



Mount Alexander Shire Community Profile

2026

This document has been prepared to provide a data profile on the health and wellbeing of the local government area of Loddon Mallee. It contains publicly available data that has been collated and summarised to inform local government, health services, advocacy and community groups.

All effort has been made to report data accurately and represent data available at time of publishing. These estimates may differ from those seen elsewhere due to differences in calculation methodologies and/or source data used.







We acknowledge the First Peoples of Australia who are the Traditional Custodians of the land and water where we live, work and play. We celebrate that this is the oldest living and continuous culture in the world. We are proud to be sharing the land that we work on and recognise that sovereignty was never ceded.



We welcome all cultures, nationalities and religions. Being inclusive and providing equitable healthcare is our commitment.



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Data snapshot

Mount Alexander local government area (LGA) is located in central Victoria, within the Loddon sub-region of the Loddon Mallee. Most residents live in the close-knit townships of Castlemaine, Harcourt, Newstead and Maldon. The Shire is on the traditional lands of the Djaara people, with a small overlap into Taungurung Country.

Mount Alexander is an engaged and active community with a thriving artistic and creative culture. Residents are passionate about sustainability and participate in creative and civic life at higher-than-average levels. The community also demonstrates a high tolerance of diversity, with comparatively fewer residents reporting experiences of racism and discrimination, contributing to a strong sense of inclusion and social cohesion.



The 2021 Census recorded a population of 20,253 people, with a median age of 51 years. Aboriginal and/or Torres Strait Islander people made up 1.3% of the population. Most residents (80.5%) were born in Australia. Other common countries of birth include England (4.1%), New Zealand (1.5%), Germany (0.5%) and the United States (0.5%).















Median individual, family and household incomes are all below the Victorian average, and housing affordability is poor, ranked the second least affordable in the Loddon Mallee region. Despite this, the prevalence of homelessness remains low.

Several health risk factors are evident, including a high prevalence of tobacco smoking and an increased risk of alcohol-related harm. Mount Alexander had a high rate of cancer but comparatively low rates of heart disease, diabetes, kidney disease and dementia. There are also elevated rates of avoidable deaths from respiratory disease and from external causes, such as falls, burns, suicide and self-inflicted injuries.

In Mount Alexander, 99.8% of the land mass is classified as bushfire-prone and with increasing average temperatures, the region is likely to be significantly impacted by climate change.

This snapshot highlights the indicators where the Mount Alexander LGA is statistically different to expected levels* or in the absence of statistical analysis, ranks in the top ten of Victoria's 79 LGAs.

-  Areas of strength compared to Australian or Victorian measures
-  Areas of concern compared to Australian or Victorian measures

Social determinants of health	
Homelessness	
Health risk factors	
Tolerance of diversity	
Alcohol and other drugs	
Tobacco harm	
Bowel screening participation	
Health conditions	
3 or more long term health conditions	
Heart disease	
Cancer	
Diabetes	
Kidney disease	
Dementia	
Avoidable deaths	
Ischaemic heart disease	
Respiratory system disease	
External causes	

*Comparison may be with Victorian or Australian data based on primary data source

Local government area summary:

The Mount Alexander Shire is a rural local government area in central Victoria, Australia, renowned for its historical significance from the gold rush era, its vibrant arts community, and its agricultural productivity.

The shire is centred around the town of Castlemaine, the largest urban area within the region. Other significant towns include Maldon, Harcourt, Newstead and Taradale. The shire sits between the Loddon Valley and the Macedon Ranges, making it part of Victoria's renowned Goldfields region. Mount Alexander Shire had a population of 20,253 people (2021).¹ Castlemaine is the most populous town, with approximately 10,500 residents. The rest of the population is dispersed across smaller rural communities and townships, contributing to the shire's semi-rural character.

Land use in Mount Alexander Shire is characterised by a blend of agricultural (56%), residential (19%) and conservation areas (18%). The fertile land around Harcourt is used for fruit growing, particularly apples, and wine production. The region also supports grazing and small-scale farming.² In towns like Castlemaine and Maldon, there has been growth in residential development, driven in part by people moving from Melbourne seeking a tree-change lifestyle. Historic preservation is a priority, especially in Maldon, which was recognised as Australia's first notable historic town and continues to preserve many of its gold rush-era buildings and landmarks.

Mount Alexander Shire falls under the Modified Monash Model (MMM) classification of MMM 2, 4 and 5 meaning it is considered a regional area in the northern part of Mount Alexander (20kms of a regional city) but also has a medium rural town and smaller rural towns.³

It is acknowledged that Mount Alexander Shire is situated on the traditional lands of the Djaara and Taungurung people, who have been custodians of our land and water ways for tens of thousands of years.



[1] Australian Bureau of Statistics, 2021

[2] Land use and management, Department of Agriculture, Fisheries and Forestry, 2023

[3] Modified Monash Model | Australian Government Department of Health and Aged Care;

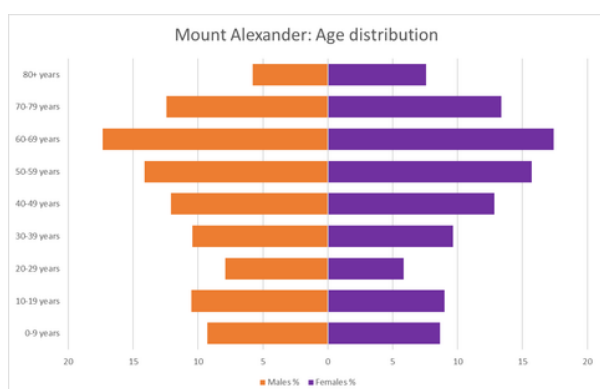
1. Population

Mount Alexander's population profile, based on ABS data obtained from the census revealed an older demographic. The median age of 51 years was considerably higher than the state median of 38 years. The percentage of people aged 70 years and above was also higher in Mount Alexander (19.6%) compared with Victoria (11.9%). The male-female ratio was slightly skewed towards females.



20,253 people reside in Mount Alexander, in 2021

51yrs is the median age in Mount Alexander (Victoria 38yrs), in 2021



Source: Australian Bureau of Statistics, 2021



Source: Australian Bureau of Statistics, 2021

Age groups	Mount Alexander (n)		Mount Alexander (%)		Victoria (%)	
	Male	Female	Male	Female	Male	Female
0-9 years	939	877	9.3	8.6	12.5	11.5
10-19 years	1064	912	10.5	9.0	12.1	11.1
20-29 years	800	594	7.9	5.9	14.1	13.2
30-39 years	1,055	979	10.4	9.6	15.1	15.3
40-49 years	1,223	1,304	12.1	12.8	13.0	13.0
50-59 years	1,426	1,594	14.1	15.7	12.0	12.4
60-69 years	1,752	1,767	17.3	17.4	10.2	10.8
70-79 years	1,258	1,358	12.4	13.4	7.2	7.8
80+ years	585	769	5.8	7.6	3.7	5.0
Total	10,102	10,150	100	100	100	100

Source: Australian Bureau of Statistics, 2021

2. Priority groups

2.1 Indigenous status

Mount Alexander had a higher proportion of Indigenous population (1.3%), compared with Victoria (1%). The median age of Mount Alexander's Indigenous population was older at 30 years of age, compared with the state median of 24 years. The median age was also significantly younger than the median age in Mount Alexander's total population (50 years).

Indigenous status	Mount Alexander (n)	Mount Alexander (%)	Victoria (n)	Victoria (%)
Aboriginal and/or Torres Strait Islander	267	1.3	65,646	1
Non-Indigenous	18,746	92.6	6,148,188	94.5
Indigenous status not stated	1,240	6.1	289,665	4.5
Median age of Indigenous Population (years)	30		24	

Source: [Australian Bureau of Statistics](#), 2021

Murray Primary Health Network's First Nations Health and Healing report provides an overview of the current state of First Nations health drawing on data and consultation with First Nations Peoples



2.2 Multicultural communities

A majority of Mount Alexander's residents, accounting for 87.8% of the total population, were Australian citizens with 80.5% being born in Australia. Only 3.4% of the population consists of people who are not Australian citizens.

Language use patterns revealed a vast majority (87%) of Mount Alexander's residents speak English only. However, a small percentage (0.3%) speak other languages and do not use English well or at all. Overall, Mount Alexander's population profile reflects limited cultural and linguistic diversity.



German is the top non-English language spoken at home in Mount Alexander

Country of birth, top responses	Mount Alexander (n)	Mount Alexander (%)	Victoria (%)
Australia	16,303	80.5	65.0
England	824	4.1	2.7
New Zealand	301	1.5	1.5
Germany	103	0.5	0.4
United States of America	93	0.5	0.4
Scotland	90	0.4	0.4



Source: [Australian Bureau of Statistics](#), 2021

Language used at home other than English, top responses	Mount Alexander (n)	Mount Alexander (%)	Victoria (%)
German	68	0.3	0.3
Greek	55	0.3	1.6
Spanish	48	0.2	0.7
French	47	0.2	0.3
Italian	41	0.2	1.4
English only used at home	17,612	87	67.2
Households where a non-English language is used	401	4.8	30.2
Uses other languages and speaks English not well/not at all	55	0.3	4.4

Top five of those that speak English not well/not at all, they speak (number):

- Mandarin (6)
- Croatian (4)
- German (4)
- Greek (4)
- Spanish (4)

Source: [Australian Bureau of Statistics, 2021](#)

2.3 LGBTIQ+ population

Unfortunately, there is a lack of local data on LGBTIQ+ (lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse people) population including population size and health and wellbeing data. There is data at a state and national level that can be used as an indicator. The Victorian Population Health Survey 2017 estimates 5.7 % of Victorian adults identify as LGBTIQ+, however some rural areas have attracted significantly higher proportion of LGBTIQ+ people to their communities.

State and national data indicates poorer mental and physical health for LGBTIQ+ community members. There are also significantly higher rates of drug use, alcohol, smoking, chronic disease, homelessness, and disability along with higher rates of anxiety and depression, psychological stress and low satisfaction with life.

Sources and for more information: [Pride in our future: Victoria's LGBTIQ+ strategy 2022–32 | vic.gov.au \(www.vic.gov.au\)](#)
[The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria - Findings from the Victorian Population Health Survey 2017 | Victorian Agency for Health Information \(vahi.vic.gov.au\)](#)

2.4 People with disabilities

Data on disability show that the proportion of people with a profound or severe disability in Mount Alexander, whether they live in long-term accommodation or in households were higher than the Victorian proportions. Data indicate people with a profound or severe disability aged 0-64 years are living and being cared for in households rather than long term accommodation.

In Mount Alexander, there were 547 people participating in the National Disability Insurance Scheme (3.1/100 population) in 2022, statistically higher than expected (based on Australian data) and higher than the Victorian Rate (2.2/100 population).

Disability indicators	Mount Alexander (n)	Mount Alexander	Victoria
People with a profound or severe disability, includes people in long-term accommodation (all ages), 2021	1,070	5.6%	6.1%
People with a profound or severe disability and living in households (all ages), 2021	1,041	5.4%	5.4%
People with a profound or severe disability, includes people in long-term accommodation (0 to 64 years), 2021	485	3.5%	3.3%
People with a profound or severe disability and living in households (0 to 64 years), 2021	485	3.5%	3.2%
Estimated number of total persons, living in households, with moderate or mild core activity limitation (modelled estimates, 2018)	2,643	10.3 ASR [^]	na
National Disability Insurance Scheme participants, 2023	547	3.1 ASR [^] ●	2.5 ASR [^]

Source: [PHIDU Torrens University Australia](#)

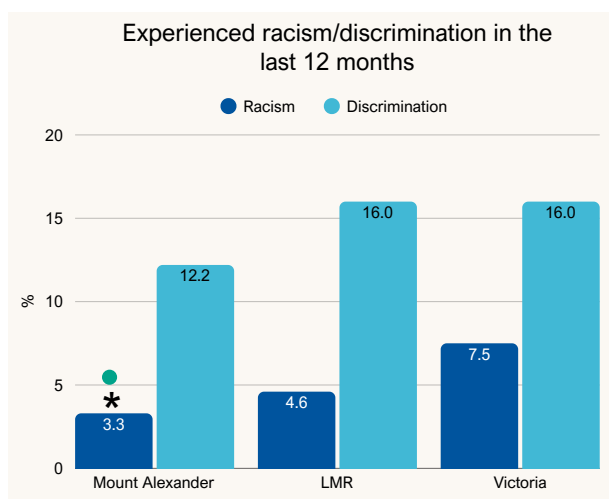
[^]Average annual ASR per 100. Age Standardise Rate (ASR) is used to remove the effect of the differing age distributions that we can make conclusions about the relative decreases or increases in mortality over time.

● Statistically significantly higher than expected (based on Australian data)

2.5 Racism and discrimination

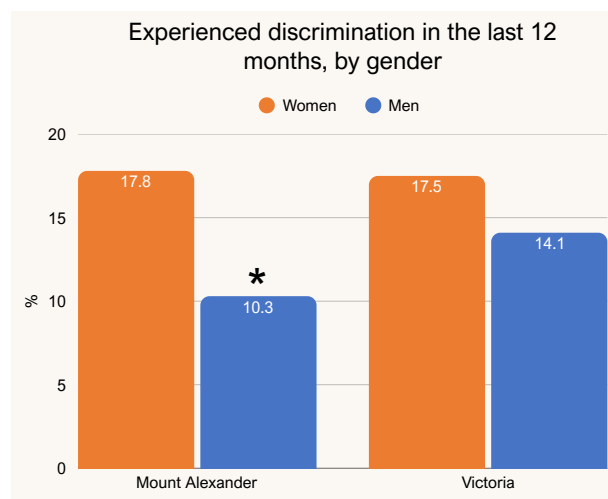
On an individual level, racism refers to the beliefs and attitudes members of certain groups have of their superiority in relation to other groups who are regarded as inferior based on race, ethnicity or cultural background (Sanson et al, 1998).

Racism was defined as experiences of discrimination due to First People’s status, skin colour, nationality, race, ethnic group or language spoken at home. Discrimination was defined as experiences of discrimination due to gender identity, sexual orientation or intersex status.



Source: [Victorian Population Health Survey 2023](#), age adjusted
*high relative standard error so interpret with caution

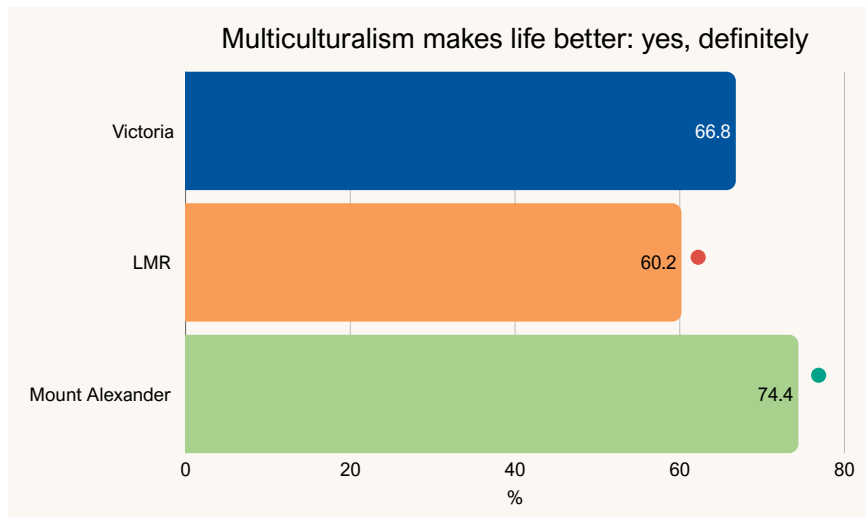
● Statistically significantly lower compared to Victoria



Source: [Victorian Population Health Survey 2023](#), age adjusted
*high relative standard error so interpret with caution

Mount Alexander had a lower proportion of racism and discrimination experienced in the last 12 months, compared with Victoria. A higher proportion of women (17.8%) reported discrimination in the last 12 months, compared to men (10.3%). However, the data for men had a high relative standard error so interpret with caution.

To measure tolerance of diversity, adults were asked if multiculturalism makes life better. In Mount Alexander, there was statistically significantly more people who felt that multiculturalism definitely makes life better (74.4%), when compared with Victoria (66.8%).



Source: [Victorian Population Health Survey 2023](#), age adjusted.

- Statistically significantly lower compared to Victoria
- Statistically significantly higher compared to Victoria

3. Determinants of health

3.1 Areas of disadvantage

The Index of Relative Socio-economic Disadvantage (IRSD) is a general socio-economic index that summarises a range of information about the economic and social conditions of people and households within an area.

A low score indicates relatively greater disadvantage. For example, an area could have a low score if there are: many households with low income, or many people without qualifications, and many people in low skilled occupations.

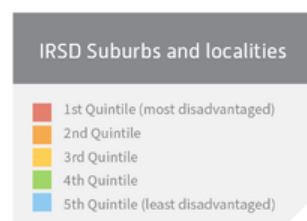
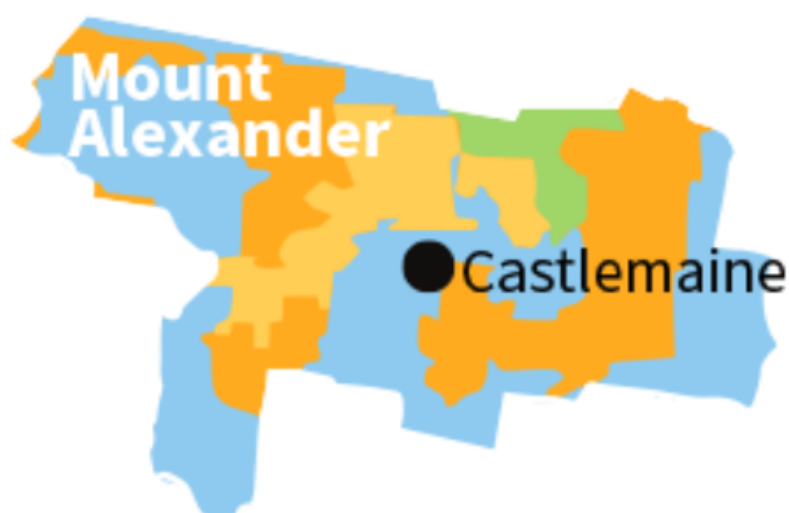
A high score indicates a relative lack of disadvantage. For example, an area may have a high score if there are: few households with low incomes, few people without qualifications, few people in low skilled occupations.

Within the Mount Alexander LGA there were four Australian quintile areas of areas disadvantage (2nd, 3rd, 4th and 5th quintile). The average IRSD score for Mount Alexander was 1007 (2021), which ranked Mount Alexander LGA 47th (from 79 LGAs) in Victoria of most disadvantage.

LGA, 2021	IRSD Score	Victorian LGA ranking [^]
Mildura	940	5
Swan Hill	941	7
Loddon	948	11
Gannawarra	952	14
Campaspe	965	19
Buloke	972	24
Greater Bendigo	985	27
Mount Alexander	1007	47
Macedon Ranges	1063	73

Source: [ABS: Census of population and Housing: Socio-Economic Indexes from areas \(SEIFA\), 2021](#)

[^]Rank 1 = most disadvantage, rank 79 = least disadvantage



Source: [Socio-Economic Index for Areas, ABS, 2021](#)

3.2 Educational attainment

Type of educational institution attending

Mount Alexander had a lower percentage of the population attending preschool, primary and secondary education to the state average. Mount Alexander also had a considerably lower percentage of people attending university or other higher education compared with the state-wide average, with Mount Alexander at 14.9% and Victoria at 24.5%.



In Mount Alexander, 28.7% completed bachelor degree and above (Vic. 29.2%)

People attending an educational institution	Mount Alexander (n)	Mount Alexander (%)	Victoria (%)
Preschool total	314	5.5	7.1
Primary total	1,271	22.2	26.5
Secondary total	1,100	19.2	21
Tertiary: Vocational education (including TAFE and private training providers)	337	5.9	7.9
Tertiary - University or other higher education	514	9.0	16.6
Tertiary total	853	14.9	24.5

Source: [Australian Bureau of Statistics](#), 2021

Level of highest education attainment

The data on the highest educational attainment in Mount Alexander for people aged 15 years and over reveals a diverse educational landscape, which was comparable with the Victorian educational distribution. Mount Alexander showed a slightly lower percentages of individuals with higher education qualifications, with a bachelor's degree and above (28.7%) compared with Victoria (29.2). Meanwhile, Mount Alexander had a lower attainment of year 12 (10.1%) compared with Victoria (14.9%).

Level of highest educational attainment	Mount Alexander (n)	Mount Alexander (%)	Victoria (%)
Bachelor degree level and above	5,003	28.7	29.2
Advanced diploma and diploma level	1,760	10.1	9.8
Certificate level IV	557	3.2	3.4
Certificate level III	2,024	11.6	10.9
Year 12	1,766	10.1	14.9
Year 11	1,054	6.1	5.7
Year 10	1,817	10.4	7.3
Certificate level 11	12	0.1	0.1
Certificate level 1	-	-	-
Year 9 or below	1,219	7.0	7.9
Inadequately described	327	1.9	2.1
No educational attainment	33	0.2	1.1
Not stated	1,836	10.6	7.6

Source: [Australian Bureau of Statistics](#), 2021, people aged 15yrs and over

3.3 Household income

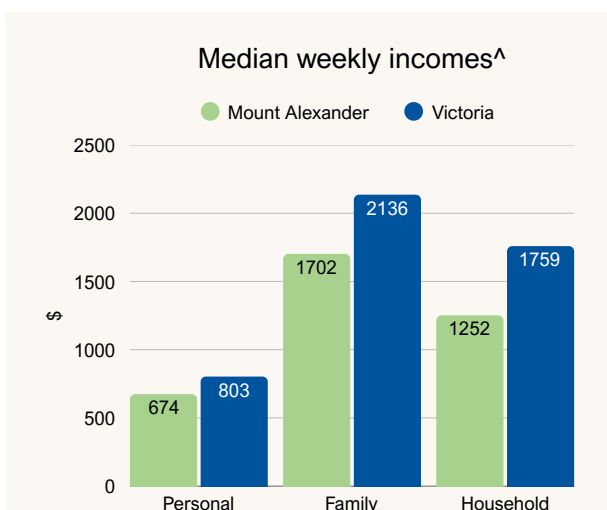
Data on household income for the Mount Alexander region, compared with the state of Victoria, gives insights into the income distribution within the community. The median weekly incomes for people aged over 15 years, families and households were all below the state medians. The percentage of occupied private dwellings in Mount Alexander with a weekly income of less than \$650 was 24.6% and above \$3000 was 13.6% compared with a state proportions of 16.4% and 24.2% respectively. This indicates that Mount Alexander had a greater number of households with low income when compared with the state average.

From 2006 to 2021, the median weekly household income for Mount Alexander was continuously lower than the Victorian median and the pay gap appears to be widening.

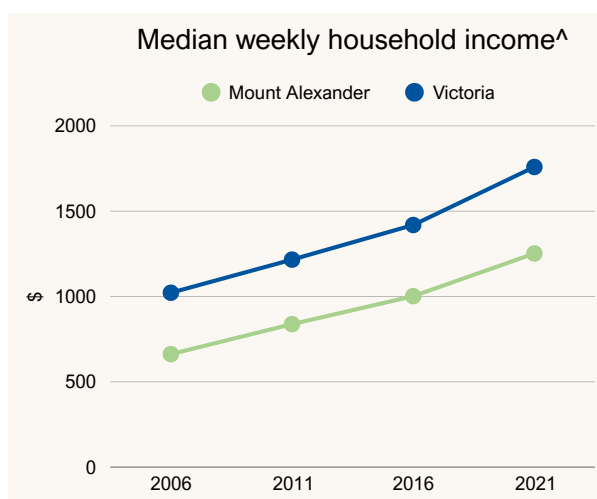
In Mount Alexander, 51.7% of households had a low income (in the bottom 40% of income distribution). This compares with 39.5% of households in Victoria. ^[1]

Occupied private dwellings (excl. visitor only and other non-classified households)	Mount Alexander (%)	Victoria (%)
Less than \$650 total household weekly income	24.6	16.4
More than \$3,000 total household weekly income	13.6	24.2

Source: [Australian Bureau of Statistics](#), 2021, Percentages exclude dwellings with 'Partial income stated' and 'All incomes not stated.'



Source: [Australian Bureau of Statistics](#), 2021
 ^ Incomes are collected in ranges and exclude people, families and households where at least one member aged 15 years and over did not state their income.

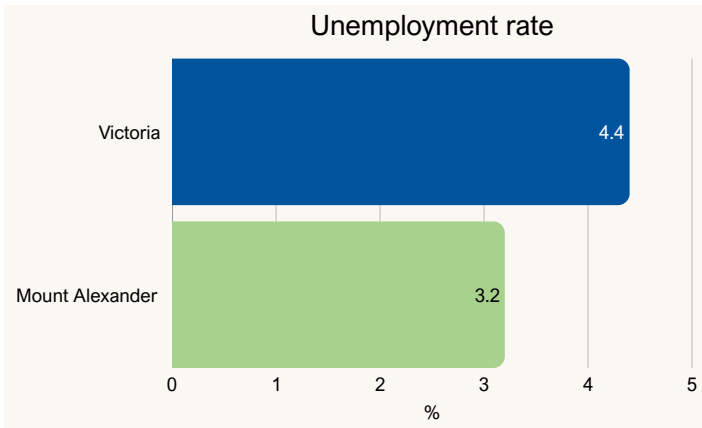


Source: [Australian Bureau of Statistics](#), 2021
 ^ Incomes are collected in ranges and exclude people, families and households where at least one member aged 15 years and over did not state their income.

[1] Source: [Social Health Atlas](#), 2021

3.4 Unemployment

The psychosocial stress caused by unemployment has a strong impact on physical and mental health and wellbeing. Employment in quality work helps to protect health, instilling self-esteem and a positive sense of identity, while providing the opportunity for social interaction and personal development.



The data represents people aged 18 years and over who are seeking employment and yet to find it.

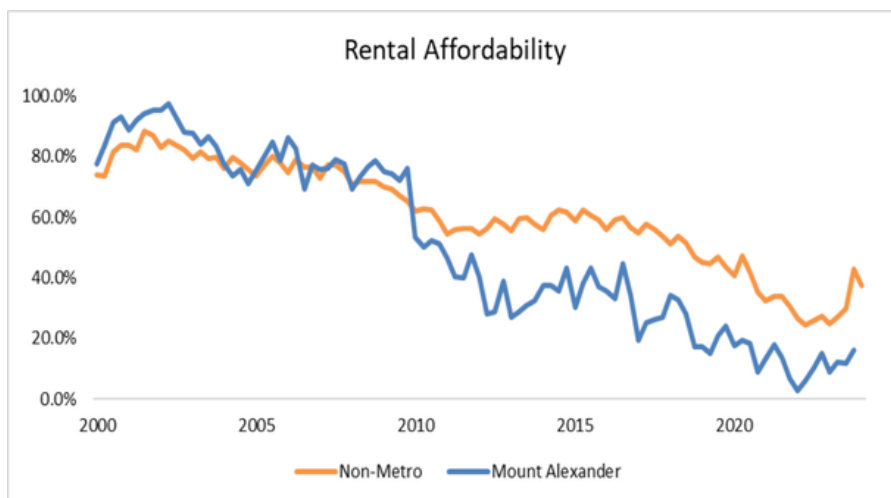
Mount Alexander’s unemployment rate was 3.2%, which was substantially lower than the Victorian state average of 4.4%.

Source: [Social Health Atlas of Australia](#): Victoria, June 2025

3.5 Rental affordability

Overall, median rent prices are continuing to increase and becoming less affordable. The graph below represents affordability of rental homes for lower income households. The affordability benchmark used is that no more than 30% of gross income is spent on rent. Mount Alexander Shire has experienced a decline in rental affordability from 2009, with affordability at a low 6.1% in June 2022 and 12.1% in June 2023. Mount Alexander rental affordability was lower than Victorian non metro area (26.9%) in 2023.

In Mount Alexander, the proportion of low income households under financial stress from mortgage or rent was lower (16.3%), compared with Victoria (27.8%).^[1]



Source: [Rental Report - Quarterly: Affordable Lettings by LGA - Dataset - Victorian Government Data Directory](#). The affordability benchmark used is that no more than 30% of gross income is spent on rent. Lower income households are defined as those receiving Centrelink incomes

[1] [Social Health Atlas of Australia](#): Victoria, 2021

3.6 Homelessness

Access to safe, adequate housing is central to the health and wellbeing of individuals and families. Secure and affordable housing is the basis for social connectedness and a contributor to the social determinants of health and wellbeing. These data includes:

- living in improvised dwellings, tents or sleeping out
- living in supported accommodation for the homeless
- staying temporarily with other households
- living in boarding houses
- living in 'severely' crowded dwellings

The age standardised rate of homelessness in Mount Alexander was 23.5/10,000 people (n=41), which was statistically significantly lower compared with Victoria (46.9/10,000 people).^[1] This indicates the rate of homelessness is lower in Mount Alexander compared to the broader state of Victoria. While the overall rate is different between Mount Alexander and Victoria, the specific challenges and characteristics of homelessness may vary between regions.



Source: [Social Health Atlas](#), 2021

● Statistically significantly lower than expected (based on Australian data)

[1] [Social Health Atlas of Australia](#): Victoria, 2021

3.7 Family composition

Couple families without children constitutes the largest proportion in Mount Alexander, accounting for 50% of all families, which is higher than the state average of 37.6%. Couple families with children make up 33% of all families in Mount Alexander, which is lower than the state average of 45.5%. This indicates a smaller proportion of families in Mount Alexander have children compared to the broader state.

One-parent families represent 15.9% of all families in Mount Alexander, which is slightly higher than the state average of 15.2%.

Other families, which may include non-traditional family structures, account for a small percentage (1.2%) in Mount Alexander, lower than the state average of 1.7%.

All families	Mount Alexander (n)	Mount Alexander (%)	Victoria (%)
Couple family without children	2,725	50.0	37.6
Couple family with children	1,798	33.0	45.5
One parent family	864	15.9	15.2
Other family	63	1.2	1.7

Source: [Australian Bureau of Statistics, 2021](#)

Single (or lone parents)

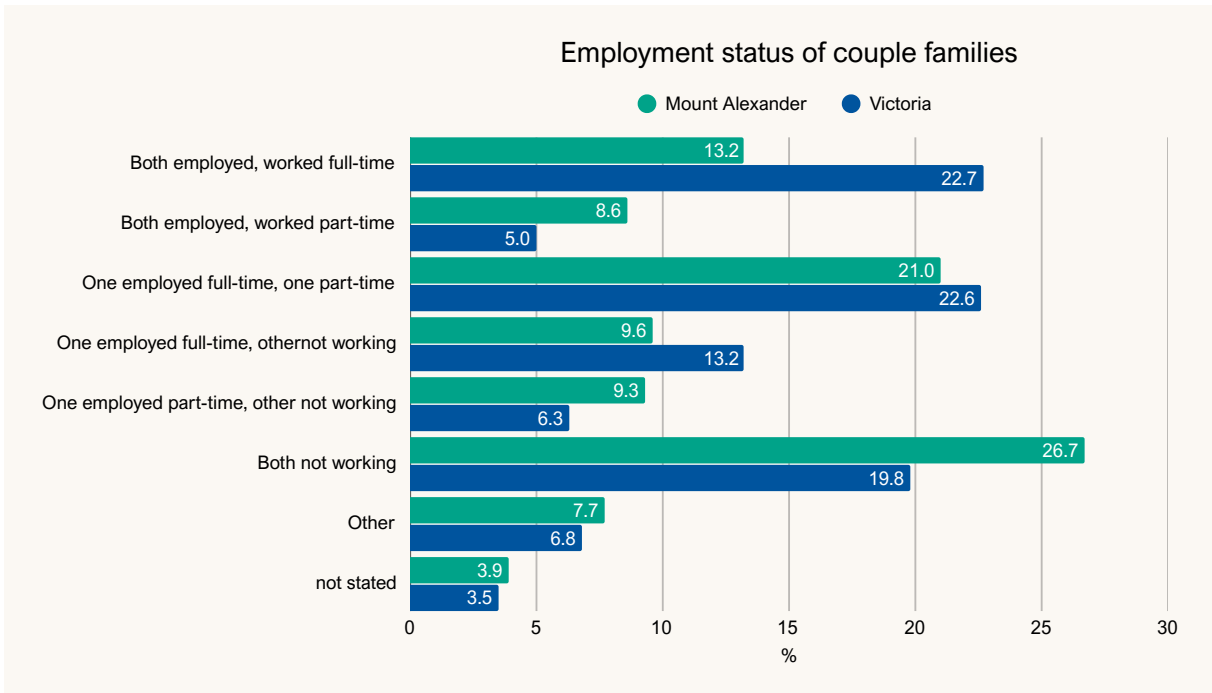
The data indicates the majority of single (or lone) parents in Mount Alexander are female, constituting a substantial 73.8% of the total single parent population. This percentage is slightly lower than the female proportion in Victoria, which is 80.9%.

Proportion of the total single (or lone) parents	Mount Alexander (%)	Victoria (%)
Male	26.4	19.1
Female	73.8	80.9

Source: [Australian Bureau of Statistics, 2021](#)

Employment status of couple families

In Mount Alexander, the most common employment status for couple families were both not working (26.7%) and one adult employed full-time, one part-time (21%). The proportion of both adults not working is higher in Mount Alexander than the state average (19.8%). This could indicate an older population (eg retired) or lack of employment opportunities but may also be due to caregiving responsibilities, study or other reasons.



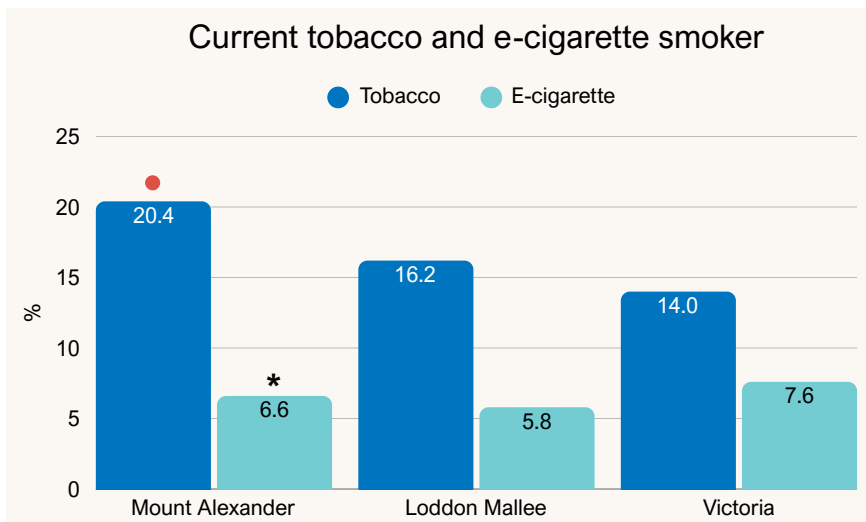
Source: [Australian Bureau of Statistics, 2021](#)

4. Health risk factors

4.1 Smoking and vaping

Smoking increases the risk of chronic diseases such as heart disease, diabetes, kidney disease, eye disease, stroke, dementia, certain cancers (for example, oral cancer), gum disease and respiratory diseases such as asthma, emphysema and bronchitis. Vapes are relatively new compared to cigarettes, so we are yet to see all the long-term effects it may have on the body. What we know now is vaping can damage many parts of the body, including the cardiovascular system, lungs and airways, and the brain and nervous system.^[1]

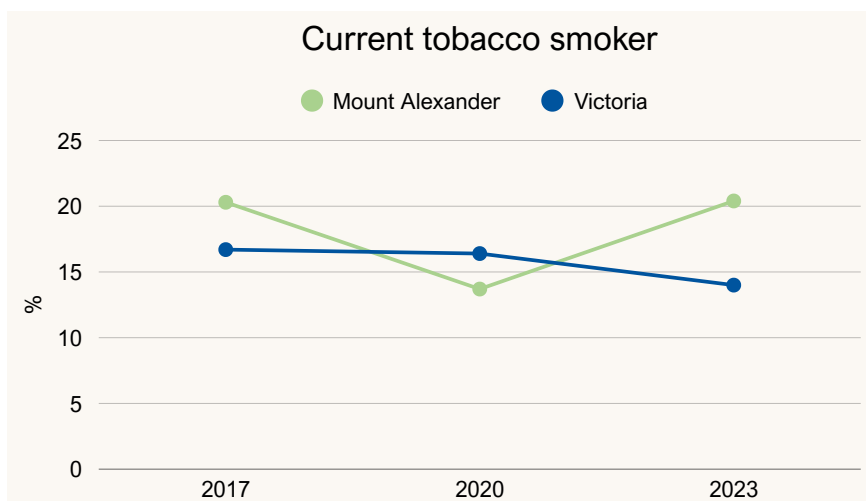
The proportion of adults who smoked tobacco in Mount Alexander was statistically higher, with 20.4% of adults currently smoking compared with 14% across Victoria. Concerningly, percentage of people smoking tobacco in Mount Alexander are rising, going against the declining Victorian trend.



Source: [Victorian Population Health Survey 2023](#), age adjusted.

● Statistically significantly higher compared to Victoria

*high relative standard error so interpret with caution



Source: [Victorian Population Health Survey, 2023](#), age adjusted.

[Victorian Population Health Survey, 2020](#), age adjusted

[Victorian Population Health Survey, 2017](#), age adjusted

[1] Quit , [effects of vaping on the body](#)

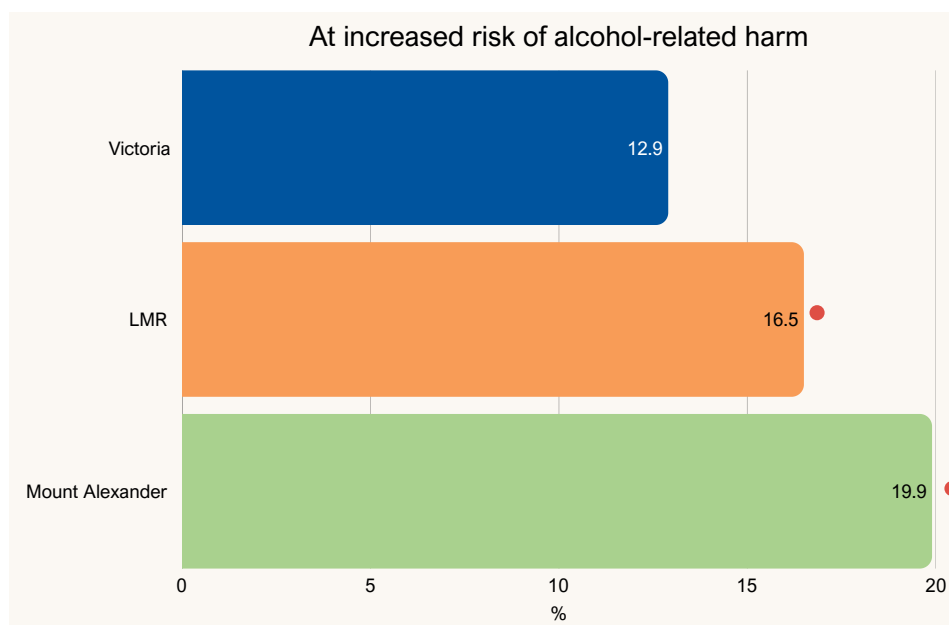
4.2 Alcohol and other drugs

While the impacts of drug use on health and wellbeing can vary, related harms can impact physical health through increased risk of chronic disease, exposure to infectious diseases, and mental health and wellbeing impacts. Adults in Loddon Mallee drink alcohol at higher rates than the Victorian average, with 16.5% drinking at levels that increase their risk of alcohol-related harm. Increased risk of alcohol-related harm is greater than 10 standard drinks a week and more than four standard drinks in one day.

In Mount Alexander, the risk of alcohol-related harm is statistically higher at 19.9%, compared to Victoria (12.9%). Rates of deaths and ambulance attendances for alcohol related events are higher in Mount Alexander compared to Victoria.

Indicators per 100,000 population	Mount Alexander	Victoria
Deaths for alcohol-related events, 2021	227.1	141.9
Deaths for illicit drug (any)-related events in, 2021	0.0	0.6
Ambulance attendances for Alcohol Intoxication (w/wo Other Substance), 2022/23	602.4	393.5
Ambulance attendances for Alcohol Only (Intoxication), 2023	454.3	319.7
Ambulance attendances for Illicit Drugs (Any), FY-2022/23	291.3	204.6
Hospital admissions for Alcohol, 2021	449.3	577.9
Hospital admissions for Illicit Drugs (Any), 2022/23	153.1	242.9

Source: [Alcohol and other drug statistics in Victoria](#) - AODstats

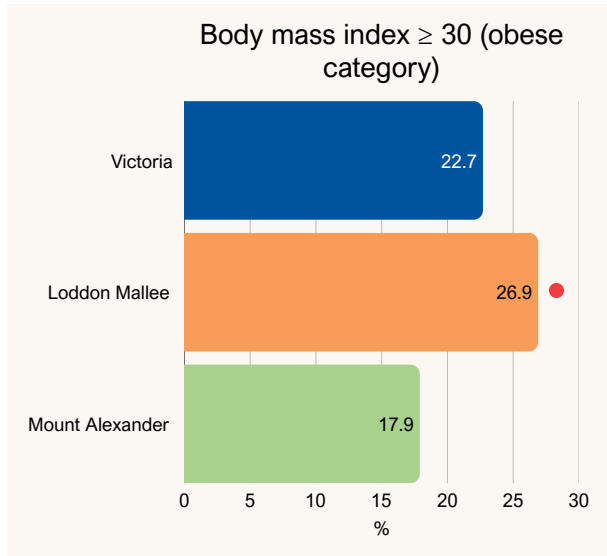


Source: [Victorian Population Health Survey 2023](#), age adjusted.

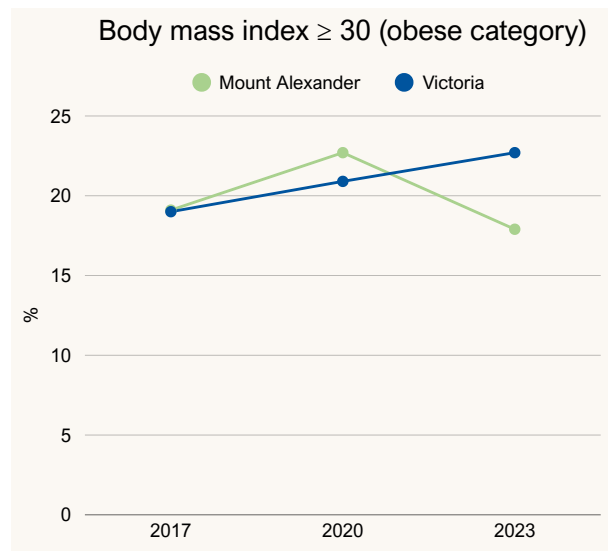
● Statistically significantly higher, compared to Victoria

4.3 Obesity

Obesity contributes to cardiovascular disease, type 2 diabetes, musculoskeletal disorders and some cancers. Recent evidence shows the prevalence of obesity spiked in 2022, when compared to previous five-year trends.^[1] In Mount Alexander, 17.9% of adults have a BMI \geq 30, lower than the Victorian average of 22.7%. Obesity has declined in Mount Alexander from 2020 to 2023.



Source: Victorian Population Health Survey, 2023, age adjusted
 ● Statistically significantly higher, compared to Victoria



Source: Victorian Population Health Survey, 2023, age adjusted
Victorian Population Health Survey, 2020, age adjusted
Victorian Population Health Survey, 2017, age adjusted

4.4 Healthy eating and active living

Poor diet and lack of exercise contribute to being overweight and obese, which are leading contributors to chronic disease and premature death in Victoria.^[1] Mount Alexander (32.7%) was lower for compliance with fruit consumption guidelines compared to Victoria (34.9%). Mount Alexander also had a slightly higher proportion of people consuming sugar-sweetened beverages daily (19.5%) compared to the Victorian average (19.3%).



Recommended daily intake of fruit 2 serves: a serve is one medium piece or two small pieces of fruit or one cup of diced fruit.



Recommended daily intake of vegetables is 5-6 serves for adults: a serve is half a cup of cooked vegetables or one cup of salad leaves.

LGA	Compliance with fruit consumption guidelines (%)	Compliance with vegetable consumption guidelines (%)	Daily consumption of sugar sweetened beverage (%)	Moderate to vigorous physical exercise greater than 150mins/day (%)
Victoria	34.9	5.5	19.3	34.9
LMR	31.3	5.3	24.6	34.2
Mount Alexander	32.7	5.9	19.5	37.9

Source: Victorian Population Health Survey, 2023, age adjusted

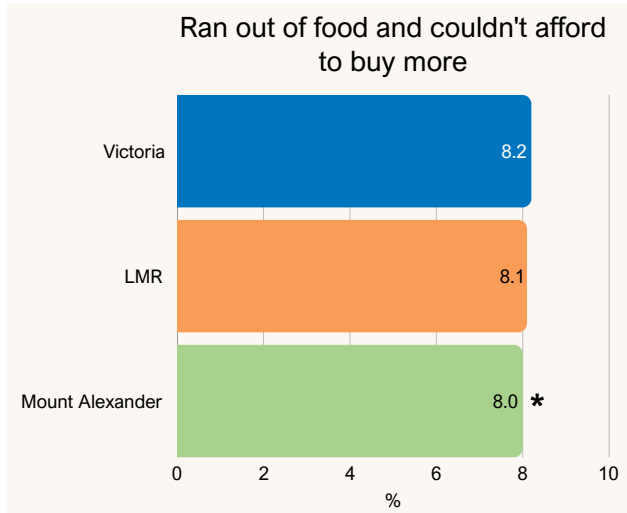
[1] Victorian Population Health and Wellbeing Plan 2023-27

4.5 Food insecurity

Food security is defined as access by all people at all times to enough food for an active, healthy life and includes at a minimum:

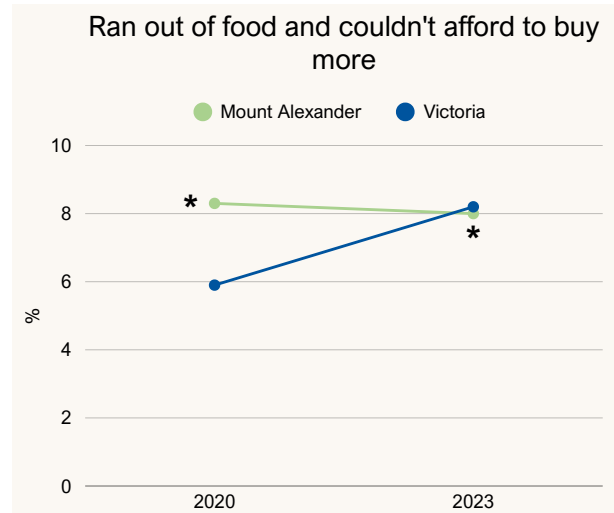
- the ready availability of nutritionally adequate and safe foods
- the assured ability to acquire food in socially acceptable ways.

In 2023, Mount Alexander food insecurity (8%) is comparable to Victoria (8.2%).



Source: [Victorian Population Health Survey, 2023, age standardised](#)

*high relative standard error so interpret with caution



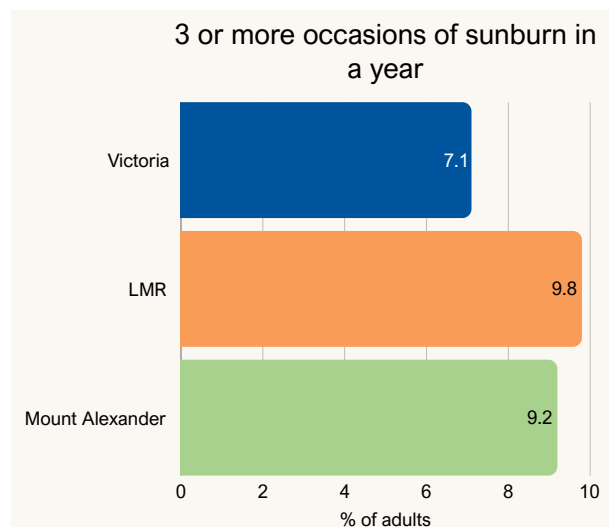
Source: [Victorian Population Health Survey, 2023, age standardised](#)

[Victorian Population Health Survey, 2020, age standardised](#)

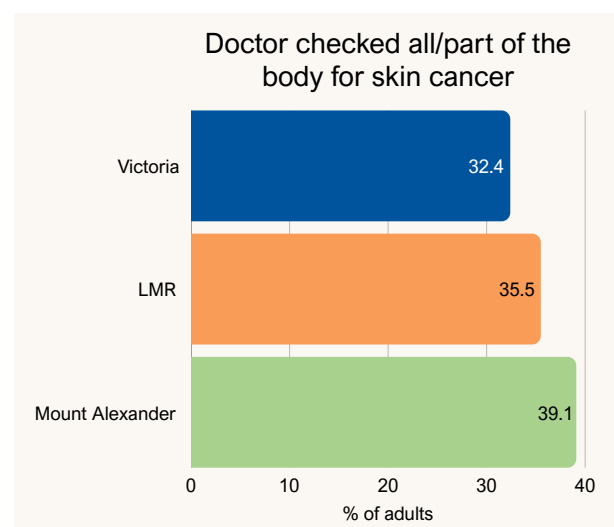
*high relative standard error so interpret with caution

4.6 Sun exposure

Australia has one of the highest rates of skin cancer in the world. Skin cancer occurs when skin cells are damaged, for example by overexposure to ultraviolet radiation from the sun. Mount Alexander had a higher proportion of people reporting three or more occasions of sunburn in a year (9.2%), compared with Victoria (7.1%). It is therefore important that people in Mount Alexander are seeking skin checks by a doctor for skin cancer.



Source: [Victorian Population Health Survey, 2023, age adjusted](#)

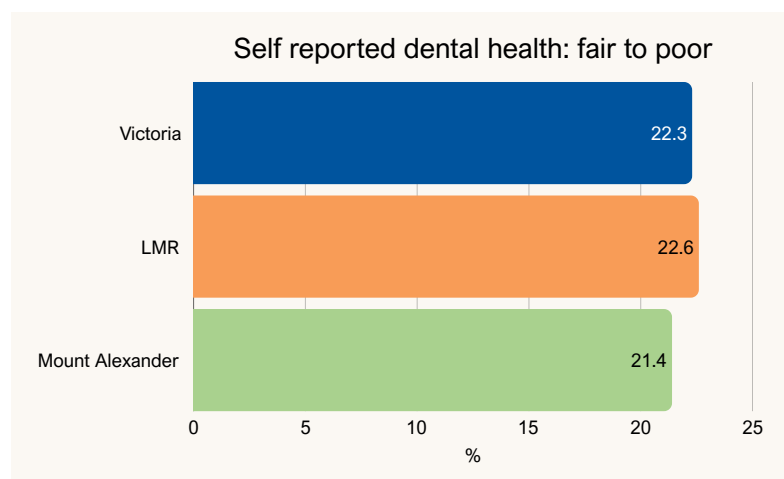


Source: [Victorian Population Health Survey, 2023, age adjusted](#)

[1] [Australian Institute of Health and Welfare](#)

4.7 Dental health

Oral disease can destroy the tissues in the mouth, leading to lasting physical and psychological disability. Tooth loss can make chewing and swallowing more challenging, which can then compromise nutrition. Poor oral health is also associated with a number of chronic diseases including stroke and cardiovascular disease. Dental disease can also impair a person’s appearance and speech, impacting their self-esteem, which can lead to restricted participation at school, the workplace and other social settings.



The proportion of adults in the Loddon Mallee region (22.6%) reporting fair to poor dental health is comparable to the whole of Victoria (22.3%). However, Mount Alexander (21.4%) is lower compared to Victoria.

Source: [Victorian Population Health Survey, 2023](#), age adjusted

4.8 Childhood development

The Australian Early Development Census (AEDC) is a nationwide census of early childhood development that shows how young children have developed as they start their first year of full-time school. There are five domains, which are physical, social, emotional, language and communication. In 2024, 165 children in Mount Alexander underwent developmental assessment. Overall, 22.7% of children in Mount Alexander are vulnerable on one or more domains, compared with 22.3% across Victoria.

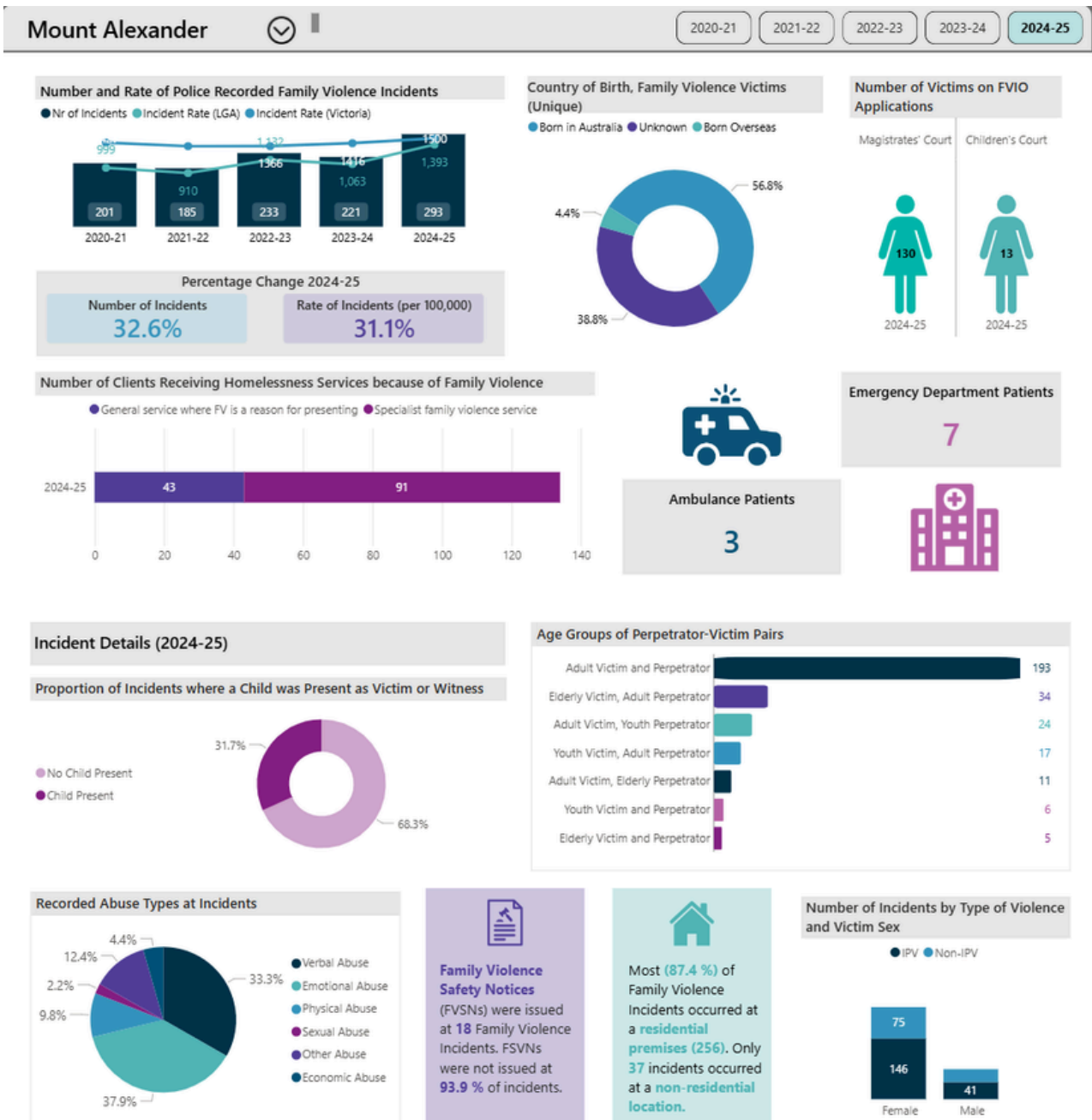
Indicator	Indicator description	Vulnerable (165 children assessed)		
		Mount Alexander (n)	Mount Alexander (%)	Victoria (%)
Physical	Child is healthy; independent; excellent gross and fine motor skills	18	11.6	8.5
Social	Gets along with others; shares; self-confident	17	11	10.6
Emotional	Able to concentrate; help others; patient, not angry or aggressive	18	11.7	9.9
Language	Interested in reading or writing; can count; recognises numbers and shapes	10	6.6	7.3
Communication	Can tell a story; communicate with adults and children; articulate themselves	10	6.5	8.2
Vulnerability 1	Developmentally vulnerable in one or more domains	35	22.7	22.3
Vulnerability 2	Developmentally vulnerable in two or more domains	18	11.8	11.8

Source: [Australian Early Development Census, 2024](#)

4.9 Family violence

A family violence incident is an incident attended by Victoria Police and a police report has been completed.

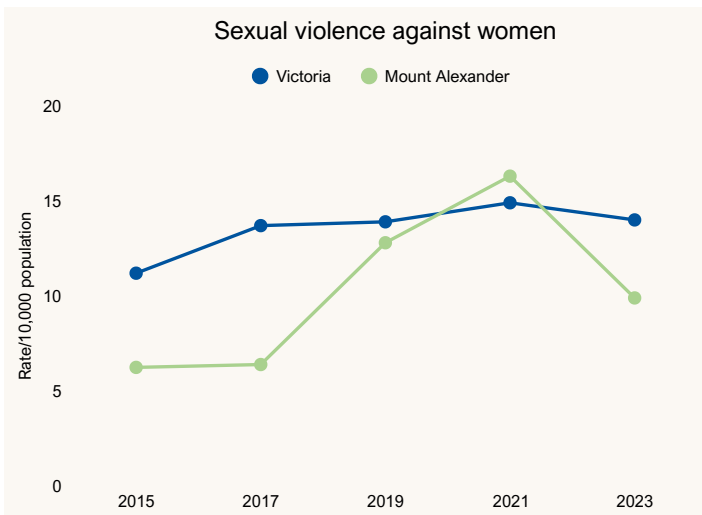
Mount Alexander recorded a family violence incident rate of 1,393 per 100,000 population, higher than the Victorian rate of 1,500. In nearly one-third of reported family violence incidents in Mount Alexander (31.7%), a child was present either as a victim or a witness. Of the recorded abuse types in Mount Alexander, emotional abuse was most common (37.9%), followed by verbal abuse (33.3%). There were 7 presentations to emergency departments related to family violence in Mount Alexander.



Source: [Latest crime data by area](#) | Crime Statistics Agency Victoria, 2023-24

4.10 Sexual assault

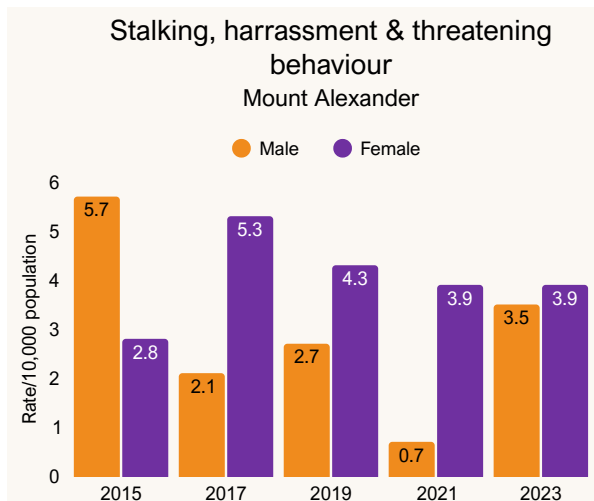
According to Victoria Police, **sexual offences** occur when someone does not or cannot consent to a sexual behaviour, act or acts. These sexual behaviours can include: rape, sexual or inappropriate touching, sexual assault, child sexual abuse, elder sexual abuse, sexual exposure of genitalia, image-based sexual offending, stealthing (non-consensual condom removal), stalking and grooming. Mount Alexander's rates have been increasing from 2017 to 2021 but decreased in 2023 (9.9/10,000 population) and were lower compared with Victoria (14/10,000 population).



Source: [Womens Health Atlas](#), victim reports received where the woman is the victim

The Victorian Crime Statistics Agency reports on stalking, harassment, and threatening behaviours as a group. This category includes repeated acts of unreasonable conduct intended to: cause physical or mental harm; arouse apprehension or fear; threaten or invade privacy; create nuisance or offend someone based on personal characteristics.

In Mount Alexander, the rate of male and female victims of stalking, harassment and threatening behaviour indicates that female victim reports are higher than males, with the exception of 2015. This aligns with Victoria, where female victim reports of stalking, harassment and threatening behaviour outnumber male victim reports by a ratio of almost 2 to 1.



Source: [Womens Health Atlas](#), victim reports received by police

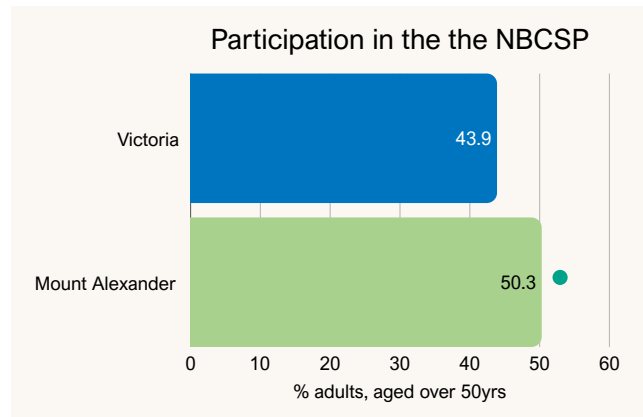


Source: [Womens Health Atlas](#), victim reports received by police

5. Health screening

5.1 Bowel screening

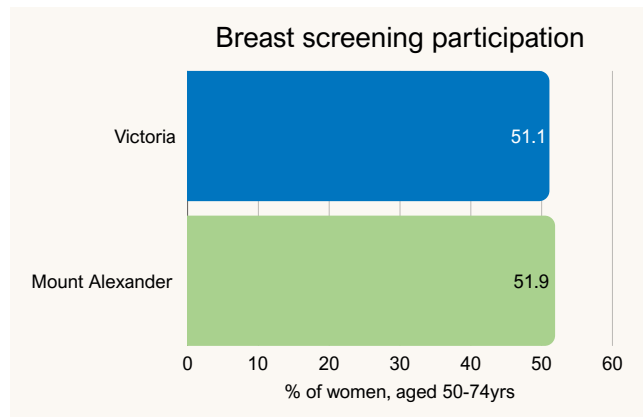
Bowel cancer, is the third most common type of newly diagnosed cancer in Australia. The National Bowel Cancer Screening Program (NBCSP) aims to reduce deaths from bowel cancer by detecting early signs of the disease. If found early, more than 90% of cases can be successfully treated. Mount Alexander had the 7th highest participation in Victoria, with 50.3% in Mount Alexander, compared with Victoria (43.9%).



Source: Social Health Atlas, 2020-21
● Ranked higher top ten LGA in Victoria

5.2 Breast screening

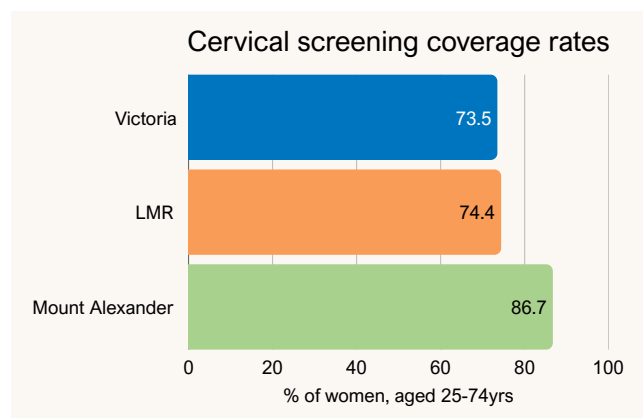
Research has shown that screening mammography is currently the most effective tool for the early detection of breast cancer in asymptomatic women in the target age group of women aged 50 to 74 years. Having a screening mammogram every two years, reduces the chance of dying from breast cancer by up to 40%. Mount Alexander participation in breast screening, was comparable to Victoria.



Source: Social Health Atlas, 2021-22

5.3 Cervical screening

The National Cervical Screening Program reduces illness and death from cervical cancer. Women and people with a cervix aged 25 to 74 years are invited to have a cervical screening test every 5 years through their healthcare provider. Mount Alexander had a higher coverage of cervical screening (86.7%) compared with LMR (74.4%) and Victoria (73.5%).



Source: National Cervical Screening Program, 2020 -2024

6. Health conditions

6.1 Life expectancy

The median age at death for both males and females in Mount Alexander remained relatively stable from 2016 to 2021. This suggests that, on average, individuals in Mount Alexander are experiencing a similar life expectancy as their counterparts in the broader state.

Examining premature mortality (deaths occurring before the age of 75 years), Mount Alexander demonstrated positive trends. For males, there was a reduction from an average annual aged standardised rate (ASR) of 343.2/100,000 population to a rate of 283.4, indicating a percentage decrease of 17.4%. Similarly, for females, the average annual ASR decreased from 222.5 to 180.4, reflecting a percentage decrease of 18.9%. These figures signify progress in reducing premature deaths in Mount Alexander, outperforming the state average progress.

Avoidable mortality (deaths that could have been prevented) also showed improvement in Mount Alexander. For males, there was a decline from an average annual ASR of 191.8/100,000 population to 140.5, representing a percentage reduction of 26.7%. For females, the average annual ASR decreased from 94.4 to 77.6, indicating a percentage reduction of 17.8%. Once again, Mount Alexander demonstrated positive strides in addressing avoidable causes of death, surpassing the state average progress.

	2016 - 2020				2018-2022				% Difference between reports			
	Mount Alexander		Victoria		Mount Alexander		Victoria		Mount Alexander		Victoria	
	M	F	M	F	M	F	M	F	M	F	M	F
Median age at death (yrs)	79.5	85.0	79	85	79	85	79	85	-0.5	0	0.0	0.0
Premature mortality, 0-74yrs of age [^]	343.2	222.5	269.5	171.2	283.4	180.4	281.8	176.8	-17.4	-18.9	4.6	3.3
Avoidable mortality, 0 to 74yrs of age [^]	191.8	94.4	138	80.5	140.5	77.6	142.1	80.8	-26.7	-17.8	3.0	0.4

Source: [Social Health Atlas of Australia: Victoria, 2018-2022](#)

[^]Average annual ASR per 100,000. Age Standardise Rate (ASR) is used to remove the effect of the differing age distributions that we can make conclusions about the relative decreases or increases in mortality over time.

6.2 Avoidable deaths

Avoidable deaths are deaths from conditions that are potentially preventable through individualised care and/or treatable through existing primary or hospital care. The highest rates of avoidable deaths (0-74yrs) for 2018-2022 in Mount Alexander were for cancer (27.3/100,000 population) and circulatory system disease (24.1/ 100,000 population). Mount Alexander had statistically significantly higher avoidable deaths for respiratory system disease and external causes, compared to Victoria. The highest percentage increases of avoidable deaths for Mount Alexander from 2017/2021 to 2018/2021 includes obstructive pulmonary disease (58.9%) and cancer (17.6%).

Avoidable deaths by cause	2018-2022		2017-2021		%Difference between the reports	
	Mount Alexander	Victoria	Mount Alexander	Victoria	Mount Alexander	Victoria
Circulatory system	24.1	33.3	24.5	32.7	-1.6	1.8
Ischaemic heart disease	13.9 ●	21	12.6	20.6	10.3	1.9
Cancer	27.3	27.5	23.2	27.8	17.6	-1.8
Transport accidents	11	4.1	10	4	10	2.5
Respiratory system disease	9.7 ●	9.1	6.4	9	1.1	1.1
Obstructive pulmonary disease	8.9	8.5	5.6	8.3	58.9	2.4
Cerebrovascular disease	7.3	7.7	6.6	7.6	10.6	1.3
Breast cancer (females)	13.8	15.2	14	15.6	-1.4	-2.5
Diabetes	na	5.5	na	5.2	na	5.8
Colorectal cancer	4.9	10.7	7.5	10.1	-34.7	5.9
External causes (falls, burns, suicide, self-inflicted injuries etc)	23.6 ●	14	21.9	13.5	7.8	3.7
Suicide and self-inflicted injuries	18.8	10.9	16.7	10.6	12.6	2.8

Source: [Social Health Atlas](#), 0-74 years, ASR/100,000 population

● Statistically significantly higher than expected (based on Australian data)

● Statistically significantly lower than expected (based on Australian data)

6.3 Physical health conditions

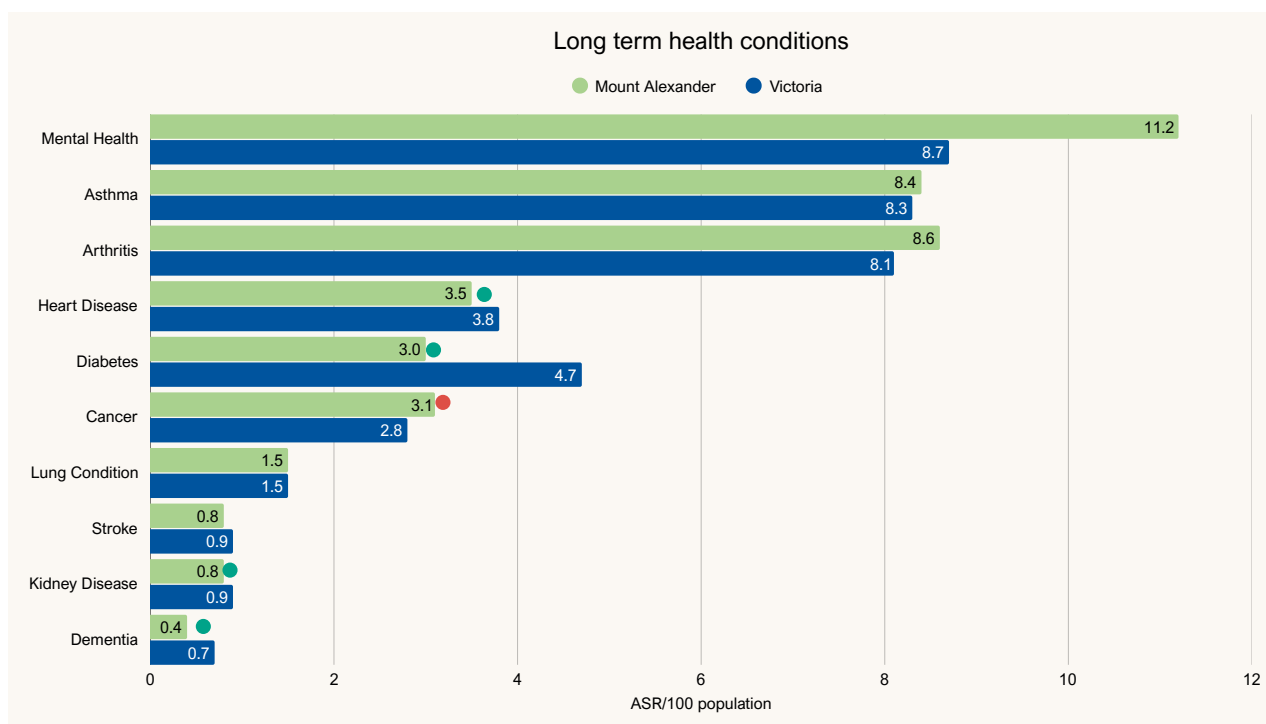
In the census, people were asked to indicate long-term conditions (six months or more) diagnosed by a doctor or nurse. Selected long-term health conditions include arthritis, asthma, cancer (including remission), dementia (including Alzheimer's), diabetes (excluding gestational diabetes), heart disease (including heart attack or angina), kidney disease, lung condition (including COPD or emphysema), mental health condition (including depression or anxiety) and stroke. Other long-term health conditions are not included in this count.

In Mount Alexander, 3.8% reported having three or more long-term conditions, higher compared with 2.9% across Victoria. High levels of multiple long-term health conditions place significant strain on individuals, communities and health systems, reducing quality of life, increasing service demand and widening health inequities.

Long-term health condition	Mount Alexander (n)	Mount Alexander (%)	Victoria (%)
No conditions	10,940	54	65
One condition	4,572	22.6	18.8
Two conditions	1,587	7.8	5.7
Three or more conditions	777	3.8	2.9

Source: [Australian Bureau of Statistics, 2021](#), all people

In Mount Alexander, 11.2/100 population reported mental health issues, higher than Victoria (8.7/100 population). Rates of diabetes, kidney disease, dementia and heart disease were statistically significantly lower than expected (based on Australian data) in Mount Alexander. Whereas, cancer was statistically higher than expected (based on Australian data) in Mount Alexander (3.1/100 population) and higher compared with Victoria (2.8/100 population).



Source: [Social Health Atlas, 2021](#), all people

- Statistically significantly higher than expected (based on Australian data)
- Statistically significantly lower than expected (based on Australian data)

More recent data, using a different collection methodology and smaller cohort showed the proportion of adults reporting COPD, asthma, cancer and osteoarthritis in Mount Alexander were higher than the Victorian proportion. However, the prevalence of diabetes (type 2) was statistically significantly lower in Mount Alexander (2.8%) compared to Victoria (6.2%).

LGA	COPD*	Asthma	Osteoarthritis	Diabetes (type 2)	Heart disease	Cancer
Victoria (%)	3.6	20.1	13.8	6.2	8.3	8.3
LMR (%)	4.6	23.5	15.5	6.2	8.6	11.3
Mount Alexander (%)	4.0	21.9	15.4	2.8 ●	7.2	11

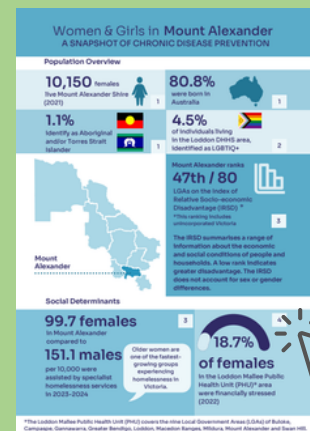
Source: [Victorian Population Health Survey](#), 2023, age adjusted

*COPD: Chronic Obstructive Pulmonary Disease

● Statistically significantly lower than Victoria

Women’s Health Loddon Mallee has developed a series of chronic disease infographic data snapshots for each LGA in the Loddon Mallee region using local sex-disaggregated data, where available.

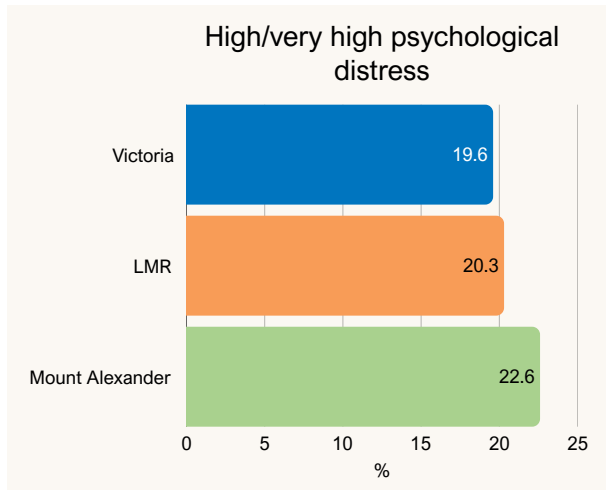
These infographics highlight conditions more common among women and girls in the Loddon Mallee, such as osteoporosis and dementia, and snapshots of the individual, economic, social and structural factors which interact to influence the development and management of chronic conditions.



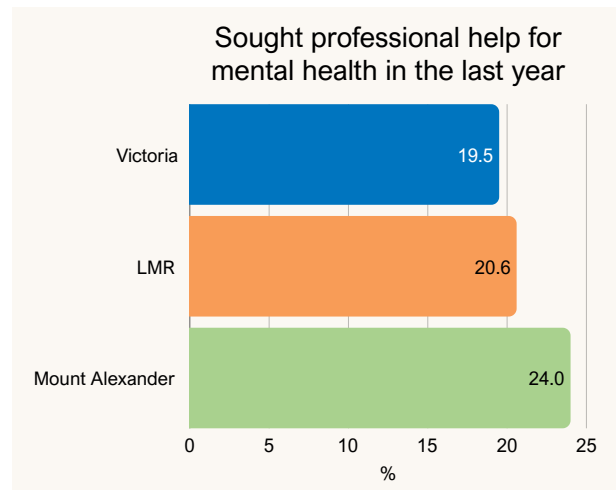
Source: [Women’s Health Loddon Mallee](#), 2025

6.4 Mental wellbeing

By prioritising good mental health and wellbeing, we reduce stigma, increase social connection, improve physical health, promote productivity and create safer environments. Our mental health and physical health are linked. In Mount Alexander, 22.6% adults reported experiencing high/very high psychological distress, higher compared with Victoria (19.6%). Mount Alexander also had a higher proportion of people seeking professional help for mental health in the last year.

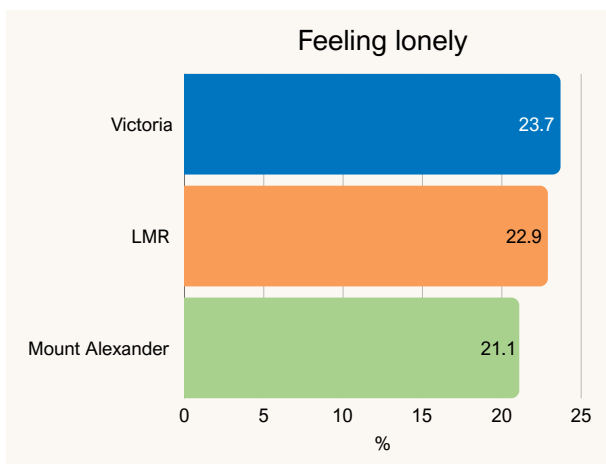


Source: [Victorian Population Health Survey, 2023](#), age adjusted

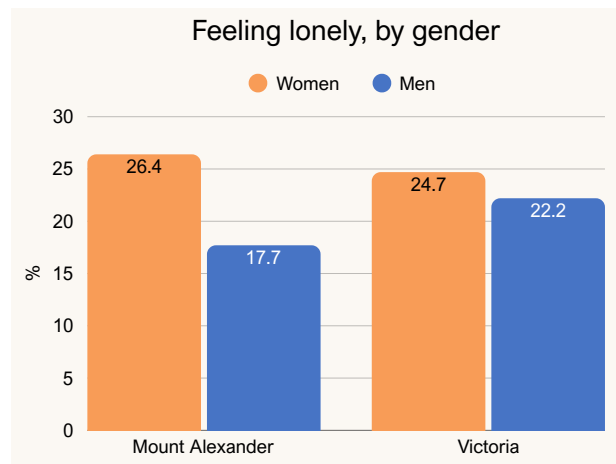


Source: [Victorian Population Health Survey, 2023](#), age adjusted

Social connection is essential for our health and wellbeing. **Loneliness** is a subjective measure of low social connection and is defined as an ‘unpleasant or distressing feeling of a lack of connection to other people, along with a desire for more, or satisfying, social relationships’ (Badcock et al, 2022). In the Victorian Population Health Survey, loneliness was measured using the 3-item UCLA Loneliness Scale. Mount Alexander had a lower proportion of people feeling lonely (21.1%), compared to Victoria (23.7%), with more women reporting loneliness.



Source: [Victorian Population Health Survey, 2023](#), age adjusted

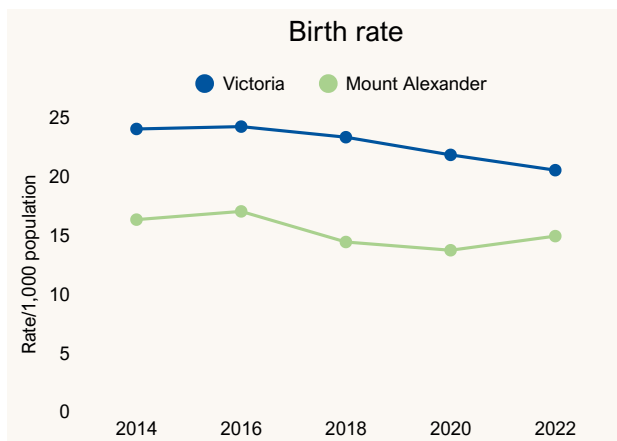


Source: [Victorian Population Health Survey, 2023](#), age adjusted

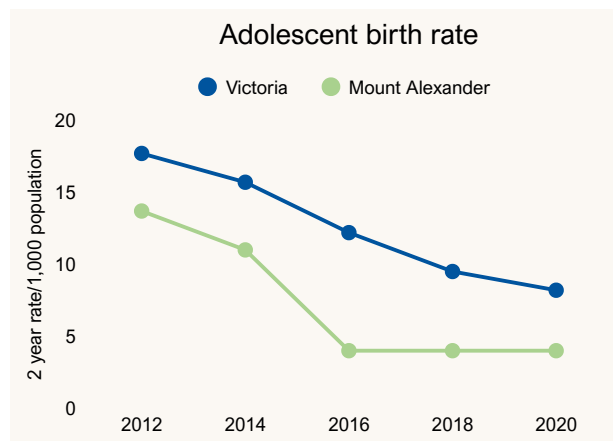
6.5 Sexual and reproductive health

Mount Alexander shows consistently lower birth rates compared with the Victorian rate. In 2022, the total fertility rate (average number of babies born to a women in her lifetime) was comparable in Mount Alexander (1.74) compared to the Victorian rate (1.7).

The adolescent birth rate (younger than 20 years of age) in Mount Alexander (4/1,000 population) is lower than the Victorian average (8.2 per 1,000 population) in 2020.



Source: [Womens Health Atlas](#)



Source: [Womens Health Atlas](#)

Sexually transmitted Infections (STI) reported in Mount Alexander were lower than the Victorian rate, with the exception of infectious syphilis in males.

	Chlamydia [^]		Gonorrhoea [^]		Hep B [^]		Infectious Syphilis [^]	
	Female	Male	Female	Male	Female	Male	Female	Male
Victoria	324.5	412.3	60.5	281.1	^^	0.24	7.43	36.7
Mount Alexander	138.5	215.5	^^	68.6	^^	0.24	^^	48.9

Source: Victorian sexual and reproductive health and viral hepatitis strategy 2022-30: Monitoring indicators [dashboard](#).

[^]Rate/100,000 population, 2024

^^ less than five cases

Women & Girls in Mount Alexander Shire
A SNAPSHOT OF SEXUAL & REPRODUCTIVE HEALTH IN THE REGION

WHLM's Vision
All women and gender-diverse people across the Loddon Mallee Region have access to evidence-based, supportive, and culturally responsive sexual and reproductive health services, provided free of judgement and discrimination. Communities support and promote positive experiences to sexuality and its expression, enabling and empowering women to enjoy safe, respectful and pleasurable relationships and to have their voices heard.

For more information about how WHLM enhances the sexual and reproductive health of women and gender-diverse people in the Loddon Mallee region and explore their voices, experiences and stories, view our [Health Matters Sexual and Reproductive Health Strategy 2022-2026](#).

- 355 women speak a language other than English at home in 2021
- German, Greek & Spanish were common
- 80 women in the Central Goldfields LGA reported low English proficiency
- Approximately 3 in 4 single parents are women
- Mount Alexander ranks 46th out of 79 LGAs on the Mothers' Index Rank
- Mount Alexander ranks 47th out of 79 LGAs on the Index of Relative Socio-economic Disadvantage (IRSD)

Women's Health

Women's Health Loddon Mallee (WHLM) have developed a snapshot of sexual and reproductive health in Mount Alexander - click on image to view the snapshot.

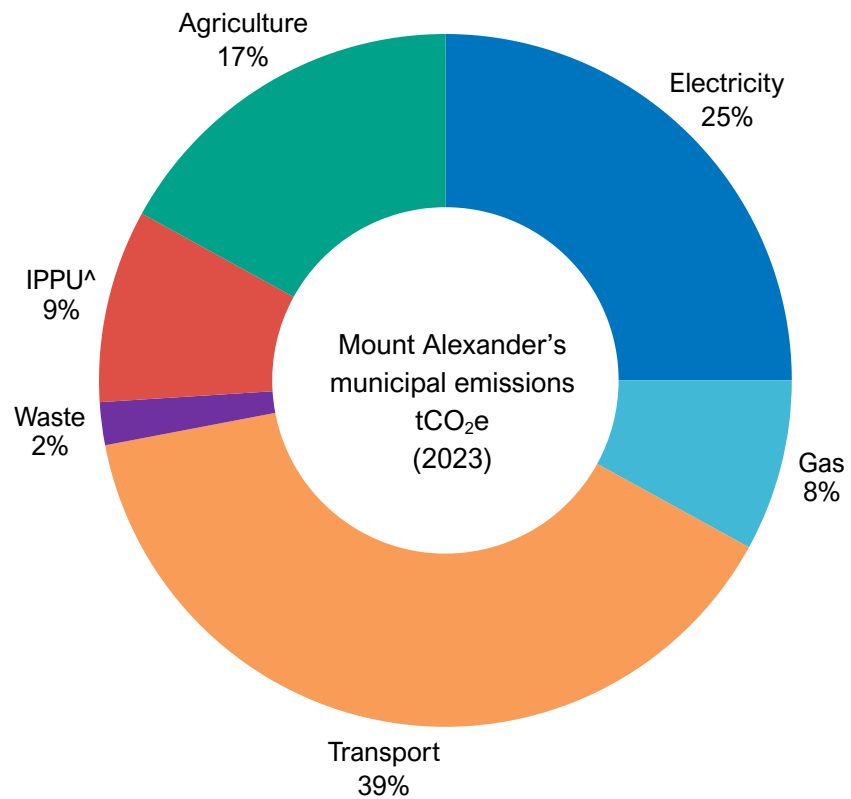
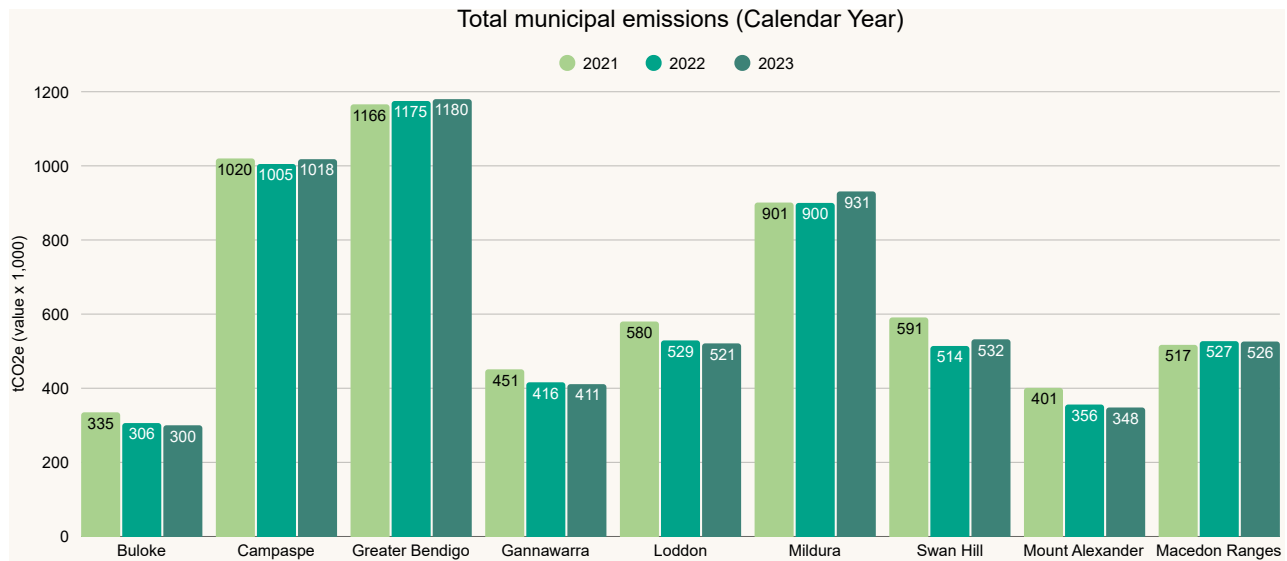
WHLM have also compiled a comprehensive list of sexual and reproductive health [services](#) in the Loddon Mallee region

Source: [Womens Health Loddon Mallee](#), 2025

7. Environment

7.1 Municipal emissions

The LMPHU’s climate change and health work is guided by the Loddon Mallee Climate Change and Health Framework. Some of the considerations in comparing carbon emissions across local government areas are population, industry mix, geographical area, transport patterns and land use. Mount Alexander had decreasing carbon emissions and was the second lowest in the Loddon Mallee region. The top causes of emissions in Mount Alexander were transport (39%) and electricity (25%).



Source: Snapshot Climate - Australian Emissions Profiles

tCO₂e: Tonnes of Carbon Dioxide Equivalent

[^]Industrial Processes and product use

7.2 Average temperature

Temperatures in the Loddon Mallee region differ significantly from north to south. The northern part of the region sees hotter summers and winters are mild. Conversely, the more southern part of the region experiences cool and rainy winters and warm and arid summers. Mount Alexander's maximum average temperature is 27°C and minimum average temperature is 3.1°C with frequent frosts.

LGA (1961-1990)	Summer (Ave °C)		Winter (Ave °C)	
	Maximum	Minimum	Maximum	Minimum
LMR	28.9	13.5	13.7	4.1
Swan Hill	31.2	15	15.6	4.6
Mildura	31	14.8	15.9	5.2
Gannawarra	30.5	14.7	14.8	4.5
Buloke	30	14	14.6	4.4
Loddon	29.4	13.9	13.9	4.2
Campaspe	29.3	14.1	13.9	3.9
Greater Bendigo	28.2	13.4	13.1	3.9
Mount Alexander	27	12	12	3.1
Macedon Ranges	24.1	11.2	10.3	3.2

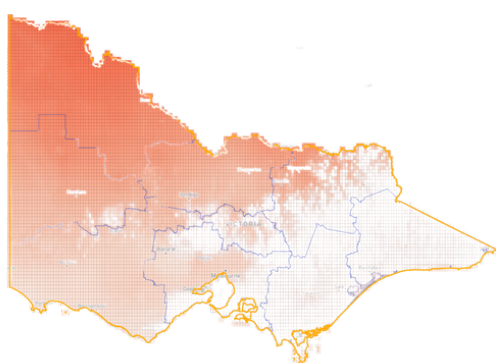
Source: Loddon Mallee Environmental Scan | Emergency Management Victoria (emv.vic.gov.au), 1961-1990

Projected number of days above 35°C in 2030s and 2090s by Bureau of Meteorology Forecast Districts.

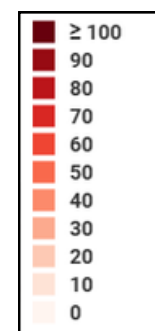
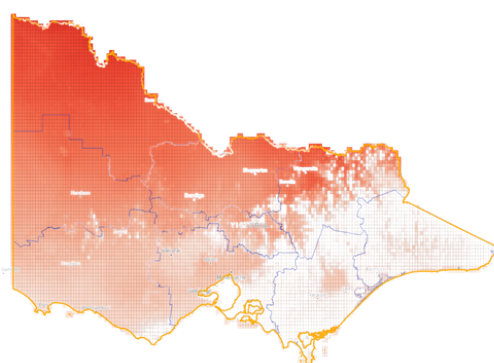
This data demonstrates that the Mallee and Murray areas are projected to experience increasing days above 35°C, which will impact health and wellbeing. Heat kills more Australians than any other natural disaster.

Heat can cause serious and potentially fatal health problems such as heat exhaustion and heatstroke, trigger sudden events like heart attack or stroke, or worsen existing medical conditions like kidney or lung disease. ^[1]

2030s (2015-2044)



2090s (2075-2104)



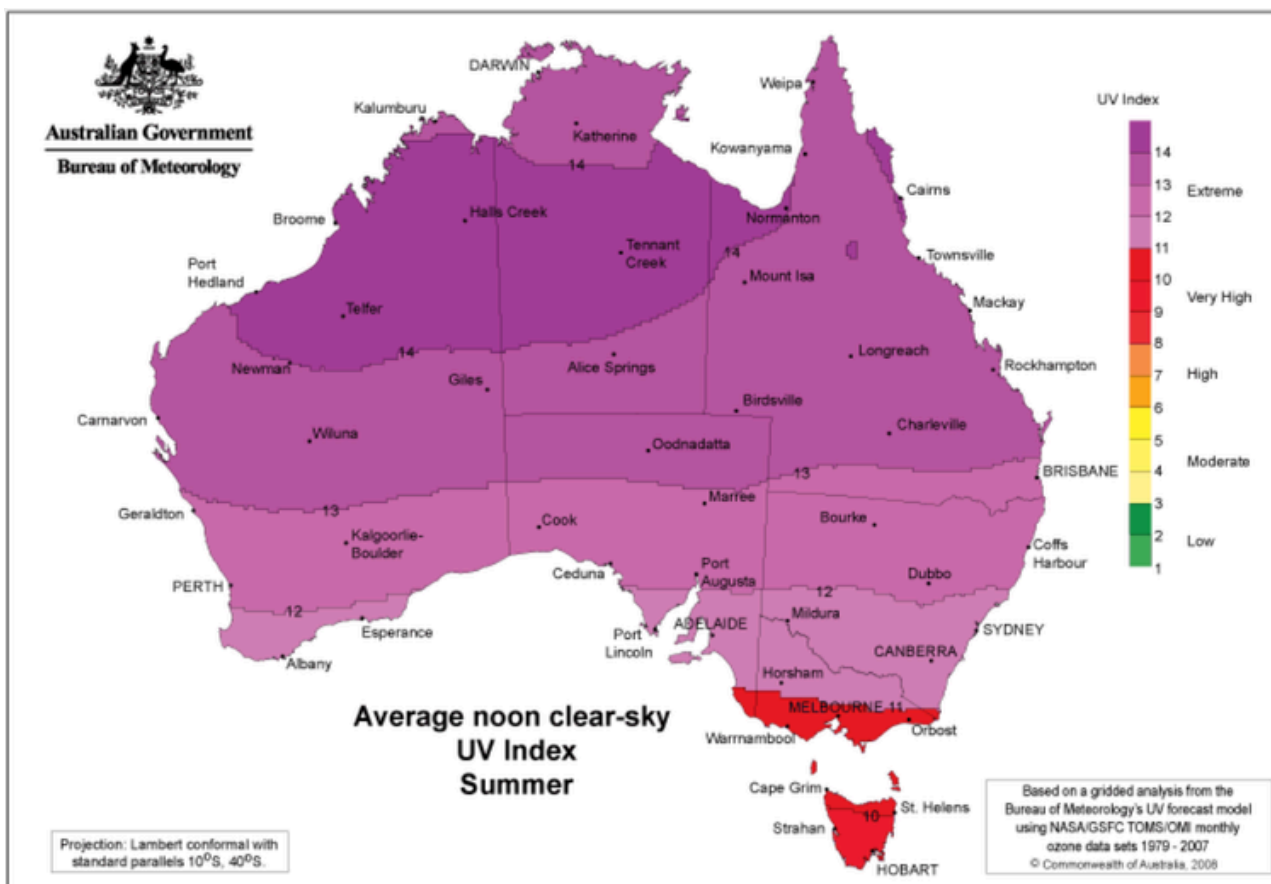
Source: Victorian Government, Energy, Environment and Climate Action

[1] [Better Health Channel](#), Extreme Heat, Victorian Department of Health

7.3 Ultraviolet radiation

Exposure to UV radiation from the sun and other sources, such as solariums, is the major cause of skin cancer. Australia has some of the highest levels of UV radiation in the world. Sun exposure has been estimated to cause around 95% of melanoma cases in areas of high exposure, such as Australia and around 99% of non-melanoma skin cancers in Australia. [1]

The map below show the average summer (noon clear sky) solar ultraviolet values over Australia. The LMR experiences extreme Ultraviolet index.



Source: [Australian Bureau of Meteorology](http://www.bom.gov.au)

[1] [Australian Government, Cancer Australia](http://www.cancer.gov.au)

7.4 Bushfire prone areas

Most of the Loddon Mallee region is classified as a bushfire prone area (97.8%). This means high bushfire hazards in the Loddon Mallee region, many of which intersect with settlements and areas that are experiencing growth in rural residential zones and tourism. Mount Alexander has 99.8% of its area classified as bushfire prone.

The Fire Danger Period in Victoria has become lengthier, indicating a trend towards extended fire seasons. The seasonal fire restriction dates are determined by the municipality and are dependent on factors such as amounts of rain, grassland curing, and other local conditions.

Smoke from fires, including planned burns, can also pose a hazard to people's health. The individuals most at risk from smoke exposure include young children, adults over 65 years of age, people with asthma or existing heart or lung conditions, pregnant women, outdoor workers, and smokers. Bushfire-prone areas are either subject to or likely to be subject to bushfires, and are subject to specific bushfire construction standards.

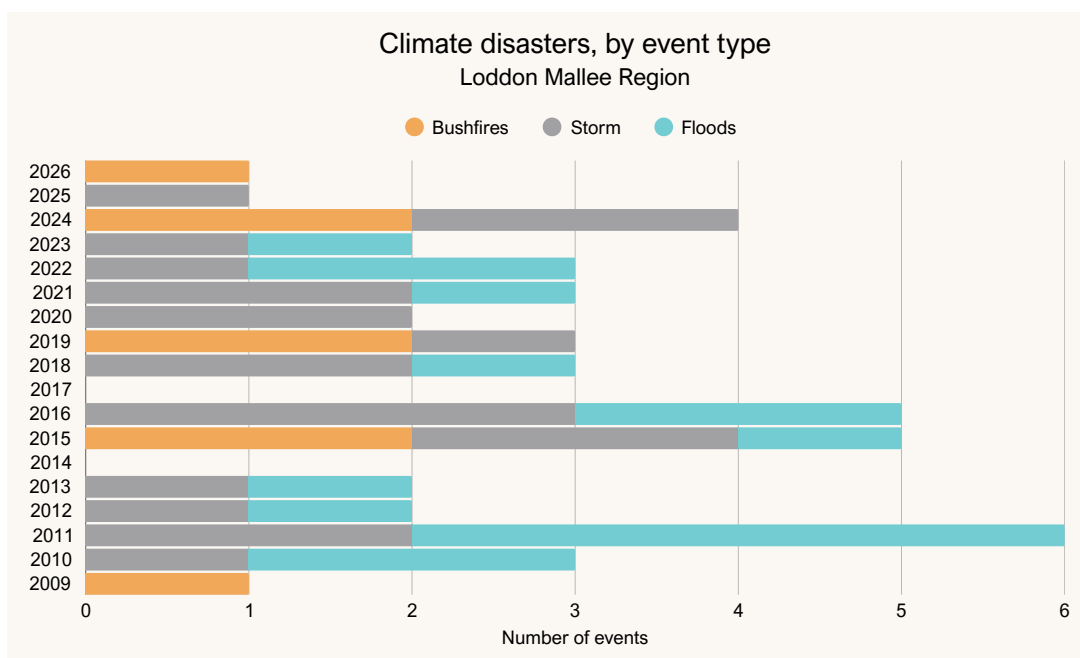
	Bushfire prone area (%)	Bushfire prone area (km2)	Total area (km2)
Campaspe	97.7	4,415	4,519
Buloke	97.6	7,807	8,000
Gannawarra	98.7	3,701	3,750
Greater Bendigo	97.6	2,930	3,000
Loddon	100	6,694	6,696
Macedon Ranges	98.6	1,723	1,748
Mildura	98.3	21,710	22,083
Mount Alexander	99.8	1,527	1,530
Swan Hill	92.0	5,625	6,115
Victoria	97.8	5,625	6,115

Source: Loddon Mallee Environmental Scan | Emergency Management Victoria (emv.vic.gov.au)

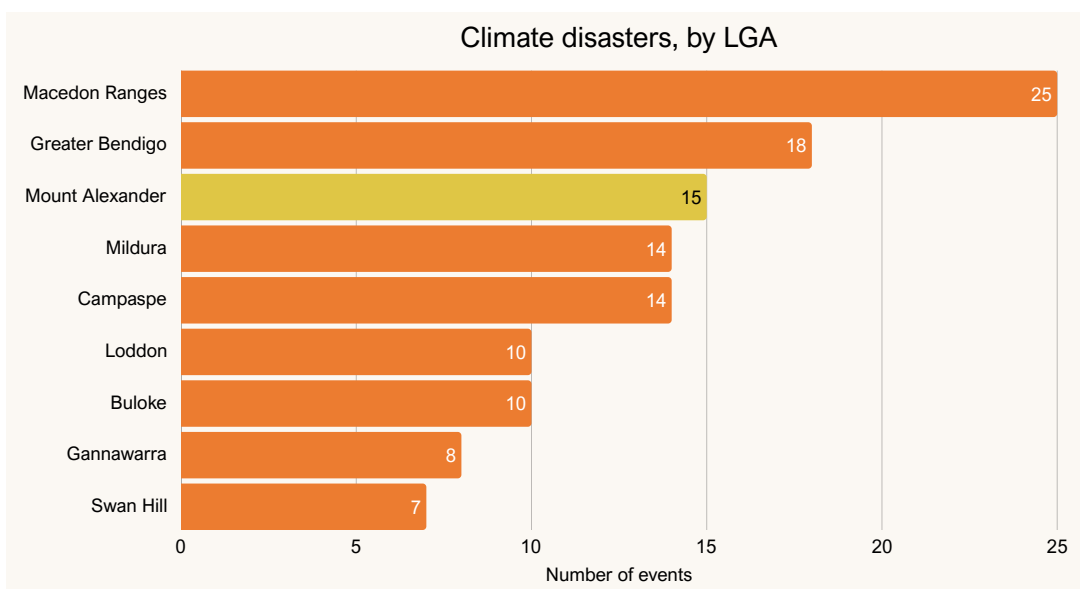
7.5 Climate emergencies

Climate change is increasingly affecting the frequency, intensity, and duration of extreme weather events in our region. Rising temperatures, shifting rainfall patterns, and more severe storm systems are contributing to a greater incidence of natural hazards such as bushfires, floods, and heatwaves. Acting as a risk multiplier, climate change not only amplifies the severity of these disasters, threatening lives, livelihoods, health and property, but also places significant pressure on disaster management systems.

The Disaster Recovery Funding Arrangements (DRFA) provide a framework for joint federal and state cost-sharing of disaster relief and recovery measures. These arrangements are triggered by state government when a natural disaster requires a coordinated multi-agency response and exceeds the small disaster financial threshold. Between 2019 and February 2026, 35 climate-related disaster events (storms, floods, bushfires) in the Loddon Mallee region have activated the DRFA, with multiple climate disaster events most years. There were 15 climate disaster events that activated the DRFA in Loddon (2019-2026).



Source: [Australian Government Department of Home Affairs, Disaster assist, 2009 -2026](#)



Source: [Australian Government Department of Home Affairs, Disaster assist, 2009 -2026](#)

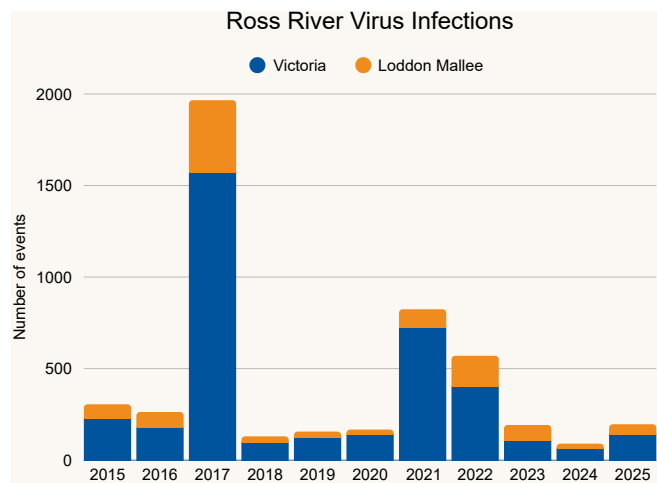
7.6 Mosquito borne disease

In 2025, there were five mosquito-borne viruses identified across Victoria with the potential for local transmission. These were Japanese encephalitis virus, Murray Valley encephalitis virus, Ross River virus, Barmah Forest virus and West Nile virus Kunjin strain (otherwise known as Kunjin virus).^[1]

Mosquito surveillance is conducted throughout the Victorian mosquito breeding season by the Department of Health each year. In inland areas, the mosquito season typically starts from early November through to late April the following year, while in coastal areas it typically starts earlier and ends later. The mosquito trapping sites within the Loddon Mallee are in Campaspe, Gannawarra, Mildura and Swan Hill.

Ross River virus

Ross River virus is a mosquito transmitted disease that occurs throughout most regions of Australia including regional Victoria, particularly around inland waterways and coastal regions. All 9 LGAs within the Loddon Mallee are considered endemic. Epidemics occur from time to time and are related to environmental conditions that encourage mosquito breeding such as heavy rainfall, floods, high tides and temperature. The number of notifications of Ross River Virus from Loddon Mallee ranges from 25 to 397 in a year. In 2025 29% of all Victorian notifications were from the Loddon Mallee.



Source: Victorian Department of Health, surveillance summary report

[1] Victorian Department of Health, [Mosquito surveillance report](#)

8. Data resources

LMPHU	https://www.bendigohealth.org.au/LMPHU/
ABS Quick Stats	https://abs.gov.au/census/find-census-data/quickstats/2021/POA3523
AECD	https://www.aedc.gov.au/data-explorer/
AIHW	https://www.aihw.gov.au/about-our-data/aihw-data-by-geography
Crimes Statistics Agency	https://www.crimestatistics.vic.gov.au/
PHN Exchange	https://www.phnexchange.com.au/
Social Health Atlas	https://phidu.torrens.edu.au/social-health-atlases
Victorian Population Health Survey	https://vahi.vic.gov.au/reports/victorian-population-health-survey-2023
Womens Health Atlas	https://victorianwomenshealthatlas.net.au/#/

9. Notes on statistical significance

Public Health Information Development Unit/Social Atlas

Statistical significance was assessed using indirect age standardisation and standardised ratios (SRs). Expected numbers were calculated by applying age-specific Australian standard rates to the local population age structure. Observed numbers were compared with expected numbers and statistical significance was evaluated using a Z-score calculation, with 95% confidence intervals around the SR to indicate reliability. More information on this calculation is available at the [Public Health Information Development Unit](#).

Victorian Population Health Survey

Statistical significance differences between estimates were deemed to exist where the 95% confidence intervals for percentages did not overlap. More information is available in the Methodology section of the [Victorian Population Health Survey](#).

10. Abbreviations

Abbreviation table	
AEDC	Australian Early Development Census
AIHW	Australian Institute of Health and Welbeing
ARI	Average recurrence interval
COPD	Chronic Obstructive Pulmonary Disease
Greater Bendigo	City of Greater Bendigo
IRSD	Index of Relative Socio-economic Disadvantage
LGA	Local government area
LMPHU	Loddon Mallee Public Health Unit
LMR	Loddon Mallee region
LGBTIQA+	Lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse people
MMM	Modified Monash Model
NBCSP	National Bowel Cancer Screening Program
NDIS	National Disability Insurance Scheme
PHN	Primary Health Network
STI	Sexually Transmitted Infection



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