

Mount Alexander Shire Council

Municipal Public Health and Wellbeing Plan 2025-2029

Working together for a healthy,
connected shire



Mount Alexander
Shire Council

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 with both the Dja Dja Wurrung Clans Aboriginal Corporation and the Taungurung Land and Waters Council.



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Endorsed by:

Dhelkaya Health, Dja Dja Wurrung Clans Aboriginal Corporation, Nalderun and 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.

Front cover: Melissa Davis, Maternal and Child Health Nurse - Team Leader.

Photo by Penny Ryan Photography

Executive summary

The 2025-2029 Municipal Public Health and Wellbeing Plan outlines what Mount Alexander Shire 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 across 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 Government Areas (LGAs) in Victoria are required to develop a Municipal Health and Wellbeing Plan every four years.

The plan 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.

Council'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 plan prioritise inclusive economic participation, local procurement, and support for priority populations and marginalised groups, recognising that a thriving economy benefits all residents.

The MPHWP supports social, commercial and economic determinants of health.



Mayor's message



Cr Rosie Annear – Mayor

Mount Alexander Shire Council

It's my pleasure to present our Municipal Public Health and Wellbeing Plan for 2025-2029, a roadmap for building a healthier, more inclusive and resilient community.

The plan reflects our shared commitment to support the health and wellbeing of our residents, now and into the future.

We know that good health is cultivated by more than just access to healthcare. It's shaped by our environment, our community, our opportunities and our choices, among many other things.

That's why our plan takes a collaborative and evidence-based approach to health and wellbeing.

We've identified six key priority areas to focus on in the coming four years:

1. Improving wellbeing
2. Increasing healthy eating
3. Increasing active living
4. Reducing harm from alcohol and drug use
5. Tackling climate change and its impacts on health
6. Preventing all forms of violence

These priority areas will guide our efforts to create a safe, healthy and inclusive community.

The plan follows the ideas of a wellbeing economy – an approach that puts people's health and quality of life at the centre of economic decisions. It focuses on prevention, inclusion and empowerment.

The plan includes practical steps to improve equity and support the wellbeing of all community members across all abilities and stages of life. We want everyone in our community to feel safe, supported, valued and well.

In addition to this, the plan has been informed by local data, state and regional priorities, and the Healthy Social Environments Framework.

The plan will be supported by our annual plans and budgets, which provide more detail on how we're going to achieve our goals.

I'm proud to present our Municipal Public Health and Wellbeing Plan for 2025-2029. I look forward to implementing its actions and seeing Mount Alexander Shire thrive.



Introduction

Purpose of the Municipal Health and Wellbeing 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 across the shire. It responds to community needs, addresses the social, commercial and economic 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 plan 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 social, commercial and economic determinants of health. It 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 Taungurung 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 Shire Data Profile 2024 is the primary data source.

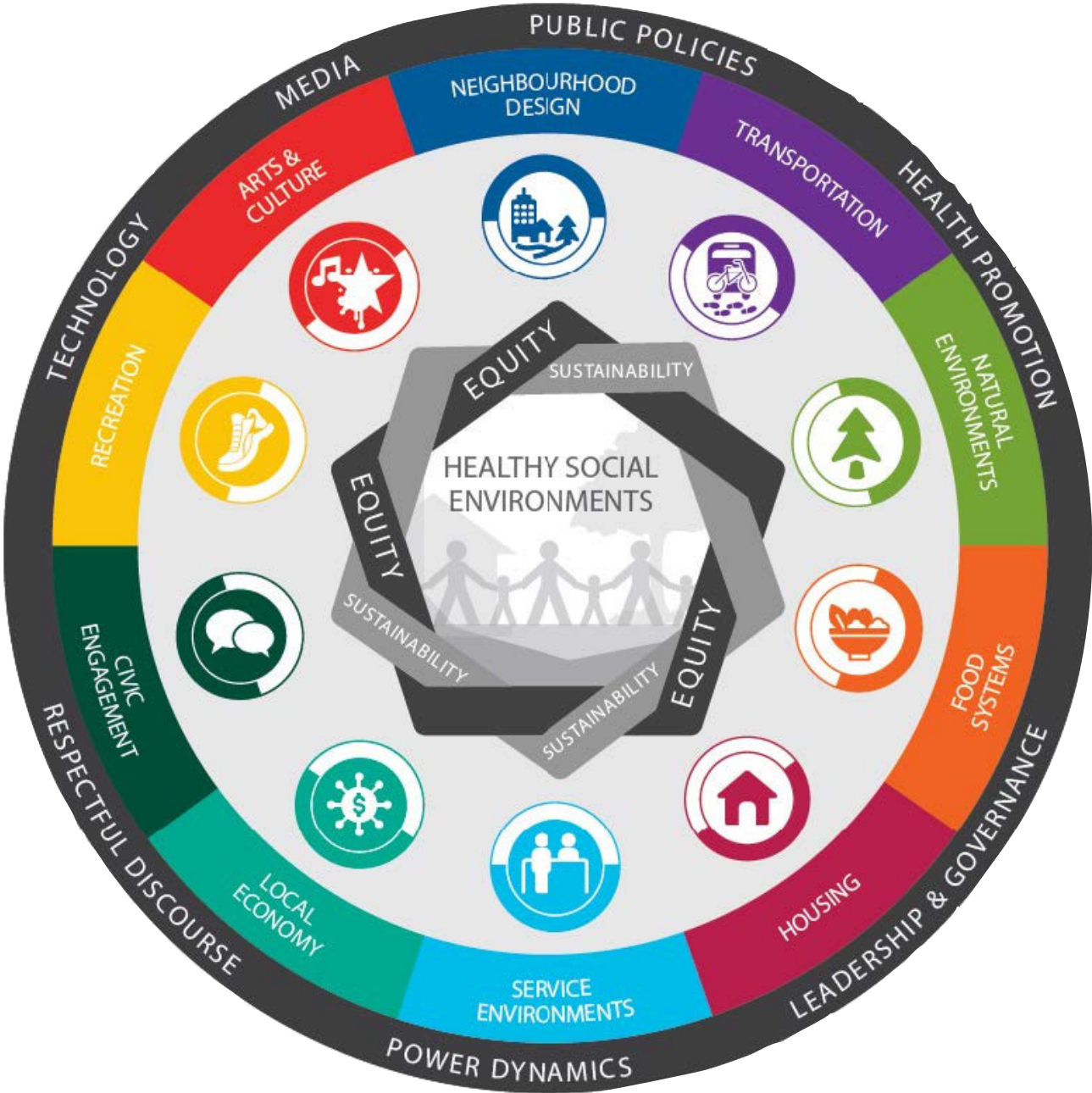
Collaboration: Initiatives can be delivered by Council and includes actions that are supported or jointly delivered by two or more agencies.

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 Mount 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

Short-term outcomes (1-2 years):

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

Outputs:

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

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.

Demographic and social profile

Population and age structure

Mount Alexander Shire's estimated population (2024) is **20,799**



28%

of people living in our shire are 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

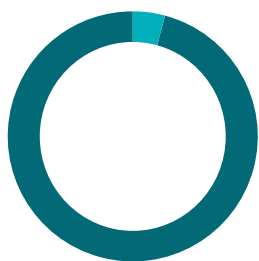
Our shire is home to a vibrant and growing First Nations community, with the Dja Dja Wurrung and Taungurung people as Traditional Owners. First Nations leadership and cultural presence are strong across community, cultural and economic life.

Cultural diversity is increasing but remains well below the state average.



11.2%

of residents were born overseas (Victoria: 30%).



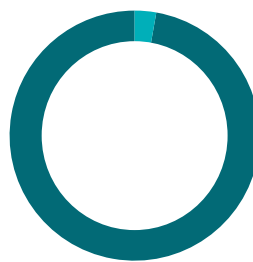
4.4%

speak 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.



3%

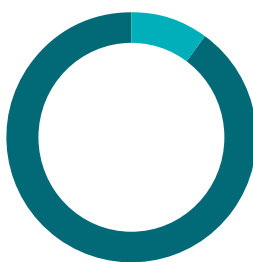
of residents are unemployed.

Education and employment



28.7%

of people in our shire have a Bachelor Degree or higher, almost on par with the Victorian state average (29.2%).



10.1%

of residents in our shire have Year 12 as their highest level of educational attainment, which is lower than the Victorian state average (14.9%).

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.



1,500

jobs in manufacturing



1,800

businesses, producing over \$3 billion in economic output

Our 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.



45%

of employed people worked fewer than 35 hours per week.

This is significantly higher than the Victorian state average, where about one-third (approximately 33%) of employed people work less than 35 hours weekly.

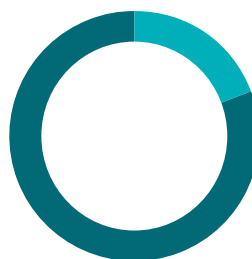
Health and wellbeing

Our shire experiences higher rates of chronic disease, mental health challenges, and preventable hospitalisations than the Victorian average.



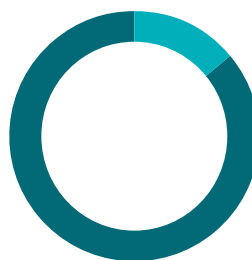
47%

of adults rate their mental health as 'very good' or 'excellent' (Victoria: 58%).



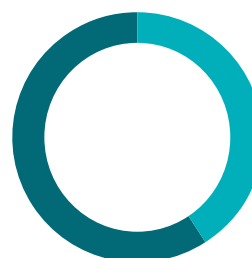
19.2%

rate their health as 'fair' or 'poor'.



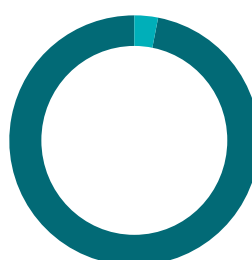
14%

of residents are affected by food insecurity (Victoria: 9%).



Only **41%**

of adults are sufficiently active, lower than the state average physical activity rates (Victoria: 53%).



3.2%

of adults meet the recommended daily vegetable intake (Victoria: 6.2%).



56.1% of adults in our shire are overweight or obese, compared to 25% of Victorian adults who are obese.



43% of adults report alcohol consumption at risky levels (Victoria: 39%).



42.6% Family violence incidents per 10,000 people, higher than the state average (Victoria: 38.1 per 10,000; Crime Statistics Agency, 2024).



27% of local survey respondents reported feelings of loneliness, stress or burnout, particularly among older adults and young people (Mount Alexander Shire Council Community Survey, 2024).



22.4% Our volunteering is well above the Victorian average (13.3%). This reflects 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

Our shire is known for its natural beauty, parks and open spaces – and these are central to health, happiness and economic vitality.

Our 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, people who identify as LGBTIQ+ (lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse people) and those who are marginalised and 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.

Our shire's approach recognises intersectionality – some residents experience overlapping forms of disadvantage or discrimination (such as those related to gender, disability, culture, age, sexuality, intergenerational disadvantage, income or location). As a result, priority is given to supporting priority populations and marginalised 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 our residents. While our shire offers a range of local services – including hospital care, district nursing, aged care and allied health services – access is not uniform across the region.

What this profile means for the MPHWP and its priorities

The demographic and social profile of our shire has direct and significant implications for the plan 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.

Celebrating our volunteers on National Volunteer Day, 2025



Planning process

The development of the Municipal Public Health and Wellbeing Plan has been guided by a collaborative, evidence-based approach:

Partnerships: Council worked closely with the Healthy Mount Alexander Alliance. Council worked closely with key partners, organisations, clients and advocates.

Community Engagement: More than 1,100 community members contributed via postcards, online and paper-based surveys, drop-in centres, pop-up activities, and community group meetings across across the shire. This included targeted sessions with Dja Dja Wurrung Traditional Owners, First Nations people, youth, older adults, people with disability, LGBTIQ+ and other priority groups.

Data and evidence: The plan draws on the Loddon Mallee Public Health Unit Population Health Plan 2023–2025, Mount Alexander Shire Data Profile (2024), Victorian Population Health Survey, ABS Census, the 2019 and 2025 Active Living 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 plan reflects local needs, addresses health inequities, and supports a coordinated, partnership-driven approach to improving health and wellbeing for all residents.





Our vision

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



Our 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 Municipal Public Health and Wellbeing 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 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



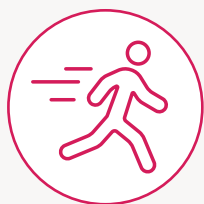
Reducing harm from alcohol and drug use



Increasing healthy eating and food security



Tackling climate change and its impact on health



Increasing active living



Preventing violence and promoting gender equity



Improving wellbeing



Why it matters

Our 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'. 22% report mental health conditions (Vic: 18%). 27% of survey respondents described loneliness, stress, or burnout. Suicide rate: 16.7 per 100,000 (Vic: 10.6).

The Loddon Mallee Public Health Unit Population Health Plan (Dec 2024) 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 programs, 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.
- 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, Loddon Mallee Public Health Unit, Community Houses, Dhelkaya Health, DJAARA and NEAC (Nalderun Education Aboriginal Corporation).

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 and social connection.

Mount Alexander Shire Council is committed to reducing health inequities and improving outcomes for priority groups.



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.



Increasing healthy eating and food security



Why it matters

Addressing food insecurity helps to prevent chronic disease, promote healthy eating 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 Public Health Unit Population Health Plan (Dec 2024) and Healthy Loddon Campaspe's Flourish framework both prioritise food security and healthy, local food systems. Our 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 those who experience systemic disadvantage with community gardens, local markets, cooking classes and policies that support local food production, 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

- 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 within our organisation, 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, Loddon Mallee Public Health Unit, Castlemaine Community House, Castlemaine Foodshare and 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 and chronic disease prevention.

Council's Economic Development Strategy prioritises Healthy Country – supporting sustainable and regenerative practices in local food production, local food security and the economy.





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.

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. It is noted here that Council adopted a Fair Access Policy in 2024, and initiatives and actions in this Policy will assist to address the needs and gaps for safety, structured activities and lack of suitable infrastructure.

Council's 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 and 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.

Tackling climate change by promoting active transport has a direct effect on climate change, and increased activity has a direct effect on health outcomes including obesity.

Promoting a culture of active transport – supported by a built environment that encourages walking and cycling – can increase community acceptance and participation.

Greater visibility of these modes promotes further uptake, ultimately leading to improved safety, health and overall community wellbeing.

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 upgraded footpaths, crossings and lighting in priority areas (refer to Council Plan).
- Consideration of community active transport infrastructure focusing on vulnerable cohorts and locations e.g. schools, active retiree villages and activity centres.

Partnerships:

Active Transport working group, Healthy Loddon Campaspe, Loddon Mallee Public Health Unit, Dhelkaya Health, Castlemaine Community House, NEAC (Nalderun Education Aboriginal Corporation) and 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 and climate-resilient communities.

Physical activity prevents chronic disease, improves mental health, and builds social connection. Only 41% of adults are sufficiently active.





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, including that for adults and young people.
- Increase access to early intervention, prevention and harm reduction programs.

Strategies and actions

- Implement the Mount Alexander Shire Council 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 Shire Council 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 Public Health Unit, Castlemaine Secondary College, Alcohol and Drug Foundation, local venues and 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 and family violence prevention.

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





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. Our 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). Promotion of active transport also has a direct impact on climate change and increased physical activity has a direct impact on healthy outcomes, including obesity.

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, ultraviolet and extreme weather.

Objectives:

- Strengthen community resilience to climate impacts in acknowledgement of the different ways groups are impacted e.g. gendered impacts of climate change, access to heating and cooling, etc.
- Reduce health risks from heat, ultraviolet exposure and extreme weather events.



Strategies and actions

- Integrate health adaptation into all climate and emergency planning, with a focus on priority populations and marginalised populations in the community.
- Improve current cool spaces use and awareness of these, including safety for women when exploring duration of opening hours.
- Co-design resilience hubs and cooling centres with at-risk groups, including older adults and people with disability.
- Support local energy efficiency and literacy initiatives to reduce heat impacts.
- Mount Alexander Shire Council Heatwave Plan.
- Support at risk groups and those experiencing financial disadvantage such as farmers, LGBTIQ+ people, Pacific Australia Labour Mobility (PALM) scheme workers, women, First Nations people and those who are homeless or sleeping rough.
- Partner with LMPHU to raise awareness of climate change impacts on health and the co-benefits of climate change action.
- Advocate for increased water quality, UV-protective shade in public spaces (existing and new).
- Advocate and plan for the incorporation of 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 leadership of Traditional Owners in land and climate initiatives, including 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 Public Health Unit, Dja Dja Wurrung, NEAC (Nalderun Education Aboriginal Corporation) and Mount Alexander Shire Council Disability Inclusion Action Plan Advisory Group.

Performance indicators:

- Public spaces with increased canopy cover and UV-protective shade (increase).
- Resilience hubs/cooling centres established (increase).
- Heat-related emergency presentations (reduce).
- Provision of heat health and heat wave plan information (increase).
- Communication and use of cool spaces in our shire (increase).
- % of new infrastructure projects with climate adaptation features (increase).

Victorian alignment

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

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



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, LGBTIQ+ people, people with disability, 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, and 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, LGBTIQ+ people and First Nations communities.
- Advocate for an Orange Door service in our shire.
- Train staff and organisations in trauma-informed, culturally safe and inclusive practices.
- 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, Loddon Mallee Public Health Unit, Mount Alexander Shire Family Violence Prevention Network, NEAC (Nalderun Education Aboriginal Corporation), local schools and Castlemaine Community House.

Performance indicators:

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

Victorian alignment

Family violence prevention, gender equality, and safe and respectful communities.

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



Implementation plan

The Municipal Public Health and Wellbeing 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.



Monitoring and evaluation framework

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

Annual progress updates 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
	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

Appendix A:

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Appendix B: Healthy Mount Alexander Alliance

Key agencies and strategic documents

Agency	Role	Strategic documents
Mount Alexander Shire Council	Local government responsible for community health planning, infrastructure, inclusion and service coordination.	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
Dhelkaya Health	Public health service for the shire, providing hospital, community health, aged care and allied health.	Strategic Plan 2023-2026 Statement of Priorities 2024-2025
Women's Health Loddon Mallee	Regional leader in gender equity, prevention of violence against women and women's health advocacy.	Loddon Mallee Action Plan for the Primary Prevention of Violence Against Women Annual Reports and Regional Plans
Nalderun Education Aboriginal Corporation	Aboriginal community-controlled organisation supporting education, cultural connection, and wellbeing for Aboriginal and Torres Strait Islander people.	Nalderun Strategic Plan 2022-2025
Loddon Mallee Public Health Unit (LMPHU)	Regional public health authority responsible for population health planning, data and prevention priorities.	Population Health Plan 2023-2025 Mount Alexander Data Profile 2024
Healthy Loddon Campaspe	Regional partnership focused on healthy eating and active living through place-based, equity-driven approaches.	Stage 2 Strategic Plan 2022-2026

Agency	Role	Strategic documents
Sports Focus	Regional sports assembly for the Loddon Campaspe region, supporting club development, inclusion, and participation in sport and active recreation.	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 disability and underrepresented groups
Castlemaine Community House	Community hub providing community development, service delivery, lifelong learning, advocacy and social inclusion programs.	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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