



GOLDEN PLAINS SHIRE

COMMUNITY PROFILE



Introduction/disclaimer

This community profile has been created to inform the Golden Plains Shire Municipal Public Health and Wellbeing Plan 2025-2029.

Where possible throughout this profile, comparisons have been made to Victoria. Where unable to make comparisons at an LGA level, Victoria has been compared to Australia.

Within the tables, statistics highlighted in **bold** represent areas where Golden Plains Shire is perceived to be performing worse than the comparison areas.

Where rates have been used, the rate is calculated as per 100,000 population unless otherwise specified.

The information contained within this profile is to the best of the authors knowledge, accurate and current at the time of development however, population data for small populations such as Golden Plains Shire, can hold less statistical accuracy to those of bigger populations, hence these results should be interpreted with caution. Data sources are regularly updated so some references may not be the most current data after publication of this report in March 2025.

When Forecast id. has been cited, the material is a derivative of ABS Data that can be accessed from the website of the Australian Bureau of Statistics at www.abs.gov.au, and which data can be licensed on terms published on the ABS website.

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Golden Plains Shire Overview

Golden Plains Shire (GPS) has an estimated resident population (ERP) of 25,818. The shire covers a land area of 2,702 square km and is made up of multiple dispersed rural communities. The shire is located between the regional centres of Ballarat and Geelong with residents reaping the benefits of living a rural lifestyle whilst having access to these larger cities. Because of this, most of the recent population growth has been in the south-east and north-east of the shire, in the areas closest to these regional centres. Bannockburn is the largest town in the shire with a 2021 population of 6,470. There are 55 localities in Golden Plains Shire, most with fewer than 1,000 people.

GPS has high rural land use mostly used for sheep and cattle grazing and cropping, some gold mining, viticulture, poultry and pig farming. There are a number of settlements in areas of bushfire risk. Major features of Golden Plains Shire include the Brisbane Ranges National Park, Enfield State Park, Steiglitz Historic Park, Devils Kitchen Geological Reserve as well as several state forests, the Moorabool River, Ballarat-Skipton Rail Trail and the Jubilee Mine historic area. There is limited land use available for conservation and natural environments and a lack of footpaths and trails connecting townships. Limited public transport and access to services is a key issue for the shire (id. informed decisions, 2023).

General demographics

The following table describes some general population characteristics for GPS, making comparisons using 'higher' and 'lower' against the Victorian averages:

Characteristic	GPS	Victoria
Higher population growth rate	1.69	1.19
Higher proportion of Males	51.1	49.2
Lower proportion of Females	48.95	50.8
Lower proportion of people born overseas	9.35	30
Higher proportion of couples with children	40.6	30.9
Lower proportion of one parent families	8.4	10.2
Lower proportion of lone person households	15.8	24.7
Lower medium and high-density housing	1	28
Lower proportion of households renting	7	28
Higher proportion of households with a mortgage	51	35
Lower University qualifications	17	29
Higher trade qualifications	28	17
Lower unemployment rate	3.1	5.0
Lower job seeker rate	3.6	4.6
Higher car ownership (2 motor vehicles/3 or more motor vehicles)	39.4/38.6	35.3/17.6
Higher median weekly household income ¹	1,867	1,802
Higher proportion of people who are satisfied with their rental accommodation	84.6	80.5

Table 1. Selected demographic characteristics for GPS
(Western Victoria Primary Health Network, 2022; Victorian Population Health Survey, 2023)

Population and forecast

In 2021, the Golden Plains Shire population was living in 9,402 dwellings with an average household size of 2.83.

¹ represented in dollars \$

Forecast year	2021	2026	2031	2036	2041
Population	24,879	27,054	31,259	36,889	42,607
Households	8,691	9,506	10,957	12,915	14,941
Dwellings	9,402	10,283	11,836	13,918	16,081

Table 2. Populations, households and dwellings forecast.

It is forecast that the population will reach 42,607 by 2041 representing a substantial increase of 63.22% from 2024 (id. informed decisions, 2023).

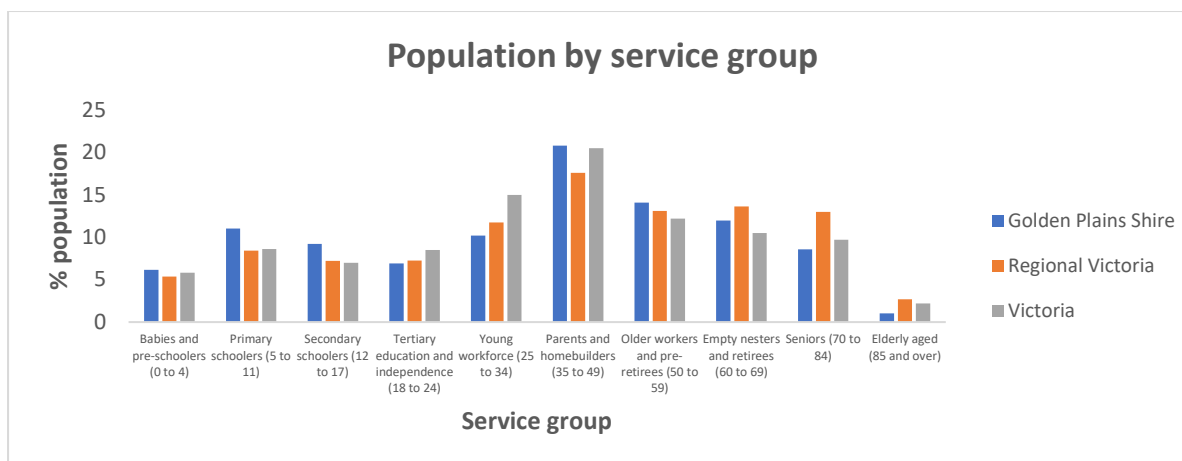


Figure 1. Population by service group

Compared to Regional Victoria and Victoria, GPS has a higher portion of children (under 18) and a lower proportion of persons aged 70+. The largest service age group in GPS is parents and homebuilders (35-49 years) representing 20.8% of the population (id. informed decisions, 2023).

Priority populations

Population	GPS	Victoria
Aboriginal or Torres Strait Islander	1.5	1.0
LGBTQIA+ persons	6.9	11.0
Persons born overseas	9.3	30.0
Speaks English not well or not at all	0.3	4.4
Non-English languages used at home	3.0	27.6
Needing assistance in day-to-day lives due to disability	5.3	5.9
NDIS participants	2.47	2.19
Self-reported disability	19.9	19.9

Table 3. Priority populations

(id. informed decisions, 2023; Victorian Population Health Survey, 2023)

In 2021, 376 members of the Golden Plains Shire community identified as Aboriginal and Torres Strait Islander. Golden Plains Shire is home to two Traditional Owner groups, who have lived within the region for more than 25,000 years. The majority of the Shire is situated in Wadawurrung Country. The traditional boundaries of the Wadawurrung people span the coastline from the Werribee River to Lorne peninsula and traverse inland in a north-westerly direction towards Ballarat. The name Wadawurrung is a recognised tribe (community) which consisted of some 25 clans (or family groups)

that forms part of the Kulin Nation of Aboriginal people. A small pocket of Golden Plains Shire south-east of Rokewood is under the Custodianship of the Eastern Maar people, who are the Traditional Owners of south-western Victoria, from Ararat to Warrnambool and the Great Ocean Road (Golden Plains Shire, 2022)

The most common overseas places of birth for GPS residents include United Kingdom, New Zealand, Netherlands and Germany. Of those languages other than English spoken at home; Italian, German, Croatian, Maltese and Dutch were the most common (id. informed decisions, 2023).

Golden Plains Shire had less persons needing assistance with core activities as a percentage, compared to Regional Victoria and Victoria. In 2021, 1,334 people in GPS reported needing help in their day-to-day lives due to disability. This number has increased since 2016. Across rural Victoria more people have a self-reported disability than metropolitan regions. Rural women represent a higher proportion of people with a self-reported disability (24.2%) compared to men (22.9%) (id. informed decisions, 2023; Victorian Population Health Survey, 2023).

LGBTIQ+ (lesbian, gay, bisexual, trans and gender diverse, intersex, queer and asexual) Victorians are valued members of our community who add to our diversity and make Victoria a better place to live. LGBTIQ+. Victorians also face higher levels of discrimination, stigma and exclusion, which can lead to poorer health, economic, social and mental health outcomes than other Victorians. (Victorian State Government, 2022; LGBTIQ+ Health Australia, 2021; Victorian Population Health Survey, 2023).

Education, employment and financial wellbeing

Compared to Victoria, GPS residents have lower secondary and tertiary education completion and higher Vocational training qualifications (id. informed decisions, 2023).

The majority of the Golden Plains Shires labour force is employed with lower unemployment rates compared to Regional Victoria and Victoria. 12,335 people living in Golden Plains Shire in 2021 were employed, of which 58% worked full-time and 34% part-time. Between 2016 and 2021, the number of people employed in Golden Plains Shire increased by 2,139, and the number of unemployed people decreased by 109. Notably, 70.9% of residents worked outside of the shire.

In Golden Plains Shire, 16.3% of the population reported doing some form of voluntary work in 2021. This was a smaller proportion than Regional Victoria. This number has decreased since 2016 by an estimated 787 people.

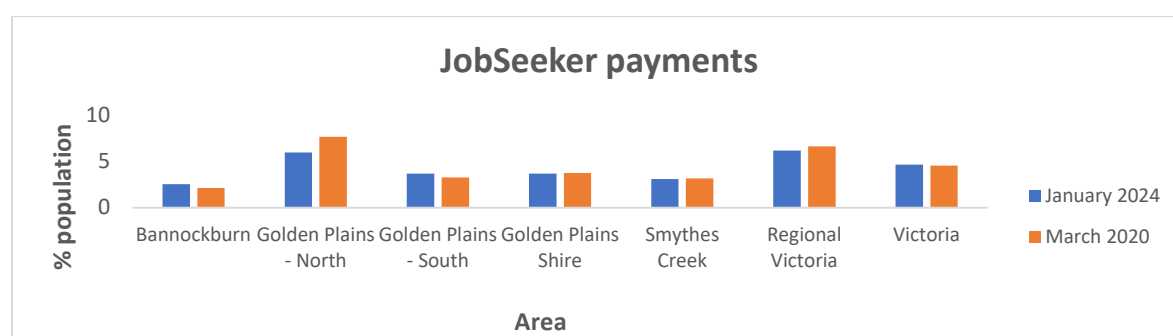


Figure 2. JobSeeker payments by area²

² Population age group for JobSeeker payments 15-64 years

Overall, the rates of JobSeeker payments (including youth allowance) was lower in GPS compared to Regional Victoria and Victoria. Within the shire, the area with the highest percentage of people receiving JobSeeker support was in the north. Since 2020, this percentage has decreased (id. informed decisions, 2023).

Golden Plains Shire as a whole, has a Socio-economic Index for Areas (SEIFA) rating of 1,040, ranking in the top 20 of all Victorian councils. No areas within the shire were in the lowest decile for SEIFA. The SEIFA score range for localities within the shire were 936 -1,112 (Australian Bureau of Statistics, 2021).

In 2022 9.94% of Golden Plains Shire adults reported that they had run out of food and could not afford to buy more representing an increase since 2017 (5.7%) this number was significantly higher than Victoria (5.87%) and also all LGAs in the Western Victoria Primary Health Network (Western Victoria Primary Health Network, 2022). The most recent (2023) Victorian Population Health Survey indicates that food insecurity may be improving for GPS with 6.9% of people who experienced food insecurity in the last year, compared to 8.0 for Victoria (Victorian Population Health Survey, 2023).

Over half of Australians say rising cost of living is having a big impact on their mental health, and one in five have found cost to be a barrier to accessing mental health support over the past year. Since 2022, fewer Australians are feeling financially secure and confident in their ability to meet normal monthly living expenses (Mental Health Australia, 2023).

Key health indicators

Overall, 42.5% of Golden Plains Shire adults self-reported to be in very good or excellent health in 2023. This is a higher proportion compared to Victoria (39.8%). However, 21.3% of residents reported to have fair/poor health which is higher than that of Victoria (20.9%) (Department of Health- Public Health Division, 2023).

Health indicator (%)	Golden Plains Shire	Victoria
Self-reported Excellent or very good health	42.5	39.8
Self-reported fair or poor health	21.3	20.9
Total persons needing assistance	5.3	5.9
Population with at least one long-term health condition	34.2	31.4
Asthma	10.4	8.4
Mental health condition	9.8	8.8
Arthritis	8.9	8
Other long-term health condition	8.1	8
Diabetes	4.2	4.7
Heart disease	3.7	3.7
Cancer (including remission)	2.9	2.8
Lung condition	1.7	1.5
Kidney disease	0.9	0.9
Stroke	0.7	0.9
Dementia (including Alzheimer's)	0.6	0.7
Provided unpaid assistance	15.1	12.9

Table 4. Key health indicators

(id. informed decisions, 2023; Western Victoria Primary Health Network, 2022; Victorian Population Health Survey, 2023)

The number of people who provided unpaid assistance to a person with a disability, long term illness or old age in Golden Plains Shire was higher than Regional Victoria and Victoria. This number has increased by 763 people between 2016 and 2021 (id. informed decisions, 2023).

Golden Plains Shire residents reported to have higher rates of long-term health conditions compared to Victoria, however this percentage was less than that for Regional Victoria. 34% of shire residents reported having one or more health condition. Of these long-term health conditions, the top 3 conditions impacting GPS residents were Asthma, Arthritis and Mental Health conditions. The percentage of residents with Asthma was higher than both regional Victoria and Victoria (id. informed decisions, 2023).

Screening and prevention

Screening and prevention type (%)	Golden Plains Shire	Victoria
Breast cancer screening	57.27	54.08
Cervical cancer screening test	59.45	57.08
Bowel cancer test	47.62	43.19
Children fully immunised at 5 years of age	99.2	96.0
Had red or tender sunburn on 1-2 occasions in the last 12 months	24.0	19.2
Had red or tender sunburn on 3+ occasions in the last 12 months	10.6	6.9

Table 5. Screening and prevention

Screening rates for a variety of cancers are higher in Golden Plains Shire compared to Victoria. Additionally, Golden Plains Shire has a significantly higher percentage of children who are fully immunised at 5 years of age compared with Victoria. Compared to Victoria, GPS has significantly higher rates of sunburn (Department of Health- Public Health Division, 2023; Public Health Information Development Unit , 2024; Victorian Population Health Survey, 2023).

Life expectancy, mortality and hospitalisations

Life expectancy, Mortality and hospitalisations indicators	Golden Plains Shire	Victoria
Median age of death in years	76.0	82.0
Average avoidable mortality rate	103.6	109.6
Premature mortality rate ³	223.5	222.8
Percentage of potentially preventable hospitalisations in 2021	3.09	2.98
Hospitalisation rate for adults aged 65 years and over	3550.3	3794.0

Table 6. Life expectancy, mortality and hospitalisations

At 76 years, Golden Plains Shire has a lower median age of death compared to Victoria as well as higher premature mortality rates and potentially preventable hospitalisations. Between 2017 and 2020, the avoidable mortality rate for GPS was lower than that of Victoria (Public Health Information Development Unit , 2024; Western Victoria Primary Health Network, 2022).

Victorian Public Health and Wellbeing plan priorities

The Victorian Public Health and Wellbeing Plan guides the development of Municipal Public Health and Wellbeing Plans (MPHWP) which local governments are legislated to create every 4 years.

The Victorian Public Health and Wellbeing Plan 2023-2027 has identified 10 key health and wellbeing priority areas for Victoria.

³ Averages calculated for avoidable mortality and premature mortality rates made between the years 2017 and 2020.

- Improving sexual and reproductive health
- Reducing harm from tobacco and e-cigarette use
- Improving wellbeing
- Increasing healthy eating
- Increasing active living
- Reducing harm from alcohol and drug use
- Tackling climate change and its impacts on health
- Preventing all forms of violence
- Reducing injury
- Decreasing antimicrobial resistance across human and animal health⁴

(State of Victoria Department of Health, 2023).

Improving sexual and reproductive health

In 2020, GPS had a higher birthrate for young women aged 15-19 (1.7) compared to Victoria (1.0). This number was also higher than most LGAs in the Barwon South West region ranking third (Western Victoria Primary Health Network, 2022).

Rates of Sexually Transmitted Infections (females/males)	GPS	Victoria
Chlamydia	15.21/10.01	16.30/18.70
Gonorrhoea	1.0/2.4	2.5/8.6
Hepatitis B	0.0/0.0	0.6/0.8
Syphilis	1.0/1.0	0.7/2.7
HIV ⁵	0.0/0.0	0.0/0.3

Table 7. STI rates

(Women's Health Victoria, 2024)

Across all the above listed Sexually Transmitted Infections (STIs), there were significant decreases in the total notifications across Victoria and GPS between 2019 and 2023 which is likely a result of changed sexual behaviours during the COVID-19 pandemic.

Chlamydia is the most frequently reported notifiable infection in Victoria and GPS. For both males and females, the highest number of new cases in 2023 were in the 20-24 age group. Chlamydia has become a major public health problem because of the long-term consequences of infection experienced predominantly by women (Women's Health Victoria, 2024).

By age throughout Victoria, gonorrhoea was most frequently notified in people aged 20-24. Notifications are most commonly reported in men (77.4%) which may be partly attributed to more effective and more frequent screening. Gonorrhoea may increase susceptibility to sexually-acquired HIV infection and increase HIV infectiousness (Women's Health Victoria, 2024).

Hepatitis B is the most common blood-borne virus in Australia. In Victoria by age, notifications of unspecified hepatitis B are highest in people aged 30-34 years. Hepatitis B causes liver inflammation and can increase the risk of developing chronic liver disease or liver cancer later in life (Women's Health Victoria, 2024).

Untreated syphilis can affect the brain, spinal cord and other organs. By age in Victoria, notifications of infectious syphilis were highest in people aged 20-29. Syphilis in women of reproductive age is a

⁴ For the purposes of this profile, decreasing antimicrobial resistance across human and animal health has been excluded due to limitations to actionable responses at an LGA level.

⁵ Rates calculated by 100000 of population.

public health concern due to the risk of maternal to fetal transmission. Congenital syphilis can result in miscarriage, stillbirth, prematurity, low birth weight, and developmental defects in an affected baby. 2023 has recorded the highest number of congenital syphilis cases in a year to date (Women's Health Victoria, 2024).

HIV is primarily acquired through sexual contact, and to a lesser extent via injection drug use. Women tend to be diagnosed later than men, with more established HIV infection. The population rate of HIV notifications has remained stable at less than 5.0 per 100,000 people between 2018-2023 (Women's Health Victoria, 2024).

Overall rates of STIs are lower in GPS compared to Victoria (Women's Health Victoria, 2024).

Sexual and reproductive health outcomes can impact all aspects of women's lives – finances, education, families and overall health. Access to comprehensive and timely services is fundamental for gender equality and women's participation in society. Women and girls carry the burden of responsibility for family planning and access to contraception. Women in rural areas are 1.4 times more likely to experience unintended pregnancy. For those aged 18-32 years 41% reported an unintended first pregnancy. Teenage parenting is not always a result of an unplanned pregnancy. However, teenage girls are less likely to access antenatal care services, more likely to experience complications during pregnancy and childbirth (including early labour), less likely to be financially secure, and more likely to experience emotional distress. Young women are more vulnerable than older women to unsafe or unwanted sex (Women's Health Victoria, 2024; Women's Health Grampians, 2024).

Reducing harm from tobacco and e-cigarette use

Tobacco use is still the leading contributor to burden of disease and premature deaths in Victoria, despite considerable progress in reducing smoking rates. Tobacco use is responsible for 9.3 per cent of disease burden and 13.3 per cent of deaths in Australia. There are concerns this will increase with the uptake of e-cigarette use (Public Health Division Department of Health, 2024).

Tobacco harms our health through use, harms others through second-hand exposure and negatively impacts the environment. 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 (Public Health Division Department of Health, 2024).

Smoking has a significant economic impact, with an estimated total cost of \$136.9 billion dollars in 2015–16. This includes tangible costs, such as life lost and health care costs, and intangible costs, such as premature mortality and lost quality of life due to ill-health (Department of Health, 2024).

Indicator	GPS	Victoria
Proportion of people who vaped daily	4.8	4.5
Proportion of people who smoke tobacco or vape	19.4	18.5
Proportion of mothers who smoked tobacco in the first 20 weeks of pregnancy.	6.7	7.7

Table 8. Tobacco and e-cigarette use indicators

(Victorian Population Health Survey, 2023; Western Victoria Primary Health Network, 2024)

GPS has higher proportions of people who both vape or smoke tobacco daily. Although in 2020, the proportion of mothers who smoked tobacco in the first 20 weeks of pregnancy in GPS was lower than Victoria, this percentage has increased since 2018 whereas for Victoria this proportion has

decreased (Western Victoria Primary Health Network, 2022; Public Health Division Department of Health, 2024).

E-cigarettes are devices that deliver an aerosol by heating a solution which may contain nicotine and is commonly referred to as ‘vaping’ (State of Victoria Department of Health, 2023). Vaping is on the increase in Australia. In 2022–2023, 1 in 5 (19.8%) people aged 14 and over in Australia reported having used e-cigarettes at least once in their lifetime, with 7% currently using e-cigarettes. This was a large increase from 2019, when only 11.3% of people had ever used e-cigarettes, and 2.5% were currently using them. Young people aged 18 to 24 were the most likely to have used e-cigarettes in 2022–2023, with almost 1 in 2 (49%) having used them at least once in their lifetime, and over 1 in 5 (21%) currently using e-cigarettes (Australian Institute of Health and Welfare, 2024).

All people who smoke have an increased risk of developing cancers and heart disease, however women experience additional risks related to pregnancy, oral contraceptive use, and increased risk of cervical cancer. For Victorian women, significantly higher smoking prevalence is associated with mid-life (age 45-54), low education level or low annual household income. Factors associated with smoking prevalence in women include: low socioeconomic status; young motherhood and sole parenting; depression; mental illness; violence and trauma; stress; poor physical health; peer pressure; fear of weight gain; Indigenous status; and living in remote areas. Rural and remote living is associated with unique challenges including physical and social isolation, greater social acceptance and norms regarding smoking, and lower education and socioeconomic levels (Women's Health Grampians, 2024).

There have been large increases in the use of e-cigarettes among females ages 18-24 years 2.8% (2018) to 15.2% (2022). Gender and sexuality-based harassment has been linked to increased e-cigarette use among LGBTQIA+ high school students (Women's Health Grampians, 2024).

Improving 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 our physical health are linked. People experiencing poor mental health may be at increased risk of poor physical health and developing chronic health conditions, such as diabetes and heart disease (Department of Health, 2024).

Wellbeing indicators (%)	GPS	Victoria
Reporting high or very high psychological distress	17.0	19.1
Reporting moderate psychological distress	27.6	25.2
Reporting low psychological distress	52.5	49.7
Felt that most people could be trusted	30.1	36.1
Reporting low life satisfaction	6.4	6.5
Reporting very high life satisfaction	28.6	26.0
Felt valued by society	50.6	47.9
Felt NOT valued by society	12.8	14.6
Felt that others are untrustworthy	19.4	14.22
Think multiculturalism does NOT make an area better	10.9	8.1
Population living in a neighbourhood for > 10 years	53.55	41.50
Talks regularly to family and close friends	91.40	95.20
Talks to friends at least a few times per week	75.09	79.56
Proportion of adults experiencing loneliness	17.8	23.3
Adults who sought professional help for a mental health problem	20.3	20.1
Reported to have a mental health condition	10.16	8.74

People aged 0-14 years reporting to have a mental health condition	3.10	1.98
Population experiencing homelessness	0.08	0.42

Table 9. Wellbeing indicators⁶

(Western Victoria Primary Health Network, 2022; Victorian Population Health Survey, 2023; Victorian Population Health Survey, 2023)

Overall, GPS has some poorer indicators for wellbeing when compared to Victoria. The percentage of Golden Plains Shire adults who felt that most people could be trusted was not only lower than Victoria but also all other LGAs within the Barwon South West Region. Additionally, fewer GPS residents talked regularly to family and close friends. Men living in rural Victorian regions had higher proportions of high or very high psychological distress compared to men in metropolitan regions (Western Victoria Primary Health Network, 2022; Victorian Population Health Survey, 2023).

The impact of gender on mental health manifests in a multitude of ways. Gender stereotyping, inequality, sexual harassment, discrimination, sexualisation, gendered violence, economic disadvantage, women's disproportionate responsibility for unpaid caring and domestic work, and the marginalisation of women's health needs within the health and mental health service system all impact on mental health outcomes for women. Adverse childhood experience, in particular childhood emotional abuse, is also a significant risk factor for developing mental health disorders, and this risk is higher for women than men (Women's Health Grampians, 2024).

Women from diverse groups face particular challenges. The rate of death by suicide for First Nations women is 2.5 times the rate for non-Indigenous women. Young women are also at risk. Almost a third of women aged 15 to 34 years were diagnosed with depression and/or anxiety in 2021, with rates increasing, particularly for women and young people, between 2009 and 2021. Women also experience specific mental health conditions across their lifespan - for example, 55% of women experiencing menopause symptoms reported negative impacts on their mental and emotional wellbeing, while 32% reported negative impacts on their relationship with their partner (Women's Health Grampians, 2024).

Improving healthy eating and active living

Poor diet, overweight and obesity are leading contributors to chronic disease and premature death in Victoria, accounting for 5.4 per cent and 8.4 per cent of preventable burden of disease respectively. Active living supports everyone, at all stages of life, to live healthy, engaged and purposeful lives. Only half of Victorian adults meet the physical activity guidelines for sufficient physical activity (53.0 per cent of women, and 48.7 per cent of men) (Department of Health, 2024).

Regular physical activity is a well-known protective factor for preventing and managing chronic disease including cardiovascular disease, type 2 diabetes and certain cancers. Physical activity also plays an important role in improving quality of life, managing and decreasing pain, and promoting mental wellbeing. Good nutrition is essential for health and wellbeing because it helps achieve and maintain a healthy weight, protects against chronic disease (including cardiovascular disease, type 2 diabetes, dementia, and certain cancers), and supports a healthy immune system (Department of Health, 2024).

People with poorer physical health, including overweight and obesity, may be more likely to experience poorer mental health (Department of Health, 2024).

⁶ Unless specified, all data contained in this table refers to the adult population.

Physical activity is particularly important for children because it supports optimum development, learning and growth. It also establishes the patterns for a lifelong trajectory of active living. Physical activity is declining in children, and recreational screen time is increasing. Recreational screen time of two hours or more per day increased by 14.9 per cent between 2013 and 2021 for children aged 5–12 years old (Department of Health, 2024).

For infants and children, breastfeeding and healthy eating provides the nutrition required for optimal physical and cognitive development, and good oral health. High consumption of sugars is the main cause of tooth decay. Tooth decay can be prevented by reducing free sugar intake to less than 10 per cent of total energy intake, and ideally, reducing this even further minimises the risk of tooth decay throughout life (Department of Health, 2024).

Indicator	Victoria	Australia
Percentage of adults who met physical activity guidelines	24.3	23.9
Percentage of adults who did not meet physical activity guidelines	75.3	76.2
Percentage of adults who undertook zero minutes of physical activity in the last week	12.4	14.8
Daily consumption of fruit — Did not meet recommendation	55.3	55.8
Daily consumption of vegetables — Did not meet recommendation	93.6	93.5
Daily consumption of fruit and vegetables — Did not meet either recommendation	52.9	53.6

Table 10. Physical activity and diet: Victoria and Australia
(Australians Bureau of Statistics, 2022)

Indicator	GPS	Victoria
Have a body mass index $\geq 25\text{kg/m}^2$	63.1	54.4
Are overweight but not obese	32.6	31.4
Are obese	30.4	23.0
Proportion of people who consume sugar-sweetened beverages (SSB) daily or several times per week	37.9	34.4
Proportion of self-reported fair or poor dental health	25.3	22.5
Percentage of people who did not do any moderate to vigorous physical activity in the past week	20.4	16.8

Table 11. Physical activity and diet: GPS and Victoria
(Western Victoria Primary Health Network, 2022; Victorian Population Health Survey, 2023)

Compared to Victoria, GPS has poorer indicators across healthy eating and active living. A significantly higher proportion of people are obese, report fair or poor dental health and are not sufficiently active. In addition, more GPS residents consume SSB daily or several times a week and throughout Victoria men are more likely to consume SSB compared to women. Both women and men living in rural Victorian regions have higher proportions of people with a body mass index $\geq 25\text{kg/m}^2$ compared to metropolitan regions (Victorian Population Health Survey, 2023).

Societal, environmental and individual factors influence food availability and access for women, men and gender-diverse people. Men who conform to traditional masculinities often resist and challenge health promotion advice and are less likely to be involved in meal preparation, while lower incomes, time constraints, and body image distress/diet culture, can influence food choices for women (Women's Health Grampians, 2024).

Some groups face added barriers to living an active life and this includes women and gender diverse people, senior Victorians, people from lower socioeconomic backgrounds, Victorians with disability, Aboriginal Victorians, people with health conditions or physical limitations and multicultural and multifaith communities (State of Victoria Department of Health, 2023).

Women's participation in physical activity is impacted by both gender expectations and biological factors. Women face numerous barriers to being physically active including: caring responsibilities; body image issues; fear of judgement; perceptions of safety; and lack of sporting facilities tailored to women (Women's Health Grampians, 2024).

Alcohol and drug use

Consumption of alcohol and other drugs (AOD) is a significant preventable cause of disease and death in Victoria. It is associated with a wide range of health and wellbeing impacts (Department of Health, 2024). GPS has a higher proportion of people at risk of harm from alcohol- related disease or injury than the Victorian average (Victorian Population Health Survey, 2023).

Indicator	Victoria	Australia
Percentage of persons (18 years and over) who exceeded the 2020 Australian Adult Alcohol Guideline	24.3	26.8
Consumed more than 10 drinks in the last week	16.5	18.5
Consumed 5 or more drinks on any day at least monthly in the last 12 months	17.9	20.5

Table 12. Alcohol consumption

(Australians Bureau of Statistics, 2022)

Indicator	GPS	Victoria
Ambulance attendance		
Alcohol intoxication (with or without other drugs)	152.74	387.76
Alcohol intoxication (alcohol only)	128.62	312.43
Pharmaceutical drugs	104.51	168.23
Illicit drugs (any)	40.19	198.04
Analgesics	32.16	36.61
Benzodiazepines	32.16	62.48
Antipsychotics	28.14	31.93
Opioids	24.12	16.59
Cannabis	20.1	69.15
Antidepressants	20.1	27.78
Hospitalisations		
Alcohol	430.08	573.97
Pharmaceutical drugs	225.09	166.66
Other sedatives	124.6	62.98
Illicit Drugs	116.56	272.11
Other stimulants	48.23	117.07
Analgesics	44.21	34.77
Opioids	28.14	72.14
Antidepressants	24.12	21.33
Benzodiazepines	24.12	25.14
Cannabis	24.12	106.44
Other		
Deaths for alcohol-related events	100.43	141.86
Family violence incidents related to alcohol	80.39	136.93
At increased risk of harm from alcohol	14.7	13.1

Table 13. Alcohol and other drug ambulance attendances and hospitalisations

(AODstats, 2022; AODstats , 2022; Victorian Population Health Survey, 2023)

25 Golden plains residents died due to alcohol in the 2021 financial year. Additionally, there were 20 family violence incidents involving alcohol in 2021, an increase from 12 in 2019. The death rate for alcohol related events for GPS is 100.43 per 100,000 population which is lower than the rest of Victoria (AODstats , 2022; AODstats , 2022; AODstats, 2022). In GPS, the percentage of alcohol related ambulance attendances was 0.19% which is lower than Victoria (0.46%) and alcohol related family violence represented 0.05% compared to 0.13% in Victoria (Western Victoria Primary Health Network, 2022).

Preventing all forms of violence

People who experience violence are affected in all areas of their health and wellbeing, including poorer physical, sexual and reproductive health outcomes, reduced mental wellbeing and sometimes loss of life. Violence takes many forms including physical, emotional, psychological, financial and sexual violence. It also includes coercive control, intimate partner violence, elder abuse or actions that limit someone's freedom and independence (Department of Health, 2024).

Violence is largely a gendered issue, perpetrated overwhelmingly by men against women. Women experience higher rates of violence including sexual violence, stalking and sexual harassment. The stigma surrounding sexual assault makes it harder for victims to disclose their experience. In Victoria about one third of reported sexual offences are related to family violence. About a quarter relate to historical sexual assaults that are more than 10 years old. Less than one quarter of reported sexual offences progress to court, and even fewer result in a conviction (Women's Health Grampians, 2024; Department of Health, 2024). Violence against women is a widespread problem in Australia with women often experiencing multiple incidents of violence across their lifetimes. Women from diverse backgrounds, such as Aboriginal and Torres Strait Islander women or women with disabilities, are more likely to experience higher rates of violence. Women are much more likely to experience violence by someone they know than by a stranger. Compared to men, women are at greater risk of physical and sexual violence by a partner and intimate partner violence is the greatest health risk factor (greater than smoking, alcohol and obesity) for women in their reproductive years. On average one woman a week in Australia is killed by an intimate partner. Violence against women and their children results in major personal, government, and business costs (Women's Health Grampians, 2024; Women's Health Grampians, 2024).

In Victoria, female victim reports of stalking, harassment and threatening behaviour (SHTB) outnumber male victim reports by a ratio of 2 to 1. Among women, the prevalence of stalking victimisation is higher for Aboriginal and Torres Strait Islander women, women with disability or long-term health conditions, and migrant women (Women's Health Grampians, 2024).

Family violence includes violent or threatening behaviour, or any other form of behaviour that coerces or controls a family member, or causes that family member to fear for their own or another person's safety or wellbeing. The population rate (5-year average) for family incidents has continued to rise in Victoria. Family violence is the most pervasive and common form of men's violence against women in Victoria. Family violence directly affects one in five Victorian women over the course of their lifetime. It is the leading contributor to preventable death, disability and illness in Victorian women aged 15 to 44 years. Family violence causes significant physical, emotional, psychological and financial harm to those who experience it. Family violence is the single largest driver of homelessness for women in Victoria, is a common factor in child protection notifications, and results in a police call-out on average once every two minutes across Australia (Women's Health Grampians, 2024).

Family violence carried out against a current or former partner is known as intimate partner violence (IPV). The population rate (5-year average) for intimate partner violence has continued to rise in Victoria (Women's Health Grampians, 2024).

Family violence impacts negatively on children’s physical and mental wellbeing, language development and schooling, and is the leading cause of children’s homelessness in Australia. Children exposed to family violence are twice as likely to witness subsequent family violence incidents and be referred to child protection services. Exposure also increases the risk of: psychiatric disorders, suicidal ideation, future contact with the justice system, and reduced social participation in adulthood (Women's Health Grampians, 2024).

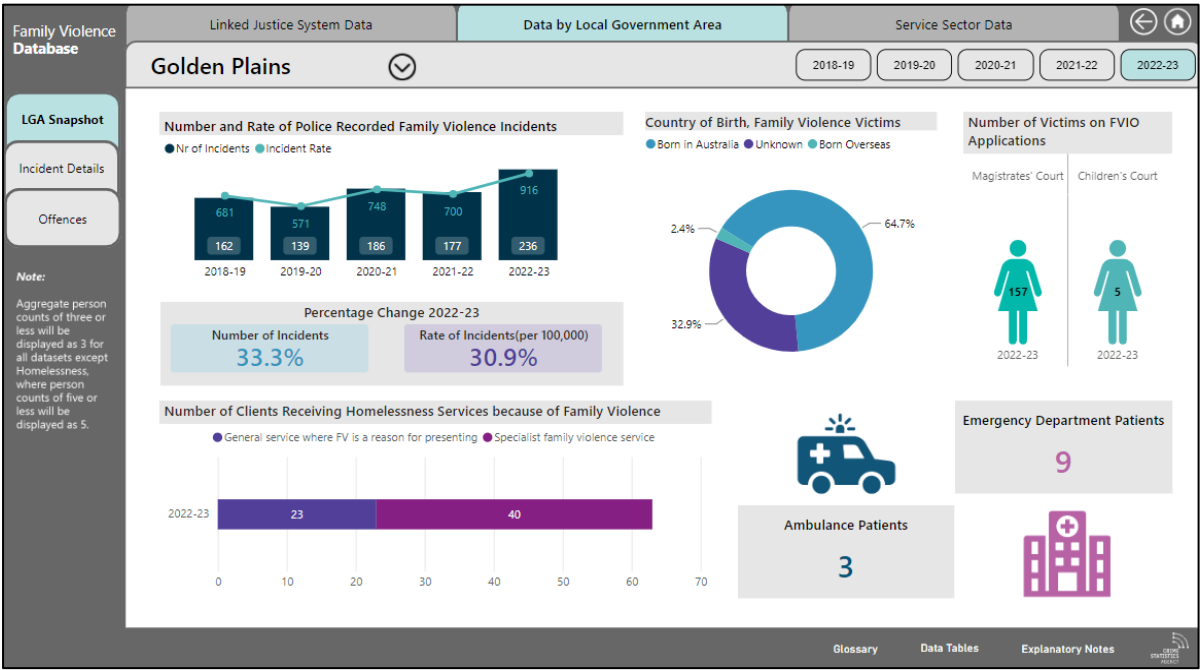


Figure 3. Family Violence LGA snapshot (Crime Statistics Agency, 2024)

Indicator (female/male victims)	GPS	Vic
Sexual offences	6.00/1.60	13.6/2.3
Stalking, harassment and threatening behaviours	3.60/0.60	7.4/3.9
Family violence	51.23/23.21	113.8/39.1
Intimate partner violence	33.22/12.81	74.8/19.0
Family violence with a child present	22.81/10.41	42.8/12.8

Table 14. Rates of violence⁷ (Women's Health Grampians, 2024)

In 2022, GPS recorded 12 staking/harassment/threatening incidents, 186 family violence related incidents and 113 intimate partner violence incidents (Women's Health Grampians, 2024).

Area	Rate of family violence by Financial year				
	2018-19	2019-20	2020-21	2021-22	2022-23
GPS	681.3	571.5	747.6	699.7	916.2
Victoria	1,265.50	1,335.20	1,426.90	1,367.70	1,378.00

⁷ Rates in this table are calculated from 10,000 population.

Table 15. Family violence rates
(Crime Statistics Agency, 2024)

Family violence incidents in GPS were 0.92% compared to Victoria 1.38% (Western Victoria Primary Health Network, 2024). Despite having lower rates of family violence, GPS has shown a significant increase in incidents since 2021 rising by almost one third during this time (Crime Statistics Agency, 2024).

Compared to the Victorian average, more women in GPS were employed, however fewer women worked full time (Australian Bureau of Statistics, 2021).

Indicator	GPS	Vic
Proportion of women working full time	31.5	37.7
Proportion of women working part time	71.5	64.9
Proportion of women not in the labour force	54.2	57.6

Table 16. Women in the workforce

(Australian Bureau of Statistics, 2021)

Reducing injury

Unintentional injuries can be broadly categorised into the areas of transport, sporting and falls injuries and includes but are not limited to:

- Transport accidents
- Sporting injuries
- Cutting/piercing accidents
- Over exertion and/or strenuous movements
- Poisoning
- Falls
- Fires/burns/scalds
- Natural/environmental/animals
- Hit/struck/crush
- Machinery

(Victorian Injury Surveillance Unit, Monash University Accident Research Centre, 2020)

Indicator	GPS	Victoria
Rate of unintentional injury hospitalisations	1777.4	1658.8
% males hospitalised for unintentional injury	58.3	53.7
Proportion of unintentional injury hospitalisations that were falls (%)	36.2	48.5
Rate of transport injury hospitalisations	387.6	213.1
% males hospitalised for transport injuries (%)	71.6	66.7
Rate of sport related hospitalisations	280.4	145.5
% Males hospitalised for sporting injuries	65.1	69.6
Rate of hospitalisations due to falls	672.2	855.6

Table 17. Unintentional injury

(Victorian Injury Surveillance Unit, Monash University Accident Research Centre, 2020)

In GPS, the age group with the highest proportion of unintentional injury hospitalisations in 2020 were 25-64 years (42.0%). Across all ages, unintentional injury hospitalisations were higher in males (58.3%) and the most common injury resulting in hospitalisation was falls (36.2%). The most common injury sustained was a bone fracture (35.6%) and the area of the body most injured was the upper extremities (37.3%). 71.5% of hospitalisations required a hospital stay of less than 2 days, and of

those specified locations of injury occurrence, 25.4% occurred in the home. Compared to Victoria, GPS had higher rates of unintentional injury hospitalisations, with much higher rates of sporting injuries (Victorian Injury Surveillance Unit, Monash University Accident Research Centre, 2020).

Tackling climate change and its impacts on health

Climate change affects health in many ways – both directly and indirectly. Direct impacts include morbidity and mortality associated with extreme events such as heatwaves, floods, drought and bushfires. Indirect impacts are associated with ecological and land-use change (including changes in the spread of infectious diseases), along with worsening air, food and water quality (Department of Health, 2024).

There are opportunities to improve the health and wellbeing of Victorians at scale. Strategies to reduce emissions, mitigate the future impact of climate change and support adaptation are important in preventing the harms that climate change can have on people's health (Department of Health, 2024). Understanding the impact of climate change on the health of individuals and communities is vital to creating effective policy, planning and interventions to minimise risk. Victoria is already experiencing the impacts of climate change as evidenced by an average annual temperature increase of 1.2 degrees since 1910, cool seasonal rainfall decline and an increase in the number of days of dangerous weather conditions for bushfires (Commonwealth Science Industrial Research Organisation (CSIRO), 2024).

As Australia's climate continues to warm, heatwaves are expected to become more frequent, more intense, and longer lasting. In fact, every decade since 1950 has been warmer than the previous one. Across GPS, the heat health risk ranges between medium low and medium high (Australian Climate Service, 2024). The number of very hot days per year will increase by between 2.7-17 days, longer fire seasons are expected with an increase in very high fire danger days. Additionally, extreme rain events are projected to become more intense (Australian Climate Service, 2024; Commonwealth Science Industrial Research Organisation (CSIRO), 2024).

The impacts of climate change on health spans areas such as air pollution, allergens and pollens, diseases carried by vectors, foods and waterborne diseases, food security, mental health and stress related disorders, floods and severe weather events, temperature extremes and fires (Climate and Health Alliance, 2021).

There are a number of rivers, creeks and waterways in GPS at risk of flooding. Since 2021, GPS has experienced disasters related to bushfires, storms and floods. There are a number of settlements on the Victorian Bushfire Risk Register and a number of rivers, creeks and waterways within the shire which pose a flood risk (Australian Government Department of Home Affairs, 2024; Victorian State Emergency Service, 2024).

While climate change is a threat for everyone, it does not affect everyone equally. The social, cultural, economic, health and human rights impacts perpetuate and magnify structural inequalities affecting women and girls disproportionately, especially the most marginalised groups. Gender is also a key factor in a person's attitude towards climate change, their ability to play a part in climate change-related decision-making and their experience of the impacts of climate change (Women's Health Grampians, 2024).

Extreme weather events and disasters are associated with an increase and intensification of violence against women, which is more likely to be excused or justified because of the stress and trauma experienced by perpetrators. People with disabilities are also at higher risk of death, injury and loss of property as a result of natural disaster. Death from heatwaves is higher in women, and male

suicide rates have been found to increase faster with increasing heat (Women's Health Grampians, 2024).

The impacts of climate change are felt earlier and will be most pronounced for children and young people, pregnant women, people over 65 and those living alone, people experiencing homelessness or insecure housing, people with a disability, Aboriginal and Torres Strait Islanders, CALD communities, LGBTQIA+ communities, those living with chronic disease and people who work outside (Women's Health Grampians, 2024).

Key issues for Golden Plains Shire

Services and infrastructure

Council acknowledges that the GPS region has limited access to healthcare and support services including access through transportation infrastructure. Unlike many shires, GPS relies on the large regional health services situated outside of the shire in Ballarat and Geelong for a majority of health needs.

Service/Infrastructure	Number
Secondary schools	1
Primary schools	15
Hospitals	0
Medical clinics	4
Ambulance stations	1
Pharmacies	6
Community centres	4
Dentists	2
Residential aged care places (per 1,000 population over 70 years)	49.4 (Vic 76.8)

Table 18. Infrastructure and services in GPS
(Western Victoria Primary Health Network, 2022)

Health Workforce

Health workforce	GPS	Victoria
General medical practitioners	0.06	0.12
Occupational Therapists	0.01	0.05
Optometrists	0.01	0.02
Paramedics	0.06	0.09
Pharmacists	0.04	0.06
Physiotherapists	0.02	0.07
Dentists	0.02	0.06
Total registered nurses (including midwives)	284.5	1,252.0

Table 19. Health workforce
(Western Victoria Primary Health Network, 2024; Public Health Information Development Unit , 2024)

Transport and Access

Transport disadvantage, occurs when transport options make access to services and community networks difficult, leading to social and economic exclusion. It is most common in outer metropolitan, regional, and rural areas with limited public transport, and for people with low mobility due to age, disability, health, or economic situation. The limited transport options in Golden Plains is highlighted as an issue in various Council documents, as it serves as a key barrier to socialisation and accessing services (Golden Plains Shire, 2022).

Indicator	GPS	Victoria
% who did NOT see a GP in the last 12 months when needed	23.6	19.5
% who had a planned surgery cancelled by a hospital or doctor in the last 12 months	5.7	3.6
% who do NOT have private health insurance	50.3	45.2
% Who avoided or delayed visiting a dentist in the last 12 months	35.2	32.3

(Victorian Population Health Survey, 2023)

Of those GPS residents who couldn't access a GP when needed in the past 12 months, 5.4% said that it was due to transport issues compared to 2.7% for Victoria (Victorian Population Health Survey, 2023).

Key findings and recommendations

Financial insecurity has been identified as a widespread and continuing threat across Australia. The intersections between financial wellbeing and mental health cannot be overlooked with over half of Australians reporting that the rising cost of living is having a big impact on their mental health. Coupled with some poorer mental wellbeing indicators for GPS in comparison to Victoria, it is vital that health and wellbeing work moving forward has a strong focus on both financial and mental wellbeing (Western Victoria Primary Health Network, 2022; Mental Health Australia, 2023).

Actions across a range of health and wellbeing priorities in a variety of settings can contribute to improvements in wellbeing. Taking action to improve healthy eating and active living, reduce violence, tackle climate change and its impacts on health, and reduce tobacco-related harm, are all shown to improve health and wellbeing and reduce the risk of developing mental illness. Being physically active, eating a healthy diet, quitting smoking and engaging with the natural environment also play an important role in improving health outcomes for people diagnosed with a mental illness (Department of Health, 2024).

Understanding the impact of climate change on the health of individuals and communities is essential to creating effective policy, planning and interventions to minimise risk. Victoria is already experiencing the impacts of climate change and there are opportunities to improve the health and wellbeing of the community through emission reduction, impact mitigation and adaption (Commonwealth Science Industrial Research Organisation (CSIRO), 2024; Department of Health, 2024). The *Climate Change Act 2017* requires councils to have regard to climate change when preparing their municipal public health and wellbeing plan (Victorian Department of Health , 2022).

With higher daily vaping and tobacco use in GPS compared to Victoria as well as the emergence of e-cigarettes, particularly among young people, it is important the GPS prioritise education and prevention/promotion work in this space. As a requirement to receiving Community Health-Health Promotion (CHHP) funding, GPS is required to allocate resources and funding to initiatives that help to reduce tobacco and e-cigarette use.

GPS has shown a significant increase in family violence incidents since 2021 rising by almost one third during this time (Crime Statistics Agency, 2024). This alarming increase alone highlights the need to focus health and wellbeing work in this area. It is also made explicit in the *Public Health and Wellbeing Act 2008* that when developing the Municipal Public Health and Wellbeing plans, measures to prevent family violence and respond to the needs of family violence are specified. Additionally, the *Gender Equality Act 2020* requires council to publicly report on their progress in relation to gender equality, and promote gender equality in policies, programs and services that impact the public (Victorian Department of Health , 2022).

Based on this examination of the available population health data, the recommended health and wellbeing priorities for the Golden Plains Shire Municipal Public Health and Wellbeing Plan 2025-2029 include:

- Improving wellbeing
- Increasing healthy eating
- Increasing active living
- Improving family violence and enhancing gender equity
- Tackling climate change and its impact on health
- Reducing harm from tobacco and e-cigarette use

Conclusion

This community profile provides an analysis of key population social and health data to inform the development of the Municipal Public Health and Wellbeing Plan 2025-2029. Guided by the Victorian Public Health and Wellbeing Plan, this community profile recommends six health priorities to be included in the new plan.

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