields Shire adhere to 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 in the local area. 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 Australians aged 18 years and above had participated in sufficient aerobic physical activity. The equivalent proportion of ALC Central Goldfields respondents in the same age group who had met the recommendations was 75.5% and, overall, 69.6% of respondents had met the above-mentioned aerobic physical activity recommendations (see Table 3.1.1). Adults were significantly more likely to meet the recommendations compared to children (75.5% compared to 38.6%), although the average minutes spent engaging in moderate to vigorous intensity aerobic physical activity per day was higher among children (220.5 minutes) than adults (172.9 minutes). No significant differences in recommendation adherence or average minutes per day were seen between males and females, or according to residential subregion.

Aerobic physical activity recommendation adherence was associated with neurodivergence and requirement for help with daily activities. Specifically, those who are not (66.5%) or maybe (44.6%) neurodivergent were less likely to report adherence to the aerobic physical activity recommendations compared to those who were unsure what neurodivergent means (84.9%). Similarly, those who required help with daily activities (41.3%) were less likely to meet the recommendations compared to those who did not require help (71.5%).

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	Does not meet recommendation	Meets recommendation	Average daily minutes
	n	%	%	#
Total sample	566	30.4	69.6	180.6
Children	192	61.4	38.6	220.5
Adults	374	24.5	75.5	172.9
Males	175	27.4	72.6	189.5
Females	387	34.1	65.9	166.8
Sex and age				
Males, 3 to 11	45	60.0	40.0	251.0
Males, 12 to 17	62	59.7	40.3	222.7
Males, 18 to 34	6	0.0	100.0	243.7
Males, 35 to 49	25	18.8	81.2	156.0
Males, 50 to 69	23	22.9	77.1	218.0
Males, 70+	14	26.2	73.8	118.7
Females, 3 to 11	35	65.7	34.3	186.1
Females, 12 to 17	49	61.2	38.8	210.2
Females, 18 to 34	56	24.0	76.0	182.7
Females, 35 to 49	130	35.4	64.6	135.9
Females, 50 to 69	91	27.7	72.3	148.1
Females, 70+	26	33.1	66.9	189.0
Subregion				
Maryborough	414	32.6	67.4	175.2
Central Goldfields - excluding Maryborough	151	25.8	74.2	192.2
Demographic indicators				
Household size²				
1 person	44	21.6	78.4	143.2
2 or 3 people	161	20.8	79.2	179.8
4 or 5 people	145	33.9	66.1	170.7
More than 5 people	24	19.8	80.2	220.6
Born overseas	31	21.2	78.8	281.9
Born in Australia	535	31.5	68.5	169.0
Speaks other main language*	7	43.6	56.4	77.0
Speaks English as main language	555	29.6	70.4	183.6
Aboriginal and/or Torres Strait Islander*	12	11.5	88.5	318.0
Not Aboriginal or Torres Strait Islander	554	31.0	69.0	176.2
LGBTQIA+*	21	19.1	80.9	153.2
Non-LGBTQIA+	543	30.8	69.2	180.4
Neurodivergent	56	41.3	58.7	200.2

Not neurodivergent	382	33.5	66.5	175.5
Maybe	24	55.4	44.6	124.4
Not sure what neurodivergent means	78	15.1	84.9	191.0
Less than Bachelor level education ²	254	25.3	74.7	173.7
Holds a Bachelor degree or higher	120	18.8	81.2	167.6
Unemployed/Retired ²	96	26.8	73.2	150.0
Employed	278	22.9	77.1	188.6
Just getting along, poor or very poor ²	149	29.3	70.7	162.7
Reasonably comfortable, very comfortable or prosperous	225	20.8	79.2	180.9
Requires help with daily activities	41	58.7	41.3	222.8
Does not require help	524	28.5	71.5	177.7
Food security (last 12 months)²				
Low or very low food security	88	39.7	60.3	146.9
Marginal food security	49	23.5	76.5	185.7
High food security	237	19.7	80.3	179.2

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size

Table 3.1.2 summarises aerobic physical activity participation by selected health and behaviour characteristics. Aerobic physical activity participation was associated with self-reported health, mental wellbeing and overweight and obesity. Specifically, average daily minutes spent engaging in aerobic physical activity were lower among those who reported fair or poor health (113.0 minutes) compared to those with good, very good or excellent health (194.8 minutes). A lower proportion of those who have poor mental wellbeing (55.1% vs 80.0%) meet the aerobic physical activity recommendations compared to their counterparts who report more positive health and wellbeing. Additionally, those who were classified as overweight or obese reported participating in fewer average minutes of aerobic physical activity (135.2 minutes) than those who were of a normal weight range or underweight (213.5 minutes).

Aerobic physical activity recommendation adherence was associated with muscle strengthening and sleep recommendation adherence. Specifically, a greater proportion of those who met the muscle strengthening (87.3% vs 63.3%) and sleep (74.2% vs 56.9%) recommendations also met the aerobic physical activity recommendations. No risk behaviours were associated with aerobic physical activity participation.

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	566	30.4	69.6	180.6
Health and wellbeing indicators				
Self-reported health - Fair or poor	89	37.3	62.7	113.0
Self-reported health - Good, very good, or excellent	409	30.3	69.7	194.8

Life satisfaction - Low to moderate (0 to 6) ²	107	37.8	62.2	147.1
Life satisfaction - High/very high (7 to 10)	221	21.2	78.8	176.8
Does not feel valued by society ²	80	38.3	61.7	156.4
Sometimes feel valued by society	161	22.4	77.6	165.1
Definitely feel valued by society	86	23.1	76.9	178.0
Poor mental wellbeing ²	93	44.9	55.1	131.0
Good mental wellbeing	281	20.0	80.0	182.2
Overweight or obese (BMI ≥25.0)	222	34.1	65.9	135.2
Normal range or underweight (BMI <25.0)	132	18.8	81.2	213.5
Health behaviour indicators				
Does not meet fruit intake recommendations	292	31.6	68.4	156.2
Meets fruit intake recommendations	267	24.7	75.3	225.2
Does not meet vegetable intake recommendations	512	31.6	68.4	174.6
Meets vegetable intake recommendations	45	22.0	78.0	233.2
Does not meet muscle strengthening recommendations	265	36.7	63.3	138.8
Meets muscle strengthening recommendations	211	12.7	87.3	240.1
Does not meet screen time recommendations	304	37.4	62.6	150.3
Meets screen time recommendations	237	23.6	76.4	207.4
Does not meet sleep recommendations	184	43.1	56.9	136.5
Meets sleep recommendations	356	25.8	74.2	198.9
Drinks sugar-sweetened beverages daily	102	33.8	66.2	171.2
Drinks sugar-sweetened beverages less than daily	452	30.1	69.9	175.2
Does not meet water recommendations	309	31.5	68.5	166.1
Meets water recommendations	241	27.7	72.3	201.9
Risk behaviour indicators²				
Current smoker	23	23.3	76.7	323.6
Ex-smoker	122	25.5	74.5	174.1
Never smoked	185	27.5	72.5	143.8
Current vaper*	9	47.0	53.0	145.8
Ex-vaper	26	27.0	73.0	181.4
Never vaped	292	25.9	74.1	167.6
Had more than 4 standard drinks on a single occasion	201	24.1	75.9	186.2
Has not had more than 4 standard drinks	129	30.5	69.5	136.9
Gambled	121	29.3	70.7	157.8
Never gambled	209	24.3	75.7	174.8

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size

3.2. 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 Central Goldfields respondents in the same age group who had met the recommendations was 54.0% and, overall, 50.2% of respondents had met the above-mentioned muscle strengthening recommendations (see Table 3.2.1). Adults were significantly more likely to meet the recommendations (54.0%) compared to children (25.8%). No difference in recommendation adherence or days per week engaged in muscle strengthening activities was seen between males and females, or between those living in the Maryborough subregion or other areas of Central Goldfields.

Proportionately fewer respondents who reported being neurodivergent (27.4%) or just getting along, poor or very poor (32.8%) met the muscle strengthening recommendations, compared to those who are unsure what neurodivergent means (62.4%) or reasonably comfortable, very comfortable or prosperous (68.3%). Given the health benefits associated with muscle strengthening exercises, these findings suggest that those who are neurodivergent or financially insecure may benefit from targeted programs to increase their participation.

Table 3.2.1 Muscle strengthening activities by selected demographic characteristics

	Unweighted base ¹	Does not meet recommendation	Meets recommendation	Average days per week
	n	%	%	#
Total sample	480	49.8	50.2	1.9
Children	143	74.2	25.8	1.6
Adults	337	46.0	54.0	1.9
Males	141	48.2	51.8	1.8
Females	336	52.4	47.6	1.9
Sex and age				
Males, 5 to 11	28	78.6	21.4	1.2
Males, 12 to 17	51	70.6	29.4	1.8

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

Males, 18 to 34	6	37.6	62.4	1.8
Males, 35 to 49	25	32.5	67.5	2.4
Males, 50 to 69	21	51.5	48.5	1.8
Males, 70+	10	41.8	58.2	1.7
Females, 5 to 11	18	66.7	33.3	1.8
Females, 12 to 17	45	77.8	22.2	1.6
Females, 18 to 34	50	44.7	55.3	1.9
Females, 35 to 49	120	52.9	47.1	1.9
Females, 50 to 69	78	57.5	42.5	1.7
Females, 70+	25	36.0	64.0	2.2
Subregion				
Maryborough	361	48.3	51.7	2.0
Central Goldfields - excluding Maryborough	118	52.9	47.1	1.6
Demographic indicators				
Household size²				
1 person	41	67.4	32.6	1.3
2 or 3 people	141	40.4	59.6	2.0
4 or 5 people	134	45.3	54.7	2.1
More than 5 people	21	52.7	47.3	1.9
Born overseas	30	59.8	40.2	1.6
Born in Australia	450	48.5	51.5	1.9
Speaks other main language*	7	33.6	66.4	2.0
Speaks English as main language	471	50.1	49.9	1.9
Aboriginal and/or Torres Strait Islander*	11	20.9	79.1	4.1
Not Aboriginal or Torres Strait Islander	469	50.8	49.2	1.8
LGBTQIA+*	20	52.6	47.4	1.5
Non-LGBTQIA+	458	49.6	50.4	1.9
Neurodivergent	51	72.6	27.4	1.0
Not neurodivergent	321	51.8	48.2	1.7
Maybe	21	44.1	55.9	2.1
Not sure what neurodivergent means	70	37.6	62.4	2.4
Less than Bachelor level education ²	225	47.2	52.8	1.9
Holds a Bachelor degree or higher	112	37.8	62.2	2.1
Unemployed/Retired ²	82	47.2	52.8	1.7
Employed	255	45.3	54.7	2.1
Just getting along, poor or very poor ²	130	67.2	32.8	1.3
Reasonably comfortable, very comfortable or prosperous	207	31.7	68.3	2.4
Requires help with daily activities	31	48.8	51.2	2.0
Does not require help	449	49.8	50.2	1.9
Food security (last 12 months)²				

Low or very low food security	75	48.3	51.7	2.0
Marginal food security	46	64.8	35.2	1.4
High food security	216	41.8	58.2	2.0

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size

Table 3.2.2 summarises engagement in muscle strengthening activity by selected health and behaviour characteristics, with associations seen for self-reported health and overweight and obesity. Specifically, those who reported fair or poor health engaged in significantly fewer average days per week of muscle strengthening activities (1.0 days) compared to those who reported their health to be good, very good or excellent (2.1 days). Additionally, respondents who were overweight or obese (38.0%, 1.5 days) were proportionately less likely to meet the muscle strengthening recommendations and engaged in fewer days per week of muscle strengthening activities compared to those of a normal weight range or underweight (62.0%, 2.4 days).

Adherence to the muscle strengthening recommendations was associated with fruit intake and aerobic physical activity participation. Specifically, adherence to the muscle strengthening recommendations was lower among those who failed to meet the fruit (39.3% vs 66.6%), and aerobic physical activity (25.9% vs 58.1%) recommendations. Similarly, those who did not meet the fruit intake (1.5 vs 2.5 days) and aerobic physical activity (1.0 vs 2.2 days) recommendations engaged in fewer average days per week of muscle strengthening activities.

No risk behaviours were found to be associated with participation in muscle strengthening activities.

Table 3.2.2 Muscle strengthening activities by selected health and behaviour characteristics

	Unweighted base ¹ n	Does not meet recommendation %	Meets recommendation %	Average days per week #
Total sample	480	49.8	50.2	1.9
Health and wellbeing indicators				
Self-reported health - Fair or poor	78	69.1	30.9	1.0
Self-reported health - Good, very good, or excellent	342	44.9	55.1	2.1
Life satisfaction - Low to moderate (0 to 6) ²	96	60.2	39.8	1.5
Life satisfaction - High/very high (7 to 10)	201	42.6	57.4	2.0
Does not feel valued by society ²	71	57.2	42.8	1.6
Sometimes feel valued by society	146	52.6	47.4	1.7
Definitely feel valued by society	79	34.2	65.8	2.3
Poor mental wellbeing ²	86	60.0	40.0	1.3
Good mental wellbeing	251	42.7	57.3	2.1
Overweight or obese (BMI ≥25.0)	200	62.0	38.0	1.5

Normal range or underweight (BMI <25.0)	118	38.0	62.0	2.4
Health behaviour indicators				
Does not meet fruit intake recommendations	255	60.7	39.3	1.5
Meets fruit intake recommendations	221	33.4	66.6	2.5
Does not meet vegetable intake recommendations	434	50.8	49.2	1.8
Meets vegetable intake recommendations	38	39.0	61.0	1.9
Does not meet aerobic physical activity recommendations	170	74.1	25.9	1.0
Meets aerobic physical activity recommendations	306	41.9	58.1	2.2
Does not meet screen time recommendations	259	53.5	46.5	1.8
Meets screen time recommendations	202	46.1	53.9	2.0
Does not meet sleep recommendations	152	56.9	43.1	1.7
Meets sleep recommendations	309	45.4	54.6	2.0
Drinks sugar-sweetened beverages daily	87	63.5	36.5	1.7
Drinks sugar-sweetened beverages less than daily	382	47.0	53.0	1.9
Does not meet water recommendations	268	54.8	45.2	1.6
Meets water recommendations	198	42.2	57.8	2.2
Risk behaviour indicators²				
Current smoker	20	65.8	34.2	1.6
Ex-smoker	109	52.0	48.0	2.0
Never smoked	169	43.5	56.5	1.8
Current vaper*	5	24.4	75.6	3.3
Ex-vaper	26	31.8	68.2	2.4
Never vaped	266	49.8	50.2	1.8
Had more than 4 standard drinks on a single occasion	184	45.3	54.7	2.1
Has not had more than 4 standard drinks	114	53.0	47.0	1.5
Gambled	113	53.6	46.4	1.7
Never gambled	185	43.1	56.9	2.0

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size

3.3. Active travel and travel to work or education

Respondents were asked about their travel behaviours, including how often they walk or cycle to get to and from places, and their usual mode of travel to work or education. These questions were newly added to the 2025 ALC to reflect growing awareness of the environmental and public health benefits of reducing private vehicle use in favour of public transport and active travel. Walking frequency

response options ranged from daily to less often than once every three months and were grouped into four categories: daily, at least weekly, at least monthly, and less frequent. Cycling responses were grouped into weekly, monthly, and less frequent categories. These groupings reflect the distribution of responses in the 2025 ALC sample. The question on travel mode to work or education was adapted from the ABS Census to allow comparison with the broader population.

3.3.1. Walking

Approximately 21.1% of 2025 ALC respondents reported daily walking to get to and from places, 33.9% walk at least once a week but less than daily, 15.3% walk at least once a month but less than weekly and 29.7% walk to get to and from places less than once a month. There were no significant differences between children and adults or males and females, however walking frequency varied according to sex and age with no clear pattern or trend observable (see Table 3.3.1.1). Residents from Maryborough and other others of Central Goldfields also reported similar walking frequency.

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

- 4-5 person (4.5%) and more than 5 person households (7.0%) compared to single (47.2%) and 2-3 person (20.8%) households
- Unsure what neurodivergent means (5.5%) compared to not neurodivergent (22.0%)
- Employed (11.8%) compared to unemployed/retired (32.9%)

Table 3.3.1.1 Walking frequency by selected demographic characteristics

	Unweighted base ¹	Daily	At least once a week	At least once a month	Less than once a month
	n	%	%	%	%
Total sample	589	21.1	33.9	15.3	29.7
Children	204	23.3	27.7	14.9	34.2
Adults	377	20.0	34.8	15.8	29.4
Males	182	25.6	30.4	17.9	26.1
Females	401	17.1	35.7	13.2	34.0
Sex and age					
Males, 3 to 11	46	17.4	15.2	26.1	41.3
Males, 12 to 17	65	32.3	40.0	7.7	20.0
Males, 18 to 34	6	18.8	0.0	43.6	37.6
Males, 35 to 49	25	1.5	30.4	27.1	41.0
Males, 50 to 69	24	22.7	40.2	15.4	21.7
Males, 70+	14	39.7	34.1	7.9	18.2
Females, 3 to 11	39	17.9	28.2	10.3	43.6
Females, 12 to 17	53	30.2	32.1	11.3	26.4
Females, 18 to 34	56	1.3	48.7	10.9	39.1
Females, 35 to 49	130	10.9	25.2	18.1	45.8
Females, 50 to 69	92	24.5	29.3	16.0	30.2

Females, 70+	27	26.0	44.6	8.8	20.7
Subregion					
Maryborough	434	19.2	38.2	15.8	26.8
Central Goldfields - excluding Maryborough	154	25.5	24.7	14.3	35.5
Demographic indicators					
Household size²					
1 person	46	47.2	27.1	13.6	12.1
2 or 3 people	163	20.8	36.3	14.5	28.4
4 or 5 people	144	4.5	35.8	19.9	39.8
More than 5 people	24	7.0	37.9	14.0	41.1
Born overseas	31	35.1	22.5	24.1	18.3
Born in Australia	556	19.7	34.8	14.5	31.0
Speaks other main language*	7	0.0	43.6	12.3	44.1
Speaks English as main language	576	21.7	32.9	15.6	29.8
Aboriginal and/or Torres Strait Islander*	14	15.3	57.7	0.0	27.0
Not Aboriginal or Torres Strait Islander	574	21.3	33.1	15.9	29.8
LGBTQIA+*	21	10.7	43.3	11.1	34.9
Non-LGBTQIA+	563	21.8	33.0	15.7	29.4
Neurodivergent	61	25.8	31.0	7.0	36.2
Not neurodivergent	390	22.0	33.8	13.2	31.1
Maybe	25	23.2	14.4	7.3	55.1
Not sure what neurodivergent means	80	5.5	33.7	32.0	28.9
Less than Bachelor level education ²	256	21.0	35.1	14.6	29.3
Holds a Bachelor degree or higher	120	13.1	30.7	25.1	31.1
Unemployed/Retired ²	95	32.9	36.2	8.2	22.7
Employed	281	11.8	33.5	20.9	33.9
Just getting along, poor or very poor ²	150	24.4	24.3	17.8	33.5
Reasonably comfortable, very comfortable or prosperous	226	16.8	42.5	14.4	26.4
Requires help with daily activities	44	23.4	24.3	8.2	44.0
Does not require help	542	21.0	34.2	15.9	28.8
Food security (last 12 months)²					
Low or very low food security	90	10.2	36.7	15.1	37.9
Marginal food security	49	13.6	19.7	27.7	38.9
High food security	237	24.7	36.4	14.0	24.9

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size

Table 3.3.1.2 provides a comprehensive overview of walking frequency by health and behaviour characteristics. A higher proportion of those who self-reported their health as fair or poor (49.7% vs

25.0%), low to moderate life satisfaction (52.2% vs 20.4%), and poor mental wellbeing (58.4% vs 23.0%) reported walking for transportation infrequently (less than once a month) compared to their counterparts with more positive health and wellbeing. Similarly, a lower proportion of those who had poor mental wellbeing (18.4%) reported walking for transportation at least once a week, but not daily, compared to their counterparts with good mental wellbeing (38.4%).

Screen time was the only health behaviour associated with transport-related walking. Those who did not meet the screen time recommendations were less likely (12.4%) to report daily walking compared to those who met the screen time recommendations (27.4%). No risk behaviours were associated with transport-related walking frequency.

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	589	21.1	33.9	15.3	29.7
Health and wellbeing indicators					
Self-reported health - Fair or poor	92	15.1	25.1	10.1	49.7
Self-reported health - Good, very good, or excellent	428	23.5	36.1	15.4	25.0
Life satisfaction - Low to moderate (0 to 6) ²	110	9.8	25.7	12.3	52.2
Life satisfaction - High/very high (7 to 10)	222	26.1	38.6	15.0	20.4
Does not feel valued by society ²	84	16.1	28.9	10.3	44.6
Sometimes feel valued by society	162	27.1	33.7	14.2	25.1
Definitely feel valued by society	85	15.8	40.5	17.4	26.3
Poor mental wellbeing ²	94	10.0	18.4	13.2	58.4
Good mental wellbeing	283	22.2	38.4	16.4	23.0
Overweight or obese (BMI ≥25.0)	225	12.4	31.3	19.3	37.0
Normal range or underweight (BMI <25.0)	131	17.7	46.1	9.9	26.2
Health behaviour indicators					
Does not meet fruit intake recommendations	296	15.5	32.6	16.9	35.1
Meets fruit intake recommendations	277	26.0	32.9	14.7	26.3
Does not meet vegetable intake recommendations	526	20.9	32.8	14.9	31.4
Meets vegetable intake recommendations	46	21.9	29.1	26.3	22.7
Does not meet aerobic physical activity recommendations	216	11.9	36.6	12.6	38.9
Meets aerobic physical activity recommendations	344	23.8	33.1	17.4	25.7
Does not meet muscle strengthening recommendations	263	21.0	25.1	17.2	36.7
Meets muscle strengthening recommendations	212	15.8	39.8	18.6	25.8
Does not meet screen time recommendations	311	12.4	35.5	13.6	38.5

Meets screen time recommendations	242	27.4	31.6	18.4	22.6
Does not meet sleep recommendations	190	18.1	33.6	14.2	34.1
Meets sleep recommendations	362	21.7	34.3	16.0	28.0
Drinks sugar-sweetened beverages daily	102	16.6	33.3	11.5	38.6
Drinks sugar-sweetened beverages less than daily	473	21.0	34.2	16.7	28.1
Does not meet water recommendations	312	16.5	32.4	18.1	32.9
Meets water recommendations	248	28.3	31.7	12.8	27.2
Risk behaviour indicators²					
Current smoker	26	20.8	13.9	17.4	47.8
Ex-smoker	122	21.7	36.1	16.4	25.8
Never smoked	186	20.2	36.4	12.3	31.1
Current vaper*	9	0.0	67.1	18.0	14.9
Ex-vaper	27	3.9	9.5	22.1	64.5
Never vaped	295	22.7	35.3	13.0	29.0
Had more than 4 standard drinks on a single occasion	203	16.6	34.6	16.2	32.6
Has not had more than 4 standard drinks	131	27.6	34.0	10.7	27.8
Gambled	123	17.5	33.8	21.6	27.2
Never gambled	211	23.3	34.8	8.3	33.6

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

* Significance testing not conducted due to small base size

3.3.2. Cycling

Approximately 9.7% of 2025 ALC respondents reported cycling to get to and from places at least once a week, 14.4% cycle at least once a month but less than weekly, and the remaining 75.9% cycle to get to and from places less than once a month (see Table 3.3.2.1). Adults (79.6%) reported cycling for transportation more infrequently than children (59.5%). No significant differences in cycling frequency were seen between males and females, or by residential subregion.

A lower proportion of people who require help with daily activities (2.5%) reported cycling to get to and from places at least once a week compared to those who do not require help (10.2%). Similarly, those with marginal food security (0.0%) were less likely to cycle weekly for transport compared to those with high food security (9.5%).

Table 3.3.2.1 Cycling frequency by selected demographic characteristics

	Unweighted base ¹ n	At least once a week %	At least once a month %	Less than once a month %
Total sample	565	9.7	14.4	75.9
Children	195	15.7	24.8	59.5
Adults	363	7.9	12.5	79.6

Males	179	9.7	17.2	73.1
Females	380	7.7	11.8	80.5
Sex and age				
Males, 3 to 11	46	13.0	32.6	54.3
Males, 12 to 17	63	25.4	17.5	57.1
Males, 18 to 34	6	0.0	18.8	81.2
Males, 35 to 49	25	7.9	25.2	66.9
Males, 50 to 69	24	6.7	16.8	76.5
Males, 70+	14	10.3	7.9	81.8
Females, 3 to 11	36	13.9	27.8	58.3
Females, 12 to 17	49	12.2	16.3	71.4
Females, 18 to 34	54	0.7	18.8	80.5
Females, 35 to 49	125	1.0	9.0	90.0
Females, 50 to 69	88	7.4	8.1	84.4
Females, 70+	24	19.0	0.0	81.0
Subregion				
Maryborough	413	11.2	14.3	74.5
Central Goldfields - excluding Maryborough	151	6.5	14.6	78.9
Demographic indicators				
Household size²				
1 person	42	19.1	10.7	70.2
2 or 3 people	157	7.6	12.2	80.2
4 or 5 people	141	2.2	13.4	84.4
More than 5 people	23	10.4	19.3	70.3
Born overseas	30	8.1	9.8	82.1
Born in Australia	534	9.9	14.8	75.3
Speaks other main language*	7	0.0	46.0	54.0
Speaks English as main language	554	9.9	14.0	76.1
Aboriginal and/or Torres Strait Islander*	14	35.6	12.7	51.6
Not Aboriginal or Torres Strait Islander	550	8.8	14.4	76.8
LGBTQIA+*	19	0.0	30.4	69.6
Non-LGBTQIA+	542	10.1	13.8	76.1
Neurodivergent	61	5.9	8.9	85.2
Not neurodivergent	374	7.5	15.2	77.4
Maybe	25	2.0	8.8	89.2
Not sure what neurodivergent means	79	12.5	17.4	70.1
Less than Bachelor level education ²	249	7.7	11.3	81.0
Holds a Bachelor degree or higher	114	9.6	21.5	68.9
Unemployed/Retired ²	89	10.5	7.9	81.5
Employed	274	6.2	15.4	78.4

Just getting along, poor or very poor ²	146	3.7	7.5	88.8
Reasonably comfortable, very comfortable or prosperous	217	11.1	16.4	72.5
Requires help with daily activities	44	2.5	10.5	87.0
Does not require help	520	10.2	14.6	75.2
Food security (last 12 months)²				
Low or very low food security	89	7.1	6.9	86.0
Marginal food security	48	0.0	10.8	89.2
High food security	226	9.5	14.8	75.7

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size

Table 3.3.2.2 provides a comprehensive overview of cycling frequency by health and behaviour characteristics. A lower proportion of those who reported low to moderate life satisfaction (1.1% vs 10.0%), does not feel valued by society (0.0% vs sometimes [6.5%]) and poor mental wellbeing (0.0% vs 9.6%), reported cycling at least weekly for transportation compared to their counterparts with more positive health and wellbeing.

Fruit intake was the only health behaviour associated with transport cycling. Specifically, infrequent cycling for transportation was more common among those who did not meet the fruit recommendations (83.1%) compared to those who did (66.2%). Smoking was the only risk behaviour associated with transport cycling frequency, with current smokers (3.0%) less likely to cycle at least once a month compared to those who had never smoked (17.5%).

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	565	9.7	14.4	75.9
Health and wellbeing indicators				
Self-reported health - Fair or poor	90	6.6	10.1	83.3
Self-reported health - Good, very good, or excellent	407	9.8	15.9	74.3
Life satisfaction - Low to moderate (0 to 6) ²	108	1.1	12.7	86.2
Life satisfaction - High/very high (7 to 10)	210	10.0	12.7	77.3
Does not feel valued by society ²	81	0.0	12.6	87.4
Sometimes feel valued by society	154	6.5	12.2	81.3
Definitely feel valued by society	82	14.3	13.6	72.1
Poor mental wellbeing ²	92	0.0	6.7	93.3
Good mental wellbeing	271	9.6	13.8	76.6
Overweight or obese (BMI ≥25.0)	213	5.6	16.5	77.9
Normal range or underweight (BMI <25.0)	129	14.9	20.6	64.5
Health behaviour indicators				

Does not meet fruit intake recommendations	287	5.2	11.7	83.1
Meets fruit intake recommendations	264	15.3	18.6	66.2
Does not meet vegetable intake recommendations	506	8.2	14.2	77.6
Meets vegetable intake recommendations	44	7.5	19.9	72.6
Does not meet aerobic physical activity recommendations	210	4.4	12.0	83.6
Meets aerobic physical activity recommendations	331	11.1	15.6	73.4
Does not meet muscle strengthening recommendations	261	4.0	12.7	83.3
Meets muscle strengthening recommendations	204	12.2	19.8	68.1
Does not meet screen time recommendations	302	8.3	15.2	76.5
Meets screen time recommendations	229	9.7	13.0	77.4
Does not meet sleep recommendations	184	6.8	10.3	82.9
Meets sleep recommendations	347	10.5	14.7	74.8
Drinks sugar-sweetened beverages daily	101	9.0	13.7	77.3
Drinks sugar-sweetened beverages less than daily	451	10.1	14.4	75.6
Does not meet water recommendations	306	7.6	16.2	76.3
Meets water recommendations	232	9.9	11.8	78.3
Risk behaviour indicators²				
Current smoker	26	5.3	3.0	91.7
Ex-smoker	119	8.8	6.7	84.5
Never smoked	175	6.4	17.5	76.1
Current vaper*	9	10.8	12.2	77.0
Ex-vaper	27	0.0	16.5	83.5
Never vaped	281	7.6	12.5	79.9
Had more than 4 standard drinks on a single occasion	199	7.9	13.6	78.5
Has not had more than 4 standard drinks	121	5.8	11.0	83.1
Gambled	120	4.8	17.8	77.4
Never gambled	200	8.9	8.7	82.4

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

* Significance testing not conducted due to small base size

3.3.3. Adult's travel to work or education

Driving (69.1%) was the most common method of travel, followed by active travel (9.6%), passenger in a private vehicle (4.1%), work or education at home (1.7%) and public transport (1.6%). Almost a quarter of respondents (22.5%) 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 younger adults,

residents of the Maryborough subregion, households with multiple people, maybe neurodivergent, and with marginal food security. Active travel was more common among those who are not neurodivergent.

Table 3.3.3.2 presents results suggesting that travel mode is associated with few health and wellbeing indicators. Driving was more common among those who engaged in risky alcohol consumption over the past 12 months (76.1%) compared to those who did not (52.9%). Active travel was more common among those who met the aerobic physical activity recommendations (12.6% vs 0.5%) and met the sleep recommendations (14.3% vs 0.3%) compared to those who did not.

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	378	69.1	4.1	9.6	1.6	1.7	22.5
Males	69	63.8	2.4	10.4	2.1	0.7	26.5
Females	306	73.4	5.8	6.6	1.1	2.8	19.3
Sex and age							
Males, 18 to 34	6	81.2	0.0	18.8	0.0	0.0	0.0
Males, 35 to 49	25	90.7	2.8	0.0	9.3	0.0	0.0
Males, 50 to 69	24	81.6	5.0	5.0	0.0	1.7	18.4
Males, 70+	14	23.8	0.0	18.2	2.3	0.0	57.9
Females, 18 to 34	56	87.0	9.6	6.8	2.8	1.3	6.8
Females, 35 to 49	130	91.7	5.4	2.1	0.0	3.0	3.7
Females, 50 to 69	92	71.0	3.3	11.3	0.0	5.1	18.6
Females, 70+	28	38.5	6.0	1.0	2.0	0.0	56.5
Subregion							
Maryborough	271	71.9	5.2	11.3	1.7	1.4	19.9
Central Goldfields - excluding Maryborough	106	64.1	1.8	6.3	1.4	2.5	27.2
Demographic indicators							
Household size							
1 person	46	44.3	6.7	22.0	0.6	3.8	42.5
2 or 3 people	164	63.1	3.4	9.1	2.0	1.5	27.3
4 or 5 people	144	93.7	4.0	4.3	1.4	0.6	3.1
More than 5 people	24	90.8	3.2	0.0	0.0	6.0	3.2
Born overseas*	27	73.3	3.0	3.6	5.6	3.6	17.5

Born in Australia	350	68.4	4.2	10.5	1.0	1.5	23.3
Speaks other main language*	7	66.4	8.1	0.0	33.6	0.0	0.0
Speaks English as main language	366	68.7	4.1	10.0	1.0	1.8	23.3
Aboriginal and/or Torres Strait Islander*	7	62.6	0.0	46.9	11.5	0.0	18.7
Not Aboriginal or Torres Strait Islander	371	69.3	4.2	8.4	1.2	1.8	22.6
LGBTQIA+*	15	67.9	2.0	3.8	23.1	9.3	1.8
Non-LGBTQIA+	360	69.2	3.8	10.0	0.6	1.4	23.8
Neurodivergent	29	65.2	1.2	6.9	5.0	1.6	29.8
Not neurodivergent	258	66.8	4.0	6.4	2.0	2.6	25.5
Maybe	12	100.0	8.1	0.0	0.0	0.0	0.0
Not sure what neurodivergent means	60	73.8	0.4	12.9	0.0	0.4	18.4
Less than Bachelor level education	257	68.2	3.9	9.8	1.2	1.3	23.0
Holds a Bachelor degree or higher	120	74.9	5.3	8.4	4.7	5.2	19.8
Just getting along, poor or very poor	150	63.5	2.7	8.5	0.8	1.9	25.8
Reasonably comfortable, very comfortable or prosperous	227	73.3	5.2	10.5	2.2	1.7	20.1
Requires help with daily activities*	16	44.7	0.0	5.0	8.0	0.0	42.2
Does not require help	360	70.2	4.3	9.9	1.3	1.8	21.6
Food security (last 12 months)							
Low or very low food security	90	73.0	1.1	8.5	1.6	1.5	23.1
Marginal food security	48	86.5	7.0	4.3	0.0	2.4	6.0
High food security	239	64.7	4.6	10.9	1.8	1.7	25.2

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

* Significance testing not conducted due to small base size

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

	Unweighted base ¹ n	Drive %	Passenger in private vehicle %	Active travel %	Take public transport %	Work or study at home %	Do not work/study %
Total sample	378	69.1	4.1	9.6	1.6	1.7	22.5
Health and wellbeing indicators							
Self-reported health - Fair or poor	85	63.1	2.0	9.9	1.4	2.1	21.9
Self-reported health - Good, very good, or excellent	249	68.9	4.6	8.9	0.9	1.4	25.6
Life satisfaction - Low to moderate (0 to 6)	110	69.0	4.0	10.1	0.0	2.8	16.7
Life satisfaction - High/very high (7 to 10)	223	66.4	3.8	8.8	1.5	1.0	28.3
Does not feel valued by society	83	64.1	2.3	7.4	0.0	2.9	25.9
Sometimes feel valued by society	163	77.7	5.7	6.4	2.1	1.5	15.8
Definitely feel valued by society	86	55.2	2.4	14.9	0.3	0.6	35.5
Poor mental wellbeing	93	65.3	5.6	2.3	2.1	3.5	25.0
Good mental wellbeing	285	69.9	3.8	11.2	1.5	1.4	22.0
Overweight or obese (BMI ≥25.0)	182	75.7	2.5	5.5	1.0	2.6	17.6
Normal range or underweight (BMI <25.0)	76	54.5	7.2	14.6	2.1	0.4	38.7
Health behaviour indicators							
Does not meet fruit intake recommendations	222	70.1	2.0	7.1	1.9	1.6	20.4
Meets fruit intake recommendations	148	72.1	8.0	14.9	1.3	2.2	19.5
Does not meet vegetable intake recommendations	336	69.7	3.7	8.5	1.7	1.5	21.8
Meets vegetable intake recommendations	34	58.7	10.9	9.9	0.0	6.5	31.8
Does not meet aerobic physical activity recommendations	101	68.5	3.5	0.5	0.4	3.5	27.8

Meets aerobic physical activity recommendations	271	68.7	4.4	12.6	2.0	1.2	21.5
Does not meet muscle strengthening recommendations	161	71.7	5.6	7.3	0.9	2.4	21.6
Meets muscle strengthening recommendations	175	72.0	3.6	11.9	2.6	1.3	18.0
Does not meet screen time recommendations	182	73.5	4.9	13.6	2.0	2.6	14.8
Meets screen time recommendations	183	64.1	3.1	6.5	1.2	1.1	30.0
Does not meet sleep recommendations	114	77.3	4.0	0.3	0.0	1.0	21.7
Meets sleep recommendations	249	63.7	3.9	14.3	2.4	2.2	24.3
Drinks sugar-sweetened beverages daily	78	81.0	2.8	11.4	0.0	2.2	8.0
Drinks sugar-sweetened beverages less than daily	291	66.0	4.6	9.3	2.1	1.7	26.2
Does not meet water recommendations	229	66.6	2.6	7.6	2.3	1.8	24.1
Meets water recommendations	137	75.4	8.2	11.2	0.0	1.8	17.3
Risk behaviour indicators							
Current smoker	26	77.8	0.0	3.0	0.0	1.1	18.1
Ex-smoker	124	66.1	7.4	8.3	1.2	1.2	28.9
Never smoked	185	66.3	2.4	10.6	1.1	1.9	23.0
Current vaper*	9	87.8	12.2	0.0	0.0	0.0	12.2
Ex-vaper	27	88.6	3.2	3.9	6.1	0.0	1.5
Never vaped	296	64.9	3.6	10.0	0.7	1.8	26.6
Had more than 4 standard drinks on a single occasion	204	76.1	1.9	7.0	1.5	1.3	17.5
Has not had more than 4 standard drinks	131	52.9	7.0	12.6	0.3	2.0	35.9
Gambled	123	70.4	5.1	4.8	0.9	2.3	24.4
Never gambled	212	64.8	2.9	12.6	1.1	1.0	24.6

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

* Significance testing not conducted due to small base size

3.3.4. Children's travel to school

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

Overall, 64.5% of children were driven to school in a car, 23.3% took public transport and 20.7% 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 adolescents (44.6%) took public transport to and from school compared to male children (10.9%). No other differences in transport mode were seen by age, sex or residential subregion.

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

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

	Unweighted base ¹ n	Car %	Public transport %	Active travel %
Total sample	183	64.5	23.3	20.7
Males	102	67.1	23.4	19.5
Females	80	61.1	23.5	21.6
Sex and age				
Males, 3 to 11	46	73.9	10.9	15.2
Males, 12 to 17	56	55.4	44.6	26.8
Females, 3 to 11	38	71.1	15.8	15.8
Females, 12 to 17	42	45.2	35.7	31.0
Subregion				
Maryborough	140	68.1	21.1	20.9
Central Goldfields - excluding Maryborough	43	51.9	31.3	20.2
Demographic indicators				
Born overseas*	3	65.1	65.1	34.9
Born in Australia	180	64.5	22.8	20.6
Speaks other main language*	0	0.0	0.0	0.0
Speaks English as main language	183	64.5	23.3	20.7
Aboriginal and/or Torres Strait Islander*	7	80.9	19.1	17.7
Not Aboriginal or Torres Strait Islander	176	63.8	23.5	20.9
LGBTQIA+*	1	0.0	0.0	0.0
Non-LGBTQIA+	181	64.5	23.6	21.0
Neurodivergent*	27	61.2	15.3	17.9
Not neurodivergent	115	63.3	29.3	20.6

Maybe	12	73.4	10.9	15.6
Not sure what neurodivergent means	18	82.7	16.4	8.5
Requires help with daily activities*	28	70.1	5.9	9.8
Does not require help	155	63.2	27.3	23.2

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

* Significance testing not conducted due to small base size.

The only health and wellbeing indicator associated with school travel mode was BMI (see Table 3.3.4.2). Specifically, a lower proportion of those who were overweight or obese (9.8%) engaged in active travel to and from school compared to those who were normal weight or underweight (30.1%).

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	183	64.5	23.3	20.7
Health and wellbeing indicators				
Self-reported health - Fair or poor*	4	58.5	41.5	38.6
Self-reported health - Good, very good, or excellent	158	64.0	24.6	18.7
Overweight or obese (BMI ≥25.0)	41	63.2	20.8	9.8
Normal range or underweight (BMI <25.0)	52	61.1	33.1	30.1
Health behaviour indicators				
Does not meet fruit intake recommendations	67	53.2	26.6	28.7
Meets fruit intake recommendations	116	70.3	21.6	16.7
Does not meet vegetable intake recommendations	171	62.7	22.8	20.9
Meets vegetable intake* recommendations	11	84.5	30.9	15.5
Does not meet aerobic physical activity recommendations	106	64.5	28.0	17.6
Meets aerobic physical activity recommendations	62	59.8	19.8	27.1
Does not meet muscle strengthening recommendations	90	67.9	26.1	22.2
Meets muscle strengthening recommendations	30	66.2	34.0	16.3
Does not meet screen time recommendations	113	57.6	24.6	25.2
Meets screen time recommendations	57	72.2	22.3	12.8
Does not meet sleep recommendations	65	64.7	28.2	27.2
Meets sleep recommendations	108	64.3	22.9	15.5
Drinks sugar-sweetened beverages daily*	22	57.0	22.8	39.0
Drinks sugar-sweetened beverages less than daily	159	66.4	23.8	17.4
Does not meet water recommendations	71	58.6	24.8	18.3

Meets water recommendations	105	69.7	23.9	19.9
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¹ Base sizes include respondents aged 3 to 17 years living in Central Goldfields Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

* Significance testing not conducted due to small base size

3.4. Recreational screen time

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

Table 3.4.1 presents a summary of the findings regarding screen time recommendation adherence and the average number of hours spent engaging in recreational screen time per day, according to selected demographic characteristics. Overall, 51.0% of the Central Goldfields respondents met their age-specific recreational screen time recommendations. A higher proportion of adults (53.6%) met their recommendation of 3 hours per day compared to children (37.2%), whose recommendation is 2 hours per day. No differences were seen between males and females in terms of recommendation adherences, however females engaged in a greater number of hours per day (5.1 hours) compared to males (3.9 hours). Amongst both males and females, adolescents were the least likely to meet the screen time recommendations and engaged in the most hours per day of recreational screen time. There was no difference in screen time according to respondents' residential subregion.

Respondents from households with 4-5 people (46.5%) were less likely to meet the screen time recommendations compared to those from households with more than 5 people (79.0%). Those who are not neurodivergent spend a higher number of hours engaged in recreational screen time (4.9 hours) compared to those who are maybe neurodivergent (3.1 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	557	49.0	51.0	4.5
Children	190	62.8	37.2	4.2
Adults	367	46.4	53.6	4.6
Males	172	43.4	56.6	3.9
Females	382	53.5	46.5	5.1
Sex and age				
Males, 5 to 11	44	47.7	52.3	3.2

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>

Males, 12 to 17	61	72.1	27.9	5.0
Males, 18 to 34	6	62.4	37.6	4.8
Males, 35 to 49	23	45.2	54.8	4.0
Males, 50 to 69	24	41.9	58.1	4.2
Males, 70+	14	28.5	71.5	3.2
Females, 5 to 11	34	52.9	47.1	3.4
Females, 12 to 17	50	90.0	10.0	6.1
Females, 18 to 34	56	56.2	43.8	5.7
Females, 35 to 49	123	50.6	49.4	5.4
Females, 50 to 69	91	52.7	47.3	5.0
Females, 70+	28	38.3	61.7	4.8
Subregion				
Maryborough	406	49.1	50.9	4.3
Central Goldfields - excluding Maryborough	150	48.5	51.5	5.1
Demographic indicators				
Household size²				
1 person	43	37.0	63.0	4.1
2 or 3 people	163	46.6	53.4	4.7
4 or 5 people	139	53.5	46.5	4.8
More than 5 people	22	21.0	79.0	3.4
Born overseas*	29	25.4	74.6	4.2
Born in Australia	528	51.6	48.4	4.6
Speaks other main language*	6	57.3	42.7	3.6
Speaks English as main language	548	48.4	51.6	4.5
Aboriginal and/or Torres Strait Islander*	12	66.1	33.9	5.8
Not Aboriginal or Torres Strait Islander	545	48.4	51.6	4.5
LGBTQIA+*	19	67.3	32.7	6.7
Non-LGBTQIA+	536	48.5	51.5	4.5
Neurodivergent	56	45.2	54.8	4.5
Not neurodivergent	369	52.8	47.2	4.9
Maybe	24	34.8	65.2	3.1
Not sure what neurodivergent means	77	45.8	54.2	4.1
Less than Bachelor level education ²	248	45.2	54.8	4.5
Holds a Bachelor degree or higher	119	55.3	44.7	5.1
Unemployed/Retired ²	95	36.7	63.3	4.2
Employed	272	52.9	47.1	4.8
Just getting along, poor or very poor ²	149	40.8	59.2	4.4
Reasonably comfortable, very comfortable or prosperous	218	50.8	49.2	4.8
Requires help with daily activities	43	48.1	51.9	4.3
Does not require help	513	49.1	50.9	4.6

Food security (last 12 months)²				
Low or very low food security	87	47.9	52.1	4.9
Marginal food security	49	57.8	42.2	5.4
High food security	231	43.8	56.2	4.3

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size

Table 3.4.2 summarises recreational screen time engagement by selected health and behaviour characteristics. Life satisfaction and smoking were the only two indicators that were associated with recreational screen time among Central Goldfield's respondents. Those with low to moderate life satisfaction were less likely (33.2%) to meet the recommendations compared to those with high or very high life satisfaction (63.1%). Those who had never smoked were also less likely (44.4%) to meet the recommendations compared to ex-smokers (67.7%).

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	557	49.0	51.0	4.5
Health and wellbeing indicators				
Self-reported health - Fair or poor	90	57.4	42.6	5.2
Self-reported health - Good, very good, or excellent	413	46.7	53.3	4.3
Life satisfaction - Low to moderate (0 to 6) ²	111	66.8	33.2	5.1
Life satisfaction - High/very high (7 to 10)	220	36.9	63.1	4.4
Does not feel valued by society ²	83	60.9	39.1	5.1
Sometimes feel valued by society	162	43.9	56.1	4.9
Definitely feel valued by society	85	38.3	61.7	3.8
Poor mental wellbeing ²	93	61.6	38.4	5.9
Good mental wellbeing	274	43.1	56.9	4.3
Overweight or obese (BMI ≥25.0)	220	49.5	50.5	4.4
Normal range or underweight (BMI <25.0)	131	49.3	50.7	5.3
Health behaviour indicators				
Does not meet fruit intake recommendations	281	54.1	45.9	4.8
Meets fruit intake recommendations	269	43.4	56.6	4.3
Does not meet vegetable intake recommendations	507	47.8	52.2	4.4
Meets vegetable intake recommendations	43	60.9	39.1	6.4
Does not meet aerobic physical activity recommendations	211	60.6	39.4	4.6

Meets aerobic physical activity recommendations	330	44.3	55.7	4.5
Does not meet muscle strengthening recommendations	257	54.3	45.7	5.0
Meets muscle strengthening recommendations	204	46.9	53.1	4.5
Does not meet sleep recommendations	190	50.1	49.9	4.3
Meets sleep recommendations	359	46.3	53.7	4.5
Drinks sugar-sweetened beverages daily	101	63.2	36.8	5.1
Drinks sugar-sweetened beverages less than daily	455	45.7	54.3	4.4
Does not meet water recommendations	312	50.1	49.9	4.5
Meets water recommendations	238	46.0	54.0	4.6
Risk behaviour indicators²				
Current smoker	25	40.7	59.3	5.1
Ex-smoker	122	32.3	67.7	4.2
Never smoked	186	55.6	44.4	4.7
Current vaper*	9	57.8	42.2	4.9
Ex-vaper	26	33.0	67.0	4.3
Never vaped	295	46.8	53.2	4.6
Had more than 4 standard drinks on a single occasion	202	50.3	49.7	4.7
Has not had more than 4 standard drinks	131	40.7	59.3	4.4
Gambled	122	47.1	52.9	4.8
Never gambled	211	46.4	53.6	4.5

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size

3.5. 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

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

Table 3.5.1 presents the average hours per night of sleep and adherence to the age-related recommendations according to selected demographic characteristics. Overall, 68.3% of Central Goldfields respondents reported meeting their age-specific sleep duration recommendations and reported an average of 7.4 hours of sleep per night. On average, children slept longer than adults (8.7 hours vs. 7.2 hours), and this was consistent for both males and females with results suggesting a decrease in sleep duration from childhood (3-11 years) until older adulthood. No differences in sleep time or recommendation adherence were seen according to subregion of residence.

The following demographic groups were less likely to meet their respective age-related sleep recommendations:

- 4-5 person households (63.0%) compared to single person households (86.9%)
- Just getting along, poor or very poor (57.0%) compared to reasonably comfortable, very comfortable or prosperous (79.4%)
- Low or very low food security (50.9%) compared to high food security (77.4%)

Table 3.5.1 Sleep by selected demographic characteristics

	Unweighted base ¹	Does not meet recommendation	Meets recommendation	Average hours per night
	n	%	%	#
Total sample	556	31.7	68.3	7.4
Children	192	38.9	61.1	8.7
Adults	364	30.3	69.7	7.2
Males	172	32.3	67.7	7.4
Females	381	31.8	68.2	7.4
Sex and age				
Males, 3 to 11	44	40.9	59.1	9.0
Males, 12 to 17	62	43.5	56.5	8.2
Males, 18 to 34	4	9.7	90.3	7.2
Males, 35 to 49	24	35.3	64.7	6.9
Males, 50 to 69	24	44.5	55.5	6.9
Males, 70+	14	15.9	84.1	7.4
Females, 3 to 11	35	28.6	71.4	9.5
Females, 12 to 17	50	44.0	56.0	7.9
Females, 18 to 34	55	33.1	66.9	7.1
Females, 35 to 49	123	40.2	59.8	6.7
Females, 50 to 69	90	23.0	77.0	7.3
Females, 70+	28	35.9	64.1	7.5
Subregion				
Maryborough	409	32.2	67.8	7.4
Central Goldfields - excluding Maryborough	146	30.6	69.4	7.4
Demographic indicators				

Household size²

1 person	43	13.1	86.9	7.6
2 or 3 people	162	31.8	68.2	7.2
4 or 5 people	137	37.0	63.0	6.9
More than 5 people	22	32.3	67.7	6.9
Born overseas*	29	24.0	76.0	7.5
Born in Australia	527	32.5	67.5	7.4
Speaks other main language*	6	37.4	62.6	6.7
Speaks English as main language	547	31.0	69.0	7.5
Aboriginal and/or Torres Strait Islander*	13	34.2	65.8	7.6
Not Aboriginal or Torres Strait Islander	543	31.6	68.4	7.4
LGBTQIA+*	17	11.3	88.7	7.7
Non-LGBTQIA+	537	31.8	68.2	7.4
Neurodivergent	55	39.5	60.5	7.5
Not neurodivergent	370	33.8	66.2	7.3
Maybe	24	43.9	56.1	8.6
Not sure what neurodivergent means	77	23.6	76.4	7.6
Less than Bachelor level education ²	246	30.6	69.4	7.2
Holds a Bachelor degree or higher	118	27.6	72.4	7.2
Unemployed/Retired ²	94	29.6	70.4	7.2
Employed	270	30.7	69.3	7.1
Just getting along, poor or very poor ²	147	43.0	57.0	6.9
Reasonably comfortable, very comfortable or prosperous	217	20.6	79.4	7.4
Requires help with daily activities	44	33.2	66.8	7.9
Does not require help	511	31.5	68.5	7.4
Food security (last 12 months)²				
Low or very low food security	88	49.1	50.9	6.9
Marginal food security	47	37.0	63.0	7.1
High food security	229	22.6	77.4	7.3

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size

Table 3.5.2 summarises sleep duration by selected health and behaviour characteristics. Sleep duration was not found to be associated with any of the health and wellbeing indicators, or any of the risk behaviours. Adherence to the sleep recommendations was lower among those who did not meet the aerobic physical activity recommendations (57.3%) compared to those who did (74.5%). Average sleep duration was lower among those who did not meet fruit intake recommendations (7.2 hours) compared to those who did (7.8 hours), and among those who reported drinking sugar-sweetened beverages daily (7.0 hours) compared to those who did not (7.5 hours).

Table 3.5.2 Sleep duration by selected health and behaviour characteristics

	Unweighted base ¹ n	Does not meet recommendation %	Meets recommendation %	Average hours per night #
Total sample	556	31.7	68.3	7.4
Health and wellbeing indicators				
Self-reported health - Fair or poor	87	35.2	64.8	7.2
Self-reported health - Good, very good, or excellent	414	29.7	70.3	7.5
Life satisfaction - Low to moderate (0 to 6) ²	107	44.2	55.8	6.8
Life satisfaction - High/very high (7 to 10)	220	23.2	76.8	7.4
Does not feel valued by society ²	80	37.9	62.1	7.0
Sometimes feel valued by society	161	32.1	67.9	7.2
Definitely feel valued by society	85	20.0	80.0	7.4
Poor mental wellbeing ²	91	36.7	63.3	7.1
Good mental wellbeing	273	28.8	71.2	7.2
Overweight or obese (BMI ≥25.0)	219	34.3	65.7	7.2
Normal range or underweight (BMI <25.0)	131	25.4	74.6	7.7
Health behaviour indicators				
Does not meet fruit intake recommendations	283	35.9	64.1	7.2
Meets fruit intake recommendations	266	24.8	75.2	7.8
Does not meet vegetable intake recommendations	506	32.7	67.3	7.4
Meets vegetable intake recommendations	43	27.4	72.6	7.9
Does not meet aerobic physical activity recommendations	211	42.7	57.3	7.5
Meets aerobic physical activity recommendations	329	25.5	74.5	7.4
Does not meet muscle strengthening recommendations	257	34.5	65.5	7.5
Meets muscle strengthening recommendations	204	24.9	75.1	7.3
Does not meet screen time recommendations	303	33.4	66.6	7.5
Meets screen time recommendations	246	30.1	69.9	7.4
Drinks sugar-sweetened beverages daily	98	40.8	59.2	7.0
Drinks sugar-sweetened beverages less than daily	457	29.8	70.2	7.5
Does not meet water recommendations	310	31.0	69.0	7.4
Meets water recommendations	239	31.2	68.8	7.6
Risk behaviour indicators²				
Current smoker	26	42.7	57.3	7.1
Ex-smoker	120	31.4	68.6	7.2
Never smoked	183	26.6	73.4	7.2

Current vaper*	9	34.8	65.2	6.7
Ex-vaper	27	50.0	50.0	6.6
Never vaped	290	27.7	72.3	7.2
Had more than 4 standard drinks on a single occasion	199	34.0	66.0	7.1
Has not had more than 4 standard drinks	130	22.8	77.2	7.4
Gambled	121	37.8	62.2	7.0
Never gambled	208	23.4	76.6	7.3

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

3.6. Participation in desired level of physical activity

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

A little over half of all respondents (57.1%) indicated that they had not participated in activities as often as they would like (see Table 3.6.1). Adults (63.7%) were more likely than children (26.8%) to indicate they had not participated in physical activities as often as they would have liked in the last 12 months. Amongst both males and females, the age group most likely to report they had not participated in activities as often as they would like were those aged between 35 and 69 years. Central Goldfields residents who live outside of the Maryborough subregion (69.1%) were more likely to report not participating in physical activity as much as they would have liked compared to Maryborough residents (51.5%). Those with low to very low food security (81.4%) were also more likely to report not participating in as much physical activity in the 12 months prior to survey completion compared to those with high food security (56.5%).

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

	Unweighted base ¹ n	Yes %	No %
Total sample	587	42.9	57.1
Children	201	73.2	26.8
Adults	378	36.3	63.7
Males	182	41.7	58.3
Females	399	45.1	54.9
Sex and age			

Males, 3 to 11	46	67.4	32.6
Males, 12 to 17	65	78.5	21.5
Males, 18 to 34	6	37.6	62.4
Males, 35 to 49	25	37.9	62.1
Males, 50 to 69	24	18.7	81.3
Males, 70+	14	47.7	52.3
Females, 3 to 11	36	72.2	27.8
Females, 12 to 17	53	77.4	22.6
Females, 18 to 34	56	36.3	63.7
Females, 35 to 49	130	35.6	64.4
Females, 50 to 69	92	36.1	63.9
Females, 70+	28	58.7	41.3
Subregion			
Maryborough	432	48.5	51.5
Central Goldfields - excluding Maryborough	154	30.9	69.1
Demographic indicators			
Household size²			
1 person	46	44.9	55.1
2 or 3 people	164	35.4	64.6
4 or 5 people	144	33.6	66.4
More than 5 people	24	30.4	69.6
Born overseas	32	55.2	44.8
Born in Australia	554	41.5	58.5
Speaks other main language*	7	48.3	51.7
Speaks English as main language	575	43.1	56.9
Aboriginal and/or Torres Strait Islander*	13	28.1	71.9
Not Aboriginal or Torres Strait Islander	573	43.4	56.6
LGBTQIA+*	21	49.7	50.3
Non-LGBTQIA+	563	42.6	57.4
Neurodivergent	61	41.5	58.5
Not neurodivergent	386	43.5	56.5
Maybe	25	44.6	55.4
Not sure what neurodivergent means	80	32.6	67.4
Less than Bachelor level education ²	257	37.6	62.4
Holds a Bachelor degree or higher	121	26.3	73.7
Unemployed/Retired ²	97	45.4	54.6
Employed	281	30.2	69.8
Just getting along, poor or very poor ²	151	31.8	68.2
Reasonably comfortable, very comfortable or prosperous	227	39.8	60.2
Requires help with daily activities	44	31.7	68.3

Does not require help	541	43.7	56.3
Food security (last 12 months)²			
Low or very low food security	90	18.6	81.4
Marginal food security	49	29.2	70.8
High food security	239	43.5	56.5

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size

Table 3.6.2 summarises preference to be more physically active by selected health and behaviour characteristics. Associations were seen according to all health and wellbeing indicators. Specifically, a greater proportion of those who self-reported their health to be fair or poor (77.1% vs 50.9%), had low to moderate life satisfaction (81.8% vs 55.6%), did not feel valued by society (84.8% vs sometimes [62.8%] and definitely [48.0%]), had poor mental wellbeing (88.3% vs 58.5%), and are overweight or obese (68.5% vs 43.1%) did not engage in as much physical activity over the past 12 months as they would have liked compared to their counterparts who reported more positive health and wellbeing.

Similarly, a greater proportion of those who did not adhere to the fruit intake (63.9% vs 46.8%), aerobic physical activity (70.0% vs 51.7%) and muscle strengthening exercise (66.1% vs 47.5%) recommendations reported not engaging in as much physical activity over the past 12 months as they would have liked compared to their counterparts who met the recommendations. No associations were seen with any of the reported risk behaviours.

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

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

	Unweighted base ¹	Yes	No
	n	%	%
Total sample	587	42.9	57.1
Health and wellbeing indicators			
Self-reported health - Fair or poor	92	22.9	77.1
Self-reported health - Good, very good, or excellent	427	49.1	50.9
Life satisfaction - Low to moderate (0 to 6) ²	111	18.2	81.8
Life satisfaction - High/very high (7 to 10)	222	44.4	55.6
Does not feel valued by society ²	83	15.2	84.8
Sometimes feel valued by society	163	37.2	62.8
Definitely feel valued by society	86	52.0	48.0
Poor mental wellbeing ²	93	11.7	88.3

Good mental wellbeing	285	41.5	58.5
Overweight or obese (BMI ≥25.0)	224	31.5	68.5
Normal range or underweight (BMI <25.0)	133	56.9	43.1
Health behaviour indicators			
Does not meet fruit intake recommendations	297	36.1	63.9
Meets fruit intake recommendations	275	53.2	46.8
Does not meet vegetable intake recommendations	524	40.9	59.1
Meets vegetable intake recommendations	46	62.2	37.8
Does not meet aerobic physical activity recommendations	216	30.0	70.0
Meets aerobic physical activity recommendations	343	48.3	51.7
Does not meet muscle strengthening recommendations	264	33.9	66.1
Meets muscle strengthening recommendations	213	52.5	47.5
Does not meet screen time recommendations	309	37.8	62.2
Meets screen time recommendations	244	44.7	55.3
Does not meet sleep recommendations	189	35.7	64.3
Meets sleep recommendations	363	43.7	56.3
Drinks sugar-sweetened beverages daily	103	47.2	52.8
Drinks sugar-sweetened beverages less than daily	471	41.6	58.4
Does not meet water recommendations	314	37.3	62.7
Meets water recommendations	245	53.9	46.1
Risk behaviour indicators²			
Current smoker	26	34.4	65.6
Ex-smoker	122	36.1	63.9
Never smoked	187	36.0	64.0
Current vaper*	9	27.1	72.9
Ex-vaper	27	38.1	61.9
Never vaped	297	36.2	63.8
Had more than 4 standard drinks on a single occasion	203	32.7	67.3
Has not had more than 4 standard drinks	132	41.0	59.0
Gambled	122	39.2	60.8
Never gambled	213	33.4	66.6

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size

3.7. Barriers to physical activity participation

Respondents who indicated they had not participated in physical activity as frequently as they would like were then 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 (49.2%). Lack of social support (26.2%), cost (25.5%), poor health or disability (24.3%) and safety concerns (21.3%) 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	298
Too busy / not enough time	49.2
Lack of social support	26.2
Cost	25.5
Poor health or disability	24.3
Safety	21.3
Unsure about what activities are available	13.0
No cool or shaded areas to exercise locally during hot weather	10.7
Lack of transport	4.1
Caring responsibilities	2.5
Personal or cultural reasons	2.2
Injury	1.8
Preferred activity not on offer locally / at suitable time	1.4
Lack of motivation / laziness	1.3
Distance	1.2
Lack of footpaths / bike paths	0.4
Weather / seasonality	0.3
Tiredness / fatigue	0.1

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

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

Those who reported being too busy or not having enough time as a barrier to physical activity were more likely to be employed (67.1%) compared to unemployed/retired (17.2%) and be maybe neurodivergent (84.2%) compared to not neurodivergent (50.2%). Those who engaged in risky alcohol consumption (59.1%) and gambling (70.6%) over the past 12 months were more likely to report being busy/not having enough time as a physical activity barrier compared to those who had not engaged in risky drinking (33.0%) and had not gambled (35.5%).

Lack of social support was more frequently reported among those who require help with daily activities (63.7% vs 23.0% no help required).

Cost was reported as a physical activity barrier more commonly among those who are just getting along, poor or very poor (41.0% compared to 10.1% reasonably comfortable, very comfortable or prosperous), and those with low or very low food security (49.0% compared to 14.0% marginal and 15.0% high food security). Cost was also reported more frequently among those who do not feel valued by society (36.2%) and sometimes feel valued by society (30.2%) compared to those who definitely feel valued by society (4.9%). Those who did not meet the muscle strengthening recommendations (32.7%) were more likely to report cost as a barrier to physical activity compared to those who did meet the muscle strengthening recommendations (8.1%).

Poor health or disability was reported more frequently among adults (25.8%) compared to children (9.1%) and those who are unemployed/retired (43.7%) compared to employed (16.4%). Poor health or disability as a barrier to physical activity was also more frequently reported by those who self-reported fair or poor health (45.1%) compared to good, very good or excellent health (17.9%) and those who had not engaged in risky drinking (50.0%) compared to those who had (16.6%) over the past 12 months.

Safety as a barrier to physical activity was not associated with any demographic, health and wellbeing, health behaviour or risk behaviour indicators.

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

	Unweighted base ¹ n	Too busy / not enough time %	Lack of social support %	Cost %	Poor health or disability %	Safety %
Total sample	298	49.2	26.2	25.5	24.3	21.3
Children	51	40.4	33.0	35.3	9.1	21.3
Adults	243	50.0	25.6	24.6	25.8	21.5
Males	79	46.0	21.0	22.7	23.7	24.3
Females	216	54.3	28.9	29.3	26.0	19.1
Subregion						
Maryborough	209	52.6	28.7	24.6	23.5	24.9
Central Goldfields - excluding Maryborough	88	44.1	22.2	27.2	25.0	15.7
Demographic indicators						
Born overseas*	14	58.1	23.9	25.1	7.7	1.4
Born in Australia	284	48.5	26.4	25.5	25.7	23.0
Speaks other main language*	3	84.4	34.9	0.0	0.0	0.0
Speaks English as main language	294	49.4	26.4	24.8	25.0	20.5
Aboriginal and/or Torres Strait Islander*	6	53.6	81.7	26.9	8.4	21.9
Not Aboriginal or Torres Strait Islander	292	49.0	23.9	25.4	24.9	21.3
LGBTQIA+*	12	53.0	53.6	40.9	15.2	20.4
Non-LGBTQIA+	285	49.4	25.3	25.1	24.8	21.5
Neurodivergent	33	42.5	32.5	16.7	35.6	11.9
Not neurodivergent	188	50.2	23.0	21.4	22.8	22.3
Maybe	9	84.2	33.2	34.7	4.9	9.6
Not sure what neurodivergent means	49	51.8	31.1	31.7	27.8	27.6
Less than Bachelor level education ²	163	48.1	25.5	26.8	25.3	21.2

Holds a Bachelor degree or higher	80	62.2	25.9	11.0	28.7	23.4
Unemployed/Retired ²	55	17.2	25.6	22.9	43.7	21.6
Employed	188	67.1	25.6	25.6	16.4	21.5
Just getting along, poor or very poor ²	113	43.4	26.6	41.0	26.3	25.0
Reasonably comfortable, very comfortable or prosperous	130	55.9	24.7	10.1	25.3	18.5
Requires help with daily activities*	25	46.0	63.7	35.5	44.3	29.7
Does not require help	272	49.4	23.0	24.7	22.6	20.7
Food security (last 12 months)²						
Low or very low food security	74	39.0	37.9	49.0	17.3	17.8
Marginal food security	39	66.3	22.8	14.0	19.0	15.1
High food security	130	51.9	20.2	15.0	31.4	24.7

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size

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

	Unweighted base ¹ n	Too busy / not enough time %	Lack of social support %	Cost %	Poor health or disability %	Safety %
Total sample	298	49.2	26.2	25.5	24.3	21.3
Health and wellbeing indicators						
Self-reported health - Fair or poor	77	47.2	34.8	33.3	45.1	13.7
Self-reported health - Good, very good, or excellent	193	49.7	21.5	24.2	17.9	25.3
Life satisfaction - Low to moderate (0 to 6) ²	92	47.8	29.2	38.2	30.5	21.0
Life satisfaction - High/very high (7 to 10)	130	51.5	22.3	17.9	26.9	21.7

Does not feel valued by society ²	71	41.2	31.4	36.2	32.5	27.1
Sometimes feel valued by society	108	55.9	28.5	30.2	18.6	20.9
Definitely feel valued by society	42	52.3	10.1	4.9	39.9	14.8
Poor mental wellbeing ²	85	48.4	38.2	25.5	36.1	13.6
Good mental wellbeing	158	50.5	21.5	24.4	22.4	24.1
Overweight or obese (BMI ≥25.0)	141	55.9	27.2	25.5	32.2	17.8
Normal range or underweight (BMI <25.0)	52	45.8	18.6	23.9	18.9	27.3
Health behaviour indicators						
Does not meet fruit intake recommendations	183	53.7	24.4	32.4	29.9	21.4
Meets fruit intake recommendations	105	47.3	25.0	15.7	15.1	17.5
Does not meet vegetable intake recommendations*	271	49.2	24.1	25.8	25.2	22.8
Meets vegetable intake recommendations	19	63.9	34.0	28.7	11.9	6.0
Does not meet aerobic physical activity recommendations	124	50.2	40.1	29.0	15.2	20.3
Meets aerobic physical activity recommendations	159	50.7	18.8	22.2	29.0	21.4
Does not meet muscle strengthening recommendations	157	52.5	26.6	32.7	32.4	18.5
Meets muscle strengthening recommendations	85	58.3	26.5	8.1	18.2	23.9
Does not meet screen time recommendations	165	50.5	29.3	26.3	28.7	19.0
Meets screen time recommendations	125	47.8	22.2	23.9	20.4	24.0
Does not meet sleep recommendations	94	55.3	20.4	33.6	15.6	25.1
Meets sleep recommendations	195	44.7	29.9	18.9	29.5	20.3
Drinks sugar-sweetened beverages daily	55	57.2	12.8	37.2	21.0	19.0
Drinks sugar-sweetened beverages less than daily	242	48.2	28.1	23.1	23.8	22.3

Does not meet water recommendations	190	55.8	23.9	24.8	25.7	21.3
Meets water recommendations	98	39.4	29.5	31.4	23.3	23.1
Risk behaviour indicators²						
Current smoker	18	33.3	29.8	41.0	24.0	7.3
Ex-smoker	82	55.4	27.0	32.4	26.5	31.4
Never smoked	124	49.3	23.3	20.6	30.0	18.0
Current vaper*	6	56.2	0.0	64.5	0.0	47.8
Ex-vaper	19	89.1	53.6	20.9	11.5	24.4
Never vaped	198	47.2	23.6	24.5	31.0	20.3
Had more than 4 standard drinks on a single occasion	141	59.1	20.7	28.2	16.6	22.2
Has not had more than 4 standard drinks	83	33.0	33.3	22.6	50.0	20.0
Gambled	80	70.6	24.7	20.9	24.3	20.5
Never gambled	144	35.5	25.4	29.9	31.1	22.1

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size

3.8. Sport, exercise and recreation participation

Respondents were asked whether they had participated in any physical activities for sport, exercise, or recreation in the 12 months prior to completing the survey. Those who answered “yes” were then asked how many 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 participate 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, 66.0% reported participating in at least one activity and 15.0% had participated in four or more activities. In the 2019 ALC, 15.0% of respondents reported they had not participated in any activities, whereas in 2025, 34.0% responded that they had not participated in any activities. This suggests that activity levels 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 (38.3%) compared to children (14.8%) did not participate in any activities. In general, male and female children and adolescents were more likely to participate in sport and recreational activities than adults. No significant differences in participation rates were seen according to residential subregion.

When looking at demographic indicators, country of birth, neurodivergence and food security were associated with sport, exercise and recreational activity participation. Those who report maybe being neurodivergent were less likely to participate in no sports, exercise or activities (6.8%) compared to those who are not neurodivergent (32.1%), are neurodivergent (41.5%) or are unsure what neurodivergent means (46.0%). Those who were born overseas (3.9%) were less likely to participate in one activity compared to those who were born in Australia (17.3%). Those with low or very low food security (11.2%) were less likely to report participating in 2-3 activities compared to those with high food security (39.4%).

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

	Unweighted base ¹	None	One	Two to three	Four or more
	n	%	%	%	%

Total sample	600	34.0	16.6	34.4	15.0
Children	207	14.8	19.7	48.8	16.7
Adults	377	38.3	15.8	31.6	14.3
Males	181	32.8	14.5	36.7	16.0
Females	405	33.7	18.4	33.1	14.9
Sex and age					
Males, 3 to 11	46	17.4	21.7	47.8	13.0
Males, 12 to 17	65	9.2	18.5	58.5	13.8
Males, 18 to 34	6	0.0	18.8	43.6	37.6
Males, 35 to 49	24	27.5	13.8	30.4	28.4
Males, 50 to 69	24	36.8	16.7	32.8	13.7
Males, 70+	14	57.9	7.9	31.8	2.3
Females, 3 to 11	41	19.5	17.1	43.9	19.5
Females, 12 to 17	53	7.5	20.8	49.1	22.6
Females, 18 to 34	55	45.6	13.8	26.8	13.8
Females, 35 to 49	130	38.0	18.1	31.2	12.7
Females, 50 to 69	92	31.9	22.2	30.3	15.5
Females, 70+	29	34.3	16.7	36.2	12.8
Subregion					
Maryborough	441	30.5	15.9	35.7	17.9
Central Goldfields - excluding Maryborough	158	41.9	17.7	31.6	8.8
Demographic indicators					
Household size²					
1 person	47	42.0	17.6	32.2	8.2
2 or 3 people	164	37.3	15.3	34.0	13.4
4 or 5 people	142	37.6	16.2	27.1	19.2
More than 5 people	24	42.8	11.4	23.9	21.9
Born overseas	30	21.6	3.9	46.4	28.0
Born in Australia	559	35.4	17.3	33.3	14.0
Speaks other main language*	6	51.0	0.0	11.6	37.4
Speaks English as main language	579	34.1	15.6	35.2	15.1
Aboriginal and/or Torres Strait Islander*	14	61.8	18.7	3.4	16.1
Not Aboriginal or Torres Strait Islander	577	33.1	16.2	35.4	15.2
LGBTQIA+*	21	21.4	13.9	20.1	44.6
Non-LGBTQIA+	565	34.5	15.9	35.4	14.2
Neurodivergent	61	41.5	12.9	22.3	23.2
Not neurodivergent	390	32.1	17.0	36.9	14.0
Maybe	25	6.8	17.2	37.6	38.4
Not sure what neurodivergent means	79	46.0	16.8	23.0	14.1
Less than Bachelor level education ²	258	40.2	15.6	30.3	13.9

Holds a Bachelor degree or higher	118	24.7	14.3	42.8	18.2
Unemployed/Retired ²	98	43.9	16.8	30.7	8.7
Employed	278	34.8	14.5	32.4	18.3
Just getting along, poor or very poor ²	149	42.0	18.8	24.5	14.7
Reasonably comfortable, very comfortable or prosperous	227	35.7	12.8	37.4	14.1
Requires help with daily activities	45	40.9	15.7	25.1	18.2
Does not require help	541	33.4	16.1	35.3	15.2
Food security (last 12 months)²					
Low or very low food security	90	50.3	28.1	11.2	10.4
Marginal food security	49	35.4	11.6	28.0	25.0
High food security	237	35.0	11.7	39.4	13.9

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size

As can be seen in Table 3.8.1.2, respondents with the following health, health behaviour and risk behaviour characteristics were more likely to indicate they had not participated in any activities:

- Fair or poor health (58.7%) compared to those in good, very good or excellent health (27.5%)
- Did not meet aerobic physical activity recommendations (48.1%) compared to met them (28.7%)
- Did not meet muscle strengthening recommendations (47.3%) compared to met the (22.8%)
- Did not meet water recommendations (39.0%) compared to met them (20.7%)

Conversely, those with the following health behaviour and risk behaviour characteristics were more likely to report engaging in 4 or more activities:

- Met aerobic physical activity recommendations (18.1%) compared to not (8.2%)
- Engaged in risky alcohol consumption over the past 12 months (19.1%) compared to not (5.2%)

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	600	34.0	16.6	34.4	15.0
Health and wellbeing indicators					
Self-reported health - Fair or poor	93	58.7	8.8	18.3	14.2
Self-reported health - Good, very good, or excellent	431	27.5	19.4	38.0	15.1
Life satisfaction - Low to moderate (0 to 6) ²	112	46.8	23.4	16.6	13.2

Life satisfaction - High/very high (7 to 10)	223	36.1	12.6	37.2	14.1
Does not feel valued by society ²	85	50.3	27.5	14.2	8.0
Sometimes feel valued by society	163	32.5	14.6	35.3	17.6
Definitely feel valued by society	86	41.0	7.8	37.7	13.5
Poor mental wellbeing ²	94	52.6	12.7	19.3	15.5
Good mental wellbeing	283	35.2	16.5	34.2	14.1
Overweight or obese (BMI ≥25.0)	226	43.8	17.0	23.1	16.1
Normal range or underweight (BMI <25.0)	133	26.4	16.4	42.1	15.0
Health behaviour indicators					
Does not meet fruit intake recommendations	299	38.1	18.0	28.5	15.4
Meets fruit intake recommendations	277	25.8	14.9	45.0	14.3
Does not meet vegetable intake recommendations	528	33.6	16.3	34.7	15.5
Meets vegetable intake recommendations	46	35.9	19.5	36.0	8.6
Does not meet aerobic physical activity recommendations	215	48.1	14.9	28.9	8.2
Meets aerobic physical activity recommendations	343	28.7	15.4	37.7	18.1
Does not meet muscle strengthening recommendations	262	47.3	9.0	31.7	12.1
Meets muscle strengthening recommendations	212	22.8	18.1	37.9	21.2
Does not meet screen time recommendations	310	39.0	15.2	32.4	13.4
Meets screen time recommendations	244	30.2	17.1	36.7	16.0
Does not meet sleep recommendations	188	37.3	22.1	29.6	11.0
Meets sleep recommendations	365	34.4	14.1	36.1	15.4
Drinks sugar-sweetened beverages daily	102	35.6	19.5	25.9	18.9
Drinks sugar-sweetened beverages less than daily	473	34.1	15.3	36.1	14.5
Does not meet water recommendations	312	39.0	14.4	32.4	14.2
Meets water recommendations	249	20.7	20.8	41.7	16.9
Risk behaviour indicators²					
Current smoker	26	36.5	32.4	8.5	22.6
Ex-smoker	124	37.9	12.3	30.5	19.3
Never smoked	187	41.1	15.9	33.7	9.3
Current vaper*	9	48.6	34.8	10.8	5.8
Ex-vaper	27	17.0	12.7	27.3	43.0
Never vaped	298	40.7	15.8	31.4	12.0
Had more than 4 standard drinks on a single occasion	204	35.5	16.8	28.6	19.1
Has not had more than 4 standard drinks	133	46.3	15.0	33.5	5.2

Gambled	124	40.2	13.0	28.8	18.1
Never gambled	213	39.2	18.5	31.9	10.4

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size

3.8.2. 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 engaged in.

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

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

- Walking – 14.5%
- Fitness: Gym – 9.5%
- Australian Rules Football (AFL) – 9.1%
- Netball (indoor/outdoor) – 7.7%
- Swimming – 7.1%

Participation frequency was classified as *heavy* when respondents took part in an activity at least weekly, *medium* when participation occurred one to three times per month, and *light* when it occurred less than once a month. Activities with the highest rates of heavy participation were typically team sports, including soccer (100.0%), cricket (95.6%) and Australian rules football (95.0%), and activities engaged in at a gym such as weightlifting (100.0%) and gym-based fitness (97.5%). In contrast, activities with the greatest proportions of light participation included individual based activities such as fishing (94.2%), tennis (39.3%) and bushwalking/hiking (34.6%).

What is unclear from these results is the extent to which the frequency of participation is a function of the activity itself, such as activities that are unstructured general recreation (e.g., bush walking and fishing) versus organised sports that occur at least weekly or gym based activities requiring a weekly membership, 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 21 activities	824	78.0	11.5	10.5
Walking	119	74.8	19.8	5.4
Fitness: Gym	79	97.5	2.4	0.2
Australian Rules Football (AFL)	75	95.0	2.7	2.3
Netball (indoor / outdoor)	61	81.2	12.3	6.5
Swimming	58	55.0	32.3	12.7
Basketball (indoor / outdoor)	53	71.2	19.3	9.4

Active play (at playgrounds / play centres)	52	68.4	17.3	14.3
Fitness: Indoor group activities / Aerobics	36	90.5	5.8	3.7
Dancing / Ballet / Calisthenics	26	86.8	13.2	0.0
Bush walking / Hiking	26	53.6	11.9	34.6
Martial arts / Tai Chi	22	74.9	19.4	5.7
Fitness: Outdoor fitness / Personal training	19	89.3	6.5	4.2
Soccer (indoor / outdoor)	18	100.0	0.0	0.0
Cricket (all types)	18	95.6	4.4	0.0
Cycling: General cycling for recreation	18	62.3	12.3	25.4
Jogging / running	17	96.6	2.6	0.8
Aqua aerobics	14	94.3	2.9	2.8
Tennis (indoor / outdoor)	11	52.5	8.2	39.3
Weightlifting / Body building	11	100.0	0.0	0.0
Fishing	10	0.0	5.8	94.2
Athletics / Track and Field	8	95.7	4.3	0.0

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

Tables 3.8.2.2 and 3.8.2.3 provide an overview of the demographic characteristics, health and wellbeing indicators, health behaviours and risk behaviours of respondents who engaged in each of the top ten most common sport, exercise and recreation activities.

Overall, children were more likely than adults to participate in AFL, netball, swimming, basketball, active play and dancing/ballet/calisthenics. In contrast, adults were more likely to take part in walking, gym and group fitness classes and bushwalking/hiking. Sex differences were also evident. Females were more likely than males to participate in netball and dancing/ballet/calisthenics, while males were more likely to participate in Australian Rules Football (AFL).

Differences in participation rates were observed across most other demographic characteristics (see Table 3.8.2.2 for details). There also appeared to be an association between some health and wellbeing indicators, health behaviours, and the types of sport, exercise, or recreational activities people engaged in (see Table 3.8.2.3 for details).

Table 3.8.2.2 Top ten activities by selected demographic characteristics

	Unweighted base ¹	Walking	Fitness: Gym	Australian Rules Football (AFL)	Netball (indoor / outdoor)	Swimming	Basketball (indoor / outdoor)	Active play (at playgrounds / play centres)	Fitness: Indoor group activities / Aerobics	Dancing / Ballet / Calisthenics	Bush walking / Hiking
	n	%	%	%	%	%	%	%	%	%	%
Total sample	842	17.2	10.8	5.9	5.0	6.1	4.2	5.6	4.4	2.8	4.7
Children	346	3.7	2.4	18.5	10.3	10.9	10.2	12.5	0.8	6.3	1.0
Adults	481	21.5	13.6	2.1	3.1	4.7	2.4	3.8	5.6	1.7	5.9
Males	277	17.5	11.1	9.9	0.1	6.7	4.4	3.8	1.8	0.0	5.8
Females	556	17.3	10.7	2.1	8.9	5.7	3.6	7.2	7.1	5.2	3.8
Subregion											
Maryborough	638	16.4	10.5	6.2	5.5	5.6	5.6	5.6	4.1	3.3	4.1
Central Goldfields - excluding Maryborough	203	19.4	11.6	4.9	3.7	7.7	0.6	5.6	5.5	1.6	6.4
Demographic indicators											
Household size²											
1 person	55	20.5	8.2	0.0	2.2	5.9	0.0	2.6	4.0	4.7	6.3
2 or 3 people	211	24.9	11.4	2.3	2.1	2.5	3.6	3.9	5.9	0.6	7.8
4 or 5 people	179	17.6	20.6	2.5	5.6	7.0	1.0	3.5	5.8	1.8	2.9
More than 5 people	36	3.0	10.0	2.4	2.4	17.2	5.1	9.4	6.9	6.2	0.0
Born overseas	47	24.1	14.0	0.0	0.4	8.2	0.0	3.7	9.0	3.7	9.5
Born in Australia	786	16.4	10.5	6.9	5.3	5.9	4.6	5.5	3.8	2.5	4.0
Speaks other main language*	6	76.3	9.2	0.0	0.0	9.2	0.0	0.0	0.0	0.0	2.7
Speaks English as main language	823	16.2	11.0	6.1	4.7	6.2	4.1	5.3	4.5	2.7	4.8
Aboriginal and/or Torres Strait* Islander	17	6.2	0.0	0.0	0.0	7.9	0.0	18.6	0.0	7.9	0.0
Not Aboriginal or Torres Strait Islander	817	17.6	11.1	6.1	4.7	6.1	4.1	5.2	4.6	2.5	4.9
LGBTQIA+	32	28.6	15.2	4.3	1.8	15.2	4.3	5.0	0.0	0.0	1.8
Non-LGBTQIA+	799	16.8	10.7	6.1	4.8	5.6	4.0	5.3	4.8	2.7	4.9

Neurodivergent	69	7.6	11.6	3.3	2.5	16.3	1.3	7.9	0.7	0.0	9.3
Not neurodivergent	582	22.3	10.9	5.8	6.1	6.6	4.0	5.6	4.9	2.6	3.9
Maybe	42	9.0	7.9	12.8	4.4	8.8	4.2	13.3	1.4	8.3	5.7
Not sure what neurodivergent means	85	9.0	12.5	5.8	2.9	1.8	6.9	3.4	6.8	0.8	3.7
Less than Bachelor level education ²	303	22.0	14.2	2.3	3.0	3.8	2.2	3.7	5.8	1.8	6.5
Holds a Bachelor degree or higher	177	18.9	10.1	0.8	4.3	10.6	3.8	1.8	4.6	1.0	2.7
Unemployed/Retired ²	126	24.7	10.2	0.0	0.0	2.8	0.1	5.6	6.3	2.6	9.6
Employed	354	19.7	15.7	3.3	5.0	5.9	3.8	2.1	5.3	1.1	3.8
Just getting along, poor or very poor ²	153	28.2	11.7	0.0	1.5	5.8	0.4	2.1	2.9	2.0	4.6
Reasonably comfortable, very comfortable or prosperous	327	17.6	14.8	3.3	4.1	4.1	3.6	4.2	7.3	1.5	6.7
Requires help with daily activities	51	2.1	1.7	0.6	0.0	14.1	2.6	15.1	0.0	5.2	13.0
Does not require help	780	18.5	11.5	6.3	4.9	5.6	4.1	4.6	4.8	2.5	4.2
Food security (last 12 months)²											
Low or very low food security	89	24.9	7.5	0.0	3.2	3.6	2.9	5.8	5.0	1.2	4.4
Marginal food security	52	36.4	10.7	3.0	6.8	10.8	3.4	3.9	0.9	0.7	14.3
High food security	339	18.8	15.4	2.4	2.6	4.2	2.2	2.8	6.5	1.9	5.2

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 3.8.2.3 Top ten activities by selected health and behaviour characteristics

	Unweighted base ¹	Walking	Fitness: Gym	Australian Rules Football (AFL)	Netball (indoor / outdoor)	Swimming	Basketball (indoor / outdoor)	Active play (at playgrounds / play centres)	Fitness: Indoor group activities / Aerobics	Dancing / Ballet / Calisthenics	Bush walking / Hiking
	n	%	%	%	%	%	%	%	%	%	%
Total sample	842	17.2	10.8	5.9	5.0	6.1	4.2	5.6	4.4	2.8	4.7

Health and wellbeing indicators											
Self-reported health - Fair or poor	72	14.7	12.5	0.0	0.7	8.1	0.4	4.4	1.4	1.4	2.6
Self-reported health - Good, very good, or excellent	665	16.3	10.9	6.3	5.1	5.9	4.2	5.0	5.2	2.9	5.6
Life satisfaction - Low to moderate (0 to 6) ²	103	17.1	14.8	0.0	1.4	9.6	1.1	1.8	2.1	0.0	3.3
Life satisfaction - High/very high (7 to 10)	320	20.8	13.9	1.2	3.3	3.5	1.8	4.4	6.8	2.2	7.3
Does not feel valued by society ²	69	21.3	12.1	0.0	3.1	8.2	2.5	4.4	0.5	0.5	8.8
Sometimes feel valued by society	218	18.2	14.4	0.9	3.0	5.8	1.5	3.8	4.6	1.5	6.9
Definitely feel valued by society	133	21.9	15.0	1.4	2.6	1.8	1.3	3.4	9.9	2.6	4.4
Poor mental wellbeing ²	92	14.3	8.3	0.0	1.5	5.9	0.7	5.4	2.3	0.0	10.5
Good mental wellbeing	389	22.7	14.5	2.4	3.4	4.5	2.7	3.5	6.2	2.0	5.2
Overweight or obese (BMI ≥25.0)	282	13.8	13.4	3.1	3.0	10.3	1.0	3.9	5.2	0.9	1.9
Normal range or underweight (BMI <25.0)	227	11.7	9.8	5.4	6.8	3.0	7.0	3.5	5.4	4.5	8.2
Health behaviour indicators											
Does not meet fruit intake recommendations	391	17.9	9.3	3.8	4.2	6.9	2.5	5.9	4.1	2.2	2.8
Meets fruit intake recommendations	429	17.0	13.2	7.7	5.3	5.3	6.0	4.9	5.1	3.4	7.2
Does not meet vegetable intake recommendations	757	18.5	11.5	5.9	4.6	6.2	4.3	5.1	3.7	2.0	4.4
Meets vegetable intake recommendations	59	10.3	9.8	2.8	6.3	4.7	2.8	8.7	16.4	4.6	11.7
Does not meet aerobic physical activity recommendations	255	13.5	7.5	11.7	7.2	7.8	6.3	9.4	1.0	4.2	1.8
Meets aerobic physical activity recommendations	548	18.5	12.4	3.8	4.0	5.5	3.3	4.2	5.6	2.3	5.9
Does not meet muscle strengthening recommendations	318	15.1	7.6	6.2	7.0	11.8	4.4	5.1	1.6	3.8	5.2
Meets muscle strengthening recommendations	378	16.5	15.0	4.6	4.1	3.2	4.1	3.6	6.8	1.3	5.8
Does not meet screen time recommendations	412	13.7	9.0	6.8	7.1	8.0	4.6	6.8	4.9	2.1	2.8
Meets screen time recommendations	369	21.1	13.0	4.8	3.1	4.0	3.8	2.5	4.7	3.2	6.8

Does not meet sleep recommendations	249	25.2	8.1	6.8	7.0	3.0	5.1	3.5	3.6	0.5	2.6
Meets sleep recommendations	529	15.7	11.5	5.4	4.3	6.2	4.0	5.0	5.5	3.7	6.2
Drinks sugar-sweetened beverages daily	117	28.6	10.1	2.6	4.2	7.7	1.6	1.6	0.3	1.6	6.0
Drinks sugar-sweetened beverages less than daily	690	15.2	11.2	6.9	4.8	5.9	4.7	5.1	5.6	3.0	3.9
Does not meet water recommendations	408	19.7	8.4	4.4	3.5	5.3	3.5	5.1	5.3	3.1	4.2
Meets water recommendations	388	14.5	15.4	7.7	6.7	7.3	4.9	3.6	3.8	2.3	6.1
Risk behaviour indicators²											
Current smoker	26	27.4	9.5	0.0	0.0	6.7	0.0	4.4	5.6	0.0	22.3
Ex-smoker	162	21.0	14.7	1.9	0.8	2.7	1.4	2.5	6.7	2.8	5.6
Never smoked	237	18.0	14.4	0.2	4.8	6.4	2.0	4.6	5.0	1.1	4.5
Current vaper*	11	53.0	17.8	0.0	0.0	17.8	0.0	3.8	0.0	0.0	0.0
Ex-vaper	44	8.3	8.1	6.0	1.7	1.9	3.0	6.0	4.5	0.0	4.9
Never vaped	368	20.4	14.9	0.2	3.1	5.1	1.5	3.5	6.0	2.0	6.7
Had more than 4 standard drinks on a single occasion	280	16.7	13.5	1.1	3.4	5.3	2.0	3.6	5.5	0.7	5.4
Has not had more than 4 standard drinks	145	26.7	15.4	0.3	1.6	4.2	0.6	4.2	6.1	3.8	8.3
Gambled	155	13.5	11.7	1.9	1.7	4.3	1.7	5.1	5.5	1.6	3.8
Never gambled	270	25.4	16.2	0.0	3.8	5.5	1.5	2.6	5.8	1.8	8.5

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

3.8.3. Facilities for sport, exercise and recreational activities

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

The two most commonly used facilities for respondents' main activities were Maryborough Sports & Leisure Centre (MSLC) and Princes Park. People who use the following venues for their main activity were more likely to be heavy users of the facility:

- Brad Mathieson Personal Training (BMPT) (100.0%)
- Hedges Oval (100.0%)
- Dunolly Recreation Reserve (100.0%)
- Natte Yallock Recreation Reserve (100.0%)
- Coronation Park (100.0%)
- Murph's Gym (100.0%)

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

- Maryborough Tennis Centre (72.0%)
- Maryborough Skate Park (24.6%)
- Reformed by BMPT (23.7%)
- Lake Victoria (23.3%)
- J.H. Hedges Memorial Oval (12.1%)

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				
Maryborough Sports & Leisure Centre (MSLC)	138	79.3	16.5	4.1
Princes Park	46	83.5	10.4	6.1
Brad Mathieson Personal Training (BMPT)	35	100.0	0.0	0.0
Carisbrook Recreation Reserve	32	88.1	11.9	0.0

Dani Cain Personal Training	20	91.9	8.1	0.0
J.H. Hedges Memorial Oval	20	76.4	11.4	12.1
Goldfields Reservoir	18	77.7	15.2	7.1
Station Domain Playground	16	86.0	14.0	0.0
Dance Station, Maryborough	14	95.2	4.8	0.0
Lake Victoria	14	75.5	1.2	23.3
Reformed by BMPT	14	76.3	0.0	23.7
Talbot Recreation Reserve	13	85.8	14.2	0.0
Hedges Oval	12	100.0	0.0	0.0
Dunolly Recreation Reserve	10	100.0	0.0	0.0
Natte Yallock Recreation Reserve	10	100.0	0.0	0.0
Coronation Park	9	100.0	0.0	0.0
Maryborough Netball Complex	9	88.4	0.0	11.6
Murph's Gym	9	100.0	0.0	0.0
Fitter Faster	7	91.0	9.0	0.0
Maryborough Skate Park	7	60.3	15.1	24.6
Maryborough Tennis Centre	7	10.5	17.5	72.0

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

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

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

Approximately 70.5% of main activities were accessed by car, while around 25.6% were accessed via active transportation, including 20.3% on foot and 5.2% via cycling. Few (1.3%) used public transport, taxis, or Uber to get to or from their main activities. As might be expected, where the activity is also a mode of transport (walking or cycling), respondents often mentioned accessing their activity via this same mode. The following activities were almost always accessed via car:

- Fishing (100.0%)
- Fitness: Gym (99.4%)
- Netball (97.8%)
- Basketball (95.7%)
- Soccer (93.7%)

Of the main activities that residents had participated in, residents had travelled the furthest to go fishing (109.6 kilometres on average). Excluding those who had walked to the location, the average distance travelled by car to bush walking or hiking locations was 39.5 kilometres. Residents had to travel the least distance for jogging or running (1.2 kilometres), weightlifting (3.5 kilometres) and walking (3.9 kilometres), making these accessible activity options.

Table 3.8.4.1 Travel to and from main activities

	Unweighted base ¹	Car	Walking	Bicycle	Public transport / taxi / Uber	Average kilometres travelled ²
	n	%	%	%	%	#
Total sample	788	70.5	20.3	5.2	1.3	15.3
Subregion						
Maryborough	588	75.5	16.8	4.9	0.3	17.5
Central Goldfields - excluding Maryborough	199	57.2	29.8	6.2	3.9	9.3
Top 20 activities						
Walking	109	29.4	69.8	0.0	0.0	3.9
Fitness: Gym	73	99.4	0.6	0.0	0.0	7.7
Australian Rules Football (AFL)	75	78.0	9.2	6.3	0.7	8.4
Netball (indoor / outdoor)	61	97.8	1.1	0.0	1.1	10.5
Swimming	55	90.4	6.3	0.0	1.0	13.2
Basketball (indoor / outdoor)	52	95.7	2.1	2.2	0.0	7.7
Active play (at playgrounds / play centres)	40	78.4	5.5	0.0	5.1	4.2
Fitness: Indoor group activities / Aerobics	36	83.1	13.6	0.0	0.0	25.2
Dancing / Ballet / Calisthenics	26	89.1	7.7	0.0	3.2	17.7
Bush walking / Hiking	26	29.6	70.4	0.0	0.0	14.5
Martial arts / Tai Chi	21	92.8	7.2	0.0	0.0	5.6
Fitness: Outdoor fitness / Personal training	19	64.7	11.1	0.0	17.7	8.5
Soccer (indoor / outdoor)	18	93.7	6.3	0.0	0.0	9.5
Cricket (all types)	18	73.0	8.8	18.2	0.0	9.5
Cycling: General cycling for recreation	18	0.0	4.0	96.0	0.0	8.3
Jogging / running	15	22.2	37.0	0.0	0.0	1.2
Aqua aerobics	14	85.3	2.9	0.0	11.8	9.3

Tennis (indoor / outdoor)	11	79.5	20.5	0.0	0.0	11.9
Weightlifting / Body building	11	92.0	0.9	0.0	0.0	3.5
Fishing	10	100.0	0.0	0.0	0.0	109.6

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

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

Table 3.8.4.2 shows the average travel distance to get to particular facilities was 15.3 kilometres.

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

- Station Domain Playground (100.0%)
- Dance Station, Maryborough (100.0%)
- Maryborough Netball Complex (100.0%)
- Murph's Gym (100.0%)
- Fitter Faster (100.0%)

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

- Dunolly Recreation Reserve (62.5%)
- Lake Victoria (59.8%)
- Maryborough Skate Park (15.1%)
- Princes Park (11.1%)
- Goldfields Reservoir (8.9%)

Cycling was commonly reported as the main method of travel to get to the Carisbrook Recreation Reserve (24.8%), followed by Maryborough Skate Park (19.3%). Residents were travelling furthest to get to Natte Yallock Recreation Reserve (26.8 kilometres), Maryborough Tennis Centre (19.3 kilometres), Fitter Faster (18.0 kilometres) and Reformed by BMPT (16.4 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	788	70.5	20.3	5.2	1.3	15.3
Top 21 facilities						
Maryborough Sports & Leisure Centre (MSLC)	133	97.2	0.7	1.3	0.2	7.6
Princes Park	42	88.9	11.1	0.0	0.0	10.3
Brad Mathieson Personal Training (BMPT)	32	99.6	0.4	0.0	0.0	5.1
Carisbrook Recreation Reserve	32	73.7	1.4	24.8	0.0	7.5
Dani Cain Personal Training	20	93.6	6.4	0.0	0.0	3.9
J.H. Hedges Memorial Oval	20	97.5	2.5	0.0	0.0	7.0
Goldfields Reservoir	18	91.1	8.9	0.0	0.0	7.8
Station Domain Playground	12	100.0	0.0	0.0	0.0	7.1
Dance Station, Maryborough	12	100.0	0.0	0.0	0.0	9.5
Lake Victoria	14	40.2	59.8	0.0	0.0	1.9
Reformed by BMPT	14	92.0	8.0	0.0	0.0	16.4
Talbot Recreation Reserve	13	100.0	0.0	0.0	0.0	13.1
Hedges Oval	12	94.1	5.9	0.0	0.0	3.8
Dunolly Recreation Reserve	10	37.5	62.5	0.0	0.0	6.9
Natte Yallock Recreation Reserve	10	91.8	0.0	0.0	8.2	26.8
Coronation Park	9	91.2	8.8	0.0	0.0	8.8
Maryborough Netball Complex	9	100.0	0.0	0.0	0.0	5.1
Murph's Gym	9	100.0	0.0	0.0	0.0	6.9
Fitter Faster	7	100.0	0.0	0.0	0.0	18.0
Maryborough Skate Park	7	65.5	15.1	19.3	0.0	4.6
Maryborough Tennis Centre	7	100.0	0.0	0.0	0.0	19.3

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

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

3.8.5. Quality and accessibility of facilities available for main activities

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

The highest quality ratings were received for the facilities or spaces where people participated in fitness related activities (indoor activities, outdoor activities, weightlifting), dancing and tennis. These facilities also received generally high accessibility ratings. Furthermore, facilities used for aqua aerobics were rated as highly accessible.

The lowest ratings for quality and accessibility were received for team sports such as soccer and cricket, general cycling, and fishing. Netball also received lower quality ratings whereas jogging or running received poor accessibility ratings. Reviewing the suggested improvements for cycling 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 21 activities			
Walking	112	49.0	51.0
Fitness: Gym	78	21.9	78.1
Australian Rules Football (AFL)	75	49.7	50.3
Netball (indoor / outdoor)	61	60.0	40.0
Swimming	57	39.5	60.5
Basketball (indoor / outdoor)	52	53.2	46.8
Active play (at playgrounds / play centres)	52	24.0	76.0
Fitness: Indoor group activities / Aerobics	36	7.8	92.2
Dancing / Ballet / Calisthenics	26	1.8	98.2
Bush walking / Hiking	26	48.7	51.3
Martial arts / Tai Chi	21	17.8	82.2
Fitness: Outdoor fitness / Personal training	19	6.8	93.2
Soccer (indoor / outdoor)	18	76.5	23.5
Cricket (all types)	18	78.7	21.3
Cycling: General cycling for recreation	18	71.5	28.5
Jogging / running	17	59.8	40.2
Aqua aerobics	14	17.4	82.6
Tennis (indoor / outdoor)	11	4.9	95.1
Weightlifting / Body building	11	5.1	94.9
Fishing	10	68.5	31.5
Athletics / Track and Field	8	15.7	84.3

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

Table 3.8.5.2 Accessibility of facilities by activity

	Unweighted base ¹	Very poor to average access	Good to excellent access
	N	%	%
Top 21 activities			
Walking	111	41.3	58.7
Fitness: Gym	78	20.1	79.9
Australian Rules Football (AFL)	75	46.5	53.5
Netball (indoor / outdoor)	61	47.4	52.6
Swimming	57	27.3	72.7
Basketball (indoor / outdoor)	52	48.4	51.6
Active play (at playgrounds / play centres)	52	13.6	86.4
Fitness: Indoor group activities / Aerobics	36	2.5	97.5
Dancing / Ballet / Calisthenics	26	1.8	98.2
Bush walking / Hiking	26	48.8	51.2
Martial arts / Tai Chi	21	12.2	87.8
Fitness: Outdoor fitness / Personal training	19	6.8	93.2
Soccer (indoor / outdoor)	18	63.3	36.7
Cricket (all types)	18	56.2	43.8
Cycling: General cycling for recreation	18	61.4	38.6
Jogging / running	17	60.6	39.4
Aqua aerobics	14	2.8	97.2
Tennis (indoor / outdoor)	11	26.4	73.6
Weightlifting / Body building	11	2.8	97.2
Fishing	10	68.5	31.5

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

3.8.6. Quality and accessibility of specific facilities

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

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

- Brad Mathieson Personal Training (BMPT) (100.0%)
- Dani Cain Personal Training (100.0%)
- Dance Station, Maryborough (100.0%)
- Murph's Gym (100.0%)
- Fitter Faster (100.0%)
- Maryborough Skate Park (100.0%)

The top five ranked facilities or spaces for accessibility aligned with the top ranked facilities for quality, however the sixth differed, as follows:

- Brad Mathieson Personal Training (BMPT) (100.0%)
- Dani Cain Personal Training (100.0%)
- Dance Station, Maryborough (100.0%)
- Murph's Gym (100.0%)
- Fitter Faster (100.0%)
- Reformed by BMPT (100.0%)

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

- Hedges Oval (2.7%)
- J.H. Hedges Memorial Oval (5.5%)
- Coronation Park (8.8%)
- Talbot Recreation Reserve (12.3%)
- Dunolly Recreation Reserve (29.7%)

Four of the facilities with poor quality ratings were also rated poorly for accessibility, as follows:

- Hedges Oval (2.7%)
- J.H. Hedges Memorial Oval (20.0%)
- Dunolly Recreation Reserve (36.5%)
- Coronation Park (41.0%)
- Maryborough Tennis Centre (43.6%)

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			
Maryborough Sports & Leisure Centre (MSLC)	139	41.6	58.4
Princes Park	46	53.8	46.2
Brad Mathieson Personal Training (BMPT)	35	0.0	100.0
Carisbrook Recreation Reserve	32	19.0	81.0
Dani Cain Personal Training	20	0.0	100.0
J.H. Hedges Memorial Oval	20	94.5	5.5
Goldfields Reservoir	18	45.2	54.8
Station Domain Playground	16	25.8	74.2
Dance Station, Maryborough	14	0.0	100.0
Lake Victoria	14	14.6	85.4
Reformed by BMPT	14	8.0	92.0
Talbot Recreation Reserve	13	87.7	12.3
Hedges Oval	12	97.3	2.7
Dunolly Recreation Reserve	10	70.3	29.7
Natte Yallock Recreation Reserve	10	16.4	83.6
Coronation Park	9	91.2	8.8
Maryborough Netball Complex	9	72.1	27.9
Murph's Gym	9	0.0	100.0
Fitter Faster	7	0.0	100.0
Maryborough Skate Park	7	0.0	100.0
Maryborough Tennis Centre	7	10.5	89.5

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

Table 3.8.6.2 Accessibility ratings for most used facilities or spaces

	Unweighted base ¹	Very poor to average access	Good to excellent access
	N	%	%
Top 21 facilities			

Maryborough Sports & Leisure Centre (MSLC)	139	29.7	70.3
Princes Park	46	44.0	56.0
Brad Mathieson Personal Training (BMPT)	35	0.0	100.0
Carisbrook Recreation Reserve	32	8.0	92.0
Dani Cain Personal Training	20	0.0	100.0
J.H. Hedges Memorial Oval	20	80.0	20.0
Goldfields Reservoir	18	19.7	80.3
Station Domain Playground	16	17.5	82.5
Dance Station, Maryborough	14	0.0	100.0
Lake Victoria	14	14.6	85.4
Reformed by BMPT	14	0.0	100.0
Talbot Recreation Reserve	13	42.8	57.2
Hedges Oval	12	97.3	2.7
Dunolly Recreation Reserve	10	63.5	36.5
Natte Yallock Recreation Reserve	10	8.2	91.8
Coronation Park	9	59.0	41.0
Maryborough Netball Complex	9	51.9	48.1
Murph's Gym	9	0.0	100.0
Fitter Faster	7	0.0	100.0
Maryborough Skate Park	7	19.3	80.7
Maryborough Tennis Centre	7	56.4	43.6

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

3.9. Perceived ease of being physically active in local area

Respondents were asked about their perceived ease of being physically active in their local area, with response options ranging from strongly agree to strongly disagree. Table 3.9.1 provides a detailed overview of responses according to selected demographic characteristics. Overall, 61.4% reported agreeing that it is easy to be physically active in their local area. While no significant differences were seen according to age group and sex, when looking at sex and age, male children (3 to 11 years) were more likely to report disagreeing that it is easy to be physically active in the local area compared to male adolescents (12 to 17 years).

There were no significant differences seen between the two subregions. Those who reported just getting along, poor or very poor (49.2%), require help with daily activities (24.8%), low or very low food security (36.7%) or marginal food security (40.7%) 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 (70.8%), do not require help with daily activities (64.0%) and those with high food security (73.2%).

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	588	61.4	27.3	11.3
Children	201	61.4	25.2	13.4
Adults	379	61.3	27.6	11.1
Males	182	60.9	29.0	10.1
Females	400	63.5	23.9	12.6
Sex and age				
Males, 3 to 11	46	56.5	23.9	19.6
Males, 12 to 17	65	66.2	30.8	3.1
Males, 18 to 34	6	56.4	37.6	6.0
Males, 35 to 49	25	61.7	27.4	11.0
Males, 50 to 69	24	62.2	27.7	10.0
Males, 70+	14	57.9	31.8	10.3
Females, 3 to 11	37	59.5	24.3	16.2
Females, 12 to 17	52	67.3	21.2	11.5
Females, 18 to 34	56	65.7	19.9	14.4
Females, 35 to 49	130	56.2	28.3	15.4
Females, 50 to 69	93	69.6	20.1	10.3
Females, 70+	28	58.7	30.0	11.3
Subregion				
Maryborough	433	66.1	22.0	11.9
Central Goldfields - excluding Maryborough	154	51.4	38.7	9.9
Demographic indicators				
Household size²				
1 person	46	59.2	30.5	10.2
2 or 3 people	165	61.1	28.8	10.1
4 or 5 people	144	62.2	24.4	13.4
More than 5 people	24	67.8	18.8	13.4
Born overseas	32	66.6	26.3	7.1
Born in Australia	555	60.9	27.4	11.7
Speaks other main language*	7	77.2	0.0	22.8
Speaks English as main language	576	61.6	28.0	10.4
Aboriginal and/or Torres Strait Islander*	13	30.6	59.7	9.7
Not Aboriginal or Torres Strait Islander	574	62.4	26.3	11.3
LGBTQIA+*	21	83.0	4.6	12.4
Non-LGBTQIA+	564	60.6	28.5	10.9
Neurodivergent	61	63.8	15.6	20.6
Not neurodivergent	387	63.1	27.1	9.8

Maybe	25	38.9	38.6	22.5
Not sure what neurodivergent means	80	56.4	31.2	12.4
Less than Bachelor level education ²	258	60.2	29.1	10.7
Holds a Bachelor degree or higher	121	69.2	16.7	14.1
Unemployed/Retired ²	98	55.8	29.5	14.6
Employed	281	64.9	26.4	8.7
Just getting along, poor or very poor ²	151	49.2	33.5	17.4
Reasonably comfortable, very comfortable or prosperous	228	70.8	23.0	6.2
Requires help with daily activities	44	24.8	31.1	44.1
Does not require help	542	64.0	27.1	9.0
Food security (last 12 months)²				
Low or very low food security	90	36.7	41.2	22.1
Marginal food security	49	40.7	50.2	9.1
High food security	240	73.2	19.1	7.7

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 3.9.2 presents the findings by selected health and behaviour characteristics. Perceived ease of being physically active was associated with life satisfaction, perceived value by society and mental wellbeing. Specifically, a lower proportion of those with low to moderate life satisfaction (43.4% vs 71.3%), who did not feel valued by society (28.8% vs sometimes [66.1%] and definitely [85.5%]) and had poor mental wellbeing (40.6% vs 65.8%) agreed that it is easy to be physically active in their local area compared to their counterparts with more positive health and wellbeing indicators.

Perceived ease of being physically active was associated with adherence to the vegetable intake and aerobic physical activity recommendations only. Agreement that it is easy to be physically active in the local area was lower among respondents who did not meet the vegetable intake (60.4% vs 81.3%) and aerobic physical activity (46.5% vs 68.6%) recommendations, compared to their counterparts who met the recommendations. No associations were seen between risk behaviours and perceived ease of being physically active.

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	588	61.4	27.3	11.3
Health and wellbeing indicators				
Self-reported health - Fair or poor	93	45.5	35.4	19.1
Self-reported health - Good, very good, or excellent	427	67.6	23.0	9.4
Life satisfaction - Low to moderate (0 to 6) ²	112	43.4	35.0	21.5

Life satisfaction - High/very high (7 to 10)	222	71.3	21.6	7.1
Does not feel valued by society ²	84	28.8	39.6	31.6
Sometimes feel valued by society	163	66.1	28.7	5.3
Definitely feel valued by society	86	85.5	9.8	4.7
Poor mental wellbeing ²	94	40.6	27.8	31.6
Good mental wellbeing	285	65.8	27.6	6.7
Overweight or obese (BMI ≥25.0)	224	66.1	21.6	12.3
Normal range or underweight (BMI <25.0)	133	62.5	29.9	7.6
Health behaviour indicators				
Does not meet fruit intake recommendations	297	60.7	24.5	14.7
Meets fruit intake recommendations	276	66.0	26.5	7.5
Does not meet vegetable intake recommendations	525	60.4	27.8	11.8
Meets vegetable intake recommendations	46	81.3	11.9	6.9
Does not meet aerobic physical activity recommendations	215	46.5	30.3	23.2
Meets aerobic physical activity recommendations	344	68.6	25.1	6.3
Does not meet muscle strengthening recommendations	263	58.6	25.0	16.4
Meets muscle strengthening recommendations	213	69.0	23.8	7.2
Does not meet screen time recommendations	309	60.6	25.5	13.9
Meets screen time recommendations	245	61.3	29.4	9.3
Does not meet sleep recommendations	190	50.0	35.9	14.1
Meets sleep recommendations	363	64.4	24.7	10.9
Drinks sugar-sweetened beverages daily	103	64.5	24.9	10.6
Drinks sugar-sweetened beverages less than daily	472	60.9	28.5	10.6
Does not meet water recommendations	315	62.9	26.1	11.0
Meets water recommendations	245	62.0	25.7	12.3
Risk behaviour indicators²				
Current smoker	26	44.6	42.2	13.2
Ex-smoker	123	61.9	24.4	13.7
Never smoked	187	65.1	24.4	10.5
Current vaper*	9	68.1	0.0	31.9
Ex-vaper	27	68.1	21.1	10.8
Never vaped	297	61.8	27.4	10.8
Had more than 4 standard drinks on a single occasion	204	63.4	24.7	11.8
Has not had more than 4 standard drinks	132	60.4	27.8	11.8
Gambled	123	70.2	18.4	11.4
Never gambled	213	56.2	31.7	12.1

- ¹ Base sizes include respondents living in Central Goldfields Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.
- ² Reported only by respondents aged 18 years and over.
- * Significance testing not conducted due to small base size.

4. 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 Central Goldfields 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, 66.2% of respondents had high food security and 22.5% had low or very low food security. No significant differences in food security were seen between males and females, however, when looking at sex and age, females aged 18 to 49 years experienced higher levels of food insecurity than older females.

No significant differences were seen between the two subregions. Proportionate differences in food security were seen for those just getting along, poor or very poor (21.8% vs 0.9%) compared to those reasonably comfortable, very comfortable or prosperous. Furthermore, when thinking about groups that need the most support, low food security was reported more frequently among respondents who are in 2-3 (14.8%) or 4-5 person households (12.4%) compared to those living in single person households (1.5%).

Table 4.1.1 Adult food security by selected demographic characteristics

	Unweighted base ¹ n	High food security %	Marginal food security %	Low food security %	Very low food security %
Total sample	380	66.2	11.4	12.4	10.1
Sex and age					
Males	69	71.4	10.1	12.0	6.5
Females	308	62.9	12.9	10.6	13.5
Males, 18 to 34	6	75.2	18.8	0.0	6.0
Males, 35 to 49	25	76.3	6.7	5.2	11.9
Males, 50 to 69	24	57.9	17.0	15.0	10.0

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

Males, 70+	14	84.1	0.0	15.9	0.0
Females, 18 to 34	56	45.1	15.1	14.4	25.4
Females, 35 to 49	131	47.0	15.4	15.9	21.7
Females, 50 to 69	93	73.7	11.4	10.1	4.9
Females, 70+	28	84.6	10.3	0.0	5.1
Subregion					
Maryborough	274	68.1	9.8	11.4	10.6
Central Goldfields - excluding Maryborough	105	62.0	14.6	14.5	8.9
Demographic indicators					
Household size					
1 person	46	81.6	8.8	1.5	8.1
2 or 3 people	165	68.1	10.2	14.8	6.8
4 or 5 people	145	56.1	14.7	12.4	16.8
More than 5 people	24	38.9	16.3	25.0	19.8
Born overseas*	27	78.1	20.1	0.0	1.7
Born in Australia	353	64.6	10.2	14.0	11.1
Speaks other main language*	7	91.9	0.0	0.0	8.1
Speaks English as main language	369	66.3	11.8	12.7	9.2
Aboriginal and/or Torres Strait Islander*	7	0.0	7.2	46.9	45.8
Not Aboriginal or Torres Strait Islander	373	68.3	11.5	11.3	8.9
LGBTQIA+*	16	39.9	31.7	12.8	15.6
Non-LGBTQIA+	362	67.6	10.0	12.5	9.9
Neurodivergent	29	48.0	22.8	12.1	17.1
Not neurodivergent	259	66.7	10.8	11.9	10.6
Maybe	12	45.4	23.1	4.6	26.9
Not sure what neurodivergent means	60	66.7	7.8	17.8	7.8
Less than Bachelor level education	258	64.1	11.8	13.4	10.6
Holds a Bachelor degree or higher	122	81.3	8.3	4.7	5.7
Unemployed/Retired	98	68.7	4.4	12.0	14.9
Employed	282	64.4	16.1	12.7	6.8
Just getting along, poor or very poor	151	40.7	16.4	21.2	21.8
Reasonably comfortable, very comfortable or prosperous	229	86.1	7.5	5.5	0.9
Requires help with daily activities*	16	22.7	5.0	24.9	47.3
Does not require help	363	68.3	11.7	11.7	8.3

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

* Significance testing not conducted due to small base size.

Table 4.1.2 provides an overview of food security according to selected health and behaviour characteristics of the 2025 ALC sample. Very low food security was associated with all health and wellbeing indicators except for BMI. A greater proportion of those with fair or poor health (22.3% vs 5.9%), low to moderate life satisfaction (26.9% vs 2.8%), poor mental wellbeing (31.3% vs 5.5%) and did not feel

valued by society (29.8% vs sometimes [5.9%] and definitely [1.4%]) 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 recommendations. A greater proportion of those who did not meet the fruit (15.1% vs 1.7%) and vegetable (10.8% vs 1.4%) recommendations reported very low food security compared to those meeting dietary recommendations.

Smoking was the only risk behaviour that was associated with food security. A larger proportion of respondents who are current smokers (38.8%) experienced very low food security compared to those who had never smoked (4.6%).

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	380	66.2	11.4	12.4	10.1
Health and wellbeing indicators					
Self-reported health - Fair or poor	86	53.4	16.0	8.4	22.3
Self-reported health - Good, very good, or excellent	249	72.6	9.2	12.3	5.9
Life satisfaction - Low to moderate (0 to 6)	112	42.8	11.4	19.0	26.9
Life satisfaction - High/very high (7 to 10)	222	78.8	11.0	7.5	2.8
Does not feel valued by society	84	30.9	19.2	20.2	29.8
Sometimes feel valued by society	163	72.8	11.3	10.0	5.9
Definitely feel valued by society	86	89.1	4.1	5.5	1.4
Poor mental wellbeing	94	38.7	16.0	14.1	31.3
Good mental wellbeing	286	72.1	10.4	12.0	5.5
Overweight or obese (BMI ≥25.0)	181	69.0	9.9	12.3	8.8
Normal range or underweight (BMI <25.0)	78	69.3	10.9	2.5	17.2
Health behaviour indicators					
Does not meet fruit intake recommendations	223	63.8	9.7	11.3	15.1
Meets fruit intake recommendations	150	71.6	14.6	12.0	1.7
Does not meet vegetable intake recommendations	338	66.0	11.2	12.0	10.8
Meets vegetable intake recommendations	35	79.7	15.3	3.6	1.4
Does not meet aerobic physical activity recommendations	101	53.8	11.1	17.1	18.0
Meets aerobic physical activity recommendations	273	70.9	11.8	9.6	7.7
Does not meet muscle strengthening recommendations	161	61.6	18.1	6.9	13.3
Meets muscle strengthening recommendations	176	73.1	8.4	12.2	6.3
Does not meet screen time recommendations	183	62.6	14.4	9.4	13.6
Meets screen time recommendations	184	69.3	9.1	15.4	6.1
Does not meet sleep recommendations	114	49.5	12.7	19.7	18.1
Meets sleep recommendations	250	73.6	9.4	10.0	7.0

Drinks sugar-sweetened beverages daily	79	51.1	21.6	11.3	15.9
Drinks sugar-sweetened beverages less than daily	293	70.1	8.5	13.0	8.4
Does not meet water recommendations	231	68.2	11.5	9.5	10.8
Meets water recommendations	138	66.3	12.6	12.1	9.1
Risk behaviour indicators²					
Current smoker	26	21.1	21.6	18.4	38.8
Ex-smoker	123	74.4	6.1	5.6	13.9
Never smoked	187	69.5	12.5	13.4	4.6
Current vaper*	9	37.9	0.0	30.2	31.9
Ex-vaper	27	46.8	9.0	5.3	38.8
Never vaped	297	69.8	11.8	11.0	7.4
Had more than 4 standard drinks on a single occasion	204	63.1	12.7	11.1	13.1
Has not had more than 4 standard drinks	132	73.3	8.7	11.4	6.6
Gambled	123	72.1	9.6	10.1	8.2
Never gambled	213	63.1	12.3	12.1	12.5

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

* Significance testing not conducted due to small base size.

4.2. Fruit and vegetable consumption

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

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

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

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>

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 Central Goldfields was 1.5 which is below the recommended daily intake, and less than half (42.8%) meet the age-specific fruit intake recommendations. Among adults, 38.2% of the 2025 ALC sample met their recommendation, compared with 44.0% in the 2019 ALC. 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 (63.1%) met the fruit consumption recommendations compared to adults. No significant differences were seen between males and females. When looking at sex and age, males aged 3 to 11 years were more likely to meet the fruit recommendations (75.5%) compared to males aged 18 to 34 years (18.8%), 35 to 49 years (30.8%), 50 to 69 years (38.5%) and 70 years and over (31.1%). Females aged 3 to 11 years were more likely to meet the fruit recommendations (63.6%) compared to females aged 35 to 49 years (30.3%). No significant difference in adherence to fruit consumption was seen between the two subregions.

A lower proportion of respondents who hold less than a bachelor level education (35.7%) and those just getting along, poor or very poor (26.2%) reported consuming the recommended serves of fruit compared to those with higher than bachelor level education (56.4%) and those reasonably comfortable, very comfortable or prosperous (46.8%).

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	598	57.2	42.8	1.5
Children	225	36.9	63.1	1.9
Adults	373	61.8	38.2	1.4
Males	188	60.5	39.5	1.4
Females	405	55.5	44.5	1.5
Sex and age				
Males, 3 to 11	49	24.5	75.5	2.2
Males, 12 to 17	73	43.8	56.2	1.7
Males, 18 to 34	6	81.2	18.8	1.0
Males, 35 to 49	25	69.2	30.8	1.2
Males, 50 to 69	23	61.5	38.5	1.4
Males, 70+	12	68.9	31.1	1.2
Females, 3 to 11	44	36.4	63.6	2.0
Females, 12 to 17	57	50.9	49.1	1.6
Females, 18 to 34	55	61.4	38.6	1.5
Females, 35 to 49	131	69.7	30.3	1.2

Females, 50 to 69	91	58.6	41.4	1.3
Females, 70+	27	38.1	61.9	2.1
Subregion				
Maryborough	269	63.0	37.0	1.4
Central Goldfields - excluding Maryborough	103	59.9	40.1	1.5
Demographic indicators				
Household size²				
1 person	44	56.2	43.8	1.5
2 or 3 people	160	60.8	39.2	1.5
4 or 5 people	145	68.3	31.7	1.2
More than 5 people	24	46.5	53.5	1.6
Born overseas	32	55.8	44.2	1.7
Born in Australia	566	57.4	42.6	1.5
Speaks other main language*	7	67.3	32.7	1.3
Speaks English as main language	587	56.7	43.3	1.5
Aboriginal and/or Torres Strait Islander*	14	53.4	46.6	2.4
Not Aboriginal or Torres Strait Islander	584	57.3	42.7	1.5
LGBTQIA+*	21	79.4	20.6	0.8
Non-LGBTQIA+	574	56.3	43.7	1.5
Neurodivergent	61	67.0	33.0	1.1
Not neurodivergent	397	53.4	46.6	1.5
Maybe	26	65.9	34.1	1.3
Not sure what neurodivergent means	82	67.9	32.1	1.5
Less than Bachelor level education ²	253	64.3	35.7	1.4
Holds a Bachelor degree or higher	120	43.6	56.4	1.7
Unemployed/Retired ²	94	61.6	38.4	1.5
Employed	279	62.0	38.0	1.4
Just getting along, poor or very poor ²	145	73.8	26.2	1.2
Reasonably comfortable, very comfortable or prosperous	228	53.2	46.8	1.6
Requires help with daily activities	45	49.2	50.8	1.6
Does not require help	550	57.6	42.4	1.5
Food security (last 12 months)²				
Low or very low food security	88	75.7	24.3	1.2
Marginal food security	48	52.0	48.0	1.6
High food security	237	59.1	40.9	1.4

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 4.2.1.2 provides a summary of fruit consumption according to selected health and behaviour characteristics of the 2025 ALC sample. Average daily serves of fruit and adherence to fruit consumption recommendation were associated with self-reported health, life satisfaction and BMI.

Specifically, those with fair or poor self-reported health (24.5% vs 46.6%), with low to moderate life satisfaction (15.7% vs 45.0%) and were overweight or obese (25.2% vs 49.8%) 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 recommendation were associated with vegetable intake, muscle strengthening and water consumption only. A smaller proportion of those who did not meet the vegetable (39.2% vs 83.5%) and water consumption (33.4% vs 60.7%) recommendations, as well as muscle strengthening (27.0% vs 53.3%) recommendations reported meeting the fruit consumption recommendations compared to those meeting the corresponding health behaviour recommendations.

None of the assessed risk behaviours were associated with adherence to the fruit consumption recommendations.

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	598	57.2	42.8	1.5
Health and wellbeing indicators				
Self-reported health - Fair or poor	89	75.5	24.5	1.1
Self-reported health - Good, very good, or excellent	419	53.4	46.6	1.6
Life satisfaction - Low to moderate (0 to 6) ²	109	84.3	15.7	0.9
Life satisfaction - High/very high (7 to 10)	218	55.0	45.0	1.5
Does not feel valued by society ²	81	70.6	29.4	1.0
Sometimes feel valued by society	160	63.5	36.5	1.5
Definitely feel valued by society	85	61.3	38.7	1.4
Poor mental wellbeing ²	93	74.6	25.4	1.1
Good mental wellbeing	280	59.0	41.0	1.5
Overweight or obese (BMI ≥25.0)	224	74.8	25.2	1.1
Normal range or underweight (BMI <25.0)	131	50.2	49.8	1.6
Health behaviour indicators				
Does not meet vegetable intake recommendations	541	60.8	39.2	1.4
Meets vegetable intake recommendations	49	16.5	83.5	2.6
Does not meet aerobic physical activity recommendations	214	62.9	37.1	1.3
Meets aerobic physical activity recommendations	345	54.6	45.4	1.6
Does not meet muscle strengthening recommendations	265	73.0	27.0	1.2
Meets muscle strengthening recommendations	211	46.7	53.3	1.7
Does not meet screen time recommendations	306	62.2	37.8	1.5
Meets screen time recommendations	244	51.7	48.3	1.6
Does not meet sleep recommendations	188	65.4	34.6	1.3
Meets sleep recommendations	361	52.8	47.2	1.6

Drinks sugar-sweetened beverages daily	102	67.8	32.2	1.1
Drinks sugar-sweetened beverages less than daily	474	54.5	45.5	1.6
Does not meet water recommendations	314	66.6	33.4	1.3
Meets water recommendations	255	39.3	60.7	1.8
Risk behaviour indicators²				
Current smoker	26	67.0	33.0	1.4
Ex-smoker	121	65.9	34.1	1.2
Never smoked	182	63.0	37.0	1.4
Current vaper*	9	62.0	38.0	1.2
Ex-vaper	27	86.9	13.1	0.8
Never vaped	290	62.5	37.5	1.4
Had more than 4 standard drinks on a single occasion	203	68.2	31.8	1.2
Has not had more than 4 standard drinks	126	57.4	42.6	1.6
Gambled	122	73.5	26.5	1.1
Never gambled	207	56.8	43.2	1.5

¹ Base sizes include respondents living in the Central Goldfields region. 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.

4.2.2. Vegetable consumption

Table 4.2.2.1 shows that on average, Central Goldfields Shire residents were consuming 2.0 daily serves of vegetables, well below the recommended serves per day for all ages. Overall, 93.3% of respondents did not meet the age- and sex-specific vegetable consumption guidelines. Among adults, 93.4% of the 2025 sample fell short of their recommended intake, compared with 88.6% in the 2019 sample, indicating a slight decline in vegetable consumption over the past six years. The 2023 VPHS and 2022 NHS Victorian results are similar to the 2025 ALC findings, with 90% and 94% of adults, respectively, not meeting the vegetable intake recommendations.

A lower proportion of males (1.5%) met the vegetable recommendations compared to females (12.0%). Among males specifically, children (12.2%) were more likely to meet the recommendations compared to those aged 18 years and above (0.0%). No significant differences were seen between the two subregions.

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

- More than 5 person households (0.0%) compared to 2-3 person (7.6%) households
- Neurodivergent (2.5%) or are unsure what neurodivergent means (1.3%) compared to not neurodivergent (9.0%)
- Low or very low (1.5%) food security compared to high food security (7.8%)

The average number of serves of vegetables was also lower among respondents who hold less than a bachelor level education (1.8 vs 2.6 serves), were just getting along, poor or very poor (1.6 vs 2.2 serves), required help with daily activities (1.6 vs 2.0 serves) and had low or very low food security (1.3 vs 2.1 serves) 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	595	93.3	6.7	2.0
Children	222	92.6	7.4	2.4
Adults	373	93.4	6.6	1.9
Males	190	98.5	1.5	1.8
Females	405	88.0	12.0	2.2
Sex and age				
Males, 3 to 11	49	87.8	12.2	2.6
Males, 12 to 17	73	98.6	1.4	2.5
Males, 18 to 34	6	100.0	0.0	1.9
Males, 35 to 49	24	100.0	0.0	1.6
Males, 50 to 69	24	100.0	0.0	1.5
Males, 70+	14	100.0	0.0	1.5
Females, 3 to 11	44	93.2	6.8	2.2
Females, 12 to 17	56	92.9	7.1	2.4
Females, 18 to 34	55	90.3	9.7	2.2
Females, 35 to 49	131	91.8	8.2	2.0
Females, 50 to 69	92	87.2	12.8	2.3
Females, 70+	27	74.9	25.1	2.6
Subregion				
Maryborough	269	95.8	4.2	1.9
Central Goldfields - excluding Maryborough	103	88.8	11.2	2.0
Demographic indicators				
Household size²				
1 person	45	92.7	7.3	1.9
2 or 3 people	162	92.4	7.6	2.0
4 or 5 people	142	95.3	4.7	1.8
More than 5 people	24	100.0	0.0	2.0
Born overseas	30	87.0	13.0	1.9
Born in Australia	565	93.9	6.1	2.0
Speaks other main language*	6	94.7	5.3	1.5
Speaks English as main language	586	93.2	6.8	2.0
Aboriginal and/or Torres Strait Islander*	13	95.0	5.0	2.2
Not Aboriginal or Torres Strait Islander	582	93.2	6.8	2.0
LGBTQIA+*	21	93.4	6.6	1.8
Non-LGBTQIA+	571	93.3	6.7	2.0
Neurodivergent	59	97.5	2.5	1.7
Not neurodivergent	400	91.0	9.0	2.1
Maybe	26	93.9	6.1	1.6

Not sure what neurodivergent means	79	98.7	1.3	1.8
Less than Bachelor level education ²	254	93.7	6.3	1.8
Holds a Bachelor degree or higher	119	91.3	8.7	2.6
Unemployed/Retired ²	97	92.5	7.5	1.8
Employed	276	94.0	6.0	2.0
Just getting along, poor or very poor ²	147	96.1	3.9	1.6
Reasonably comfortable, very comfortable or prosperous	226	91.4	8.6	2.2
Requires help with daily activities	45	96.6	3.4	1.6
Does not require help	547	93.0	7.0	2.0
Food security (last 12 months)²				
Low or very low food security	87	98.5	1.5	1.3
Marginal food security	48	91.2	8.8	2.1
High food security	238	92.2	7.8	2.1

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 4.2.2.2 provides a summary of vegetable consumption according to selected health and behaviour characteristics of the 2025 ALC sample. Adherence to vegetable consumption recommendations was associated with self-reported health only. Specifically, those with fair or poor self-reported health (0.6% vs 8.3%) were significantly less likely to meet the vegetable consumption recommendations compared to those with good, very good or excellent health.

Similarly, adherence to vegetable consumption recommendations was associated with fruit intake only, with a smaller proportion of those who did not meet the fruit intake recommendations (2.0% vs 13.7%) reporting meeting the vegetable consumption recommendations compared to those who met the fruit recommendations. None of the assessed risk behaviours were associated with adherence to the vegetable consumption recommendations.

Additionally, the average number of serves of vegetables was also lower among respondents with lower life satisfaction, do not feel valued by society, do not meet muscle strengthening and water consumption recommendations and gambled in the past 12 months compared to their respective counterparts.

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	595	93.3	6.7	2.0
Health and wellbeing indicators				
Self-reported health - Fair or poor	89	99.4	0.6	1.5
Self-reported health - Good, very good, or excellent	420	91.7	8.3	2.1
Life satisfaction - Low to moderate (0 to 6) ²	110	97.5	2.5	1.3
Life satisfaction - High/very high (7 to 10)	220	91.9	8.1	2.1
Does not feel valued by society ²	82	97.8	2.2	1.4

Sometimes feel valued by society	162	92.7	7.3	2.0
Definitely feel valued by society	85	91.8	8.2	2.0
Poor mental wellbeing ²	93	96.5	3.5	1.7
Good mental wellbeing	280	92.8	7.2	2.0
Overweight or obese (BMI ≥25.0)	223	94.8	5.2	1.7
Normal range or underweight (BMI <25.0)	130	93.0	7.0	2.1
Health behaviour indicators				
Does not meet fruit intake recommendations	309	98.0	2.0	1.4
Meets fruit intake recommendations	281	86.3	13.7	2.9
Does not meet aerobic physical activity recommendations	216	95.2	4.8	1.8
Meets aerobic physical activity recommendations	341	92.4	7.6	2.1
Does not meet muscle strengthening recommendations	263	94.8	5.2	1.7
Meets muscle strengthening recommendations	209	91.8	8.2	2.4
Does not meet screen time recommendations	307	92.0	8.0	2.0
Meets screen time recommendations	243	95.1	4.9	2.1
Does not meet sleep recommendations	190	94.5	5.5	1.8
Meets sleep recommendations	359	93.0	7.0	2.1
Drinks sugar-sweetened beverages daily	103	95.2	4.8	1.7
Drinks sugar-sweetened beverages less than daily	471	92.7	7.3	2.1
Does not meet water recommendations	315	95.1	4.9	1.7
Meets water recommendations	254	89.6	10.4	2.5
Risk behaviour indicators²				
Current smoker	26	94.4	5.6	1.3
Ex-smoker	121	93.3	6.7	1.8
Never smoked	185	94.0	6.0	2.0
Current vaper*	9	87.8	12.2	1.6
Ex-vaper	27	100.0	0.0	1.4
Never vaped	293	93.5	6.5	1.9
Had more than 4 standard drinks on a single occasion	202	95.2	4.8	1.7
Has not had more than 4 standard drinks	130	91.4	8.6	2.1
Gambled	122	95.2	4.8	1.6
Never gambled	210	92.7	7.3	2.1

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

4.2.3. 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 did not consume the recommended amount. Table 4.2.3.1 provides a snapshot of the main barriers reported by 2025 ALC respondents from Central Goldfields Shire. The main themes that emerged amongst those who provided a response as to why they had not met fruit consumption recommendations were personal preferences (24.0%) and cost (18.8%). Other relatively common barriers to increasing serves of fruit were access and quality (15.3%) and habit and routine (8.2%).

Table 4.2.3.1 Barriers to fruit consumption

Reasons	% (¹ N=312)
Preferences	24.0
Cost	18.8
Access/quality	15.3
Habit/routine	8.2
Diet/health restrictions	5.4
No particular reason	5.4
Time	4.9
Inconvenient to prepare	4.0
Satisfied with current intake/low appetite	1.9
Other	0.6

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

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

Reporting of personal preferences as a barrier to fruit consumption differed according to neurodivergence and smoking status. Specifically, a greater proportion of the following respondents reported personal preferences as a barrier to fruit consumption:

- Those who are not neurodivergent (27.3%) compared to neurodivergent (9.2%)
- Those who had never smoked (31.8%) compared to ex-smokers (9.0%)

Cost as a barrier to fruit consumption differed according to some demographics and health and wellbeing indicators. No differences were seen according to health behaviour or risk behaviour indicators. The following groups were more likely to report cost as a barrier and may benefit from targeted intervention:

- Just getting along, poor or very poor (37.1%) compared to reasonably comfortable, very comfortable or prosperous (1.0%)
- Low or very low food security (57.5%) compared to high (1.9%) food security
- Low to moderate life satisfaction (34.2%) compared to high or very high life satisfaction (9.9%)

- Those who did not feel valued by society (44.2%) compared to who sometimes (11.3%) or definitely (11.0%) felt valued by society

Access or quality, including freshness, perishability and variety, was more frequently reported as a barrier to fruit consumption among adults (16.8%) compared to children (4.2%). Habit or routine was one of the top five barriers to fruit consumption overall (8.2%), but robust subgroup differences were limited.

Diet or health restrictions were the fifth most common response when asked to report barriers to fruit consumption; however, this barrier was not associated with any demographic, health and wellbeing characteristics, health behaviour or risk behaviour indicators.

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

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

	Unweighted base ¹ n	Preferences %	Cost %	Access/quality %	Habit/routine %	Diet/health restrictions %
Total sample	312	24.0	18.8	15.3	8.2	5.4
Children	89	26.7	16.9	4.2	2.4	10.0
Adults	223	23.6	19.1	16.8	8.9	4.8
Males	86	24.8	15.6	18.3	12.4	6.3
Females	225	23.2	22.0	12.2	3.7	4.5
Subregion						
Maryborough	238	23.0	19.8	12.3	7.1	2.3
Central Goldfields - excluding Maryborough	74	26.4	16.6	22.2	10.7	12.7
Demographic indicators						
Born overseas*	14	17.8	7.2	24.3	0.0	6.2
Born in Australia	298	24.7	20.1	14.3	9.1	5.3
Speaks other main language*	2	0.0	0.0	0.0	0.0	0.0
Speaks English as main language	308	24.9	18.0	15.9	8.5	5.6
Aboriginal and/or Torres Strait Islander*	9	10.0	58.7	0.0	11.0	20.4
Not Aboriginal or Torres Strait Islander	303	24.5	17.5	15.8	8.1	4.9
LGBTQIA+*	13	15.0	47.2	9.2	0.0	0.0
Non-LGBTQIA+	298	24.7	17.1	15.8	8.7	5.8
Neurodivergent	40	9.2	38.6	5.6	0.0	17.5
Not neurodivergent	190	27.3	17.2	21.7	7.5	1.9
Maybe	17	34.1	16.2	7.9	0.0	0.0
Not sure what neurodivergent means	52	26.8	17.9	10.0	8.4	10.1
Less than Bachelor level education ²	167	23.4	19.9	16.7	8.8	5.2
Holds a Bachelor degree or higher	56	25.8	10.0	17.5	10.8	0.0
Unemployed/Retired ²	53	25.7	20.5	14.7	15.8	9.0

Employed	170	22.4	18.2	18.1	4.7	2.2
Just getting along, poor or very poor ²	109	18.0	37.1	16.7	2.2	8.0
Reasonably comfortable, very comfortable or prosperous	114	29.3	1.0	16.9	15.7	1.5
Requires help with daily activities*	23	12.4	51.2	12.0	6.1	25.6
Does not require help	286	24.8	17.0	15.6	8.3	4.2
Food security (last 12 months)²						
Low or very low food security	70	12.2	57.5	23.9	1.5	2.9
Marginal food security	32	35.5	27.2	13.6	1.5	9.3
High food security	121	26.6	1.9	14.4	13.2	4.9

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

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

	Unweighted base ¹	Preferences	Cost	Access/quality	Habit/routine	Diet/health restrictions
	n	%	%	%	%	%
Total sample	312	24.0	18.8	15.3	8.2	5.4
Health and wellbeing indicators						
Self-reported health - Fair or poor	69	22.7	27.1	21.1	1.2	12.5
Self-reported health - Good, very good, or excellent	198	24.7	16.3	14.6	12.7	2.7
Life satisfaction - Low to moderate (0 to 6) ²	85	19.7	34.2	22.7	3.2	9.7
Life satisfaction - High/very high (7 to 10)	117	25.6	9.9	14.5	14.1	1.9
Does not feel valued by society ²	58	23.9	44.2	25.9	3.8	5.8
Sometimes feel valued by society	107	19.7	11.3	14.8	9.6	2.6
Definitely feel valued by society	38	27.5	11.0	15.2	14.8	8.2
Poor mental wellbeing ²	73	13.0	29.4	26.0	5.5	10.9

Good mental wellbeing	150	26.6	16.2	14.2	9.9	3.1
Overweight or obese (BMI ≥25.0)	146	24.6	22.1	18.0	5.9	7.6
Normal range or underweight (BMI <25.0)	58	20.9	15.5	24.0	22.1	3.9
Health behaviour indicators						
Does not meet vegetable intake recommendations	300	24.1	19.2	15.1	8.4	5.5
Meets vegetable intake recommendations*	9	34.6	6.8	38.5	2.0	6.6
Does not meet aerobic physical activity recommendations	128	28.8	24.6	13.6	3.9	3.5
Meets aerobic physical activity recommendations	164	23.6	15.3	17.2	10.2	6.7
Does not meet muscle strengthening recommendations	172	31.0	18.3	14.1	7.6	5.1
Meets muscle strengthening recommendations	83	13.3	13.8	21.5	12.0	7.5
Does not meet screen time recommendations	168	29.7	19.5	14.9	7.4	5.6
Meets screen time recommendations	113	19.4	18.8	16.6	10.0	4.6
Does not meet sleep recommendations	109	16.9	25.6	16.9	2.0	3.9
Meets sleep recommendations	174	27.5	13.8	16.2	12.6	6.9
Drinks sugar-sweetened beverages daily	71	23.7	30.8	11.3	13.3	2.7
Drinks sugar-sweetened beverages less than daily	225	24.9	15.4	17.1	6.7	6.5
Does not meet water recommendations	202	26.5	17.7	11.6	9.2	7.2
Meets water consumption recommendations	89	19.7	24.3	29.4	6.0	0.6
Risk behaviour indicators²						
Current smoker	19	23.0	43.8	24.7	5.0	8.7
Ex-smoker	72	9.0	18.1	18.7	16.5	0.9
Never smoked	113	31.8	17.2	16.2	6.1	7.2
Current vaper*	5	4.7	51.5	0.0	19.4	0.0
Ex-vaper	21	16.2	33.3	4.4	8.2	7.0

Never vaped	176	24.9	16.8	20.3	9.5	5.2
Had more than 4 standard drinks on a single occasion	129	21.5	19.7	20.9	12.0	1.0
Has not had more than 4 standard drinks	75	26.6	20.6	11.4	4.4	14.2
Gambled	83	25.6	13.7	20.2	6.3	0.9
Never gambled	121	20.4	26.7	15.4	13.1	9.6

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

4.2.4. Barriers to vegetable consumption

Respondents who did not consume the recommended serves of vegetables per day were asked separately to provide the main reason why they did not consume the recommended amount. Table 4.2.4.1 provides a snapshot of the main barriers reported by 2025 ALC respondents from Central Goldfields Shire. The main themes that emerged amongst those who provided a response as to why they had not met vegetable consumption recommendations were being inconvenient to prepare (12.7%), cost (12.4%), personal preferences (10.9%), lack of time (9.8%) and being satisfied with current intake (8.8%).

Table 4.2.4.1 Barriers to vegetable consumption

Reasons	% (¹ N=546)
Inconvenient to prepare	12.7
Cost	12.4
Preferences	10.9
Time	9.8
Satisfied with current intake/low appetite	8.8
Access/quality	4.7
Habit/routine	4.2
No particular reason	3.8
Diet/health restrictions	3.0
Other	1.5

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

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

Being inconvenient to prepare was the most common barrier to vegetable consumption. This barrier differed by employment status and food security. Specifically, employed respondents (19.7%) were more likely to report inconvenience as a barrier compared to unemployed/retired respondents (5.6%), and those with high food security (19.0%) were more likely to report inconvenience compared to those with low or very low food security (3.0%).

Cost as a barrier to vegetable consumption differed according to financial status and food security, some health and wellbeing indicators and fruit intake only. The following groups were more likely to report cost as a barrier and may benefit from targeted intervention:

- Just getting along, poor or very poor (27.5%) compared to reasonably comfortable, very comfortable or prosperous (0.8%)
- Low or very low food security (49.8%) compared to marginal (10.0%) and high food security (0.6%)
- Low to moderate life satisfaction (27.5%) compared to high or very high life satisfaction (6.0%)

- Those who did not feel valued by society (34.1%) compared to those who sometimes (5.1%) or definitely (6.8%) felt valued by society
- Poor mental wellbeing (30.1%) compared to good mental wellbeing (8.9%)
- Did not meet fruit intake recommendations (16.3%) compared to met fruit intake recommendations (6.3%)

Reporting of personal preferences as a barrier to vegetable consumption differed for the following groups:

- Children (34.5%) compared to adults (5.7%)
- High food security (7.9%) compared to low or very low food security (0.8%)
- Good, very good or excellent health (13.2%) compared to fair or poor self-reported health (4.2%)
- Normal weight or underweight (23.8%) compared to overweight or obese (5.7%)
- Drank sugar-sweetened beverages less than daily (13.0%) compared to those who drank them daily (4.6%)
- Never smokers (3.5%) compared to current smokers (0.0%)

Time as a barrier to vegetable consumption was associated with subregion, employment and smoking, with the following groups more likely to report time as a key barrier:

- Residents of Maryborough (13.0%) compared to the rest of Central Goldfields (2.5%)
- Employed (16.1%) compared to unemployed/retired (2.4%)
- Ex-smokers (14.4%) and those who never smoked (10.6%) compared to current smokers (1.2%)

Being satisfied with current intake was reported as a barrier by respondents who are not neurodivergent (10.8%) compared to those unsure what neurodivergence meant (1.1%).

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

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

	Unweighted base ¹ n	Inconvenient to prepare %	Cost %	Preferences %	Time %	Satisfied with current intake %
Total sample	546	12.7	12.4	10.9	9.8	8.8
Children	208	6.8	10.3	34.5	6.1	4.6
Adults	338	14.0	12.9	5.7	10.6	9.7
Males	183	11.7	8.3	11.5	9.7	8.2
Females	363	13.9	17.1	10.3	9.9	9.4
Subregion						
Maryborough	411	13.8	13.6	12.3	13.0	6.8
Central Goldfields - excluding Maryborough	134	10.3	9.8	7.8	2.5	13.4
Demographic indicators						
Born overseas*	25	9.5	5.6	2.0	18.3	20.0
Born in Australia	521	13.0	13.1	11.8	9.0	7.7
Speaks other main language*	4	0.0	9.5	0.0	0.0	11.6
Speaks English as main language	539	13.1	11.7	11.2	9.9	8.8
Aboriginal and/or Torres Strait Islander*	12	5.3	38.1	5.6	0.0	19.8
Not Aboriginal or Torres Strait Islander	534	12.9	11.8	11.1	10.0	8.5
LGBTQIA+*	17	17.2	7.7	4.9	30.1	7.8
Non-LGBTQIA+	527	12.6	12.3	11.3	9.0	8.9
Neurodivergent	56	7.3	17.6	9.5	35.3	4.4
Not neurodivergent	363	10.7	10.8	8.2	6.6	10.8
Maybe	24	4.8	20.4	30.2	14.8	12.9
Not sure what neurodivergent means	76	21.7	15.0	12.9	10.6	1.1
Less than Bachelor level education ²	233	13.9	13.7	5.1	9.7	9.5
Holds a Bachelor degree or higher	105	14.8	6.4	10.4	18.1	11.2
Unemployed/Retired ²	86	5.6	19.5	10.3	2.4	12.1

Employed	252	19.7	8.5	2.6	16.1	8.1
Just getting along, poor or very poor ²	137	12.2	27.5	1.8	9.0	6.4
Reasonably comfortable, very comfortable or prosperous	201	15.6	0.8	9.0	12.0	12.4
Requires help with daily activities	43	7.0	31.5	23.1	7.5	6.5
Does not require help	500	13.2	11.0	10.1	10.0	9.0
Food security (last 12 months)²						
Low or very low food security	85	3.0	49.8	0.8	7.9	4.4
Marginal food security	44	7.2	10.0	2.7	21.5	12.1
High food security	209	19.0	0.6	7.9	9.7	11.1

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

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

	Unweighted base ¹ n	Inconvenient to prepare %	Cost %	Preferences %	Time %	Satisfied with current intake %
Total sample	546	12.7	12.4	10.9	9.8	8.8
Health and wellbeing indicators						
Self-reported health - Fair or poor	87	18.8	21.2	4.2	10.8	8.3
Self-reported health - Good, very good, or excellent	382	12.1	9.6	13.2	9.9	8.5
Life satisfaction - Low to moderate (0 to 6) ²	105	24.5	27.5	2.3	9.8	3.5
Life satisfaction - High/very high (7 to 10)	196	10.6	6.0	7.2	11.6	11.8
Does not feel valued by society ²	78	17.4	34.1	1.4	7.9	3.4
Sometimes feel valued by society	148	19.5	5.1	6.8	11.0	11.0
Definitely feel valued by society	74	7.3	6.8	7.4	14.0	10.7
Poor mental wellbeing ²	89	21.7	30.1	4.6	9.7	5.6

Good mental wellbeing	249	12.3	8.9	6.0	10.8	10.6
Overweight or obese (BMI ≥25.0)	204	17.6	14.3	5.7	15.9	8.0
Normal range or underweight (BMI <25.0)	119	17.6	13.7	23.8	6.5	14.7
Health behaviour indicators						
Does not meet fruit intake recommendations	300	17.0	16.3	8.2	10.8	10.5
Meets fruit intake recommendations	241	7.2	6.3	16.1	8.3	6.8
Does not meet aerobic physical activity recommendations	205	9.8	19.3	14.2	9.7	6.5
Meets aerobic physical activity recommendations	307	14.2	9.7	9.4	10.3	10.4
Does not meet muscle strengthening recommendations	246	17.5	16.3	13.7	12.2	10.2
Meets muscle strengthening recommendations	188	13.0	7.7	6.7	10.4	11.6
Does not meet screen time recommendations	286	18.1	14.2	11.8	11.2	8.7
Meets screen time recommendations	221	8.6	11.0	9.7	9.0	9.5
Does not meet sleep recommendations	178	6.3	15.9	9.0	15.3	8.3
Meets sleep recommendations	328	15.1	11.3	11.9	6.1	9.8
Drinks sugar-sweetened beverages daily	95	9.1	15.3	4.6	18.5	10.6
Drinks sugar-sweetened beverages less than daily	432	14.2	12.0	13.0	7.7	8.5
Does not meet water recommendations	297	11.0	13.9	9.8	9.3	10.7
Meets water recommendations	225	16.5	10.6	14.5	11.9	5.8
Risk behaviour indicators²						
Current smoker	25	6.0	31.1	0.0	1.2	2.7
Ex-smoker	110	14.7	15.6	10.7	14.4	15.2
Never smoked	168	17.0	9.3	3.5	10.6	6.4
Current vaper*	8	0.0	50.3	0.0	3.3	13.7
Ex-vaper	27	25.9	26.6	0.4	27.1	6.1

Never vaped	265	14.6	10.5	6.2	10.1	9.1
Had more than 4 standard drinks on a single occasion	187	14.3	13.4	5.3	14.5	9.6
Has not had more than 4 standard drinks	116	17.0	13.1	6.0	4.9	7.8
Gambled	112	20.1	11.3	6.7	14.5	8.9
Never gambled	191	11.6	14.8	4.6	8.2	8.9

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

4.3. 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 6.4 cups of water per day and 33.7% met their age- and sex- specific recommendations (see Table 4.3.1.1). Adults reported drinking an average of 6.4 cups per day and 29.1% met the recommendation, which is more than in 2019, when the average was just 4.5 cups per day and 17.6% met the recommendation. A lower proportion of adults (29.1%) than children (55.6%) met their respective water consumption recommendation. For males, adherence to the water consumption recommendations was considerably lower among those aged 35 years and over compared to children and adolescents. No differences were seen between the two subregions.

Proportionate differences in adherence to the water consumption recommendations was seen amongst respondents who were neurodivergent (54.7%) and not neurodivergent (37.0%) compared to those not sure what neurodivergence meant (14.0%). Respondents who lived in more than 5 person households also reported consuming fewer cups of water on average per day (5.0 cups) compared to those living in 2-3 person households (6.7 cups), despite no significant 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	575	66.3	33.7	6.4
Children	206	44.4	55.6	6.1
Adults	369	70.9	29.1	6.4
Males	185	73.0	27.0	6.9
Females	389	59.7	40.3	5.8
Sex and age				

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, 3 to 11	48	45.8	54.2	6.0
Males, 12 to 17	69	37.7	62.3	7.0
Males, 18 to 34	6	62.4	37.6	8.9
Males, 35 to 49	25	77.8	22.2	6.7
Males, 50 to 69	24	85.0	15.0	7.0
Males, 70+	13	82.7	17.3	6.5
Females, 3 to 11	38	50.0	50.0	5.3
Females, 12 to 17	50	44.0	56.0	6.3
Females, 18 to 34	56	54.8	45.2	6.3
Females, 35 to 49	125	56.0	44.0	5.9
Females, 50 to 69	93	66.0	34.0	5.8
Females, 70+	27	70.6	29.4	5.0
Subregion				
Maryborough	419	65.0	35.0	6.3
Central Goldfields - excluding Maryborough	155	68.7	31.3	6.5
Demographic indicators				
Household size²				
1 person	43	82.4	17.6	5.7
2 or 3 people	163	68.2	31.8	6.7
4 or 5 people	141	69.1	30.9	6.4
More than 5 people	22	77.0	23.0	5.0
Born overseas	31	82.4	17.6	6.2
Born in Australia	544	64.5	35.5	6.4
Speaks other main language*	7	87.2	12.8	7.4
Speaks English as main language	565	65.7	34.3	6.4
Aboriginal and/or Torres Strait Islander*	13	81.3	18.7	3.8
Not Aboriginal or Torres Strait Islander	562	65.9	34.1	6.4
LGBTQIA+*	19	46.8	53.2	10.7
Non-LGBTQIA+	553	67.0	33.0	6.2
Neurodivergent	56	45.3	54.7	7.6
Not neurodivergent	385	63.0	37.0	6.5
Maybe	25	62.5	37.5	4.7
Not sure what neurodivergent means	77	86.0	14.0	6.0
Less than Bachelor level education ²	248	70.4	29.6	6.5
Holds a Bachelor degree or higher	121	73.9	26.1	6.0
Unemployed/Retired ²	95	74.3	25.7	6.4
Employed	274	68.6	31.4	6.4
Just getting along, poor or very poor ²	149	71.1	28.9	6.8
Reasonably comfortable, very comfortable or prosperous	220	70.7	29.3	6.1
Requires help with daily activities	46	58.6	41.4	5.4

Does not require help	528	66.9	33.1	6.4
Food security (last 12 months)²				
Low or very low food security	86	70.0	30.0	5.7
Marginal food security	49	69.0	31.0	7.6
High food security	234	71.5	28.5	6.4

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 4.3.1.2 provides a summary of water consumption according to selected health and behaviour characteristics of the 2025 ALC sample. Fruit intake was the only indicator associated with adherence to water consumption recommendations. Specifically, a smaller proportion of those who did not meet the fruit consumption recommendations (23.7%) reported meeting the water consumption recommendations compared to those who did (48.9%). Additionally, respondents who did not meet aerobic physical activity recommendations reported consuming fewer cups of water on average per day (5.3 cups) compared to those who met the recommendations (6.9 cups), despite no significant difference in recommendation adherence. No significant differences were observed by health and wellbeing indicators or risk behaviour indicators.

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	575	66.3	33.7	6.4
Health and wellbeing indicators				
Self-reported health - Fair or poor	90	76.5	23.5	6.7
Self-reported health - Good, very good, or excellent	417	63.3	36.7	6.2
Life satisfaction - Low to moderate (0 to 6) ²	110	77.2	22.8	6.2
Life satisfaction - High/very high (7 to 10)	221	67.5	32.5	6.5
Does not feel valued by society ²	82	69.2	30.8	6.6
Sometimes feel valued by society	162	66.4	33.6	6.5
Definitely feel valued by society	86	77.7	22.3	6.1
Poor mental wellbeing ²	93	75.1	24.9	5.7
Good mental wellbeing	276	69.9	30.1	6.6
Overweight or obese (BMI ≥25.0)	224	71.8	28.2	6.3
Normal range or underweight (BMI <25.0)	132	59.7	40.3	6.2
Health behaviour indicators				
Does not meet fruit intake recommendations	291	76.3	23.7	5.9
Meets fruit intake recommendations	278	51.1	48.9	7.0
Does not meet vegetable intake recommendations	522	67.3	32.7	6.4

Meets vegetable intake recommendations	47	47.7	52.3	6.6
Does not meet aerobic physical activity recommendations	215	69.2	30.8	5.3
Meets aerobic physical activity recommendations	335	65.3	34.7	6.9
Does not meet muscle strengthening recommendations	261	72.5	27.5	6.2
Meets muscle strengthening recommendations	205	61.3	38.7	6.7
Does not meet screen time recommendations	307	68.8	31.2	6.0
Meets screen time recommendations	243	65.1	34.9	6.7
Does not meet sleep recommendations	189	67.1	32.9	6.0
Meets sleep recommendations	360	67.3	32.7	6.3
Drinks sugar-sweetened beverages daily	104	77.0	23.0	6.0
Drinks sugar-sweetened beverages less than daily	470	64.1	35.9	6.4
Risk behaviour indicators²				
Current smoker	26	77.4	22.6	6.4
Ex-smoker	123	68.1	31.9	6.3
Never smoked	184	71.1	28.9	6.5
Current vaper*	9	79.3	20.7	6.3
Ex-vaper	27	76.0	24.0	6.1
Never vaped	294	69.7	30.3	6.4
Had more than 4 standard drinks on a single occasion	203	72.8	27.2	6.4
Has not had more than 4 standard drinks	130	66.9	33.1	6.5
Gambled	123	76.6	23.4	6.0
Never gambled	210	65.8	34.2	6.7

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

4.4. Sugar-sweetened beverages

According to the 2023 VPHS, 19.0% of Victorian adults consume sugar-sweetened drinks (soft drink, cordials, sports drinks or caffeinated energy drinks) daily, which is lower than the 20.5% of 2025 ALC respondents from Central Goldfields Shire who reported consuming sugar-sweetened beverages daily. The proportion of adults (23%) consuming sugar-sweetened beverages daily was higher than children (10.3%), and no significant 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. Among females, daily consumption was higher among those aged 12 to 17 years (22.6%), 35 to 49 years (25.9%) and 50 to 69 years (24.8%) compared with females aged 3 to 11 years (5.1%). No significant difference was seen between the two subregions.

A higher proportion of the respondents who live in 2-3 person (18.5%) or 4-5 person (36.6%) households and had less than Bachelor level education (25.3%) reported consuming sugar-sweetened beverages daily

compared to those in more than 5 person households (0.0%) and with a Bachelor degree or higher (7.9%), and would benefit from public health intervention to reduce their intake.

Table 4.4.1.1 Sugar-sweetened beverage consumption by selected demographic characteristics

	Unweighted base ¹ n	Daily %	Weekly %	Monthly or less often %	Never %
Total sample	591	20.5	41.5	23.7	14.3
Children	211	10.3	46.3	31.4	12.0
Adults	372	23.2	40.8	20.8	15.1
Males	187	21.9	47.6	15.8	14.7
Females	398	19.9	34.3	31.8	14.0
Sex and age					
Males, 3 to 11	48	6.3	43.8	27.1	22.9
Males, 12 to 17	69	11.6	62.3	26.1	0.0
Males, 18 to 34	6	37.6	43.6	18.8	0.0
Males, 35 to 49	25	32.5	48.2	16.5	2.8
Males, 50 to 69	23	27.4	47.8	17.7	7.1
Males, 70+	14	15.9	47.7	0.0	36.4
Females, 3 to 11	39	5.1	38.5	43.6	12.8
Females, 12 to 17	53	22.6	43.4	30.2	3.8
Females, 18 to 34	56	20.5	46.6	25.4	7.5
Females, 35 to 49	125	25.9	42.5	24.1	7.6
Females, 50 to 69	93	24.8	25.7	35.8	13.7
Females, 70+	28	11.3	19.4	31.0	38.2
Subregion					
Maryborough	434	20.3	44.7	24.1	11.0
Central Goldfields - excluding Maryborough	156	21.2	34.8	22.3	21.7
Demographic indicators					
Household size²					
1 person	44	20.4	30.0	20.0	29.5
2 or 3 people	164	18.5	43.6	20.8	17.1
4 or 5 people	142	36.6	42.1	17.7	3.6
More than 5 people	22	0.0	34.4	58.1	7.6
Born overseas	32	14.1	37.9	24.8	23.2
Born in Australia	558	21.3	42.0	23.4	13.3
Speaks other main language*	7	0.0	67.3	24.6	8.1
Speaks English as main language	580	20.3	41.4	23.7	14.6
Aboriginal and/or Torres Strait Islander*	14	12.8	49.1	25.4	12.7
Not Aboriginal or Torres Strait Islander	576	20.8	41.3	23.4	14.4
LGBTQIA+*	19	37.8	34.6	21.3	6.3

Non-LGBTQIA+	568	20.0	41.9	23.8	14.3
Neurodivergent	59	38.3	26.7	19.4	15.6
Not neurodivergent	390	17.6	44.7	24.6	13.1
Maybe	26	22.7	53.3	16.8	7.3
Not sure what neurodivergent means	81	18.9	47.2	16.5	17.4
Less than Bachelor level education ²	251	25.3	41.5	18.9	14.4
Holds a Bachelor degree or higher	121	7.9	36.2	35.0	20.9
Unemployed/Retired ²	95	17.8	35.1	15.5	31.6
Employed	277	26.8	44.6	24.3	4.4
Just getting along, poor or very poor ²	151	31.3	38.6	15.0	15.2
Reasonably comfortable, very comfortable or prosperous	221	16.7	42.6	25.5	15.1
Requires help with daily activities	45	25.2	36.5	13.4	24.9
Does not require help	544	20.3	41.9	24.2	13.7
Food security (last 12 months)²					
Low or very low food security	89	27.8	52.1	14.1	6.0
Marginal food security	49	43.3	25.1	17.3	14.3
High food security	234	18.1	39.7	23.8	18.5

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 4.4.1.2 summarises sugar-sweetened beverage consumption by selected health and behaviour characteristics. Daily consumption of sugar-sweetened beverages was not associated with any health and wellbeing, health or risk behaviour indicators.

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

	Unweighted base ¹ n	Daily %	Weekly %	Monthly or less often %	Never %
Total sample	591	20.5	41.5	23.7	14.3
Health and wellbeing indicators					
Self-reported health - Fair or poor	93	35.0	30.5	16.2	18.4
Self-reported health - Good, very good, or excellent	427	17.2	44.0	24.4	14.3
Life satisfaction - Low to moderate (0 to 6) ²	112	31.3	39.1	15.8	13.8
Life satisfaction - High/very high (7 to 10)	221	21.0	39.7	21.6	17.7
Does not feel valued by society ²	83	40.2	36.0	12.5	11.3
Sometimes feel valued by society	163	16.8	43.7	26.1	13.5
Definitely feel valued by society	86	22.9	36.5	15.5	25.0

Poor mental wellbeing ²	93	22.7	48.6	15.0	13.7
Good mental wellbeing	279	23.3	39.2	22.0	15.4
Overweight or obese (BMI ≥25.0)	225	23.8	38.4	21.2	16.6
Normal range or underweight (BMI <25.0)	133	15.5	31.5	29.3	23.7
Health behaviour indicators					
Does not meet fruit intake recommendations	296	25.0	45.4	15.2	14.4
Meets fruit intake recommendations	280	15.9	33.8	34.3	16.0
Does not meet vegetable intake recommendations	527	21.8	42.9	21.8	13.5
Meets vegetable intake recommendations	47	15.2	22.4	40.0	22.4
Does not meet aerobic physical activity recommendations	217	22.8	46.3	21.7	9.2
Meets aerobic physical activity recommendations	337	20.0	39.4	23.6	17.1
Does not meet muscle strengthening recommendations	263	25.4	37.7	22.4	14.4
Meets muscle strengthening recommendations	206	14.8	44.9	24.2	16.1
Does not meet screen time recommendations	311	27.0	40.9	21.2	10.9
Meets screen time recommendations	245	15.3	43.5	23.5	17.7
Does not meet sleep recommendations	191	25.1	44.2	20.6	10.1
Meets sleep recommendations	364	17.1	42.7	23.7	16.6
Does not meet water recommendations	320	24.9	41.2	18.9	15.1
Meets water recommendations	254	15.0	38.1	32.1	14.8
Risk behaviour indicators²					
Current smoker	26	43.1	37.8	12.4	6.7
Ex-smoker	123	17.8	27.6	30.5	24.0
Never smoked	186	25.5	46.6	14.4	13.4
Current vaper*	9	44.0	30.2	25.8	0.0
Ex-vaper	27	19.7	50.4	28.4	1.5
Never vaped	296	24.3	38.9	18.8	18.0
Had more than 4 standard drinks on a single occasion	131	17.2	45.1	14.6	23.1
Has not had more than 4 standard drinks	204	28.8	36.1	22.6	12.4
Gambled	123	20.5	41.3	22.8	15.4
Never gambled	212	27.6	38.1	17.2	17.2

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

4.5. 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, 62.7% reported agreeing that it is easy to access healthy food in their local area, with no significant difference seen between males and females, or adults and children. When looking at responses by sex and age, males aged 3 to 11 years (26.1%) and 12 to 17 years (10.8%) were more likely to report disagreeing that it is easy to access healthy food locally compared to males aged 18 to 34 years (0.0%) and 70 years and over (0.0%). No significant difference was seen between the two subregions.

A lower proportion of people from the following demographic groups agreed 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:

- Just getting along, poor or very poor (52.1%) compared to reasonably comfortable, very comfortable or prosperous (73.5%)
- Required help with daily activities (26.8%) compared to did not require help (65.2%)
- Low or very low food security (27.9%) compared to high food security (77.2%)

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

	Unweighted base ¹ n	Strongly agree/ Agree %	Neutral %	Strongly disagree / Disagree %
Total sample	589	62.7	24.1	13.2
Children	202	56.0	27.0	17.0
Adults	379	64.1	23.2	12.7
Males	182	64.2	24.2	11.6
Females	401	62.7	24.4	12.8
Sex and age				
Males, 3 to 11	46	50.0	23.9	26.1
Males, 12 to 17	65	56.9	32.3	10.8
Males, 18 to 34	6	56.4	43.6	0.0
Males, 35 to 49	25	60.1	25.3	14.6
Males, 50 to 69	24	63.9	16.0	20.1
Males, 70+	14	73.8	26.2	0.0
Females, 3 to 11	37	54.1	27.0	18.9
Females, 12 to 17	53	66.0	26.4	7.5
Females, 18 to 34	56	61.6	31.5	6.8
Females, 35 to 49	130	53.1	27.0	20.0
Females, 50 to 69	93	66.6	18.7	14.7
Females, 70+	28	76.4	13.2	10.3
Subregion				

Maryborough	434	67.7	21.7	10.6
Central Goldfields - excluding Maryborough	154	52.0	28.8	19.2
Demographic indicators				
Household size²				
1 person	46	62.9	26.1	11.0
2 or 3 people	165	66.4	21.7	11.9
4 or 5 people	144	61.3	23.5	15.3
More than 5 people	24	53.4	33.8	12.7
Born overseas	32	62.2	18.0	19.7
Born in Australia	556	62.8	24.7	12.5
Speaks other main language*	7	89.5	2.4	8.1
Speaks English as main language	577	62.7	24.6	12.6
Aboriginal and/or Torres Strait Islander*	13	3.5	47.5	49.0
Not Aboriginal or Torres Strait Islander	575	64.6	23.3	12.1
LGBTQIA+*	21	70.4	14.2	15.4
Non-LGBTQIA+	565	62.1	24.7	13.3
Neurodivergent	61	63.1	20.1	16.8
Not neurodivergent	388	64.1	24.5	11.4
Maybe	25	36.3	39.8	23.9
Not sure what neurodivergent means	80	55.6	26.9	17.4
Less than Bachelor level education ²	258	64.4	23.2	12.4
Holds a Bachelor degree or higher	121	62.0	22.9	15.1
Unemployed/Retired ²	98	67.8	20.8	11.5
Employed	281	61.7	24.8	13.5
Just getting along, poor or very poor ²	151	52.1	32.9	15.1
Reasonably comfortable, very comfortable or prosperous	228	73.5	15.6	10.9
Requires help with daily activities	44	26.8	45.9	27.2
Does not require help	543	65.2	22.5	12.3
Food security (last 12 months)²				
Low or very low food security	90	27.9	39.1	33.0
Marginal food security	49	59.5	27.2	13.2
High food security	240	77.2	17.1	5.7

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Table 4.5.2 presents the findings by selected health and behaviour characteristics. Ease of access to healthy food locally was associated with life satisfaction and perceived value to society. Specifically, a lower proportion of those with low to moderate life satisfaction (46.6% vs 74.8%), and who do not or sometimes (42.5% and 60.6% vs definitely [92.9%]) feel valued by society agreed that it is easy to access healthy food in their local area compared to their counterparts with more positive health and wellbeing indicators.

Additionally, those who did not meet aerobic physical activity (50.1%) and sleep recommendations (46.9%) were less likely to perceive easy access to healthy food locally compared to those who met them (69.4% and 69.9%, respectively). None of the assessed risk behaviours were found to be associated with perceived ease of access to healthy food locally.

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	589	62.7	24.1	13.2
Health and wellbeing indicators				
Self-reported health - Fair or poor	93	57.6	22.0	20.4
Self-reported health - Good, very good, or excellent	428	66.1	23.6	10.3
Life satisfaction - Low to moderate (0 to 6) ²	112	46.6	32.8	20.7
Life satisfaction - High/very high (7 to 10)	222	74.8	17.3	8.0
Does not feel valued by society ²	84	42.5	33.4	24.1
Sometimes feel valued by society	163	60.6	27.7	11.7
Definitely feel valued by society	86	92.9	4.4	2.7
Poor mental wellbeing ²	94	49.1	26.4	24.4
Good mental wellbeing	285	67.3	22.5	10.2
Overweight or obese (BMI ≥25.0)	225	66.2	20.8	13.1
Normal range or underweight (BMI <25.0)	133	73.8	18.6	7.6
Health behaviour indicators				
Does not meet fruit intake recommendations	298	63.8	22.6	13.5
Meets fruit intake recommendations	276	65.4	20.3	14.3
Does not meet vegetable intake recommendations	526	62.2	25.6	12.2
Meets vegetable intake recommendations	46	78.6	3.6	17.8
Does not meet aerobic physical activity recommendations	216	50.1	29.7	20.2
Meets aerobic physical activity recommendations	344	69.4	19.8	10.7
Does not meet muscle strengthening recommendations	264	62.4	25.9	11.7
Meets muscle strengthening recommendations	213	68.0	17.1	15.0
Does not meet screen time recommendations	310	58.3	21.5	20.2
Meets screen time recommendations	245	66.9	26.5	6.6
Does not meet sleep recommendations	190	46.9	37.1	16.0
Meets sleep recommendations	364	69.9	17.5	12.6
Drinks sugar-sweetened beverages daily	103	55.0	29.0	16.0

Drinks sugar-sweetened beverages less than daily	473	64.0	23.2	12.8
Does not meet water recommendations	315	61.1	24.6	14.3
Meets water recommendations	246	70.0	20.2	9.8
Risk behaviour indicators²				
Current smoker	26	51.2	24.2	24.6
Ex-smoker	123	65.6	24.5	9.8
Never smoked	187	67.8	20.7	11.5
Current vaper*	9	65.2	2.9	31.9
Ex-vaper	27	36.8	37.1	26.0
Never vaped	297	68.1	22.0	10.0
Had more than 4 standard drinks on a single occasion	204	62.9	23.1	14.0
Has not had more than 4 standard drinks	132	70.1	20.9	9.0
Gambled	123	66.5	18.5	15.0
Never gambled	213	64.9	25.2	9.9

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

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 Central Goldfields Shire, are made where available.

5.1. Frequency of public open space use

Overall, 50.0% of Central Goldfields 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 54.4% of respondents reported being weekly users of public open space. Consistent with 2019, children (62.9%) were more likely to be weekly users of public open spaces compared to adults (46.7%). No significant differences were seen between males and females or between the two subregions. When looking at sex and age, females aged 3 to 11 were more likely to use public spaces once a week or more often compared to their older counterparts. Additionally, males aged 12 to 17 and 35 to 49 were more likely to public open spaces less frequently than those 18 to 34 years old.

Respondents who hold less than a Bachelor level education (44.1% vs 65.7%) were less likely to use public open spaces at least once per week compared to those who held a Bachelor degree or higher. Moreover, respondents living in more than 5 person (5.5%) households were less likely to use public open spaces monthly compared to those in 2-3 person (27.1%) or 4-5 person (31.0%) households and respondents who were not neurodivergent (23.4%) and were not sure what neurodivergent meant (30.3%) used public open spaces less frequently compared to those maybe neurodivergent (4.9%). This reinforces 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	540	50.0	25.6	24.3
Children	184	62.9	23.0	14.0
Adults	347	46.7	26.7	26.6
Males	170	55.9	26.7	17.4
Females	366	44.2	24.7	31.1
Sex and age				
Males, 3 to 11	43	65.1	27.9	7.0
Males, 12 to 17	61	63.9	19.7	16.4
Males, 18 to 34	5	69.4	30.6	0.0
Males, 35 to 49	23	47.7	22.8	29.5
Males, 50 to 69	22	50.0	33.1	16.9
Males, 70+	14	52.3	23.8	23.8
Females, 3 to 11	35	74.3	17.1	8.6
Females, 12 to 17	44	43.2	27.3	29.5
Females, 18 to 34	51	50.6	35.0	14.4
Females, 35 to 49	120	37.3	21.8	40.9
Females, 50 to 69	86	40.7	25.8	33.6
Females, 70+	25	29.2	13.4	57.4
Subregion				
Maryborough	394	54.0	25.7	20.3
Central Goldfields - excluding Maryborough	145	41.0	25.7	33.3
Demographic indicators				
Household size²				
1 person	41	46.2	20.8	33.0
2 or 3 people	155	48.3	27.1	24.7
4 or 5 people	132	42.7	31.0	26.3
More than 5 people	19	59.6	5.5	34.9
Born overseas*	27	33.5	28.7	37.8
Born in Australia	510	51.8	25.4	22.8
Speaks other main language*	6	5.3	48.4	46.3
Speaks English as main language	528	50.4	25.6	24.0
Aboriginal and/or Torres Strait Islander*	13	51.5	18.7	29.8
Not Aboriginal or Torres Strait Islander	525	50.0	25.8	24.1
LGBTQIA+*	17	34.4	51.0	14.7
Non-LGBTQIA+	517	51.2	24.9	23.9
Neurodivergent	52	45.6	36.7	17.7

Not neurodivergent	361	50.8	25.8	23.4
Maybe	23	61.0	34.1	4.9
Not sure what neurodivergent means	73	41.2	28.5	30.3
Less than Bachelor level education ²	233	44.1	27.2	28.8
Holds a Bachelor degree or higher	114	65.7	23.3	11.0
Unemployed/Retired ²	91	48.1	22.1	29.7
Employed	256	45.7	29.9	24.4
Just getting along, poor or very poor ²	143	52.2	17.1	30.7
Reasonably comfortable, very comfortable or prosperous	204	41.9	35.0	23.1
Requires help with daily activities	40	53.6	18.7	27.7
Does not require help	496	49.9	26.3	23.9
Food security (last 12 months)²				
Low or very low food security	83	46.3	17.5	36.2
Marginal food security	47	35.3	31.1	33.5
High food security	217	48.7	29.1	22.2

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Differences in public open space use were seen only for self-reported health, with a lower proportion of respondents with fair or poor health (29.6%) reported being weekly users of public open spaces compared to those with good, very good or excellent health (56.8%) (see Table 5.1.2).

Similarly, differences in public open space user were seen for fruit intake only. Specifically, a lower proportion of those who failed to meet fruit intake recommendations (39.9%) were weekly users of public open spaces compared to their counterparts who met the recommendation (59.0%). Assessed risk behaviours were not found to be associated with frequency of public open space use.

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	540	50.0	25.6	24.3
Health and wellbeing indicators				
Self-reported health - Fair or poor	92	29.6	29.3	41.1
Self-reported health - Good, very good, or excellent	422	56.8	24.4	18.7
Life satisfaction - Low to moderate (0 to 6) ²	109	42.2	23.0	34.8

Life satisfaction - High/very high (7 to 10)	219	48.8	28.3	22.9
Does not feel valued by society ²	81	31.9	30.7	37.4
Sometimes feel valued by society	161	55.1	21.1	23.8
Definitely feel valued by society	85	46.0	31.3	22.7
Poor mental wellbeing ²	93	44.3	16.3	39.5
Good mental wellbeing	254	47.3	29.2	23.5
Overweight or obese (BMI ≥25.0)	224	42.1	28.3	29.6
Normal range or underweight (BMI <25.0)	128	51.8	28.0	20.2
Health behaviour indicators				
Does not meet fruit intake recommendations	274	39.9	29.9	30.2
Meets fruit intake recommendations	250	59.0	23.0	18.0
Does not meet vegetable intake recommendations	485	49.5	27.1	23.5
Meets vegetable intake recommendations	40	56.3	15.6	28.0
Does not meet aerobic physical activity recommendations	202	40.9	27.2	31.9
Meets aerobic physical activity recommendations	312	53.8	24.1	22.1
Does not meet muscle strengthening recommendations	242	38.3	27.5	34.1
Meets muscle strengthening recommendations	191	55.8	25.6	18.6
Does not meet screen time recommendations	287	46.7	25.3	27.9
Meets screen time recommendations	230	51.8	27.6	20.6
Does not meet sleep recommendations	174	46.0	32.4	21.6
Meets sleep recommendations	343	51.0	22.9	26.1
Drinks sugar-sweetened beverages daily	97	54.2	22.9	23.0
Drinks sugar-sweetened beverages less than daily	439	48.5	26.8	24.7
Does not meet water recommendations	295	47.0	24.8	28.2
Meets water recommendations	229	53.0	29.2	17.8
Risk behaviour indicators²				
Current smoker	26	36.0	21.9	42.1
Ex-smoker	122	45.4	28.7	25.9
Never smoked	182	49.0	26.0	25.0
Current vaper*	9	82.0	15.1	2.9
Ex-vaper	27	70.0	18.8	11.2
Never vaped	291	43.5	27.8	28.6
Had more than 4 standard drinks on a single occasion	202	46.5	28.6	24.9
Has not had more than 4 standard drinks	128	46.9	23.0	30.1
Gambled	121	42.0	32.6	25.4

Never gambled	209	50.2	21.8	28.0
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¹ Base sizes include respondents living in Central Goldfields Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

5.2. Frequency of footpath use

Amongst residents who completed the 2025 ALC, around 71.9% used footpaths in the area at least once per week (see Table 5.2.1). Approximately 14.2% reported using footpaths less than once a month. No significant differences were seen according to age, sex and subregions. For males, those aged 3 to 11 years (18.6%) and 12 to 17 years (16.7%) were more likely to report using footpaths less often / never compared to males aged 18 to 34 years (0.0%).

Weekly usage was not found to be associated with any demographic indicators. However, monthly usage was lower amongst maybe neurodivergent respondents (2.7%) compared to those not neurodivergent (14.3%) and respondents in 4-5 person (22.5%) household use footpaths less frequently than those in single person households (3.9%).

Table 5.2.1 Frequency of footpath use by selected demographic characteristics

	Unweighted base ¹	Once a week or more often	< once a week, > once in the last 3 months	Less often / never
	n	%	%	%
Total sample	538	71.9	14.0	14.2
Children	182	70.6	14.3	15.0
Adults	347	71.8	14.3	14.0
Males	170	71.5	15.0	13.5
Females	364	72.2	12.9	14.9
Sex and age				
Males, 3 to 11	43	65.1	16.3	18.6
Males, 12 to 17	60	68.3	15.0	16.7
Males, 18 to 34	6	75.2	24.8	0.0
Males, 35 to 49	23	67.7	15.4	17.0
Males, 50 to 69	22	68.0	11.3	20.7
Males, 70+	14	76.2	15.9	7.9
Females, 3 to 11	33	75.8	12.1	12.1
Females, 12 to 17	45	75.6	13.3	11.1
Females, 18 to 34	52	74.9	14.8	10.3
Females, 35 to 49	120	69.5	10.8	19.8
Females, 50 to 69	85	69.1	13.0	17.9
Females, 70+	24	75.3	14.3	10.5
Subregion				
Maryborough	391	73.2	12.5	14.2

Central Goldfields - excluding Maryborough	147	68.9	17.0	14.1
Demographic indicators				
Household size²				
1 person	43	76.4	19.8	3.9
2 or 3 people	152	73.3	14.5	12.2
4 or 5 people	133	67.1	10.4	22.5
More than 5 people	19	58.7	17.9	23.4
Born overseas*	27	77.7	11.1	11.1
Born in Australia	507	71.4	14.3	14.3
Speaks other main language*	6	25.3	37.4	37.4
Speaks English as main language	525	72.4	13.8	13.8
Aboriginal and/or Torres Strait Islander*	12	71.0	29.0	0.0
Not Aboriginal or Torres Strait Islander	524	71.9	13.6	14.5
LGBTQIA+*	18	53.0	45.3	1.6
Non-LGBTQIA+	516	72.8	12.6	14.6
Neurodivergent	51	68.1	18.5	13.4
Not neurodivergent	359	70.3	14.3	15.4
Maybe	23	85.7	2.7	11.6
Not sure what neurodivergent means	74	66.5	18.1	15.4
Less than Bachelor level education ²	233	70.9	15.3	13.8
Holds a Bachelor degree or higher	113	77.2	6.9	15.9
Unemployed/Retired ²	89	76.1	16.7	7.2
Employed	257	68.6	12.7	18.6
Just getting along, poor or very poor ²	143	72.4	16.7	10.9
Reasonably comfortable, very comfortable or prosperous	203	71.0	12.3	16.7
Requires help with daily activities	40	71.0	13.4	15.7
Does not require help	493	72.0	14.1	13.9
Food security (last 12 months)²				
Low or very low food security	83	68.2	15.3	16.5
Marginal food security	47	53.1	25.8	21.0
High food security	216	75.7	12.2	12.1

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Weekly footpath use was not found to be associated with any health and wellbeing, health and risk behaviour indicators (see Table 5.2.2). However, a higher proportion of respondents who were overweight or obese (17.2%) and did not meet aerobic physical activity (24.8%) recommendations were less frequent footpath users compared to those underweight or normal weight (5.8%) and met the aerobic physical activity recommendations (9.8%).

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	538	71.9	14.0	14.2
Health and wellbeing indicators				
Self-reported health - Fair or poor	91	61.3	17.9	20.8
Self-reported health - Good, very good, or excellent	422	75.7	12.3	12.0
Life satisfaction - Low to moderate (0 to 6) ²	109	66.4	19.2	14.4
Life satisfaction - High/very high (7 to 10)	219	74.5	11.4	14.1
Does not feel valued by society ²	83	67.6	19.2	13.2
Sometimes feel valued by society	159	76.0	11.9	12.2
Definitely feel valued by society	86	69.8	12.3	17.9
Poor mental wellbeing ²	92	66.5	9.4	24.1
Good mental wellbeing	255	73.0	15.4	11.6
Overweight or obese (BMI ≥25.0)	224	66.1	16.7	17.2
Normal range or underweight (BMI <25.0)	130	81.3	12.9	5.8
Health behaviour indicators				
Does not meet fruit intake recommendations	273	66.5	18.2	15.3
Meets fruit intake recommendations	248	76.7	9.5	13.8
Does not meet vegetable intake recommendations	483	71.4	14.0	14.6
Meets vegetable intake recommendations	39	70.7	19.3	10.0
Does not meet aerobic physical activity recommendations	201	63.0	12.2	24.8
Meets aerobic physical activity recommendations	312	75.2	14.9	9.8
Does not meet muscle strengthening recommendations	240	66.0	16.5	17.6
Meets muscle strengthening recommendations	191	71.4	15.5	13.1
Does not meet screen time recommendations	289	68.3	15.8	15.9
Meets screen time recommendations	227	74.8	12.7	12.5
Does not meet sleep recommendations	173	72.8	12.5	14.7
Meets sleep recommendations	342	72.0	13.4	14.6
Drinks sugar-sweetened beverages daily	97	79.8	8.9	11.3
Drinks sugar-sweetened beverages less than daily	436	69.4	15.7	14.9
Does not meet water recommendations	293	69.4	14.5	16.1
Meets water recommendations	229	75.4	13.6	11.1

Risk behaviour indicators ²				
Current smoker	25	72.3	19.2	8.5
Ex-smoker	122	73.4	18.2	8.4
Never smoked	183	70.9	10.7	18.3
Current vaper*	9	97.1	2.9	0.0
Ex-vaper	27	75.4	13.7	10.8
Never vaped	291	70.4	14.5	15.1
Had more than 4 standard drinks on a single occasion	202	70.6	15.8	13.6
Has not had more than 4 standard drinks	128	74.0	10.7	15.2
Gambled	121	68.7	13.5	17.7
Never gambled	209	74.3	14.2	11.5

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

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

Amongst residents who completed the 2025 ALC, around 34.8% used off-road walking and cycling tracks in the area at least once per week (see Table 5.3.1). No significant differences were seen according to age group, sex and subregion. For sex and age, among males, those aged 3 to 11 years (39.5%), 12 to 17 years (39.3%) and 35 to 49 years (45.0%) were more likely to use off-road walking and cycling tracks less often / never compared to males aged 18 to 34 years (7.4%). Among females, those aged 70 years and over were most likely to use these tracks less often / never (73.2%), compared to females aged 18 to 34 years (36.8%).

Weekly usage was lower amongst respondents who were not sure what neurodivergent meant (10.2%) compared to those not neurodivergent (40.9%), suggesting that they may benefit from targeted promotion efforts.

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	529	34.8	23.6	41.6
Children	181	31.1	24.6	44.3
Adults	339	34.3	23.8	41.8
Males	169	40.2	25.7	34.1
Females	356	29.3	21.5	49.3
Sex and age				
Males, 3 to 11	43	30.2	30.2	39.5
Males, 12 to 17	61	36.1	24.6	39.3

Males, 18 to 34	5	0.0	92.6	7.4
Males, 35 to 49	22	30.1	24.9	45.0
Males, 50 to 69	22	46.2	16.2	37.6
Males, 70+	14	50.0	15.9	34.1
Females, 3 to 11	32	31.3	18.8	50.0
Females, 12 to 17	44	27.3	22.7	50.0
Females, 18 to 34	52	38.9	24.3	36.8
Females, 35 to 49	117	20.9	23.8	55.3
Females, 50 to 69	84	28.0	24.4	47.6
Females, 70+	22	19.8	7.0	73.2
Subregion				
Maryborough	383	37.6	24.6	37.8
Central Goldfields - excluding Maryborough	145	29.1	20.9	50.0
Demographic indicators				
Household size²				
1 person	40	30.8	24.8	44.4
2 or 3 people	149	38.4	22.9	38.7
4 or 5 people	131	28.9	25.3	45.9
More than 5 people	19	28.1	22.0	49.8
Born overseas*	26	31.2	31.6	37.2
Born in Australia	500	35.2	22.9	41.9
Speaks other main language*	5	4.2	63.9	31.9
Speaks English as main language	519	34.6	23.4	42.0
Aboriginal and/or Torres Strait Islander*	12	31.5	8.3	60.3
Not Aboriginal or Torres Strait Islander	515	34.9	23.9	41.1
LGBTQIA+*	17	30.1	43.2	26.7
Non-LGBTQIA+	509	35.1	22.8	42.1
Neurodivergent	51	26.6	32.4	41.1
Not neurodivergent	354	40.9	19.8	39.3
Maybe	22	22.5	34.8	42.6
Not sure what neurodivergent means	74	10.2	35.5	54.2
Less than Bachelor level education ²	226	33.2	24.7	42.1
Holds a Bachelor degree or higher	113	42.7	17.5	39.7
Unemployed/Retired ²	86	40.8	17.2	42.0
Employed	253	29.8	28.5	41.7
Just getting along, poor or very poor ²	141	32.8	21.9	45.3
Reasonably comfortable, very comfortable or prosperous	198	35.7	25.5	38.8
Requires help with daily activities	40	30.5	16.8	52.7
Does not require help	485	35.2	24.2	40.7
Food security (last 12 months)²				

Low or very low food security	83	27.2	12.5	60.3
Marginal food security	45	32.0	31.4	36.6
High food security	211	37.2	26.5	36.2

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Off-road walking and cycling track use was associated with self-reported health only (see Table 5.3.2). Weekly use was less frequent among those who reported fair or poor health (14.3%) compared to those with good, very good or excellent health (43.2%). Additionally, a higher proportion of those who reported not meeting fruit intake (50.7% vs 32.7%) and muscle strengthening recommendations (51.8% vs 32.5%) used off-road walking and cycling tracks less often / never compared to their counterparts who had met those health recommendations. Similarly, respondents who were ex-smokers (29.5%) were more likely to use off-road walking and cycling tracks less than once a week but more than once in the last 3 months compared to current smokers (6.2%).

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	529	34.8	23.6	41.6
Health and wellbeing indicators				
Self-reported health - Fair or poor	89	14.3	30.6	55.1
Self-reported health - Good, very good, or excellent	416	43.2	19.6	37.2
Life satisfaction - Low to moderate (0 to 6) ²	106	22.5	25.7	51.7
Life satisfaction - High/very high (7 to 10)	215	42.1	20.3	37.6
Does not feel valued by society ²	79	26.4	19.4	54.2
Sometimes feel valued by society	156	40.7	21.2	38.2
Definitely feel valued by society	85	37.0	24.4	38.6
Poor mental wellbeing ²	91	22.0	22.2	55.8
Good mental wellbeing	248	37.3	24.2	38.5
Overweight or obese (BMI ≥25.0)	216	21.3	29.5	49.2
Normal range or underweight (BMI <25.0)	129	41.9	22.1	36.0
Health behaviour indicators				
Does not meet fruit intake recommendations	266	25.6	23.7	50.7
Meets fruit intake recommendations	247	41.0	26.3	32.7
Does not meet vegetable intake recommendations	475	33.1	24.4	42.5
Meets vegetable intake recommendations	39	51.3	21.0	27.8

Does not meet aerobic physical activity recommendations	198	31.5	17.2	51.3
Meets aerobic physical activity recommendations	308	34.8	27.0	38.2
Does not meet muscle strengthening recommendations	239	22.7	25.5	51.8
Meets muscle strengthening recommendations	188	37.2	30.2	32.5
Does not meet screen time recommendations	283	33.7	21.5	44.8
Meets screen time recommendations	225	33.8	26.6	39.6
Does not meet sleep recommendations	169	30.0	24.3	45.7
Meets sleep recommendations	339	36.5	21.7	41.8
Drinks sugar-sweetened beverages daily	96	31.6	22.2	46.1
Drinks sugar-sweetened beverages less than daily	429	35.1	24.3	40.6
Does not meet water recommendations	289	30.5	22.7	46.8
Meets water recommendations	225	38.7	26.7	34.6
Risk behaviour indicators²				
Current smoker	25	33.4	6.2	60.3
Ex-smoker	120	27.6	29.5	42.9
Never smoked	178	40.9	20.0	39.1
Current vaper*	9	72.9	12.2	14.9
Ex-vaper	27	31.9	46.0	22.1
Never vaped	285	34.8	20.6	44.5
Had more than 4 standard drinks on a single occasion	200	36.8	23.8	39.4
Has not had more than 4 standard drinks	123	34.0	18.9	47.1
Gambled	117	30.6	28.1	41.3
Never gambled	206	39.7	17.4	42.8

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

5.4. Use of other public facilities or open spaces

All respondents were asked to indicate the other types of public facilities or open spaces they had used in the last 12 months from a list provided. As the prior question asked about frequency of use of public open spaces more broadly, footpaths and off-road walking or cycling tracks, these were excluded from the list of other facilities or open spaces provided. Overall, 5.9% 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 of respondents (61.6%) having used them. The next most common were sports grounds, ovals and clubrooms (50.1%), indoor sports / leisure / fitness centres (39.9%), swimming pools or splash parks (35.6%), playgrounds (28.0%) and community gardens (24.9%). This list remains similar to that reported in 2019.

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

	All respondents
	%
Unweighted base (n)¹	512
Parks	61.6
Sports grounds, ovals and clubrooms	50.1
Indoor sports / leisure / fitness centres	39.9
Swimming pools / splash parks	35.6
Playgrounds	28.0
Community gardens	24.9
Halls / community centres	23.5
Skateparks / BMX	14.4
Hard courts (e.g., netball / tennis)	13.0
Other	6.3
After hours usage of education facilities (e.g., school, TAFE, university)	4.1

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

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

There were significant differences by age group for several facility types. Children were more likely than adults to use sports grounds, ovals and clubrooms, indoor sports / leisure / fitness centres, swimming pools / splash parks, playgrounds, skateparks / BMX tracks and hard courts. Females were more likely than males to use swimming pools / splash parks and playgrounds. Use of indoor sports / leisure / fitness centres also differed by subregion, with Maryborough residents more likely to use these facilities than residents in the rest of Central Goldfields.

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

- Those from single person households are less likely to use swimming pools / splash parks, playgrounds, skateparks / BMX tracks and hard courts compared to those in 4-5 person households
- Those who held less than Bachelor level education were less likely to use parks and swimming pools / splash parks compared to those who hold a Bachelor degree or higher

- Those who reported fair or poor health were less likely to use skateparks / BMX tracks and hard courts compared to those with good, very good or excellent self-reported health
- Those who did not meet water consumption recommendations were more likely to use halls / community centres whereas those who did meet the recommendations use playgrounds more frequently
- Current smokers were less likely to use sports grounds, ovals and clubrooms, indoor sports / leisure / fitness centres and hard courts compared to those who never smoked

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	Indoor sports / leisure / fitness centres	Swimming pools / splash parks	Playgrounds	Community gardens	Halls / community centres	Skateparks / BMX	Hard courts (e.g., netball / tennis)
	n	%	%	%	%	%	%	%	%	%
Total sample	512	61.6	50.1	39.9	35.6	28.0	24.9	23.5	14.4	13.0
Children	173	57.4	70.9	49.1	57.0	58.7	19.6	19.8	41.0	28.0
Adults	331	62.5	46.8	37.7	31.6	21.9	25.4	24.6	8.8	10.4
Males	164	62.7	56.7	41.9	26.6	18.7	22.9	21.9	13.1	8.8
Females	346	61.8	44.2	38.7	46.2	38.8	27.7	25.8	13.7	17.9
Sex and age										
Males, 3 to 11	42	71.4	73.8	42.9	64.3	83.3	21.4	14.3	71.4	16.7
Males, 12 to 17	57	35.1	84.2	59.6	35.1	21.1	7.0	8.8	24.6	19.3
Males, 18 to 34	6	43.6	81.2	81.2	43.6	18.8	0.0	0.0	0.0	18.8
Males, 35 to 49	22	67.9	70.8	34.7	56.5	22.5	5.0	17.2	14.7	17.5
Males, 50 to 69	23	78.7	51.7	27.8	16.1	10.7	23.2	34.1	5.3	5.3
Males, 70+	12	55.7	35.4	38.0	2.6	0.0	44.3	26.6	0.0	0.0
Females, 3 to 11	34	64.7	61.8	41.2	70.6	79.4	32.4	32.4	35.3	38.2
Females, 12 to 17	40	47.5	62.5	60.0	50.0	27.5	12.5	25.0	12.5	45.0
Females, 18 to 34	51	50.6	56.0	37.0	54.6	54.5	23.5	19.7	13.6	19.7
Females, 35 to 49	114	64.5	62.8	44.0	47.5	44.8	22.0	13.6	30.1	26.0
Females, 50 to 69	79	70.7	32.7	31.2	35.2	22.3	33.3	27.3	2.4	9.3
Females, 70+	23	56.9	9.5	43.0	38.9	18.1	26.4	45.8	2.8	1.4
Subregion										
Maryborough	371	64.4	55.0	46.0	36.6	28.9	25.8	21.5	15.9	13.4
Central Goldfields - excluding Maryborough	140	54.8	39.5	26.6	32.7	26.2	22.3	27.6	11.0	12.2
Demographic indicators										

Household size²

1 person	39	79.1	29.0	32.7	31.5	5.5	44.4	24.2	0.4	3.6
2 or 3 people	148	58.7	44.9	35.6	22.1	18.5	21.3	22.9	5.7	7.7
4 or 5 people	127	62.2	59.6	44.3	48.3	35.1	23.5	28.3	18.6	19.5
More than 5 people	17	48.1	59.6	44.2	76.4	65.0	27.1	26.7	27.7	15.2
Born overseas*	26	69.0	13.1	50.1	33.2	9.2	17.6	49.5	4.8	8.2
Born in Australia	483	61.0	53.9	39.2	36.0	29.9	25.7	20.9	15.4	13.5
Speaks other main language*	5	85.7	26.0	22.8	22.8	26.0	8.4	8.4	8.4	8.4
Speaks English as main language	501	61.0	50.2	39.7	36.3	27.5	24.5	22.7	13.7	12.4
Aboriginal and/or Torres Strait Islander*	13	49.9	30.5	11.4	50.8	15.2	17.7	27.0	35.3	0.0
Not Aboriginal or Torres Strait Islander	498	62.0	50.8	41.0	35.0	28.5	25.2	23.4	13.6	13.5
LGBTQIA+*	16	49.5	42.9	55.1	63.4	27.5	25.5	30.5	2.4	8.2
Non-LGBTQIA+	492	62.1	51.0	39.7	34.7	28.3	25.2	23.0	15.1	13.4
Neurodivergent	47	69.2	55.9	36.4	51.5	36.0	28.5	32.0	15.9	8.2
Not neurodivergent	347	61.5	56.4	38.6	35.0	29.4	29.2	21.1	15.2	14.4
Maybe	23	51.9	41.8	38.1	62.1	74.3	13.6	29.2	31.7	9.1
Not sure what neurodivergent means	63	57.1	38.9	38.1	29.4	18.8	10.9	23.6	7.8	10.3
Less than Bachelor level education ²	218	59.9	45.1	35.6	28.8	20.6	24.5	23.2	7.9	10.0
Holds a Bachelor degree or higher	112	84.4	61.5	54.9	53.3	32.7	33.5	32.2	15.6	13.9
Unemployed/Retired ²	87	65.6	33.8	30.6	18.6	18.5	31.1	28.9	5.1	4.8
Employed	243	60.9	56.1	42.9	40.7	24.4	21.8	21.0	11.4	14.4
Just getting along, poor or very poor ²	131	62.2	43.1	34.1	31.5	21.9	26.9	24.7	9.0	8.7
Reasonably comfortable, very comfortable or prosperous	199	63.3	50.2	40.9	31.9	22.1	24.5	23.9	8.7	11.9
Requires help with daily activities	35	79.1	57.7	22.3	64.5	52.9	21.4	24.5	29.5	6.4
Does not require help	473	60.6	49.9	41.2	34.0	26.7	25.3	23.2	13.5	13.5

Food security (last 12 months)²

Low or very low food security	76	49.4	48.1	21.8	32.3	31.1	22.5	29.4	20.7	9.3
Marginal food security	45	54.0	47.9	33.1	53.7	21.2	15.7	25.0	11.7	11.3
High food security	209	68.8	46.5	44.2	28.0	19.0	28.2	22.4	4.3	10.8

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

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

	Unweighted base ¹	Parks	Sports grounds, ovals and clubrooms	Indoor sports / leisure / fitness centres	Swimming pools / splash parks	Playgrounds	Community gardens	Halls / community centres	Skateparks / BMX	Hard courts (e.g., netball / tennis)
	n	%	%	%	%	%	%	%	%	%
Total sample	512	61.6	50.1	39.9	35.6	28.0	24.9	23.5	14.4	13.0
Health and wellbeing indicators										
Self-reported health - Fair or poor	83	54.3	45.0	31.8	36.1	23.6	22.8	24.2	6.7	4.0
Self-reported health - Good, very good, or excellent	407	63.6	52.6	42.7	36.4	29.8	26.8	24.5	15.5	14.8
Life satisfaction - Low to moderate (0 to 6) ²	99	52.2	54.5	29.4	33.5	24.9	22.7	30.6	10.1	10.1
Life satisfaction - High/very high (7 to 10)	215	67.2	44.0	41.8	31.5	20.7	28.3	23.6	6.3	8.9
Does not feel valued by society ²	73	59.5	52.6	19.8	36.7	21.7	26.1	25.5	11.4	11.0
Sometimes feel valued by society	157	65.2	51.6	42.4	37.5	23.5	25.8	20.3	8.0	9.7
Definitely feel valued by society	83	60.7	37.5	46.3	20.1	20.2	27.3	33.4	3.3	7.4
Poor mental wellbeing ²	84	64.0	59.9	29.5	39.2	28.6	19.0	19.0	18.5	10.9
Good mental wellbeing	247	62.2	44.0	39.4	29.9	20.5	26.8	25.8	6.7	10.4
Overweight or obese (BMI ≥25.0)	214	57.7	48.2	39.8	36.3	26.3	17.0	24.9	11.3	8.2
Normal range or underweight (BMI <25.0)	126	60.6	44.2	44.8	36.8	32.9	24.6	20.7	13.1	15.9
Health behaviour indicators										

Does not meet fruit intake recommendations	257	58.4	43.9	34.6	34.6	25.6	18.0	27.4	10.7	10.5
Meets fruit intake recommendations	241	63.9	60.4	48.8	40.0	33.3	28.8	16.9	19.7	18.2
Does not meet vegetable intake recommendations	459	62.8	52.2	40.2	35.7	27.7	24.8	23.3	12.5	12.8
Meets vegetable intake recommendations	40	67.7	46.5	31.8	48.6	42.1	29.1	19.2	21.7	25.8
Does not meet aerobic physical activity recommendations	184	63.7	58.5	36.4	38.7	40.1	29.6	30.0	21.7	14.2
Meets aerobic physical activity recommendations	302	60.3	48.6	42.0	34.9	23.0	21.8	20.6	10.6	13.1
Does not meet muscle strengthening recommendations	223	61.3	42.4	32.5	38.5	28.9	18.8	26.1	12.8	10.4
Meets muscle strengthening recommendations	187	59.0	57.5	48.5	33.2	21.6	21.8	20.3	11.9	15.7
Does not meet screen time recommendations	270	53.3	50.6	35.7	34.9	28.3	23.0	21.4	16.4	15.7
Meets screen time recommendations	221	70.0	49.8	43.2	35.2	26.5	26.1	26.0	11.1	10.8
Does not meet sleep recommendations	163	68.1	57.9	31.3	30.8	33.0	28.3	25.1	15.5	14.2
Meets sleep recommendations	327	61.5	47.7	40.9	37.1	24.6	23.7	23.9	13.6	13.2
Drinks sugar-sweetened beverages daily	88	59.9	56.8	33.3	41.1	28.2	24.1	24.5	9.2	9.1
Drinks sugar-sweetened beverages less than daily	420	61.8	48.2	42.4	34.8	28.5	25.6	23.2	16.0	14.3
Does not meet water recommendations	278	64.0	46.3	38.8	34.9	22.9	25.4	27.5	10.1	11.1
Meets water recommendations	219	58.3	59.9	44.6	40.2	39.9	20.1	14.1	18.9	18.2
Risk behaviour indicators²										
Current smoker	25	77.8	25.3	7.7	23.9	18.3	12.6	27.0	7.1	1.1
Ex-smoker	114	72.5	39.3	49.4	41.3	32.2	26.5	27.4	11.6	13.8
Never smoked	177	54.5	55.2	36.2	28.5	17.0	28.8	24.8	5.3	8.0
Current vaper*	9	75.8	69.8	57.8	47.2	59.1	70.0	31.9	49.8	34.8
Ex-vaper	27	78.2	76.2	57.6	64.6	44.0	26.1	12.9	12.6	15.1
Never vaped	278	60.8	44.2	35.7	29.3	18.6	24.8	26.3	5.4	7.9

Had more than 4 standard drinks on a single occasion	196	61.9	52.5	39.4	41.2	23.3	19.1	22.6	9.1	12.1
Has not had more than 4 standard drinks	120	63.4	38.5	35.1	16.8	19.8	39.4	31.4	4.7	4.4
Gambled	117	61.5	49.6	35.8	34.6	18.9	22.6	20.3	4.5	5.4
Never gambled	199	63.2	45.6	39.4	30.4	24.4	29.7	30.0	9.8	12.3

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

5.4.2. Reasons for use of public facilities or open spaces

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

The top two reasons for use of public facilities and open spaces were each selected by more than half of respondents: for exercise or health and fitness (65.1%) and socialising with family or friends (55.5%). The next most frequently reported reasons were for fun or enjoyment (46.6%), mental health and wellbeing (38.2%) and exercising the dog (28.6%).

The top three main reasons reported for using public facilities and open spaces were the same as those reported in the 2019 ALC, with a similar frequency reporting these reasons. However, respondents to the 2019 ALC reported using public facilities or open spaces for unstructured physical recreation facilities (46.9%) and commuting (21.5%) more frequently compared to 2025 respondents (28.1% and 6.0%, 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.

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

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

	All respondents
	%
Unweighted base (n)¹	510
Exercise / health and fitness	65.1
Socialising with family / friends	55.5
For fun / enjoyment	46.6
For my mental health and wellbeing	38.2
Exercising the dog	28.6
Unstructured physical recreation activities	28.1
For time to myself	27.7
Organised sport (e.g., cricket or netball for a club)	27.5
Entertaining kids / watching kids' activities	24.5
Getting back to nature	19.3
Community event / performance	14.2
Commuting (i.e., to get from a to b)	6.0
Some other reason	5.2
Taking part in cultural activities or events on Country	2.8

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

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

Children were more likely than adults to use public facilities and open spaces for socialising with family/friends, fun/enjoyment, and organised sport. Adults were more likely than children to use public facilities and open spaces for mental health and wellbeing and to have time to themselves. Females were more likely than males to use them for entertaining kids and watching kids' activities compared to males. Differences in use of public facilities and open spaces for various reasons were seen across a number of demographic indicators (see Table 5.4.2.2 for more detail). Likewise, there were differences in reasons for usage for many health and wellbeing indicators, health behaviours and risk behaviours (see Tables 5.4.2.3 for more detail).

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

	Unweighted base ¹	Exercise / health and fitness	Socialising with family / friends	For fun / enjoyment	For my mental health and wellbeing	Exercising the dog	Unstructured physical recreation activities	For time to myself	Organised sport	Entertaining kids / watching kids' activities	Getting back to nature
	n	%	%	%	%	%	%	%	%	%	%
Total sample	510	65.1	55.5	46.6	38.2	28.6	28.1	27.7	27.5	24.5	19.3
Children	171	62.5	74.9	78.3	19.5	20.2	36.3	10.7	58.7	19.1	10.9
Adults	330	65.2	51.8	40.8	42.3	29.9	26.6	30.9	21.7	25.9	20.8
Males	162	66.9	47.0	40.8	36.9	23.5	27.4	25.8	30.6	17.8	14.9
Females	346	63.2	64.3	52.5	39.6	33.8	28.9	29.7	24.1	31.6	24.0
Sex and age											
Males, 3 to 11	42	73.8	73.8	90.5	14.3	16.7	38.1	7.1	52.4	16.7	9.5
Males, 12 to 17	56	57.1	58.9	58.9	21.4	12.5	25.0	14.3	69.6	3.6	5.4
Males, 18 to 34	6	62.4	62.4	43.6	18.8	0.0	18.8	0.0	81.2	37.6	0.0
Males, 35 to 49	22	62.4	53.6	53.2	37.2	46.0	22.5	20.8	31.1	44.0	11.1
Males, 50 to 69	23	71.5	26.8	30.6	45.6	24.2	20.6	49.1	20.6	17.9	27.8
Males, 70+	11	61.1	51.4	22.3	48.6	29.1	38.9	19.4	0.0	0.0	9.7
Females, 3 to 11	32	53.1	84.4	87.5	25.0	25.0	46.9	9.4	56.3	40.6	21.9
Females, 12 to 17	41	61.0	82.9	65.9	19.5	29.3	31.7	14.6	61.0	12.2	4.9
Females, 18 to 34	51	62.8	70.4	68.9	36.2	35.6	25.6	28.7	21.2	46.2	17.4
Females, 35 to 49	115	61.0	63.1	49.9	34.2	34.0	27.8	34.8	34.4	53.4	16.0
Females, 50 to 69	78	61.9	54.9	40.7	52.2	32.7	25.3	30.4	13.7	21.0	30.6
Females, 70+	24	77.7	53.2	29.7	44.6	38.3	33.3	42.1	8.7	13.7	39.6
Subregion											
Maryborough	368	69.2	56.0	49.0	38.1	30.9	26.3	27.6	28.4	26.4	15.3
Central Goldfields - excluding Maryborough	141	55.9	54.3	41.0	38.0	23.0	31.6	27.4	25.9	20.7	27.3
Demographic indicators											

Household size²

1 person	41	87.6	35.4	43.8	67.1	30.0	24.9	34.9	11.9	7.7	35.9
2 or 3 people	145	66.4	54.6	35.8	41.0	32.1	29.7	24.4	20.1	22.1	17.4
4 or 5 people	127	49.7	53.3	46.8	29.5	24.3	20.3	41.0	29.4	39.1	18.9
More than 5 people	17	71.5	83.6	73.3	62.4	50.2	44.9	41.0	34.5	94.5	24.1
Born overseas*	27	75.9	34.0	59.5	48.9	47.9	40.0	41.4	22.4	9.7	44.8
Born in Australia	479	64.0	57.4	45.1	36.9	26.8	27.1	26.5	28.1	26.3	16.9
Speaks other main language*	5	82.4	8.4	68.1	8.4	63.9	8.4	4.2	8.4	26.0	8.4
Speaks English as main language	498	64.5	56.1	46.5	38.6	28.6	28.8	27.4	28.0	24.9	19.8
Aboriginal and/or Torres Strait Islander*	12	53.8	65.5	61.9	54.0	51.2	25.2	14.7	22.2	48.6	23.4
Not Aboriginal or Torres Strait Islander	496	65.4	55.2	46.1	37.8	28.0	28.2	28.0	27.6	24.0	19.2
LGBTQIA+*	17	61.6	47.3	66.2	32.9	44.4	14.7	21.6	7.8	22.9	13.6
Non-LGBTQIA+	488	65.1	55.8	45.7	38.4	28.1	29.1	28.3	28.7	24.9	19.8
Neurodivergent	47	48.7	56.5	52.9	38.3	32.8	32.3	31.3	29.7	20.0	20.1
Not neurodivergent	343	62.6	57.3	48.9	37.9	33.1	29.9	28.3	29.8	24.4	20.6
Maybe	23	47.6	75.6	62.2	21.4	14.5	22.8	17.6	14.9	34.9	7.0
Not sure what neurodivergent means	63	71.7	59.1	40.2	41.5	15.6	19.2	22.4	30.5	32.9	15.1
Less than Bachelor level education ²	218	63.5	48.4	37.7	40.9	30.3	24.8	30.0	20.6	23.0	19.2
Holds a Bachelor degree or higher	111	76.5	74.5	61.0	50.3	29.0	41.1	39.5	30.5	48.6	33.3
Unemployed/Retired ²	88	69.0	46.3	32.7	49.1	34.9	31.1	30.1	6.1	16.8	20.7
Employed	241	62.2	55.2	45.9	37.0	26.7	23.7	31.8	32.9	32.5	21.1
Just getting along, poor or very poor ²	129	63.0	46.2	32.5	39.2	33.9	28.1	26.5	16.8	24.1	14.5
Reasonably comfortable, very comfortable or prosperous	200	66.6	55.6	46.6	44.2	27.2	25.8	34.7	25.6	27.5	25.9
Requires help with daily activities	34	61.2	56.6	62.8	36.9	39.8	23.5	28.2	22.7	37.0	20.4
Does not require help	471	65.3	55.1	45.4	38.1	28.0	28.6	27.8	27.9	24.0	19.4

Food security (last 12 months)²											
Low or very low food security	75	55.5	58.3	42.0	33.9	25.3	21.8	27.9	19.9	28.7	10.9
Marginal food security	45	45.3	31.9	62.9	37.2	22.7	19.6	28.1	15.3	25.3	19.8
High food security	209	71.0	52.7	36.4	45.2	32.7	29.4	32.5	23.4	25.4	24.1

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

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

	Unweighted base ¹	Exercise / health and fitness	Socialising with family / friends	For fun / enjoyment	For my mental health and wellbeing	Exercising the dog	Unstructured physical recreation activities	For time to myself	Organised sport	Entertaining kids / watching kids' activities	Getting back to nature
	n	%	%	%	%	%	%	%	%	%	%
Total sample	510	65.1	55.5	46.6	38.2	28.6	28.1	27.7	27.5	24.5	19.3
Health and wellbeing indicators											
Self-reported health - Fair or poor	84	43.5	51.2	32.7	35.0	24.0	21.1	20.9	25.7	22.2	21.7
Self-reported health - Good, very good, or excellent	409	71.4	56.8	49.6	39.1	30.2	31.2	30.7	27.6	23.6	19.5
Life satisfaction - Low to moderate (0 to 6) ²	99	54.3	49.4	35.5	25.8	23.5	16.3	18.2	28.6	25.5	16.1
Life satisfaction - High/very high (7 to 10)	216	69.2	52.8	40.9	49.6	33.0	32.3	37.8	17.7	23.9	24.1
Does not feel valued by society ²	72	52.1	32.5	43.7	35.6	23.8	11.2	32.6	19.1	23.3	19.6
Sometimes feel valued by society	158	73.6	60.7	41.3	40.4	36.7	33.1	35.7	22.0	27.9	17.1
Definitely feel valued by society	84	61.0	53.1	32.3	49.6	24.8	30.6	25.0	21.3	20.2	29.0
Poor mental wellbeing ²	84	55.1	53.8	41.2	39.0	33.8	27.3	26.3	27.8	30.6	20.3
Good mental wellbeing	246	67.4	51.3	40.7	43.0	29.1	26.5	31.9	20.3	24.9	21.0
Overweight or obese (BMI ≥25.0)	213	60.1	62.4	48.1	39.5	23.8	26.9	23.6	26.9	25.3	24.1
Normal range or underweight (BMI <25.0)	128	63.6	53.2	48.9	36.5	17.5	34.0	22.8	35.1	28.3	19.7

Health behaviour indicators											
Does not meet fruit intake recommendations	258	58.3	51.7	38.3	29.9	27.2	23.3	20.0	26.7	22.6	16.3
Meets fruit intake recommendations	238	71.6	61.4	59.4	50.1	31.0	35.7	39.1	29.8	28.4	23.5
Does not meet vegetable intake recommendations	456	63.4	54.8	46.3	38.0	27.4	27.8	27.2	28.5	25.3	17.7
Meets vegetable intake recommendations	41	76.5	69.3	57.0	45.5	45.5	37.1	37.6	22.0	22.3	43.6
Does not meet aerobic physical activity recommendations	181	44.6	58.1	43.1	20.5	21.7	21.5	18.0	32.2	25.9	16.8
Meets aerobic physical activity recommendations	302	71.9	54.4	48.4	46.7	31.4	31.4	31.9	26.5	25.1	20.1
Does not meet muscle strengthening recommendations	220	54.5	54.9	49.8	35.3	27.8	28.3	21.4	24.4	25.0	20.2
Meets muscle strengthening recommendations	188	72.8	61.9	48.3	45.3	28.6	34.3	32.3	34.4	27.9	20.4
Does not meet screen time recommendations	269	55.0	54.9	45.1	31.0	24.6	23.4	25.0	28.7	19.2	18.7
Meets screen time recommendations	219	73.3	54.8	47.2	45.1	31.2	32.6	31.0	25.9	31.2	19.0
Does not meet sleep recommendations	162	61.4	53.9	40.6	34.3	29.4	19.4	24.5	29.3	26.4	13.0
Meets sleep recommendations	324	66.0	55.6	49.2	40.8	29.3	33.1	30.5	26.5	23.7	22.6
Drinks sugar-sweetened beverages daily	88	62.3	43.1	36.5	21.7	27.8	22.4	26.5	22.9	23.3	8.7
Drinks sugar-sweetened beverages less than daily	417	65.5	59.1	49.6	41.7	28.2	30.3	27.4	29.2	25.4	22.6
Does not meet water recommendations	280	63.8	54.6	41.4	33.7	22.6	23.2	21.6	23.5	23.0	17.3
Meets water recommendations	216	65.8	57.1	57.1	47.7	39.0	38.3	38.7	36.1	29.1	23.2
Risk behaviour indicators ²											
Current smoker	25	52.2	29.0	42.9	31.8	30.3	23.9	9.7	8.4	12.4	20.1
Ex-smoker	114	68.5	51.4	38.1	46.9	22.2	31.1	38.0	23.7	34.0	30.4
Never smoked	178	64.3	55.5	39.2	41.3	34.5	25.8	31.7	21.5	20.9	16.9
Current vaper*	9	70.0	40.9	24.4	23.0	2.9	15.1	44.1	5.8	30.0	24.4
Ex-vaper	27	77.8	84.8	48.1	38.4	22.9	50.6	18.2	48.1	36.4	17.1

Never vaped	279	63.5	49.9	39.4	42.9	32.1	26.2	32.3	19.6	23.4	21.7
Had more than 4 standard drinks on a single occasion	196	61.9	49.3	37.0	34.6	26.9	26.1	31.1	28.6	26.3	21.5
Has not had more than 4 standard drinks	121	69.2	55.9	43.1	55.4	35.8	29.6	32.9	7.8	21.0	21.9
Gambled	117	66.5	53.6	39.8	44.7	24.0	27.3	30.0	30.1	23.9	24.3
Never gambled	200	63.1	50.2	38.8	40.3	34.8	27.5	33.1	14.0	24.7	19.6

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

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

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

	Unweighted base ¹	Exercise / health and fitness	Socialising with family / friends	For fun / enjoyment	For my mental health and wellbeing	Exercising the dog	Unstructured physical recreation activities	For time to myself	Organised sport	Entertaining kids / watching kids' activities	Getting back to nature
	n	%	%	%	%	%	%	%	%	%	%
Unweighted base (n)	510	329	334	316	181	148	161	136	194	162	96
Facility type											
Parks	316	71.6	55.1	49.9	45.7	32.1	37.2	33.1	26.5	28.2	26.3
Sports grounds, ovals and clubrooms	299	70.6	67.9	46.7	37.0	31.2	32.4	35.1	48.6	29.8	14.5
Swimming pools / splash parks	232	67.8	76.7	59.1	35.9	29.1	32.2	29.3	35.2	35.9	20.3
Playgrounds	202	67.6	75.6	67.2	29.2	28.4	36.2	25.8	33.7	56.9	18.3
Indoor sports / leisure / fitness centres	231	79.2	66.9	53.7	43.5	25.7	31.9	32.5	40.6	27.2	17.5
Community gardens	117	81.8	70.5	54.1	56.1	42.5	38.4	45.9	23.1	25.2	35.5
Halls / community centres	107	60.0	72.0	47.6	38.9	24.7	35.7	30.7	32.9	22.4	24.7

Hard courts (e.g., netball / tennis)	108	80.9	77.4	71.5	48.0	37.0	46.9	34.2	68.6	43.8	20.0
Skateparks / BMX	115	65.0	75.0	77.0	30.2	29.1	42.5	29.8	44.4	47.5	17.5
Other	25	43.3	38.3	42.3	62.0	31.7	50.4	7.3	10.3	13.3	31.1
After hours usage of education facilities	27	87.2	74.5	72.8	47.9	26.4	50.7	66.5	49.0	39.1	35.1

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

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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' and 'definitely disagree'. Responses were collapsed to create the binary categories of 'agree' or 'disagree'.

5.5.1. Adult safety in local area

Overall, 24.8% of adults reported always feeling safe in their local area, and 26.0% reported sometimes or rarely feeling safe. No significant differences were seen according to sex. For sex and

age, males aged 50 to 69 years were more likely to report feeling safe sometimes or rarely (37.8%) compared to males aged 35 to 49 years (6.7%). Females aged 18 to 34 years were more likely to report feeling safe sometimes or rarely (39.8%) compared to females aged 50 to 69 years (17.2%) and females aged 70 years and over (10.8%). No significant differences were seen between the two subregions.

Differences in perceived safety were seen for neurodivergence and food security. Respondents who were maybe neurodivergent (0.0%) and experienced low or very low (4.4%) or marginal food security (10.3%) were less likely to report always feeling safe compared to those not neurodivergent (23.6%) and experiencing high food security (33.7%).

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	380	24.8	49.2	26.0
Males	69	33.1	40.7	26.2
Females	308	17.6	58.5	23.9
Sex and age				
Males, 18 to 34	6	18.8	62.4	18.8
Males, 35 to 49	25	38.0	55.3	6.7
Males, 50 to 69	24	28.5	33.8	37.8
Males, 70+	14	42.1	34.1	23.8
Females, 18 to 34	56	12.9	47.2	39.8
Females, 35 to 49	130	7.5	65.0	27.6
Females, 50 to 69	93	16.5	66.3	17.2
Females, 70+	29	37.4	51.8	10.8
Subregion				
Maryborough	273	28.6	44.9	26.5
Central Goldfields - excluding Maryborough	106	16.7	58.2	25.2
Demographic indicators				
Household size				
1 person	47	39.2	41.4	19.3
2 or 3 people	165	25.2	48.0	26.8
4 or 5 people	144	15.9	55.9	28.2
More than 5 people	24	20.6	53.2	26.2
Born overseas*	27	23.3	62.9	13.8
Born in Australia	352	24.6	47.7	27.7
Speaks other main language*	7	33.6	66.4	0.0
Speaks English as main language	368	24.5	49.6	25.9
Aboriginal and/or Torres Strait Islander*	7	18.6	18.7	62.7
Not Aboriginal or Torres Strait Islander	373	25.0	50.2	24.8

LGBTQIA+*	16	17.6	54.8	27.6
Non-LGBTQIA+	361	24.6	49.2	26.3
Neurodivergent	29	30.4	42.7	26.9
Not neurodivergent	258	23.6	50.3	26.1
Maybe	12	0.0	48.9	51.1
Not sure what neurodivergent means	60	19.8	50.7	29.5
Less than Bachelor level education	258	23.5	48.7	27.7
Holds a Bachelor degree or higher	121	31.6	54.5	13.8
Unemployed/Retired	98	34.7	40.2	25.1
Employed	281	17.6	55.6	26.8
Just getting along, poor or very poor	151	16.7	47.9	35.3
Reasonably comfortable, very comfortable or prosperous	228	30.6	50.6	18.8
Requires help with daily activities*	16	9.6	13.9	76.5
Does not require help	362	25.2	51.1	23.7
Food security (last 12 months)				
Low or very low food security	90	4.4	37.3	58.3
Marginal food security	49	10.3	74.1	15.6
High food security	240	33.7	49.3	17.0

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

* Significance testing not conducted due to small base size.

Perceived safety was associated with perceived value by society only (see Table 5.5.1.2).

Specifically, a lower proportion of those who did not feel valued by society (7.8%) reported always feeling safe in their local area compared to those who definitely felt valued by society (46.4%).

The two health behaviour indicators associated with perceived safety were vegetable intake and water consumption. Specifically, a greater proportion of those who did not meet vegetable intake (25.7% vs 4.6%) and water consumption recommendations (30.1% vs 13.3%) reported always feeling safe in their local area, compared to those who do meet the recommendations. Additionally, those who did not meet the sleep recommendations (43.5%) reported feeling sometimes or rarely more frequently than those who met the recommendations (20.2%).

Perceived safety was not associated with any of the assessed risk behaviour indicators.

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	380	24.8	49.2	26.0
Health and wellbeing indicators				
Self-reported health - Fair or poor	86	22.3	52.6	25.1
Self-reported health - Good, very good, or excellent	250	26.7	46.1	27.2

Life satisfaction – Low to moderate (0 to 6)	112	20.3	41.5	38.3
Life satisfaction – High/very high (7 to 10)	223	27.9	51.0	21.1
Does not feel valued by society	85	7.8	45.5	46.8
Sometimes feel valued by society	163	21.1	53.6	25.3
Definitely feel valued by society	86	46.4	42.2	11.4
Poor mental wellbeing	94	18.3	43.8	37.9
Good mental wellbeing	286	26.2	50.4	23.4
Overweight or obese (BMI ≥ 25.0)	182	30.6	48.4	21.0
Normal range or underweight (BMI < 25.0)	78	30.0	48.1	21.9
Health behaviour indicators				
Does not meet fruit intake recommendations	222	28.8	46.6	24.7
Meets fruit intake recommendations	150	20.1	57.8	22.2
Does not meet vegetable intake recommendations	337	25.7	48.4	25.9
Meets vegetable intake recommendations	35	4.6	76.4	19.0
Does not meet aerobic physical activity recommendations	101	23.8	38.9	37.2
Meets aerobic physical activity recommendations	272	25.2	53.5	21.3
Does not meet muscle strengthening recommendations	161	28.3	51.7	20.0
Meets muscle strengthening recommendations	176	24.4	50.5	25.1
Does not meet screen time recommendations	183	24.9	49.3	25.8
Meets screen time recommendations	184	23.9	49.1	27.0
Does not meet sleep recommendations	114	15.4	41.1	43.5
Meets sleep recommendations	250	29.7	50.2	20.2
Drinks sugar-sweetened beverages daily	79	24.5	53.5	22.0
Drinks sugar-sweetened beverages less than daily	292	24.7	48.7	26.6
Does not meet water recommendations	231	30.1	49.4	20.5
Meets water recommendations	137	13.3	54.3	32.4
Risk behaviour indicators				
Current smoker	26	10.3	61.4	28.3
Ex-smoker	124	27.1	45.4	27.4
Never smoked	187	26.6	47.5	25.9
Current vaper*	9	10.8	57.3	31.9
Ex-vaper	27	36.3	42.4	21.3
Never vaped	298	25.4	47.7	26.9
Had more than 4 standard drinks on a single occasion	204	25.5	48.4	26.2
Has not had more than 4 standard drinks	133	25.3	47.4	27.3

Gambled	124	33.8	44.9	21.3
Never gambled	213	18.8	50.5	30.7

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

* Significance testing not conducted due to small base size.

5.5.2. Children's safety in the local area

Overall, 73.1% of parents agreed that their child is safe in their local area. No differences in child safety were seen according to sex, age, subregions and demographic, health and wellbeing, health and risk behaviour indicators (see Tables 5.5.2.1 and 5.5.2.2).

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

	Unweighted base ¹ n	Agree %	Disagree %
Total sample	183	73.1	26.9
Males	102	72.2	27.8
Females	80	73.9	26.1
Sex and age			
Males, 3 to 11	46	67.4	32.6
Males, 12 to 17	56	80.4	19.6
Females, 3 to 11	38	71.1	28.9
Females, 12 to 17	42	78.6	21.4
Subregion			
Maryborough	140	72.2	27.8
Central Goldfields - excluding Maryborough	43	76.3	23.7
Demographic indicators			
Born overseas*	3	69.7	30.3
Born in Australia	180	73.1	26.9
Speaks other main language*	0	-	-
Speaks English as main language	183	73.1	26.9
Aboriginal and/or Torres Strait Islander*	6	89.2	10.8
Not Aboriginal or Torres Strait Islander	177	72.5	27.5
LGBTQIA+*	1	100.0	0.0
Non-LGBTQIA+	182	73.0	27.0
Neurodivergent*	27	64.1	35.9
Not neurodivergent	115	82.1	17.9
Maybe	12	58.4	41.6
Not sure what neurodivergent means	18	62.5	37.5

Requires help with daily activities*	28	63.8	36.2
Does not require help	155	75.2	24.8

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

* Significance testing not conducted due to small base size.

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

	Unweighted base ¹ n	Agree %	Disagree %
Total sample	183	73.1	26.9
Health and wellbeing indicators			
Self-reported health - Fair or poor*	4	80.7	19.3
Self-reported health - Good, very good, or excellent	159	74.0	26.0
Overweight or obese (BMI ≥25.0)	41	74.8	25.2
Normal range or underweight (BMI <25.0)	52	70.5	29.5
Health behaviour indicators			
Does not meet fruit intake recommendations	67	63.5	36.5
Meets fruit intake recommendations	116	78.0	22.0
Does not meet vegetable intake recommendations	172	72.6	27.4
Meets vegetable intake recommendations*	10	78.2	21.8
Does not meet aerobic physical activity recommendations	106	67.5	32.5
Meets aerobic physical activity recommendations	62	80.6	19.4
Does not meet muscle strengthening recommendations	90	73.5	26.5
Meets muscle strengthening recommendations	30	73.3	26.7
Does not meet screen time recommendations	113	70.4	29.6
Meets screen time recommendations	58	76.2	23.8
Does not meet sleep recommendations	65	67.6	32.4
Meets sleep recommendations	109	73.7	26.3
Drinks sugar-sweetened beverages daily*	22	77.3	22.7
Drinks sugar-sweetened beverages less than daily	159	72.2	27.8
Does not meet water recommendations	71	68.8	31.2
Meets water recommendations	105	74.4	25.6

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

* Significance testing not conducted due to small base size.

6. Health and Wellbeing

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

6.1. Self-reported health status

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

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

Table 6.1.1 shows that the proportion of adult respondents from Central Goldfields (28.6%) who self-reported a lower level of health was higher than the VPHS benchmark, however, it was almost double that of the 2022 NHS sample, suggesting that the health of Central Goldfields residents is lower than the broader Victorian population. Adults were more likely to report their health as fair or poor (28.6%) compared to children (2.4%). There were no significant differences in self-reported levels of health between males and females, or between residential subregions. For sex and age, fair or poor self-reported health was higher among males aged 18 to 34 years (69.4%) and 50 to 69 years (28.5%), and females aged 18 to 34 years (25.3%), 35 to 49 years (34.4%) and 50 to 69 years (26.6%) compared to children and adolescents.

In relation to key demographic indicators, people from the following groups were more likely to self-report lower levels of health:

- Neurodivergent (51.6%) compared to not neurodivergent (15.5%)
- Less than Bachelor level education (31.1%) compared to Bachelor degree or above (11.2%)
- Just getting along, poor or very poor (42.8%) compared to reasonably comfortable, very comfortable or prosperous (17.0%)

Table 6.1.1 Self-reported health status by selected demographic characteristics

	Unweighted base ¹ n	Fair / Poor %	Good %	Very good / Excellent %
Total sample	524	24.0	34.9	41.1
Children	180	2.4	30.5	67.2
Adults	336	28.6	36.1	35.3
Males	167	24.1	34.1	41.8
Females	353	24.0	35.7	40.3
Sex and age				
Males, 3 to 11	43	0.0	44.2	55.8

Males, 12 to 17	58	3.4	31.0	65.5
Males, 18 to 34	5	69.4	0.0	30.6
Males, 35 to 49	22	15.7	42.2	42.1
Males, 50 to 69	23	28.5	26.7	44.9
Males, 70+	14	23.8	50.0	26.2
Females, 3 to 11	33	3.0	15.2	81.8
Females, 12 to 17	45	4.4	26.7	68.9
Females, 18 to 34	50	25.3	45.8	28.9
Females, 35 to 49	109	34.4	38.9	26.7
Females, 50 to 69	84	26.6	36.3	37.1
Females, 70+	28	25.8	30.9	43.3
Subregion				
Maryborough	384	19.7	35.2	45.1
Central Goldfields - excluding Maryborough	139	33.0	34.4	32.5
Demographic indicators				
Household size²				
1 person	44	29.7	39.8	30.4
2 or 3 people	153	27.5	33.5	39.0
4 or 5 people	120	28.4	40.5	31.1
More than 5 people	19	48.6	20.8	30.6
Born overseas*	25	23.0	6.2	70.7
Born in Australia	496	24.3	37.3	38.4
Speaks other main language*	4	0.0	20.5	79.5
Speaks English as main language	514	24.6	34.1	41.3
Aboriginal and/or Torres Strait Islander*	12	60.3	34.5	5.3
Not Aboriginal or Torres Strait Islander	510	23.2	34.8	41.9
LGBTQIA+*	16	67.8	7.6	24.6
Non-LGBTQIA+	503	22.3	35.9	41.8
Neurodivergent	51	51.6	13.9	34.5
Not neurodivergent	348	15.5	39.4	45.1
Maybe	21	12.6	41.5	45.9
Not sure what neurodivergent means	70	36.8	35.7	27.5
Less than Bachelor level education ²	223	31.1	35.8	33.1
Holds a Bachelor degree or higher	112	11.2	36.2	52.6
Unemployed/Retired ²	92	32.0	33.7	34.3
Employed	243	26.3	37.4	36.3
Just getting along, poor or very poor ²	136	42.8	41.2	16.0
Reasonably comfortable, very comfortable or prosperous	199	17.0	31.3	51.7
Requires help with daily activities	40	42.5	26.8	30.7
Does not require help	480	22.8	35.1	42.1

Food security (last 12 months)²				
Low or very low food security	77	40.5	46.3	13.3
Marginal food security	45	41.1	31.7	27.2
High food security	213	22.9	33.1	44.0

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Self-reported health differed according to all health and wellbeing indicators (see Table 6.1.2). Specifically, a greater proportion of respondents who reported low to moderate life satisfaction (57.6% vs 14.8%), did not feel valued by society (47.9% vs sometimes [23.1%] and definitely [19.5%]), poor mental wellbeing (66.8% vs 19.3%) and were overweight or obese (35.2% vs 15.5%) also self-reported their health to be fair or poor compared to their counterparts with more positive health and wellbeing indicators.

Self-reported health differed according to fruit and vegetable intake with respondents who did not meet fruit (31.7% vs 14.7%) and vegetable intake (26.0% vs 2.4%) recommendations more likely to self-report their health as fair or poor. Additionally, a greater proportion of respondents who met sleep recommendations (46.3%) self-reported their health to be very good or excellent compared to those who did not meet the recommendations (29.0%).

No associations were seen between self-reported health and assessed risk behaviour indicators.

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

	Unweighted base ¹ n	Fair / Poor %	Good %	Very good / Excellent %
Total sample	524	24.0	34.9	41.1
Health and wellbeing indicators				
Life satisfaction - Low to moderate (0 to 6) ²	111	57.6	31.1	11.3
Life satisfaction - High/very high (7 to 10)	223	14.8	38.5	46.8
Does not feel valued by society ²	85	47.9	34.9	17.1
Sometimes feel valued by society	162	23.1	45.6	31.3
Definitely feel valued by society	86	19.5	23.4	57.2
Poor mental wellbeing ²	93	66.8	26.9	6.3
Good mental wellbeing	243	19.3	38.4	42.3
Overweight or obese (BMI ≥25.0)	226	35.2	36.9	27.9
Normal range or underweight (BMI <25.0)	133	15.5	17.9	66.6
Health behaviour indicators				
Does not meet fruit intake recommendations	267	31.7	35.3	33.1
Meets fruit intake recommendations	241	14.7	30.9	54.4

Does not meet vegetable intake recommendations	469	26.0	35.4	38.7
Meets vegetable intake recommendations	40	2.4	34.3	63.3
Does not meet aerobic physical activity recommendations	198	29.0	40.4	30.6
Meets aerobic physical activity recommendations	300	23.0	31.2	45.8
Does not meet muscle strengthening recommendations	235	34.5	31.9	33.6
Meets muscle strengthening recommendations	185	16.1	31.8	52.0
Does not meet screen time recommendations	282	28.5	32.5	39.1
Meets screen time recommendations	221	20.5	38.1	41.3
Does not meet sleep recommendations	167	26.0	45.0	29.0
Meets sleep recommendations	334	21.5	32.2	46.3
Drinks sugar-sweetened beverages daily	92	39.6	28.9	31.5
Drinks sugar-sweetened beverages less than daily	428	20.2	36.5	43.3
Does not meet water recommendations	290	28.5	35.3	36.2
Meets water recommendations	217	17.5	31.4	51.0
Risk behaviour indicators²				
Current smoker	26	36.5	29.0	34.5
Ex-smoker	123	28.8	37.2	34.0
Never smoked	187	27.3	36.6	36.1
Current vaper*	8	0.0	88.9	11.1
Ex-vaper	27	53.6	30.3	16.1
Never vaped	298	27.2	34.9	37.9
Had more than 4 standard drinks on a single occasion	203	28.2	34.9	36.9
Has not had more than 4 standard drinks	133	29.2	38.1	32.7
Gambled	123	33.4	32.3	34.3
Never gambled	213	24.9	39.1	36.0

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

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, 11.5% of respondents aged 18 years and over recorded low life satisfaction. No significant differences were seen between males and females. When looking by sex and age, a greater proportion of females 35 to 49 years (21.0%) and 50 to 69 years (14.3%) reported low life satisfaction compared to their counterparts aged 70 years and above (0.0%). No significant difference was seen between the two subregions.

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

- Not neurodivergent (9.0%) compared to who are maybe neurodivergent (0.0%)
- Less than a Bachelor level education (12.9%) compared to a Bachelor degree or higher (2.1%)
- Just getting along, poor, or very poor (20.5%), compared to those who were reasonably comfortable, very comfortable, or prosperous (4.1%)
- Low or very low food security (26.5%) compared to marginal (5.5%) food security

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	335	11.5	20.8	39.3	28.3
Males	64	11.5	20.9	35.9	31.8
Females	270	11.6	20.7	42.7	25.0
Sex and age					
Males, 18 to 34	5	23.1	69.4	7.4	0.0
Males, 35 to 49	22	13.9	7.9	54.3	23.9
Males, 50 to 69	23	10.7	23.1	39.2	27.0
Males, 70+	14	7.9	7.9	34.1	50.0
Females, 18 to 34	50	10.0	21.4	49.6	19.1
Females, 35 to 49	108	21.0	26.6	38.7	13.7
Females, 50 to 69	84	14.3	20.2	35.4	30.2
Females, 70+	28	0.0	15.3	51.6	33.0
Subregion					
Maryborough	242	7.8	25.1	39.9	27.1
Central Goldfields - excluding Maryborough	92	18.3	12.5	38.3	30.9
Demographic indicators					
Household size					
1 person	43	14.5	15.6	41.8	28.1

2 or 3 people	152	11.8	20.5	36.7	31.1
4 or 5 people	121	8.6	24.0	43.0	24.3
More than 5 people	19	17.9	30.7	39.6	11.8
Born overseas*	21	9.1	1.8	31.5	57.6
Born in Australia	313	11.9	23.1	39.8	25.2
Speaks other main language*	4	0.0	0.0	25.5	74.5
Speaks English as main language	327	11.9	20.3	39.5	28.3
Aboriginal and/or Torres Strait Islander*	6	30.8	50.1	19.1	0.0
Not Aboriginal or Torres Strait Islander	329	11.1	20.2	39.7	29.0
LGBTQIA+*	14	17.3	49.0	31.7	2.0
Non-LGBTQIA+	318	11.4	19.4	39.2	30.0
Neurodivergent	26	16.8	29.1	46.8	7.3
Not neurodivergent	227	9.0	22.3	35.1	33.5
Maybe	9	0.0	28.1	39.1	32.8
Not sure what neurodivergent means	52	19.8	18.5	39.1	22.6
Less than Bachelor level education	223	12.9	21.5	37.4	28.2
Holds a Bachelor degree or higher	111	2.1	16.6	50.9	30.4
Unemployed/Retired	92	13.4	15.9	36.2	34.6
Employed	242	10.3	24.7	41.1	23.9
Just getting along, poor or very poor	136	20.5	33.3	32.3	13.9
Reasonably comfortable, very comfortable or prosperous	198	4.1	10.6	44.6	40.6
Requires help with daily activities*	16	23.6	47.3	29.1	0.0
Does not require help	317	11.0	19.6	39.5	30.0
Food security (last 12 months)					
Low or very low food security	78	26.5	41.8	28.5	3.2
Marginal food security	44	5.5	27.8	49.4	17.3
High food security	212	7.7	13.0	40.7	38.6

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

* Significance testing not conducted due to small base size.

Life satisfaction was associated with health and wellbeing indicators, except for BMI (see Table 6.2.2). Specifically, a greater proportion of respondents who reported fair or poor health (36.5% vs 1.6%), did not feel valued by society (24.4% vs definitely [4.7%]) and poor mental wellbeing (47.8% vs 2.6%) reported low life satisfaction compared to their counterparts with more positive health and wellbeing indicators.

Life satisfaction also differed according to vegetable intake and water consumption. Respondents who failed to meet the vegetable intake (12.4% vs 1.6%) and water consumption recommendations (15.3% vs 3.5%) were more likely to report low life satisfaction compared to their counterparts who met the corresponding health behaviour recommendations.

None of the assessed risk behaviours were found to be associated with life satisfaction.

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	335	11.5	20.8	39.3	28.3
Health and wellbeing indicators					
Self-reported health - Fair or poor	85	36.5	28.6	29.5	5.4
Self-reported health - Good, very good, or excellent	249	1.6	17.6	43.2	37.6
Does not feel valued by society	85	24.4	51.1	24.2	0.4
Sometimes feel valued by society	163	8.1	15.9	57.3	18.7
Definitely feel valued by society	85	4.7	2.1	26.3	66.9
Poor mental wellbeing	94	47.8	26.8	23.4	2.0
Good mental wellbeing	241	2.6	19.4	43.2	34.8
Overweight or obese (BMI ≥25.0)	181	14.2	24.2	33.9	27.7
Normal range or underweight (BMI <25.0)	78	13.4	15.0	32.4	39.2
Health behaviour indicators					
Does not meet fruit intake recommendations	202	15.5	26.1	31.1	27.3
Meets fruit intake recommendations	125	6.0	8.0	51.9	34.1
Does not meet vegetable intake recommendations	301	12.4	21.5	39.4	26.7
Meets vegetable intake recommendations*	29	1.6	11.3	39.4	47.7
Does not meet aerobic physical activity recommendations	93	17.5	27.5	37.4	17.5
Meets aerobic physical activity recommendations	235	9.4	17.2	40.1	33.3
Does not meet muscle strengthening recommendations	147	16.0	23.3	33.2	27.5
Meets muscle strengthening recommendations	150	10.3	13.8	43.6	32.3
Does not meet screen time recommendations	164	16.2	30.2	30.5	23.1
Meets screen time recommendations	167	7.0	13.1	46.8	33.1
Does not meet sleep recommendations	98	11.7	33.9	35.7	18.7
Meets sleep recommendations	229	11.6	12.7	41.9	33.8
Drinks sugar-sweetened beverages daily	71	7.1	35.1	35.5	22.4
Drinks sugar-sweetened beverages less than daily	262	13.2	16.7	39.3	30.9
Does not meet water recommendations	209	15.3	19.3	33.5	31.9
Meets water recommendations	122	3.5	21.1	53.2	22.2
Risk behaviour indicators					
Current smoker	25	29.3	33.8	17.9	19.0
Ex-smoker	124	10.1	16.9	41.6	31.4
Never smoked	186	9.7	21.2	41.1	28.0

Current vaper*	9	0.0	60.7	39.3	0.0
Ex-vaper	27	28.3	24.3	42.8	4.5
Never vaped	296	10.4	18.9	39.3	31.4
Had more than 4 standard drinks on a single occasion	203	10.9	23.5	35.6	30.0
Has not had more than 4 standard drinks	132	12.5	16.6	45.2	25.7
Gambled	124	11.2	19.7	39.1	29.9
Never gambled	211	11.8	21.7	39.4	27.1

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

* Significance testing not conducted due to small base size.

6.3. 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, 26.0% of residents aged 18 years and over indicated that they do not feel valued by society. There were no significant differences according to sex, however young adult males aged 18 to 34 (0.0%) were significantly less likely to report definitely feeling valued by society compared to those aged 50-69 (26.0%) and 70 years and above (63.6%). No significant difference was seen between the two subregions.

As was observed in relation to life satisfaction, respondents who belong to marginalised or more vulnerable groups in the population were more likely to report they do not feel valued. Groups more likely to indicate they do not feel valued by society included:

- Just getting along, poor, or very poor (37.6%) compared to those who are reasonably comfortable, very comfortable, or prosperous (15.7%)
- Low or very low food security (58.5%) and marginal (44.2%) compared to high (11.9%) food security

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	334	26.0	43.8	30.2
Males	64	25.7	38.6	35.7
Females	269	26.3	49.1	24.6
Sex and age				
Males, 18 to 34	5	53.7	46.3	0.0
Males, 35 to 49	22	25.0	54.3	20.6
Males, 50 to 69	23	33.8	40.2	26.0
Males, 70+	14	7.9	28.5	63.6

Females, 18 to 34	50	29.9	50.3	19.8
Females, 35 to 49	108	29.6	56.4	14.0
Females, 50 to 69	83	25.2	47.8	27.0
Females, 70+	28	20.5	43.3	36.2
Subregion				
Maryborough	242	28.3	38.2	33.5
Central Goldfields - excluding Maryborough	92	21.5	54.9	23.5
Demographic indicators				
Household size				
1 person	43	29.4	41.3	29.3
2 or 3 people	152	20.2	47.7	32.1
4 or 5 people	121	34.8	37.0	28.2
More than 5 people	18	39.9	47.6	12.4
Born overseas*	21	8.4	58.2	33.3
Born in Australia	312	27.7	42.4	30.0
Speaks other main language*	4	20.5	9.9	69.6
Speaks English as main language	326	25.0	44.7	30.3
Aboriginal and/or Torres Strait Islander*	6	61.9	38.1	0.0
Not Aboriginal or Torres Strait Islander	328	25.3	43.9	30.8
LGBTQIA+*	14	64.2	20.2	15.6
Non-LGBTQIA+	317	23.7	45.0	31.3
Neurodivergent	26	55.4	19.7	24.9
Not neurodivergent	226	24.9	46.6	28.6
Maybe	9	22.8	75.7	1.6
Not sure what neurodivergent means	52	23.3	43.7	33.1
Less than Bachelor level education	221	26.4	43.0	30.7
Holds a Bachelor degree or higher	112	20.8	51.5	27.7
Unemployed/Retired	91	26.5	35.8	37.7
Employed	242	25.1	50.2	24.8
Just getting along, poor or very poor	136	37.6	40.9	21.5
Reasonably comfortable, very comfortable or prosperous	197	15.7	46.6	37.7
Requires help with daily activities*	16	92.0	8.0	0.0
Does not require help	316	22.1	45.9	32.0
Food security (last 12 months)				
Low or very low food security	78	58.5	32.0	9.5
Marginal food security	44	44.2	44.7	11.1
High food security	211	11.9	47.8	40.3

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

* Significance testing not conducted due to small base size.

Perceived value to society was associated with 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 (43.9% vs 19.0%), reported low life satisfaction (61.0% vs 9.4%) and poor mental wellbeing (57.1% vs 18.5%) did not feel valued by society compared to their counterparts with more positive health and wellbeing indicators.

No significant associations were observed between perceived value to society and health behaviour or risk behaviour indicators.

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	334	26.0	43.8	30.2
Health and wellbeing indicators				
Self-reported health - Fair or poor	85	43.9	35.5	20.6
Self-reported health - Good, very good, or excellent	248	19.0	47.0	34.0
Life satisfaction - Low to moderate (0 to 6)	111	61.0	32.7	6.4
Life satisfaction - High/very high (7 to 10)	222	9.4	49.1	41.5
Poor mental wellbeing	93	57.1	39.2	3.7
Good mental wellbeing	241	18.5	44.9	36.6
Overweight or obese (BMI ≥25.0)	181	24.9	45.8	29.3
Normal range or underweight (BMI <25.0)	78	27.2	30.6	42.3
Health behaviour indicators				
Does not meet fruit intake recommendations	203	26.9	43.4	29.7
Meets fruit intake recommendations	123	20.4	45.5	34.1
Does not meet vegetable intake recommendations	300	26.8	44.0	29.2
Meets vegetable intake recommendations*	29	9.0	52.0	39.0
Does not meet aerobic physical activity recommendations	93	35.7	37.3	27.0
Meets aerobic physical activity recommendations	234	20.8	46.7	32.4
Does not meet muscle strengthening recommendations	147	28.5	49.5	22.0
Meets muscle strengthening recommendations	149	19.7	41.2	39.1
Does not meet screen time recommendations	164	33.3	41.7	24.9
Meets screen time recommendations	166	18.6	46.4	34.9
Does not meet sleep recommendations	99	31.7	47.4	20.9
Meets sleep recommendations	227	22.0	42.4	35.6
Drinks sugar-sweetened beverages daily	71	40.8	30.4	28.7
Drinks sugar-sweetened beverages less than daily	261	19.7	49.0	31.3

Does not meet water recommendations	209	24.2	41.7	34.1
Meets water recommendations	121	25.8	50.8	23.4
Risk behaviour indicators				
Current smoker	26	50.5	37.0	12.5
Ex-smoker	123	19.7	52.5	27.7
Never smoked	185	26.0	39.8	34.2
Current vaper*	9	44.1	55.9	0.0
Ex-vaper	27	20.4	67.2	12.3
Never vaped	295	25.2	42.0	32.9
Had more than 4 standard drinks on a single occasion	203	26.6	46.3	27.1
Has not had more than 4 standard drinks	131	25.2	39.8	35.0
Gambled	124	22.0	46.3	31.6
Never gambled	210	29.2	41.8	29.0

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

* Significance testing not conducted due to small base size.

6.4. 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, 17.7% of residents aged 18 years and over were classified as having poor mental wellbeing. The average score differed between males and females, with females having a lower average (59.8) than males (67.7). For males, the only difference observed was that a greater proportion of those aged 18 to 34 (53.5) had a lower average score compared to those aged 70 and above (76.4). For sex and age, females aged 35 to 49 years were more likely to be classified as having poor mental wellbeing (36.6%) compared to females aged 70 years and over (11.8%). No significant difference was seen between the two subregions.

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

- Just getting along, poor, or very poor (27.1%) compared to those who are reasonably comfortable, very comfortable, or prosperous (10.5%)
- Low or very low food security (35.9%) compared to high (10.4%) food security

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>

Table 6.4.1 Mental wellbeing by selected demographic characteristics

	Unweighted base ¹	Poor mental wellbeing (≤50)	Good mental wellbeing (51- 100)	Average score
	n	%	%	#
Total sample	381	17.7	82.3	63.7
Males	69	11.7	88.3	67.7
Females	309	23.7	76.3	59.8
Sex and age				
Males, 18 to 34	6	18.8	81.2	53.5
Males, 35 to 49	25	17.7	82.3	63.6
Males, 50 to 69	24	15.0	85.0	65.1
Males, 70+	14	2.3	97.7	76.4
Females, 18 to 34	56	25.4	74.6	56.8
Females, 35 to 49	131	36.6	63.4	51.3
Females, 50 to 69	93	21.8	78.2	61.8
Females, 70+	29	11.8	88.2	67.5
Subregion				
Maryborough	274	16.5	83.5	64.9
Central Goldfields - excluding Maryborough	106	19.5	80.5	61.5
Demographic indicators				
Household size				
1 person	47	17.1	82.9	66.0
2 or 3 people	165	16.9	83.1	64.6
4 or 5 people	145	18.6	81.4	61.5
More than 5 people	24	29.0	71.0	50.4
Born overseas*	27	8.8	91.2	70.2
Born in Australia	353	19.0	81.0	63.0
Speaks other main language*	7	0.0	100.0	85.3
Speaks English as main language	369	18.4	81.6	63.4
Aboriginal and/or Torres Strait Islander*	7	22.8	77.2	38.5
Not Aboriginal or Torres Strait Islander	374	17.5	82.5	64.2
LGBTQIA+*	16	34.3	65.7	47.7
Non-LGBTQIA+	362	16.7	83.3	64.5
Neurodivergent	29	42.7	57.3	49.0
Not neurodivergent	259	16.2	83.8	65.1
Maybe	12	18.9	81.1	59.6
Not sure what neurodivergent means	60	15.3	84.7	60.9
Less than Bachelor level education	258	17.6	82.4	63.2
Holds a Bachelor degree or higher	122	18.8	81.2	66.9

Unemployed/Retired	98	19.2	80.8	64.9
Employed	282	16.8	83.2	62.7
Just getting along, poor or very poor	151	27.1	72.9	55.9
Reasonably comfortable, very comfortable or prosperous	229	10.5	89.5	69.8
Requires help with daily activities*	16	81.9	18.1	32.3
Does not require help	363	14.7	85.3	65.2
Food security (last 12 months)				
Low or very low food security	90	35.9	64.1	47.4
Marginal food security	49	25.0	75.0	53.1
High food security	241	10.4	89.6	70.4

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

* Significance testing not conducted due to small base size.

Mental wellbeing was found to be associated with all health and wellbeing indicators, except for BMI (see Table 6.4.2). Specifically, a greater proportion of respondents who reported fair or poor health (45.8% vs 9.1%), reported low life satisfaction (45.4% vs 7.4%) and did not feel valued by society (42.8% vs definitely [2.4%]) reported poor mental wellbeing compared to their counterparts with more positive health and wellbeing indicators.

Mental wellbeing was associated with aerobic physical activity only. Respondents who did not meet the aerobic physical activity recommendations (33.2%) were more likely to report poor mental wellbeing compared to those who did (13.2%) meet the recommendations. The average WHO-5 score differed by smoking status, with current smokers reporting a lower average score (45.0) compared to ex-smokers (64.4) and those who had never smoked (65.6).

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	381	17.7	82.3	63.7
Health and wellbeing indicators				
Self-reported health - Fair or poor	86	45.8	54.2	48.1
Self-reported health - Good, very good, or excellent	250	9.1	90.9	69.9
Life satisfaction - Low to moderate (0 to 6)	112	45.4	54.6	46.6
Life satisfaction - High/very high (7 to 10)	223	7.4	92.6	71.8
Does not feel valued by society	85	42.8	57.2	47.3
Sometimes feel valued by society	163	17.4	82.6	63.6
Definitely feel valued by society	86	2.4	97.6	77.9
Overweight or obese (BMI ≥25.0)	182	21.8	78.2	62.2
Normal range or underweight (BMI <25.0)	78	20.0	80.0	66.6
Health behaviour indicators				
Does not meet fruit intake recommendations	223	21.8	78.2	61.5

Meets fruit intake recommendations	150	12.0	88.0	67.6
Does not meet vegetable intake recommendations	338	18.8	81.2	62.9
Meets vegetable intake recommendations	35	9.7	90.3	70.5
Does not meet aerobic physical activity recommendations	101	33.2	66.8	55.5
Meets aerobic physical activity recommendations	273	13.2	86.8	66.7
Does not meet muscle strengthening recommendations	161	25.3	74.7	58.7
Meets muscle strengthening recommendations	176	14.3	85.7	67.6
Does not meet screen time recommendations	183	23.5	76.5	60.4
Meets screen time recommendations	184	12.7	87.3	66.8
Does not meet sleep recommendations	114	22.0	78.0	59.7
Meets sleep recommendations	250	16.4	83.6	65.8
Drinks sugar-sweetened beverages daily	79	16.7	83.3	61.4
Drinks sugar-sweetened beverages less than daily	293	17.2	82.8	64.5
Does not meet water recommendations	231	19.5	80.5	63.9
Meets water recommendations	138	15.7	84.3	63.4
Risk behaviour indicators				
Current smoker	26	39.2	60.8	45.0
Ex-smoker	124	20.5	79.5	64.4
Never smoked	187	16.3	83.7	65.6
Current vaper*	9	5.8	94.2	63.3
Ex-vaper	27	54.2	45.8	48.9
Never vaped	298	17.1	82.9	65.2
Had more than 4 standard drinks on a single occasion	204	20.4	79.6	63.2
Has not had more than 4 standard drinks	133	18.5	81.5	64.3
Gambled	124	20.0	80.0	65.6
Never gambled	213	19.5	80.5	62.1

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

* Significance testing not conducted due to small base size.

6.5. 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, 1.9% were classified as underweight, 28.8% healthy weight, 34.8% overweight and 34.4% obese. To identify opportunities for supporting improved health amongst Central Goldfield residents, we have focussed our analysis on the proportion of respondents whose BMI fell into the obese range (BMI of ≥ 30). However, health

promotion activities should also address individuals across the full BMI spectrum, from healthy weight to overweight to obese, to encourage healthy behaviours at all stages and help prevent progression to higher BMI classifications.

The latest available benchmark, the 2022 NHS, indicated that 30.3% of Victorians aged 18 years and over were obese, compared to 22.8% in the 2023 VPHS. The 2025 ALC data suggests that 34.4% of respondents within the Central Goldfields Shire have a BMI that puts them in the obese range. This is similar to the 2019 ALC, whereby 34.5% of respondents were classified as obese according to their BMI.

Adults were more likely to be obese (36.8%) compared to children (18.5%). No difference was seen between males and females. When looking by sex and age, females aged 18 to 34 years (35.4%), 35 to 49 years (47.3%) and 50 to 69 years (40.5%) were more likely to be obese than females aged 12 to 17 years (7.4%). No significant difference was seen between the two subregions.

Obesity rates were not found to be associated with any demographic indicators. However, respondents who were unsure what neurodivergence meant were more likely to be overweight (50.8%) compared to those who were neurodivergent (16.0%).

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	359	1.9	28.8	34.8	34.4	28.2
Children	99	7.9	44.7	28.9	18.5	20.6
Adults	260	1.0	26.5	35.7	36.8	29.3
Males	104	1.2	26.4	38.3	34.1	28.0
Females	254	2.3	31.3	31.4	34.9	28.4
Sex and age						
Males, 3 to 11	22	4.5	36.4	31.8	27.3	19.5
Males, 12 to 17	32	15.6	50.0	21.9	12.5	20.4
Males, 18 to 34	4	0.0	25.0	25.0	50.0	29.5
Males, 35 to 49	19	0.0	9.1	58.2	32.7	32.1
Males, 50 to 69	18	0.0	24.6	38.5	36.9	29.6
Males, 70+	9	0.0	30.2	39.5	30.2	27.2
Females, 3 to 11	18	5.6	44.4	27.8	22.2	20.8
Females, 12 to 17	27	7.4	51.9	33.3	7.4	22.4
Females, 18 to 34	39	3.9	40.1	20.6	35.4	29.5
Females, 35 to 49	89	0.0	23.2	29.5	47.3	30.4
Females, 50 to 69	61	1.9	18.6	39.0	40.5	29.7
Females, 70+	20	0.0	41.2	36.0	22.8	27.1
Subregion						
Maryborough	267	2.8	29.6	36.0	31.7	27.6
Central Goldfields - excluding Maryborough	92	0.0	27.2	32.3	40.5	29.5
Demographic indicators						

Household size²

1 person	34	0.0	31.6	25.9	42.5	30.2
2 or 3 people	114	0.7	29.8	37.7	31.8	28.6
4 or 5 people	95	2.5	16.4	39.0	42.1	30.3
More than 5 people	17	0.0	31.5	22.2	46.3	28.3
Born overseas*	19	0.0	13.0	40.5	46.5	31.5
Born in Australia	339	2.1	30.5	33.9	33.5	27.9
Speaks other main language*	4	0.0	0.0	30.4	69.6	30.5
Speaks English as main language	352	1.9	29.4	34.3	34.3	28.2
Aboriginal and/or Torres Strait Islander*	11	27.6	21.2	0.0	51.2	32.0
Not Aboriginal or Torres Strait Islander	348	1.1	29.1	36.0	33.9	28.1
LGBTQIA+*	16	0.0	34.3	20.0	45.7	31.5
Non-LGBTQIA+	341	2.0	28.9	34.9	34.2	28.0
Neurodivergent	39	7.0	15.0	16.0	62.0	33.3
Not neurodivergent	232	1.3	30.4	33.9	34.3	27.4
Maybe	16	0.0	31.8	35.3	32.9	26.3
Not sure what neurodivergent means	53	2.0	19.2	50.8	27.9	28.8
Less than Bachelor level education ²	168	1.2	25.8	33.9	39.1	29.6
Holds a Bachelor degree or higher	91	0.0	32.3	43.8	23.9	27.8
Unemployed/Retired ²	73	2.3	37.9	31.8	28.1	28.8
Employed	186	0.2	19.1	37.6	43.1	29.7
Just getting along, poor or very poor ²	108	2.4	18.9	38.9	39.9	30.7
Reasonably comfortable, very comfortable or prosperous	151	0.0	32.9	32.4	34.7	28.2
Requires help with daily activities*	23	10.7	20.6	8.8	60.0	34.6
Does not require help	337	1.9	28.9	36.6	32.6	27.8
Food security (last 12 months)²						
Low or very low food security	59	3.3	23.0	26.7	47.0	32.1
Marginal food security	32	3.5	26.3	37.8	32.4	27.6
High food security	168	0.0	27.8	37.5	34.7	28.7

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

Obesity rate was associated with self-reported health only (see Table 6.5.2). Specifically, a greater proportion of those with fair or poor health (56.4% vs 25.4%) were classified as obese compared to those with good, very good or excellent health.

Obesity rates were found to be associated with aerobic physical activity and muscle strengthening only, with obesity recorded among a greater proportion of those who did not meet the aerobic physical activity (53.2% vs 25.2%) and muscle strengthening (45.6% vs 17.6%) recommendations compared to those who met the recommendations.

Assessed risk behaviours were not associated with obesity rate.

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	359	1.9	28.8	34.8	34.4	28.2
Health and wellbeing indicators						
Self-reported health - Fair or poor	77	1.7	14.6	27.3	56.4	32.7
Self-reported health - Good, very good, or excellent	282	2.0	34.7	37.9	25.4	26.3
Life satisfaction - Low to moderate (0 to 6) ²	88	2.9	19.0	28.5	49.6	31.3
Life satisfaction - High/very high (7 to 10)	171	0.0	30.7	39.7	29.6	28.2
Does not feel valued by society ²	67	4.1	25.3	24.5	46.2	30.8
Sometimes feel valued by society	122	0.0	20.3	42.0	37.7	29.6
Definitely feel valued by society	70	0.0	35.4	36.1	28.4	27.8
Poor mental wellbeing ²	76	0.6	25.2	28.3	45.8	32.9
Good mental wellbeing	184	1.2	26.9	37.7	34.3	28.3
Health behaviour indicators						
Does not meet fruit intake recommendations	204	1.7	21.1	37.0	40.2	29.8
Meets fruit intake recommendations	151	2.3	44.2	30.2	23.3	25.0
Does not meet vegetable intake recommendations	323	1.8	27.9	34.7	35.6	28.4
Meets vegetable intake recommendations	30	1.8	35.3	38.7	24.2	26.1
Does not meet aerobic physical activity recommendations	131	2.2	18.0	26.7	53.2	30.4
Meets aerobic physical activity recommendations	223	1.9	34.2	38.7	25.2	27.2
Does not meet muscle strengthening recommendations	182	1.0	21.0	32.4	45.6	29.4
Meets muscle strengthening recommendations	136	2.6	40.4	39.5	17.6	27.0
Does not meet screen time recommendations	191	0.8	30.3	31.3	37.7	28.5
Meets screen time recommendations	160	3.1	28.2	38.0	30.8	27.5
Does not meet sleep recommendations	114	1.6	24.0	32.6	41.8	30.0
Meets sleep recommendations	236	2.2	32.4	37.4	28.0	27.2
Drinks sugar-sweetened beverages daily	69	0.9	21.7	27.2	50.2	32.0
Drinks sugar-sweetened beverages less than daily	289	2.2	30.9	36.4	30.5	27.2

Does not meet water recommendations	209	1.8	25.3	35.6	37.3	28.6
Meets water recommendations	147	1.8	37.1	31.8	29.3	27.4
Risk behaviour indicators²						
Current smoker	23	0.0	37.1	21.4	41.5	30.5
Ex-smoker	100	2.4	27.7	40.8	29.1	28.8
Never smoked	137	0.2	23.9	34.6	41.3	29.4
Current vaper*	5	0.0	24.4	75.6	0.0	24.7
Ex-vaper	26	0.0	18.3	40.4	41.2	33.9
Never vaped	226	1.2	26.9	34.2	37.7	29.0
Had more than 4 standard drinks on a single occasion	168	1.1	28.2	34.8	35.9	29.2
Has not had more than 4 standard drinks	92	1.0	23.3	37.3	38.3	29.6
Gambled	102	0.7	19.1	44.6	35.7	29.5
Never gambled	158	1.4	34.3	26.3	37.9	29.1

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

² Reported only by respondents aged 18 years and over.

* Significance testing not conducted due to small base size.

7. Risk behaviours

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

7.1. Smoking

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

Compared to the 2023 VPHS, which reported the proportion of current smokers as 13.9%, the proportion of current smokers in the Central Goldfields Shire according to the 2025 ALC was lower at 8.5% (see Table 7.1.1). No significant differences in smoking rates were seen between males and females. There were also no differences among males by age group. Among females, never smoking rates were significantly higher for those aged 18-34 (66.3%) compared to those aged 50 to 69 years (40.3%). No significant difference was seen between the two subregions.

Current smoking participation rates were higher among selected demographic groups. Specifically, respondents from the following groups had proportionately higher rates of smoking:

- Not neurodivergent (9.9%) compared to neurodivergent (0.4%)
- Just getting along, poor or very poor (16.4%) compared to reasonably comfortable, very comfortable or prosperous (2.1%)
- Low or very low food security (22.5%) compared to high (2.7%) food security

Table 7.1.1 Smoking by selected demographic characteristics

	Unweighted base ¹ n	Current smoker %	Ex-smoker %	Never smoked %
Total sample	337	8.5	33.4	58.1
Males	64	9.4	25.3	65.3
Females	272	7.7	41.5	50.8
Sex and age				
Males, 18 to 34	5	0.0	23.1	76.9
Males, 35 to 49	22	13.9	33.3	52.8
Males, 50 to 69	23	18.8	29.5	51.7
Males, 70+	14	0.0	18.2	81.8

Females, 18 to 34	50	6.1	27.5	66.3
Females, 35 to 49	110	8.6	43.3	48.1
Females, 50 to 69	84	7.2	52.5	40.3
Females, 70+	28	10.3	37.2	52.6
Subregion				
Maryborough	243	4.8	35.1	60.1
Central Goldfields - excluding Maryborough	93	16.1	29.4	54.5
Demographic indicators				
Household size				
1 person	44	13.3	39.0	47.7
2 or 3 people	153	8.8	28.9	62.3
4 or 5 people	121	5.0	37.9	57.1
More than 5 people	19	8.5	47.0	44.5
Born overseas*	21	12.5	58.8	28.6
Born in Australia	315	8.1	30.1	61.7
Speaks other main language*	4	0.0	20.5	79.5
Speaks English as main language	329	8.8	32.5	58.7
Aboriginal and/or Torres Strait Islander*	6	30.8	69.2	0.0
Not Aboriginal or Torres Strait Islander	331	8.1	32.6	59.3
LGBTQIA+*	14	17.1	31.9	51.0
Non-LGBTQIA+	320	7.8	33.4	58.8
Neurodivergent	26	0.4	32.6	67.1
Not neurodivergent	229	9.9	29.3	60.8
Maybe	9	22.8	60.8	16.5
Not sure what neurodivergent means	52	7.4	39.5	53.1
Less than Bachelor level education	224	9.1	33.8	57.1
Holds a Bachelor degree or higher	112	5.2	27.6	67.2
Unemployed/Retired	92	9.7	32.0	58.3
Employed	244	7.7	33.9	58.4
Just getting along, poor or very poor	137	16.4	33.8	49.8
Reasonably comfortable, very comfortable or prosperous	199	2.1	32.4	65.5
Requires help with daily activities*	16	21.0	34.5	44.5
Does not require help	319	7.9	33.0	59.1
Food security (last 12 months)				
Low or very low food security	78	22.5	29.5	48.0
Marginal food security	45	16.6	18.0	65.3
High food security	213	2.7	36.7	60.6

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

* Significance testing not conducted due to small base size.

When looking at the health and wellbeing indicators, health behaviours and risk behaviours, current smoking was not found to be associated with any indicators (see Table 7.1.2). However, respondents who did not meet screen time recommendations (69.9%) were more likely to have never smoked compared to those who did meet them (48.9%). Additionally, a higher proportion of those who engaged in risky alcohol consumption (46.7%) were less likely to have never smoked compared to those who had not engaged in risk alcohol consumption (76.2%).

Table 7.1.2 Smoking by selected health and behaviour characteristics

	Unweighted base ¹ n	Current smoker %	Ex-smoker %	Never smoked %
Total sample	337	8.5	33.4	58.1
Health and wellbeing indicators				
Self-reported health - Fair or poor	86	10.9	33.6	55.5
Self-reported health - Good, very good, or excellent	250	7.6	33.2	59.2
Life satisfaction - Low to moderate (0 to 6)	112	16.6	27.9	55.5
Life satisfaction - High/very high (7 to 10)	223	4.7	36.1	59.3
Does not feel valued by society	85	16.6	25.2	58.1
Sometimes feel valued by society	163	7.3	39.9	52.8
Definitely feel valued by society	86	3.6	30.6	65.9
Poor mental wellbeing	94	17.0	34.7	48.2
Good mental wellbeing	243	6.5	33.0	60.5
Overweight or obese (BMI ≥25.0)	182	8.1	35.9	56.0
Normal range or underweight (BMI <25.0)	78	12.5	40.7	46.8
Health behaviour indicators				
Does not meet fruit intake recommendations	204	9.4	34.6	56.1
Meets fruit intake recommendations	125	8.3	32.3	59.4
Does not meet vegetable intake recommendations	303	8.8	32.2	59.1
Meets vegetable intake recommendations*	29	7.9	34.9	57.2
Does not meet aerobic physical activity recommendations	94	6.5	32.2	61.3
Meets aerobic physical activity recommendations	236	7.7	34.0	58.3
Does not meet muscle strengthening recommendations	148	11.2	35.8	53.0
Meets muscle strengthening recommendations	150	5.4	30.6	64.0
Does not meet screen time recommendations	166	7.2	22.9	69.9
Meets screen time recommendations	167	9.2	41.9	48.9
Does not meet sleep recommendations	99	12.9	35.5	51.7
Meets sleep recommendations	230	7.3	32.7	60.1

Drinks sugar-sweetened beverages daily	72	15.3	24.3	60.4
Drinks sugar-sweetened beverages less than daily	263	6.5	36.4	57.1
Does not meet water recommendations	211	9.6	32.5	57.9
Meets water recommendations	122	6.7	36.7	56.6
Risk behaviour indicators				
Current vaper*	9	10.8	89.2	0.0
Ex-vaper	27	26.7	71.8	1.5
Never vaped	298	6.6	28.4	64.9
Had more than 4 standard drinks on a single occasion	204	12.0	41.2	46.7
Has not had more than 4 standard drinks	133	3.0	20.8	76.2
Gambled	124	6.3	43.7	50.0
Never gambled	213	10.3	25.3	64.4

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

* Significance testing not conducted due to small base size.

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 the Central Goldfields Shire according to the 2025 ALC was lower at 3.4% (see Table 7.2.1). No significant differences in vaping rates were seen between males and females. When looking at vaping rates by a combination of sex and age, among females, those aged 50 to 69 (95.9%) and 70 years and above (100.0%) were more likely to have never vaped compared to those aged 18 to 34 (74.0%) and those aged 35 to 49 years (88.4%).

Table 7.2.1 Vaping by selected demographic characteristics

	Unweighted base ¹	Current vaper	Ex-vaper	Never vaped
	n	%	%	%
Total sample	334	3.4	6.7	90.0
Males	63	3.7	5.9	90.4
Females	270	3.0	7.4	89.6
Sex and age				
Males, 18 to 34	5	0.0	23.1	76.9
Males, 35 to 49	21	6.5	26.7	66.9
Males, 50 to 69	23	7.1	0.0	92.9

Males, 70+	14	0.0	0.0	100.0
Females, 18 to 34	50	9.2	16.8	74.0
Females, 35 to 49	109	3.4	8.2	88.4
Females, 50 to 69	83	0.0	4.1	95.9
Females, 70+	28	0.0	0.0	100.0
Subregion				
Maryborough	240	3.8	6.8	89.3
Central Goldfields - excluding Maryborough	93	2.4	6.4	91.2
Demographic indicators				
Household size				
1 person	43	2.2	6.1	91.7
2 or 3 people	152	0.8	5.4	93.8
4 or 5 people	121	9.7	8.2	82.0
More than 5 people	18	0.0	23.3	76.7
Born overseas*	21	0.0	2.1	97.9
Born in Australia	312	3.8	7.2	89.0
Speaks other main language*	4	0.0	0.0	100.0
Speaks English as main language	326	2.4	6.9	90.8
Aboriginal and/or Torres Strait Islander*	6	0.0	69.0	31.0
Not Aboriginal or Torres Strait Islander	328	3.4	5.3	91.3
LGBTQIA+*	13	0.0	26.1	73.9
Non-LGBTQIA+	318	3.5	6.0	90.5
Neurodivergent	26	1.3	11.8	86.9
Not neurodivergent	227	4.8	3.6	91.5
Maybe	9	0.0	52.3	47.7
Not sure what neurodivergent means	51	1.8	11.6	86.5
Less than Bachelor level education	221	3.4	6.8	89.8
Holds a Bachelor degree or higher	112	3.0	6.4	90.6
Unemployed/Retired	90	3.5	4.7	91.8
Employed	243	3.3	8.2	88.5
Just getting along, poor or very poor	136	4.6	10.4	85.0
Reasonably comfortable, very comfortable or prosperous	197	2.3	3.7	94.0
Requires help with daily activities*	16	0.0	31.0	69.0
Does not require help	316	3.6	5.4	91.0
Food security (last 12 months)				
Low or very low food security	77	9.7	13.7	76.6
Marginal food security	45	0.0	5.4	94.6
High food security	211	1.9	4.7	93.4

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

* Significance testing not conducted due to small base size.

When looking at the health and wellbeing indicators, health behaviours and risk behaviours, vaping status was associated with feeling valued by society, smoking status and risky alcohol consumption (see 7.2.2). Respondents who definitely feel valued by society (97.3%), who never smoked (99.8%) and did not engage in risky drinking in the past 12 months (99.5%) were more likely to have never vaped compared to those who sometimes feel valued by society (85.5%), were ex-smokers (76.7%) and consumed risky amounts of alcohol (84.0%).

Table 7.2.2 Vaping by selected health and behaviour characteristics

	Unweighted base ¹ n	Current vaper %	Ex-vaper %	Never vaped %
Total sample	334	3.4	6.7	90.0
Health and wellbeing indicators				
Self-reported health - Fair or poor	83	0.0	12.8	87.2
Self-reported health - Good, very good, or excellent	250	4.5	4.3	91.2
Life satisfaction - Low to moderate (0 to 6)	109	6.4	11.0	82.6
Life satisfaction - High/very high (7 to 10)	223	1.9	4.6	93.4
Does not feel valued by society	82	5.8	5.4	88.8
Sometimes feel valued by society	163	4.3	10.2	85.5
Definitely feel valued by society	86	0.0	2.7	97.3
Poor mental wellbeing	92	1.0	18.9	80.1
Good mental wellbeing	242	3.9	3.8	92.3
Overweight or obese (BMI ≥25.0)	181	2.4	10.2	87.4
Normal range or underweight (BMI <25.0)	76	2.1	6.1	91.8
Health behaviour indicators				
Does not meet fruit intake recommendations	202	3.4	9.5	87.1
Meets fruit intake recommendations	124	3.7	2.6	93.7
Does not meet vegetable intake recommendations	300	3.2	7.3	89.5
Meets vegetable intake recommendations*	29	6.6	0.0	93.4
Does not meet aerobic physical activity recommendations	94	6.1	6.7	87.3
Meets aerobic physical activity recommendations	233	2.5	6.6	90.9
Does not meet muscle strengthening recommendations	147	1.0	5.2	93.8
Meets muscle strengthening recommendations	150	2.9	10.2	86.9
Does not meet screen time recommendations	163	4.2	4.5	91.2
Meets screen time recommendations	167	2.7	7.9	89.4
Does not meet sleep recommendations	97	4.1	11.8	84.1
Meets sleep recommendations	229	3.2	4.9	91.8
Drinks sugar-sweetened beverages daily	72	6.1	5.4	88.5

Drinks sugar-sweetened beverages less than daily	260	2.5	7.2	90.2
Does not meet water recommendations	209	3.9	7.4	88.7
Meets water recommendations	121	2.4	5.6	92.0
Risk behaviour indicators				
Current smoker	24	4.5	21.9	73.6
Ex-smoker	123	9.0	14.4	76.7
Never smoker	187	0.0	0.2	99.8
Had more than 4 standard drinks on a single occasion	202	5.5	10.6	84.0
Has not had more than 4 standard drinks	132	0.0	0.5	99.5
Gambled	123	3.1	11.6	85.3
Never gambled	211	3.5	2.8	93.6

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

* Significance testing not conducted due to small base size.

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, 61.6% 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 Central Goldfields Shire therefore were more likely to engage in risky drinking behaviour than the benchmarks suggest for Victorian residents more broadly.

No significant difference was seen between males and females. A greater proportion of males 18 to 34 (100.0%), 35 to 49 (87.2%), 50 to 69 (78.6%) engaged in risky alcohol consumption in the last 12 months compared to their older counterpart aged 70 years and over (36.4%). No significant difference was seen between the two subregions.

Demographic factors that were associated with risky alcohol consumption include, household size and employment status. A greater proportion of those who lived in 4-5 person households (81.0%) and were employed (74.9%) engaged in risky drinking over the past 12 months compared to those in single (37.4%) or 2-3 person households (59.6%) and those unemployed or retired (44.5%). These groups would 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	337	61.6	38.4
Males	64	67.2	32.8
Females	272	55.9	44.1
Sex and age			
Males, 18 to 34	5	100.0	0.0
Males, 35 to 49	22	87.2	12.8
Males, 50 to 69	23	78.6	21.4
Males, 70+	14	36.4	63.6
Females, 18 to 34	50	68.0	32.0
Females, 35 to 49	110	60.2	39.8
Females, 50 to 69	84	56.9	43.1
Females, 70+	28	33.0	67.0
Subregion			
Maryborough	243	61.3	38.7
Central Goldfields - excluding Maryborough	93	61.8	38.2
Demographic indicators			
Household size			
1 person	44	37.4	62.6
2 or 3 people	153	59.6	40.4
4 or 5 people	121	81.0	19.0
More than 5 people	19	62.3	37.7
Born overseas*	21	49.6	50.4
Born in Australia	315	63.2	36.8
Speaks other main language*	4	20.5	79.5
Speaks English as main language	329	61.9	38.1
Aboriginal and/or Torres Strait Islander*	6	88.0	12.0
Not Aboriginal or Torres Strait Islander	331	61.0	39.0
LGBTQIA+*	14	76.9	23.1
Non-LGBTQIA+	320	61.3	38.7
Neurodivergent*	26	57.6	42.4
Not neurodivergent	229	62.8	37.2
Maybe	9	63.1	36.9
Not sure what neurodivergent means	52	65.3	34.7
Less than Bachelor level education	224	61.9	38.1
Holds a Bachelor degree or higher	112	61.3	38.7

Unemployed/Retired	92	44.5	55.5
Employed	244	74.9	25.1
Just getting along, poor or very poor	137	57.4	42.6
Reasonably comfortable, very comfortable or prosperous	199	65.6	34.4
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 Central Goldfields Shire. Results are weighted to population benchmarks and exclude 'Not answered' / 'Not applicable' responses from base sizes.
 * Significance testing not conducted due to small base size.

There were no significant differences in risky alcohol consumption according to any of the health and wellbeing or health behaviour indicators (see Table 7.3.2). Smoking and gambling were the two assessed risk behaviours that were associated with risky alcohol consumption. Specifically, a greater proportion of current smokers (86.5%) or ex-smokers (76.1%) and those who gambled in the past 12 months (73.9%) engaged in risky alcohol consumption over the past 12 months compared to those who never smoked (49.5%) and did not gamble (52.0%). Therefore, 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	337	61.6	38.4
Health and wellbeing indicators			
Self-reported health - Fair or poor	86	60.7	39.3
Self-reported health - Good, very good, or excellent	250	61.8	38.2
Life satisfaction - Low to moderate (0 to 6)	112	65.5	34.5
Life satisfaction - High/very high (7 to 10)	223	59.7	40.3
Does not feel valued by society	85	62.9	37.1
Sometimes feel valued by society	163	65.1	34.9
Definitely feel valued by society	86	55.4	44.6
Poor mental wellbeing	94	63.8	36.2
Good mental wellbeing	243	61.0	39.0
Overweight or obese (BMI ≥25.0)	182	64.2	35.8
Normal range or underweight (BMI <25.0)	78	69.7	30.3

Health behaviour indicators			
Does not meet fruit intake recommendations	204	68.3	31.7
Meets fruit intake recommendations	125	57.6	42.4
Does not meet vegetable intake recommendations	303	63.4	36.6
Meets vegetable intake recommendations*	29	48.1	51.9
Does not meet aerobic physical activity recommendations	94	55.9	44.1
Meets aerobic physical activity recommendations	236	63.7	36.3
Does not meet muscle strengthening recommendations	148	59.6	40.4
Meets muscle strengthening recommendations	150	66.7	33.3
Does not meet screen time recommendations	166	66.7	33.3
Meets screen time recommendations	167	57.6	42.4
Does not meet sleep recommendations	99	69.9	30.1
Meets sleep recommendations	230	57.1	42.9
Drinks sugar-sweetened beverages daily	72	73.7	26.3
Drinks sugar-sweetened beverages less than daily	263	58.9	41.1
Does not meet water recommendations	211	65.0	35.0
Meets water recommendations	122	58.3	41.7
Risk behaviour indicators			
Current smoker	26	86.5	13.5
Ex-smoker	124	76.1	23.9
Never smoker	187	49.5	50.5
Current vaper*	9	100.0	0.0
Ex- vaper	27	97.1	2.9
Never vaper	298	57.3	42.7
Gambled	124	73.9	26.1
Never gambled	213	52.0	48.0

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

* Significance testing not conducted due to small base size.

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, 43.7% of ALC respondents reported having gambled at some time during the past 12 months. This is higher than respondents of the 2023 VPHS which reported the proportion of people who gambled in the past 12 months as 39.1%.

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 Central Goldfields Shire residents who responded to the survey, 6.0% reported that they gamble every week (see Table 7.4.1). There was no significant difference between males and females, or according to age groups or subregions.

While there were no associations seen between weekly gambling and demographic indicators, respondents in 4-5 person households (44.1%) and those not neurodivergent (37.9%) or not sure what neurodivergence meant (46.4%) had proportionately higher rates of monthly gambling compared to those in more than 5 person households (14.0%) and identify as neurodivergent (12.9%).

Table 7.4.1.1 Gambling frequency by selected demographic characteristics

	Unweighted base ¹ n	Weekly %	Monthly or less often %	Never gambled %
Total sample	337	6.0	37.8	56.3
Males	64	6.4	42.9	50.7
Females	272	5.6	32.7	61.8
Sex and age				
Males, 18 to 34	5	0.0	53.7	46.3
Males, 35 to 49	22	9.7	44.9	45.4
Males, 50 to 69	23	10.7	49.2	40.2
Males, 70+	14	2.3	31.8	65.9
Females, 18 to 34	50	3.1	32.2	64.8
Females, 35 to 49	110	2.3	31.3	66.5
Females, 50 to 69	84	9.0	35.1	55.9
Females, 70+	28	5.1	29.8	65.0
Subregion				
Maryborough	243	6.7	42.3	51.0
Central Goldfields - excluding Maryborough	93	4.6	29.0	66.5
Demographic indicators				
Household size				

1 person	44	13.2	36.5	50.3
2 or 3 people	153	2.2	36.1	61.8
4 or 5 people	121	9.3	44.1	46.6
More than 5 people	19	4.2	14.0	81.8
Born overseas*	21	0.0	41.9	58.1
Born in Australia	315	6.7	36.9	56.4
Speaks other main language*	4	0.0	69.6	30.4
Speaks English as main language	329	6.1	37.5	56.4
Aboriginal and/or Torres Strait Islander*	6	31.0	12.0	57.0
Not Aboriginal or Torres Strait Islander	331	5.4	38.3	56.3
LGBTQIA+*	14	15.2	21.8	63.0
Non-LGBTQIA+	320	5.6	37.5	56.8
Neurodivergent	26	25.8	12.9	61.3
Not neurodivergent	229	2.0	37.9	60.1
Maybe	9	22.5	35.3	42.3
Not sure what neurodivergent means	52	9.7	46.4	43.9
Less than Bachelor level education	224	5.9	38.4	55.8
Holds a Bachelor degree or higher	112	6.9	30.9	62.3
Unemployed/Retired	92	4.7	31.2	64.1
Employed	244	7.0	42.1	50.9
Just getting along, poor or very poor	137	4.1	37.1	58.8
Reasonably comfortable, very comfortable or prosperous	199	7.5	37.8	54.7
Requires help with daily activities*	16	8.0	16.9	75.1
Does not require help	319	5.9	38.6	55.5
Food security (last 12 months)				
Low or very low food security	78	3.0	33.3	63.7
Marginal food security	45	9.9	27.6	62.5
High food security	213	6.3	40.5	53.2

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

* Significance testing not conducted due to small base size.

Health and wellbeing and health behaviour indicators were not found to be associated with weekly gambling (see Table 7.4.1.2). For risk behaviour indicators, respondents who had not engaged in risky alcohol consumption in the past 12 months were more likely to have never gambled (70.3%) compared to those who had engaged in risky alcohol consumption (47.5%).

Table 7.4.1.2 Gambling frequency by selected health and behaviour characteristics

	Unweighted base ¹	Weekly	Monthly or less often	Never gambled
	n	%	%	%

Total sample	337	6.0	37.8	56.3
Health and wellbeing indicators				
Self-reported health - Fair or poor	86	13.2	37.8	49.0
Self-reported health - Good, very good, or excellent	250	3.1	37.6	59.3
Life satisfaction - Low to moderate (0 to 6)	112	6.7	35.0	58.2
Life satisfaction - High/very high (7 to 10)	223	5.6	39.1	55.3
Does not feel valued by society	85	8.0	29.1	62.8
Sometimes feel valued by society	163	3.7	42.8	53.5
Definitely feel valued by society	86	7.5	38.5	54.0
Poor mental wellbeing	94	9.6	34.7	55.7
Good mental wellbeing	243	5.1	38.5	56.4
Overweight or obese (BMI ≥ 25.0)	182	7.1	49.9	43.1
Normal range or underweight (BMI < 25.0)	78	6.6	30.3	63.1
Health behaviour indicators				
Does not meet fruit intake recommendations	204	8.3	43.1	48.5
Meets fruit intake recommendations	125	2.5	30.9	66.6
Does not meet vegetable intake recommendations	303	6.5	37.3	56.2
Meets vegetable intake recommendations*	29	0.0	33.1	66.9
Does not meet aerobic physical activity recommendations	94	10.1	38.6	51.3
Meets aerobic physical activity recommendations	236	4.7	37.8	57.5
Does not meet muscle strengthening recommendations	148	10.5	42.9	46.5
Meets muscle strengthening recommendations	150	3.3	39.7	57.0
Does not meet screen time recommendations	166	7.2	36.8	55.9
Meets screen time recommendations	167	5.0	38.3	56.7
Does not meet sleep recommendations	99	7.3	48.2	44.5
Meets sleep recommendations	230	5.4	33.1	61.5
Drinks sugar-sweetened beverages daily	72	7.5	29.2	63.3
Drinks sugar-sweetened beverages less than daily	263	5.6	40.7	53.8
Does not meet water recommendations	211	7.9	40.2	51.9
Meets water recommendations	122	1.8	33.5	64.7
Risk behaviour indicators				
Current smoker	26	4.1	27.9	68.0
Ex-smoker	124	5.8	51.5	42.7
Never smoker	187	6.3	31.3	62.4
Current vaper*	9	0.0	40.9	59.1

Ex- vaper	27	17.8	58.2	23.9
Never vaper	298	5.4	36.1	58.5
Had more than 4 standard drinks on a single occasion	204	6.3	46.2	47.5
Has not had more than 4 standard drinks	133	5.5	24.2	70.3

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

* Significance testing not conducted due to small base size.

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 60.7% of respondents who engaged in gambling participating in the lottery. The next most common were sports betting (24.7%), race betting (24.3%) and electronic gaming machines (19.1%).

Table 7.4.2.1 Types of gambling

Types of gambling	%	¹ N=124
Lottery	60.7	83
Sports betting	24.7	26
Race betting	24.3	31
Electronic gaming machines	19.1	28
Instant scratch tickets	13.9	19
Casino table games	7.3	7
Keno or bingo	6.5	9
Online casino games	3.0	4
Private betting	0.9	1

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

Table 7.4.2.2 provides an overview of participation in the top three most common types of gambling by age, sex and age, and subregions. No differences were seen between males and females and age groups or the two subregions.

Table 7.4.2.2 Types of gambling by selected demographic characteristics

	Unweighted base ¹	Lottery	Sports betting	Race betting
	n	%	%	%
Total sample	124	60.7	24.7	24.3
Males	34	54.4	35.0	28.8
Females	90	68.7	11.4	18.5
Males, 18 to 34*	3	0.0	100.0	0.0
Males, 35 to 49	11	28.8	65.5	17.7
Males, 50 to 69	15	76.2	23.8	26.8
Males, 70+	5	53.4	6.8	53.4
Females, 18 to 34*	13	26.1	34.8	21.6
Females, 35 to 49	36	74.4	16.9	18.5
Females, 50 to 69	35	89.8	1.0	18.3
Females, 70+	6	70.6	0.0	14.7
Subregion				
Maryborough	96	59.5	22.8	23.4
Central Goldfields - excluding Maryborough*	28	64.1	30.0	26.8

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

* Significance testing not conducted due to small base size.

Appendix A: Detailed description of weighting

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

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

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

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

Each step will now be covered in turn.

Design weights

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

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

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

Calibrating to population benchmarks

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

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

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

Treatment of missing values

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

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

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

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

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

Benchmarks

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

Table A2 Central Goldfields – Population benchmarks used for calibration

Benchmark category		Population proportion ¹
Age group	Education	%
3 to 9	-	10.5
14 to 17	-	7.9
18 to 34	Has Bachelors	2.1
	No Bachelors	13.6
35 to 49	Has Bachelors	11.8
	No Bachelors	2.1
50 to 69	Has Bachelors	28.0
	No Bachelors	3.3
70+	Has Bachelors	19.1
	No Bachelors	1.6
Age group	Sex	
3 to 17	Male	9.5
	Female	8.9
18+	Male	39.9
	Female	41.8
Age group	Country of birth	
3 to 17	-	18.4
18+	Australia	72.4
	Other	9.2

¹ Population benchmarks sourced from ABS Census 2021

References

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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 ☐ 7 ☐ 2 ☐ 8 ☐ 3 ☐ 9 ☐ 4 ☐ 10 ☐ 5 ☐ 11 ☐ 6 ☐ 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	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
C26a	Quality	☐	☐	☐	☐	☐
C26b	Accessibility	☐	☐	☐	☐	☐
C27	How did you get to this activity?	☐ Public transport ☐ Taxi / Uber ☐ Car ☐ Motorbike or motor scooter ☐ Bicycle ☐ Walked ☐ Other (please specify) 				
C28	How many kilometres do / did you travel to get to this activity?	km				
Skip to C45 if you have not taken part in any more physical activities						
C29	Please select the physical activity you have taken part in fourth most often over the last 12 months from the list of physical activities on page 10 and record the number.					
C30	If "other", please specify which physical activity you have taken part in fourth most often over the last 12 months.					

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

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

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



Section D – General health and risk behaviours

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

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

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

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

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

Section E – Children

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

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

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

	serves	serves	serves	serves
	serves	serves	serves	serves

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

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

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

[illegible]

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

[illegible]

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

[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	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

[illegible]

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

[illegible]

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

[illegible]

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

[illegible]

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

Section E | Page 41

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



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



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





Appendix C: Detailed tables

Table C1 **Population by LGA**

	Total	Maryborough	Central Goldfields - excluding Maryborough
	%	%	
Unweighted base¹	643	472	170
Sex			
Males	49.5	49.0	50.9
Females	50.5	51.0	49.1
Age			
Males, 3 to 11	11.5	14.4	5.6
Males, 12 to 17	8.6	8.7	8.4
Males, 18 to 34	10.2	12.3	5.9
Males, 35 to 49	11.6	14.0	6.6
Males, 50 to 69	31.7	28.0	39.4
Males, 70+	26.4	22.7	34.1
Females, 3 to 11	10.4	12.0	7.0
Females, 12 to 17	7.7	8.4	6.4
Females, 18 to 34	21.5	21.0	23.0
Females, 35 to 49	15.3	16.7	12.4
Females, 50 to 69	30.7	29.5	32.4
Females, 70+	14.4	12.5	18.8

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

Table C2 **Health behaviours by LGA**

	Total	Maryborough	Central Goldfields - excluding Maryborough
	%	%	%
Unweighted base¹	643	472	170
Health and wellbeing			
General health - Fair / poor	24.0	19.7	33.0
Life satisfaction - Low to moderate (0 to 6 out of 10) ²	32.4	32.9	30.8
Does not feel valued by society ²	26.0	28.3	21.5
Poor mental wellbeing ²	17.7	16.5	19.5
Overweight or obese (BMI ≥25.0)	69.3	67.7	72.8
Health behaviours			
Does not meet fruit recommendations	57.2	57.8	56.2
Does not meet vegetable recommendations	93.3	95.4	88.7
Does not meet aerobic physical activity recommendations	30.4	32.6	25.8
Does not meet muscle strengthening recommendations	49.8	48.3	52.9
Does not meet screen recommendations	49.0	49.1	48.5
Does not meet sleep recommendations	31.7	32.2	30.6
Drinks sugar-sweetened beverages daily	20.5	20.3	21.2
Does not meet water recommendations	66.3	65.0	68.7
Other risk factors			
Current smoker ²	8.5	4.8	16.1
Current vaper ²	3.4	3.8	2.4

Consumed more than 4 standard drinks on at least one occasion in the last 12 months ²	61.6	61.3	61.8
Gambled in past 12 months ²	43.7	49.0	33.5
Food security			
Low or very low food security ²	22.5	22.1	23.4

¹ Base sizes include all respondents aged 3 years and over living in the Central Goldfields region. 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	Maryborough	Central Goldfields - excluding Maryborough
	%	%	%
Total activities			
% of respondents undertaking activity	17.2	16.4	19.4
# respondents undertaking activity	122	100	22
Frequency of participation			
Heavy - Once a week or more	74.8	74.0	76.8
Medium - One to three times a month	19.8	20.5	18.0
Light - Less often	5.4	5.4	5.3
Travel mode			
Car	29.4	32.9	21.6
Walking	69.8	65.9	78.4
Bike	0.0	0.0	0.0
Public transport / taxi / Uber	0.0	0.0	0.0
Other	0.8	1.2	0.0
Distance to activity			
Average distance travelled to activity	3.9	3.9	4.1
Facility quality rating			
Good, excellent	51.0	58.4	34.5
Average	40.8	36.7	50.0
Very poor, poor	8.2	4.9	15.5
<i>Mean score (out of 5)</i>	3.5	3.7	3.1
Facility accessibility rating			
Good, excellent	58.7	59.5	56.9
Average	38.4	37.5	40.9
Very poor, poor	2.8	3.1	2.2
<i>Mean score (out of 5)</i>	3.7	3.7	3.6

¹ Base sizes include all respondents aged 3 years and over living in the Central Goldfields region 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 – Fitness: Gym**

	Total	Maryborough	Central Goldfields - excluding Maryborough
	%	%	%
Total activities			
% of respondents undertaking activity	10.8	10.5	11.6
# respondents undertaking activity	80	63	17
Frequency of participation			
Heavy - Once a week or more	97.5	96.5	100.0
Medium - One to three times a month	2.4	3.3	0.0
Light - Less often	0.2	0.2	0.0
Travel mode			
Car	99.4	99.8	98.4
Walking	0.6	0.2	1.6
Bike	0.0	0.0	0.0
Public transport / taxi / Uber	0.0	0.0	0.0
Other	0.0	0.0	0.0
Distance to activity			
Average distance travelled to activity	7.7	4.3	14.7
Facility quality rating			
Good, excellent	78.1	74.0	88.2
Average	21.0	26.0	8.6
Very poor, poor	0.9	0.0	3.2
Mean score (out of 5)	4.3	4.3	4.5
Facility accessibility rating			
Good, excellent	79.9	75.2	91.4
Average	17.6	24.8	0.0
Very poor, poor	2.5	0.0	8.6
Mean score (out of 5)	4.3	4.3	4.5

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

Table C5 Activities – Australian Rules Football (AFL)

	Total	Maryborough	Central Goldfields - excluding Maryborough
	%	%	%
Total activities			
% of respondents undertaking activity	5.9	6.2	357.6
# respondents undertaking activity	77	61	16
Frequency of participation			
Heavy - Once a week or more	95.0	94.8	96.1
Medium - One to three times a month	2.7	2.4	3.9
Light - Less often	2.3	2.8	0.0
Travel mode			
Car	78.0	87.2	39.1
Walking	9.2	4.8	27.8
Bike	6.3	0.0	33.1
Public transport / taxi / Uber	0.7	0.9	0.0
Other	5.7	7.1	0.0
Distance to activity			
Average distance travelled to activity	8.4	9.1	5.8
Facility quality rating			
Good, excellent	50.3	47.8	60.6
Average	39.2	40.1	35.5
Very poor, poor	10.5	12.0	3.9
<i>Mean score (out of 5)</i>	3.6	3.5	3.7
Facility accessibility rating			
Good, excellent	53.5	51.8	60.6
Average	34.6	36.2	27.8
Very poor, poor	12.0	12.0	11.6
<i>Mean score (out of 5)</i>	3.6	3.6	3.6

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

Table C6 Activities – Netball

	Total	Maryborough	Central Goldfields - excluding Maryborough
	%	%	%
Total activities			
% of respondents undertaking activity	5.0	5.5	3.7
# respondents undertaking activity	65	50	15
Frequency of participation			
Heavy - Once a week or more	81.2	75.9	100.0
Medium - One to three times a month	12.3	15.8	0.0
Light - Less often	6.5	8.3	0.0
Travel mode			
Car	97.8	97.2	100.0
Walking	1.1	1.4	0.0
Bike	0.0	0.0	0.0
Public transport / taxi / Uber	1.1	1.4	0.0
Other	0.0	0.0	0.0
Distance to activity			
Average distance travelled to activity	10.5	11.4	7.4
Facility quality rating			
Good, excellent	40.0	29.4	76.9
Average	18.5	21.0	9.7
Very poor, poor	41.5	49.6	13.4
<i>Mean score (out of 5)</i>	3.2	2.8	4.3
Facility accessibility rating			
Good, excellent	52.6	43.2	85.5
Average	28.2	34.8	4.8
Very poor, poor	19.2	21.9	9.7
<i>Mean score (out of 5)</i>	3.6	3.4	4.4

¹ Base sizes include all respondents aged 3 years and over living in the Central Goldfields region 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 C7 **Activities – Swimming**

	Total	Maryborough	Central Goldfields - excluding Maryborough
	%	%	%
Total activities			
% of respondents undertaking activity	6.1	5.6	7.7
# respondents undertaking activity	60	38	22
Frequency of participation			
Heavy - Once a week or more	55.0	52.7	60.0
Medium - One to three times a month	32.3	38.7	18.9
Light - Less often	12.7	8.6	21.1
Travel mode			
Car	90.4	95.3	80.7
Walking	6.3	1.3	16.3
Bike	0.0	0.0	0.0
Public transport / taxi / Uber	1.0	0.0	2.9
Other	2.3	3.5	0.0
Distance to activity			
Average distance travelled to activity	13.2	12.3	14.5
Facility quality rating			
Good, excellent	60.5	56.4	68.9
Average	33.8	37.5	26.1
Very poor, poor	5.8	6.1	5.1
<i>Mean score (out of 5)</i>	3.8	3.7	3.9
Facility accessibility rating			
Good, excellent	72.7	63.2	92.0
Average	23.7	34.0	2.5
Very poor, poor	3.7	2.8	5.5
<i>Mean score (out of 5)</i>	3.9	0.0	4.1

¹ Base sizes include all respondents aged 3 years and over living in the Central Goldfields region 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.