

Mount Alexander Shire Council

Municipal Public Health and Wellbeing Plan 2025-2029

Working together for a healthy,
connected shire



Working together for a healthier, more equitable and thriving
Mount Alexander Shire where all residents can achieve optimal physical,
mental and social wellbeing

Endorsed by:

Mount Alexander Shire Council, Dhelkaya Health, Dja Dja Wurrung Clans Aboriginal Corporation, Nalderun, Healthy Mount Alexander Alliance

Note: This is a Mount Alexander Shire Council document. The support and endorsement of these organisations is most appreciated – and bodes well for our continued active collaboration.

This Plan is a living document, designed to be responsive to community needs and delivered in partnership with agencies and residents.

Acknowledgement of Country

Mount Alexander Shire Council acknowledges that the traditional custodians of this land, the Dja Dja Wurrung and Taungurung peoples, proudly survive. We acknowledge their continued practice of custom and their close cultural, spiritual, physical, social, historical and economic relationship with the land and waters that make up their Country, which includes Mount Alexander Shire.

Council recognises the Victorian Government's Recognition and Settlement Agreements with both the Dja Dja Wurrung Clans Aboriginal Corporation and the Taungurung Land and Waters Council.

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1. Executive Summary

The 2025-2029 Municipal Public Health and Wellbeing Plan sets out what Council will do in partnership with government, health and community service organisations over the next four years to protect, promote and improve community health and wellbeing in the Shire.

In describing health and wellbeing, we are referring to the conditions in which people can be healthy and well. The World Health Organisation describes health as not only the absence of infirmity and disease, but also a state of physical, mental and social wellbeing. Wellbeing incorporates broader concepts such as better living conditions, improved quality of life and community connectedness. The legislative requirement for Council to develop a Municipal Public Health Wellbeing Plan (MPHWP) is specified in Section 26(1) of the Victorian Public Health and Wellbeing Act (2008). All local governments in Victoria are required to develop a MPHWP every four years. This is the first year whereby the MPHWP and the Council Plan are being devised, consulted and engaged with community and stakeholders simultaneously

Mount Alexander Shire Council's Municipal Public Health and Wellbeing Plan (MPHWP) 2025–2029 sets a collaborative, evidence-based agenda for improving health and wellbeing across the Shire.

It is structured around six key, community-endorsed focus areas—improving wellbeing, increasing healthy eating, increasing active living, reducing harm from alcohol and drug use, tackling climate change and its impacts on health, and preventing all forms of violence. The Plan draws on local data, state and regional priorities, and the Healthy Social Environments Framework.

The Shire's approach is guided by the principles of a wellbeing economy—an economy designed to serve people and planet, prioritising social connection, equity, sustainability, and thriving communities. Both the Economic Development Strategy (2024) and this MPHWP prioritise inclusive economic participation, local procurement, and support for vulnerable groups, recognising that a thriving economy lifts all residents.

2. Introduction

Purpose of the Plan

This Municipal Public Health and Wellbeing Plan provides a shared vision and coordinated strategy for protecting, promoting, and improving the health and wellbeing of all residents in Mount Alexander Shire. It responds to community needs, addresses the social determinants of health, and supports collective action to reduce inequities and build resilience.

The purpose of the plan is to:

- **Set Strategic Direction:**

Establish an adopted framework by Council to prioritise and address health and wellbeing priorities

- **Promote Health and Wellbeing:**

Create a positive environment that supports residents' health and wellbeing, encompassing physical, social, and mental dimensions.

- **Address Health Determinants:**

Consider factors that influence health, such as social, economic, and environmental conditions, to develop targeted interventions.

- **Collaborate with Stakeholders:**

Promote collaboration between Council, local community groups, health service providers, and other agencies to implement effective public health programs.

- **Involve the Community:**

Emphasise the importance of community engagement in developing, implementing, and evaluating health initiatives.

- **Measure Progress:**

Include mechanisms for monitoring and evaluating the impact of implemented strategies to ensure effectiveness and make necessary adjustments.

Legislative Context

The MPHWP has been prepared in accordance with the Public Health and Wellbeing Act 2008, aligning with the Victorian Public Health and Wellbeing Plan (2023–2027), and addresses local health determinants, is informed by local data and engagement, specifies partnerships with public health agencies, and sets goals and strategies for a healthy community.

It also supports obligations under the Climate Change Act 2017, Gender Equality Act 2020, and the Local Government Act 2020.

Cultural Recognition

Council recognises DJAARA as the cultural authority for Djaara Country and commits to partnership approaches that uphold self-determination and respect Traditional Owner rights. Council also recognises Taungurung Land and Waters Council as representative of the Taugurung people as Traditional Owners of land within the Mount Alexander Shire boundaries.

Health and wellbeing for Djaara, Taungurung and other first nation's people is holistic - linked to land, culture, language and kinship. This Plan supports Traditional Owner-led models that strengthen cultural identity and resilience.

Council also recognises that first nation's people from around Australia live in the Shire. Respect and consideration for all first nations people is extended.

Principles

- Data-driven:** The Loddon Mallee Public Health Unit Mount Alexander Data Profile 2024 is the primary data source.
- Collaboration:** Initiatives can be delivered by Council and includes actions that are supported or jointly delivered by two or more agencies.
- Prevention:** Focus on protecting public health, promoting healthy conditions, and reducing health inequalities.
- Framework:** The Healthy Social Environments Framework guides the shaping of healthier, more connected, and fairer communities.

Healthy Social Environments Framework



(Healthy Social Environments Version 1, December 2020, BC Healthy Communities)

The Healthy Social Environments Framework shows how social surroundings—like relationships, community spaces, and local services—shape health and wellbeing.

The diagram highlights key elements:

- **Social Connection:** Feeling included, supported, and able to participate in community life.
- **Safe, Inclusive Spaces:** Having places where everyone feels welcome and safe.
- **Access to Services:** Being able to reach health, education, and support services easily.
- **Equity and Fairness:** Ensuring everyone has a fair chance to be healthy, no matter their background.
- **Community Participation:** Opportunities for people to get involved, share ideas, and help make decisions.

The core values are:

- **Equity:** Fair access and opportunities for all
- **Sustainability:** Long-term wellbeing for current and future generations

Theory of Change

VISION:

A healthier, more equitable and thriving Mt Alexander Shire where all residents can achieve optimal physical, mental and social wellbeing

Inputs:

- Local health data and evidence
- Community engagement
- Legislative and policy frameworks
- Partnerships and shared resources

Activities:

- Community and multi-agency co-design of programs
- Prevention-focused services
- Strengthened local health service coordination
- Infrastructure to support active living
- Advocacy to address systemic health inequities

Outputs:

- More community-led and multi-agency-led programs
- Expanded preventive health supports
- Equity-embedded policies
- Stronger collaboration across sectors

Short-Term Outcomes (1–2 years):

- Greater health awareness and engagement
- More inclusive and targeted programs
- Stronger sector partnerships

Medium-Term Outcomes (3–5 years):

- Reduction in preventable illness
- Improved mental health and social connection
- More equitable health outcomes

Long-Term Impact:

A healthier, fairer, more resilient community with sustained health improvements

3. Demographic and Social Profile

Population and Age Structure

- Mount Alexander Shire has an estimated population of 20,799 (2024).
- The Shire has a notably older population, with 28% aged 65 years or older (Victoria: 19%) and a median age of 51 (Victoria: 38), reflecting the broader ageing trend across the Loddon Mallee region.

Cultural Diversity and First Nations Communities

- The Shire is home to a vibrant and growing First Nations community, with the Dja Dja Wurrung and Taungurung people as Traditional Owners. First Nations leadership and cultural presence are strong across community, cultural, and economic life.
- Cultural diversity is increasing, but remains well below the state average, with 11.2% of residents born overseas (Victoria: 30%) and 4.4% speaking a language other than English at home (Victoria: 27%).

Socioeconomic Profile

- Median household incomes are generally below the Victorian average, and some areas experience higher levels of socioeconomic disadvantage and housing stress, particularly among renters and older adults.
- Unemployment rates have historically been lower than the state average (3% vs. 5% Victoria), though underemployment and insecure work are common in rural communities.

Education and Employment

- Mount Alexander Shire is almost on par for people with a bachelor's degree or higher (28.7%) compared to the Victorian state average (29.2%), and a lower proportion with Year 12 as their highest attainment (10.1% vs 14.9% for Victoria).
- The economy is diverse with strengths in manufacturing, construction, and agriculture. Manufacturing generates over \$1 billion annually, supporting 1,500 jobs. Healthcare, public services, retail, tourism, and creative industries are also vital.
- The Shire hosts 1,800 businesses, producing over \$3 billion in economic output, with 89% being micro or small businesses. Creative enterprises, remote workers, and home-based businesses are growing, alongside education, tourism, sustainability, and the circular economy.
- In Mount Alexander Shire, 45% of employed people worked fewer than 35 hours per week, which is significantly higher than the Victorian state average, where about one-third (approximately 33%) of employed people work less than 35 hours weekly.

Health and Wellbeing

- The Shire experiences higher rates of chronic disease, mental health challenges, and preventable hospitalisations than the Victorian average.
- Only 47% of adults rate their mental health as “very good” or “excellent” (Victoria: 58%), while 19.2% rate their health as “fair” or “poor”.
- Food insecurity affects 14% of residents (Victoria: 9%).
- Physical activity rates are lower than the state average, with only 41% of adults sufficiently active (Victoria: 53%).

- Just 3.2% of adults meet the recommended daily vegetable intake (Victoria: 6.2%).
- 56.1% of adults in Mount Alexander Shire are overweight or obese, compared to 25% of Victorian adults who are obese.
- Alcohol consumption at risky levels is reported by 43% of adults (Victoria: 39%).
- Family violence rates are higher than the state average, with 42.6 incidents per 10,000 people (Victoria: 38.1 per 10,000; Crime Statistics Agency, 2024).
- Social isolation is a significant concern, with 27% of local survey respondents reporting feelings of loneliness, stress, or burnout, particularly among older adults and young people (Mount Alexander Community Survey, 2024).
- Mount Alexander Shire's volunteering rate (22.4%) is well above the Victorian average (13.3%), reflecting a strong culture of community participation and mutual support.
- Community assets are used extensively for volunteer-driven activities and programs, helping to build social networks, reduce isolation, and strengthen community resilience.

Environment and Climate

- The Shire is known for its natural beauty, parks, and open spaces – and these are central to health, happiness, and economic vitality.
- Mount Alexander Shire faces significant climate risks, including bushfires, heatwaves, and extreme weather, which drive a strong focus on climate resilience, urban greening, and sustainable development across health, economic, and infrastructure planning.

Priority and Vulnerable Groups

- Older adults, First Nations people, people with disability, young people, and those experiencing socioeconomic disadvantage are identified as priority groups for health and wellbeing action.
- Rurality and distance from major centres contribute to health inequities and service access barriers.
- The Shire's approach recognises intersectionality—some residents experience overlapping forms of disadvantage or discrimination (such as those related to gender, disability, culture, age, sexuality, income, or location). As a result, priority is given to supporting vulnerable groups and ensuring that everyone, especially those facing multiple barriers, can access safe, inclusive, and equitable opportunities to thrive.

Access to Services

- Access to health, social, and community services is a key factor in the wellbeing of Mount Alexander Shire residents. While the Shire offers a range of local services—including hospital care, district nursing, aged care, and allied health—service access is not uniform across the region.

What This Profile Means for the MPHWP and Its Priorities

The demographic and social profile of Mount Alexander Shire has direct and significant implications for the Municipal Public Health and Wellbeing Plan (MPHWP) and its priorities. The following factors stand out from the data analysis:

- Equity and place-based focus: Drive equity through locally tailored strategies for rural and disadvantaged communities.
- Healthy ageing: Apply a healthy ageing lens across all priorities to support an ageing population.
- Chronic disease and prevention: Strengthen prevention and health promotion focused on nutrition, physical activity, and alcohol and drug harm reduction.
- Mental health and social connection: Invest in mental wellbeing, social connection, and accessible support services.
- Family violence and safety: Sustain efforts in prevention, early intervention, and trauma-informed responses to violence.
- Climate resilience and environment: Embed climate adaptation, urban greening, and infrastructure planning into health strategies.
- Access and service gaps: Address barriers related to rurality, transport, and digital exclusion.
- Intersectionality: Address overlapping disadvantages—such as gender, culture, income, disability, and location—that combine to increase health and social burdens.
- Universal access and inclusion: Design services, programs, and facilities to be accessible to everyone—removing physical, cultural, linguistic, and digital barriers to participation.
- Building on community strengths: Support local leadership, volunteering, and the role of community facilities in promoting wellbeing.

4. Planning Process

The development of the Mount Alexander Shire Council Municipal Public Health and Wellbeing Plan 2025–2029 has been guided by a collaborative, evidence-based approach:

- **Partnerships:**

Council worked closely with the Healthy Mount Alexander Alliance (Dhelkaya Health, Women's Health Loddon Mallee, Nalderun, Loddon Mallee Public Health Unit (PHU), Healthy Loddon Campaspe, Sports Focus, Castlemaine Community House).

- **Community Engagement:**

Hundreds of community members contributed via postcards, online and paper-based surveys, drop-in centres, pop-up activities, and community group meetings across Castlemaine, Harcourt, Maldon and Newstead, including targeted sessions with Dja Dja Wurrung Traditional Owners, First Nations people, youth, older adults, people with disabilities, LGBTIQ+ and other priority groups.

- **Data and Evidence:**

The plan draws on the Loddon Mallee Primary Health Unit Population Health Plan 2023–2025, Mount Alexander Shire Data Profile (2024), Victorian Population Health Survey, ABS Census, and local service data.

- **Alignment:**

Priorities and actions were shaped by agency and community input, local evidence, and alignment with state and regional health and wellbeing strategies.

This process ensures the MPHWP reflects local needs, addresses health inequities, and supports a coordinated, partnership-driven approach to improving health and wellbeing for all residents.

5. Strategic Framework

Vision and Goals

Vision:

Working together for a healthier, more equitable and thriving Mount Alexander Shire where all residents can achieve optimal physical, mental and social wellbeing.

Goals:

- Reduce health inequities and improve outcomes for priority groups.
- Strengthen community resilience to climate and social challenges.
- Foster inclusive, safe, and connected environments for all.

Alignment with State Priorities:

The Plan aligns with the Victorian Public Health and Wellbeing Plan 2023–2027 and regional strategies, focusing on mental wellbeing, healthy eating, active living, harm reduction, climate resilience, and violence prevention.

The Mount Alexander Shire Council Municipal Health and Wellbeing Plan has six strategic priorities to respond to local health and wellbeing indicators and the strengths and gaps highlighted by community and agency partners:

- Improving Wellbeing
- Increasing Healthy Eating and Food Security
- Increasing Active Living
- Preventing Violence and Promoting Gender Equity
- Tackling Climate Change and its Impact on Health
- Reducing Harm from Alcohol and Drug Use

6. Priority Areas

6.1 Improving Wellbeing

Why it matters:

Mount Alexander Shire has higher rates of psychological distress and mental health presentations than the Victorian average. Only 47% of adults rate their mental health as “very good” or “excellent” (Vic: 58%); 19.2% “fair” or “poor”. Mental health conditions are reported by 22% of adults (Vic: 18%). Some 27% of survey respondents described loneliness, stress, or burnout. Suicide rate: 16.7 per 100,000 (Vic: 10.6).

The Loddon Mallee Population Health Plan identifies mental wellbeing as a regional priority, emphasising the need for prevention-focused approaches that promote resilience and connection.

What the community said:

Strong support for place-based mental health programmes, peer networks, support for carers, and inclusive models.

Agency input:

Mental health was identified as a critical priority, particularly addressing social isolation among older adults, youth mental health challenges, and rural access to mental health services.

Action on this priority improves community resilience - having the capacity, tools, resources, income, and networks to withstand and recover from adversity.

Desired Outcome:

- Accessible, equitable support services meeting local demand.

Objectives:

- Reduce psychological distress and suicide risk.
- Increase social connection and access to mental health support.

Strategies and Actions:

- Expand community-led, place-based mental health initiatives that foster social connection.
- Promote early intervention and affordable counselling.
- Advocate for sustained funding for social prescribing (Get Connected Mount Alexander).
- Improve youth mental health access through co-located services and expanded youth spaces.
- Advocate for more funding for resources, support and connection spaces for older adults.
- Continue community lunches in Castlemaine, Maldon and Newstead, and explore new models for other communities (including Harcourt).
- Develop peer-led wellbeing networks and carer support hubs.
- Develop and support programs that build resilience and coping skills across all age groups.
- Increase the number of dedicated quiet spaces across the shire.
- Support Dja Dja Wurrung-led initiatives that contribute to health and wellbeing through cultural connection, such as cultural burns (caring for Country), youth mentoring (resilience and identity), and language programs (cultural pride and intergenerational healing)

Partnerships¹:

Healthy Mount Alexander, Community Houses, Dhelkaya Health, DJAARA, Nalderun.

Performance Indicators²:

- % of population reporting high/very high psychological distress (reduce)
- Number of participants in community-led mental health and connection initiatives
- % of residents who feel socially connected (increase)

Victorian Alignment: Mental health and wellbeing; suicide prevention; social connection

6.2 Increasing Healthy Eating and Food Security

Why it matters:

Healthy eating helps to prevent chronic disease, can address food insecurity, and supports wellbeing. Only 3.2% meet recommended vegetable intake (Vic: 6.2%). Food insecurity: 14% (Vic: 9%). Barriers include cost, access, and skills.

The Loddon Mallee Population Health Plan and Healthy Loddon Campaspe's Flourish framework both prioritise food security and healthy, local food systems. The Mount Alexander Shire Council's Economic Development Strategy prioritises Healthy Country – supporting sustainable and regenerative practices in local food production, local food security and the economy.

What the community said:

Support for community gardens, local markets, cooking classes, and policies that support local food production and affordable access and food relief networks.

Agency input:

Agencies identified the need for a coordinated food security strategy, support for local producers, and more healthy food options in schools, events, and community settings.

Action on this priority reduces chronic disease risk, supports cost of living, and strengthens local food systems and community resilience.

Desired Outcome:

- A healthy, equitable, and resilient local food system.

Objectives:

- Increase fruit and vegetable consumption.
- Reduce food insecurity and improve access to healthy, affordable food.

Strategies and Actions:

¹ The agencies listed in Partnerships have agreed to work together on this Plan. As the Plan is delivered, other organisations and agencies (including state and federal government departments) will be involved.

² Performance Indicators throughout the Plan have been listed as key indicators. It is acknowledged that some indicators may be difficult to shift over a four-year period.

- Develop and implement a local Food Security Strategy and food systems roadmap.
- Develop networks between community pantries and community groups addressing food shortages.
- Support local farmers markets, food relief networks, and community gardens.
- Deliver food education and cooking programs, especially for priority groups.
- Advocate for healthy food and drink policies in Council, schools, and clubs.
- Continue to partner with regional initiatives including the Flourish program and Healthy Loddon Campaspe activation projects.
- Advocate for resources for implementation of the Mount Alexander Food Relief Network.
- Advocate for continuation of Healthy Loddon Campaspe and its initiatives.

Partnerships:

Healthy Mount Alexander, Dhelkaya Health, Castlemaine Community House, Castlemaine Foodshare, Healthy Loddon Campaspe.

Performance Indicators:

- % of adults meeting vegetable and fruit intake guidelines (increase)
- Food insecurity rate (reduce)
- Number of community gardens/food hubs supported (increase)
- Healthy food environment policies embedded

Victorian Alignment:

Healthy eating, food security, cost of living, chronic disease prevention

6.3 Increasing Active Living

Why it matters:

Physical activity prevents chronic disease, improves mental health, and builds social connection. Only 41% of adults are sufficiently active (Vic: 53%). Barriers include limited footpaths, bike infrastructure, and accessible play spaces.

Women are less likely to be physically active where there is no infrastructure such as safe walking paths, and safe cycle lanes. Research by VicHealth shows that more than two-thirds of adult Australian females are sedentary or have low activity levels, and females face more barriers to physical activity than males. Among these barriers, safety and lack of supportive infrastructure are significant. The more barriers a woman perceives, the less likely she is to be active. A Victoria Walks report highlights that only 15% of young Victorian women feel safe walking at night compared to 54% of young men. Safety concerns about public spaces restrict women's access to healthy recreational activities like walking. The same report notes that many public spaces in Victoria fail to meet the needs of women, with safety and lack of suitable infrastructure (like well-lit, connected paths) being key issues

MASC Active Transport Strategy (2023) has three key goals: Increasing active transport awareness; developing and delivering safe, connected, and sustainable active transport infrastructure; and enhancing community health and wellbeing outcomes through active transport activity. Aspirational active transport mapping is being undertaken as part of the Active Transport Strategy.

What the community said:

Desire for safer, more connected walking/cycling routes, shaded/inclusive playgrounds, and more opportunities for all ages and abilities to be active. Affordability of sports equipment, gym access, fees for formal sports were raised as a barrier to active participation

Agency input:

Agencies and partners highlighted the need for targeted infrastructure upgrades, activation of public spaces, and inclusive programs, especially for older adults, people with disability, and families. Promoting physical activity through accessible infrastructure and intergenerational programs was recognised as essential.

Action on this priority reduces chronic disease risk, enhances mental wellbeing, and builds connected, vibrant communities.

Desired Outcome:

- More residents are active daily, especially those currently inactive.

Objectives:

- Increase daily physical activity across all age groups.
- Create safer, more inclusive environments for walking, cycling, and play.

Strategies and Actions:

- Promote and support the 2025 Active Living Census.
- Use the 2025 Active Living Census data to prioritise actions for 2026-2029.
- Advocate for upgrade footpaths, crossings, and lighting in priority areas (refer to Council Plan).
- Partner with Sports Focus to expand inclusive sports and recreation programs, and 2025-2029 Council Plan strategic priorities.

Partnerships:

Active Transport working group, Healthy Loddon Campaspe, Dhelkaya Health, Castlemaine Community House, Nalderun, Sports Focus.

Performance Indicators:

- % of population meeting physical activity guidelines (increase)
- Kilometres of new/upgraded footpaths and cycling tracks (increase)
- Participation rates in inclusive sports and activation programs (increase)
- Community satisfaction with upgraded play and recreation spaces

Victorian Alignment:

Active living, built environment, chronic disease prevention, climate-resilient communities

6.4 Reducing Harm from Alcohol and Drug Use

Why it matters:

Alcohol and drug-related harm contributes to poor health, family violence, road trauma, and community safety risks. 53.5% of adults report single occasion risky drinking (Vic: 41.8%). Higher alcohol-related deaths and family violence than state average. Treatment referral rates are lower than state and neighbouring shires.

What the community said:

Residents highlighted the need for more visible prevention programs, better youth and men's support, alcohol/vape-free spaces, and improved local service access.

Agency input:

Key partners emphasised the importance of coordinated action, education, and harm minimisation.

Action on this priority will reduce preventable harm, improve safety, and build stronger support networks, especially for young people and at-risk groups.

Desired Outcome:

- Measurable reduction in alcohol and drug-related harm and stronger local support networks

Objectives:

- Reduce risky alcohol and drug use, especially among young people
- Increase access to early intervention, prevention, and harm reduction programs

Strategies and Actions:

- Implement the Mount Alexander Alcohol Harm Prevention Action Plan (2024-2025)
- Reinvigorate and streamline the local Alcohol and Other Drug (AOD) network
- Promote and expand youth and men's prevention programs, including visible outreach and peer-led initiatives
- Establish and promote alcohol/vape-free outdoor spaces and events
- Leverage the Alcohol and Drug Foundation (ADF) Community Toolkit and seek further funding for local service delivery
- Support the Mount Alexander Liquor Licensing Accord to promote responsible service and community education
- Advocate for improved local AOD treatment and referral pathways, especially for young people and those facing barriers to access

Partnerships:

Dhelkaya Health, Victoria Police (Castlemaine), Loddon Mallee PHU, Castlemaine Secondary College, Alcohol and Drug Foundation, local venues, Sports Focus

Performance Indicators:

- Rate of single occasion risky drinking (reduce)
- Alcohol and other drug-related family violence incidents (reduce)
- Number of participants in prevention and support programs (increase)
- Number of alcohol/vape-free spaces and events (increase)
- Local AOD treatment referrals (increase)

Victorian Alignment:

Alcohol and drug harm prevention, youth health, community safety, family violence prevention

6.5 Tackling Climate Change and its Impacts on Health

Why it matters:

Climate change is a major and growing health issue for Mount Alexander Shire, affecting air quality, food security, mental health, and emergency preparedness. The Shire faces high bushfire and heatwave risk, and over 50% of local survey respondents identified climate as a key concern (Loddon Mallee Climate Change and Health Framework, 2023).

What the community said:

Residents called for more shade, greener public spaces, support for those that experience systemic disadvantage during heatwaves, and stronger local action on climate adaptation and resilience.

Agency input:

Need for coordinated climate-health planning, investment in urban greening, inclusive emergency responses, and First Nations-led initiatives. Agencies highlighted the importance of mapping gaps, supporting climate-resilient housing, and embedding adaptation in all Council planning.

Action on this priority reduces health risks, builds resilience, and prepares the community for future climate challenges.

Desired Outcome:

- A climate-resilient community with reduced health risks from heat, UV, and extreme weather.

Objectives:

- Strengthen community resilience to climate impacts.
- Reduce health risks from heat, UV exposure, and extreme weather events.

Strategies and Actions:

- Integrate health adaptation into all climate and emergency planning, with a focus on vulnerable communities.
- Co-design resilience hubs and cooling centres with at-risk groups, including older adults and people with disability.
- Advocate for increased water quality, UV-protective shade in public spaces (existing and new).
- Advocate and plan for the incorporation climate and UV protection all new infrastructure and upgrades (e.g., tree canopy, green roofs, low-reflective surfaces).
- Map gaps in local climate-health responses and develop targeted emergency action plans.
- Recognise and support the leadership of Traditional Owners in land and climate initiatives. Cultural burning, traditional ecological knowledge, and Caring for Country approaches. Partner with DJAARA to embed these approaches in local adaptation planning.

Partnerships:

Mount Alexander Shire Council Dhelkaya Health, CFA, SunSmart, Loddon Mallee Primary Health Unit, Dja Dja Wurrung, Nalderun. MASDAG, Castlemaine Institute

Performance Indicators:

- Public spaces with increased canopy cover and UV-protective shade (increase)
- Resilience hubs/cooling centres established (increase)
- Heat-related emergency presentations (reduce)
- % of new infrastructure projects with climate adaptation features (increase)

Victorian Alignment:

Climate change and health adaptation, emergency preparedness, healthy environments, equity

6.6 Preventing Violence and Promoting Gender Equity

Why it matters:

Violence—including family violence, racism, and discrimination—directly undermines health, safety, and community wellbeing. Mount Alexander Shire has high family violence rates (42.6 per 10,000), and local surveys highlight safety concerns for women, LGBTQIA+ people, women with disabilities, and First Nations communities. Gender equity is essential for all to access the same rewards, resources, and opportunities.

What the community said:

Support for prevention and respectful relationships programs in schools, safe spaces for at-risk groups, and visible leadership on gender equity and inclusion.

Agency input:

Agencies emphasised the need to reinstate local family violence and gender equity networks, embed prevention in schools and community groups, and ensure trauma-informed, inclusive practice across all services.

Action on this priority reduces harm, builds safer communities, and supports equal participation for all.

Desired Outcome:

- Reduced incidence and impact of family violence and discrimination; a safer, more equitable community.

Objectives:

- Reduce family violence and discrimination.
- Promote gender equity, safety, and respect in all settings.

Strategies and Actions:

- Reinstate and resource the local family violence and gender equity network
- Strengthen prevention programs in schools, clubs, and workplaces (e.g., respectful relationships, consent education, bystander training).
- Advocate for funding for safe spaces and support networks for at-risk groups, including women, LGBTQIA+ people, and First Nations communities.
- Advocate for Orange Door service in the Shire.
- Train staff and organisations in trauma-informed, culturally safe, and inclusive practice.
- Develop digital and social messaging campaigns to promote respect and equity.
- Support community-led gender equity and safety initiatives and events.

Partnerships:

Dhelkaya Health, Womens Health Loddon Mallee, Mount Alexander Shire Family Violence Prevention Network, Nalderun, local schools, Castlemaine Community House.

Performance Indicators:

- Family violence incident rate (reduce)
- Prevention programs delivered (increase)
- Council officers and partners trained in trauma-informed, inclusive practice (increase)
- Community perceptions of safety and respect (improve)

Victorian Alignment:

Family violence prevention, gender equality, safe and respectful communities

7. Implementation Plan

The Plan will be delivered through Annual Plan actions, with clear responsibilities assigned to Council, Dhelkaya Health, and partner agencies.

Implementation will be guided by the Healthy Mount Alexander Alliance, with regular progress reviews, community reporting, and opportunities for co-design and feedback.

Key implementation features:

- Annual milestones and reporting.
- Community and partner workshops to review progress and adapt actions.
- Dedicated budget allocations for infrastructure, programs, and evaluation.

8. Monitoring and Evaluation Framework

Progress will be tracked using a shared public health and wellbeing dashboard, with indicators aligned to each priority area.

Annual equity audits and community surveys will ensure accountability and continuous improvement.

Evaluation will include:

- Quantitative data (e.g., health surveys, service usage, crime statistics).
- Qualitative feedback (e.g., community forums, focus groups)
- Transparent public reporting and adaptive management.

Reporting Dashboard Baseline Data

Priority Area	Metric	Baseline (2025)	Source
Mental Wellbeing	Adults rating mental health “fair/poor”	19.2% (Vic: 15.2%)	LMPHU Community Profile 2024
	High/very high psychological distress	15.8% (Vic: 13.1%)	Murray PHN Health Report 2024
	Suicide rate (per 100,000)	16.7 (Vic: 10.6)	Social Health Atlas 2023
Healthy Eating	Food insecurity rate	14% (Vic: 9%)	Vic Population Health Survey 2021
	Adults meeting vegetable guidelines	3.2% (Vic: 6.2%)	Active Living Census 2019
Active Living	Adults sufficiently active	41% (Vic: 53%)	Active Living Census 2019
	Walking/cycling/shared paths (km)	52.4 km	MASC Active Transport Strategy 2023–2033
	Playground accessibility compliance	60%	Council Footpath Design Program 2022–23
Alcohol/Drug Harm	Risky alcohol consumption	43% (Vic: 39%)	Community Alcohol Profile 2023
	Alcohol-related family violence incidents	42.6 per 10,000 (Vic: 38.1)	Crime Statistics Agency 2024
Climate & Health	Bushfire risk areas	78% of Shire	Loddon Mallee Climate Framework 2023
	UV-protective shade in public spaces	20% coverage	SunSmart, Council audits
Violence	Family violence incidents	42.6 per 10,000	Crime Statistics Agency 2024
	Staff trained in trauma-informed practice	30% of council staff	WHLM Report

9. Appendices

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Appendix B: Healthy Mount Alexander Alliance: Key Agencies and Strategic Documents

1. Mount Alexander Shire Council

- **Role:** Local government responsible for community health planning, infrastructure, inclusion, and service coordination.
- **Key Documents:**
 - *Municipal Public Health and Wellbeing Plan 2025–2029*
 - *Active Transport Strategy 2023–2033*
 - *Disability Inclusion Action Plan 2023–2027*
 - *Economic Development Strategy 2024*
 - *Climate Change Strategy 2023*
 - *Urban Tree Policy 2023*
 - *Public Open Space Strategy 2016*

2. Dhelkaya Health

- **Role:** Main public health service for the Shire, providing hospital, community health, aged care, and allied health.
- **Key Documents:**
 - *Strategic Plan 2023–2026*
 - *Statement of Priorities 2024–25*

3. Women's Health Loddon Mallee

- **Role:** Regional leader in gender equity, prevention of violence against women, and women's health advocacy.
- **Key Documents:**
 - *Loddon Mallee Action Plan for the Primary Prevention of Violence Against Women*
 - *Annual Reports and Regional Plans*

4. Nalderun Education Aboriginal Corporation

- **Role:** Aboriginal community-controlled organisation supporting education, cultural connection, and wellbeing for Aboriginal and Torres Strait Islander people.
- **Key Document:**
 - *Nalderun Strategic Plan 2022–2025*

5. Loddon Mallee Public Health Unit (LMPHU)

- **Role:** Regional public health authority responsible for population health planning, data, and prevention priorities.
- **Key Documents:**

- *Population Health Plan 2023–2025*
- *Mt Alexander Data Profile 2024*

6. Healthy Loddon Campaspe

- **Role:** Regional partnership focused on healthy eating and active living through place-based, equity-driven approaches.
- **Key Document:**
 - *Stage 2 Strategic Plan 2022–2026*

7. Sports Focus

- **Role:** Regional sports assembly for the Loddon Campaspe region, supporting club development, inclusion, and participation in sport and active recreation.
- **Key Document:**
 - *Sports Focus Strategic Plan 2018–2022*
- **Focus Areas:**
 - Equity and inclusion in sport
 - Club capacity building
 - Sector development and advocacy
 - Partnerships with local government and community organisations
 - Supporting access for people with disabilities and underrepresented groups

8. Castlemaine Community House

- **Role:** Community hub providing community development, service delivery, lifelong learning, advocacy, and social inclusion programs.
- **Key Documents:**
 - *Castlemaine Community House Strategic Plan 2020–2023* (and previous plans)
- **Focus Areas:**
 - Community development and support
 - Gender equity and family violence prevention
 - Life-long learning and adult education
 - Social connection, volunteering, and wellbeing initiatives
 - Partnerships with local agencies and neighbourhood centres

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