



Campaspe Community Profile

2026

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

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



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



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



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June 2026

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Data snapshot

The Campaspe local government area is located in north central Victoria on the New South Wales border and covers approximately 4,500 square kilometres.

The 2021 ABS Census indicates there are 38,735 people in Campaspe with a median age of 47 years. Campaspe, like much of regional Victoria, has an aging population with the percentage of the community aged 70 years or older higher than Victoria. In Campaspe, 3% of the population indicated they were Aboriginal and/or Torres Strait Islander.

Most of the population were born in Australia (84.8%); however, 816 (5.4%) households use a language other than English at home with Italian, Filipino and Tagalog the top three. Notably, there are significantly fewer people in Campaspe who thought multiculturalism makes life better when compared to Victoria.

Campaspe has low homelessness; however, 17.5% of households are under financial stress from mortgage or rent.

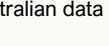
Some health risk factors are high in Campaspe when compared with Victoria, including a higher proportion of obesity (30.3% vs 22.7%) and a higher proportion of people consuming alcohol at levels that put them at increased risk of alcohol-related harm (21.3% vs 12.9%). Other risk factors that are high in Campaspe are the consumption of sugar sweetened beverages and poor fruit consumption. Damage from sun exposure is also high but it is encouraging that there are high rates of skin checks by a doctor in the region. Loneliness is high in Campaspe, which can impact on social connection and wellbeing.

Rates of asthma and cancer are higher in Campaspe than Victoria and some causes of avoidable death such as transport accidents, heart disease, respiratory disease and cancer are also high. However, Campaspe has seen a greater reduction in the rates of premature and avoidable deaths than the rest of Victoria in recent years.

97.7% of Campaspe is bushfire prone and it has the second highest flood risk in the Loddon Mallee.

This snapshot highlights the indicators where the Campaspe local government area (LGA) is statistically different to expected levels* or in the absence of statistical analysis, ranks in the top ten of Victoria's 79 LGAs.

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

Social determinants of health	
Homelessness	
Unemployment	
Health risk factors	
Tolerance of diversity	
Alcohol and other drugs	
Obesity	
Sugar-sweetened beverage	
Fruit consumption	
Sunburn	
Skin cancer checks	
Loneliness	
Health conditions	
Asthma	
Cancer	
Lung conditions	
Arthritis	
Dementia	
Kidney disease	
Mental health	
Avoidable deaths	
Transport accidents	
Ischaemic heart disease	
Cancer	
Respiratory system disease	
Obstructive pulmonary disease	
Colorectal cancer	
Premature mortality	
	

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

Local government area summary:

Campaspe

The LGA of Campaspe borders the Murray River to the north, forming part of the Victoria-New South Wales border. Key towns in the shire include Echuca (the largest town and administrative centre), Kyabram, Rochester, Tongala, and Rushworth. Campaspe is home to 38,735 people (2021), with Echuca (population of 13,764) being a major tourism hub due to its historic paddle steamers and proximity to the river.

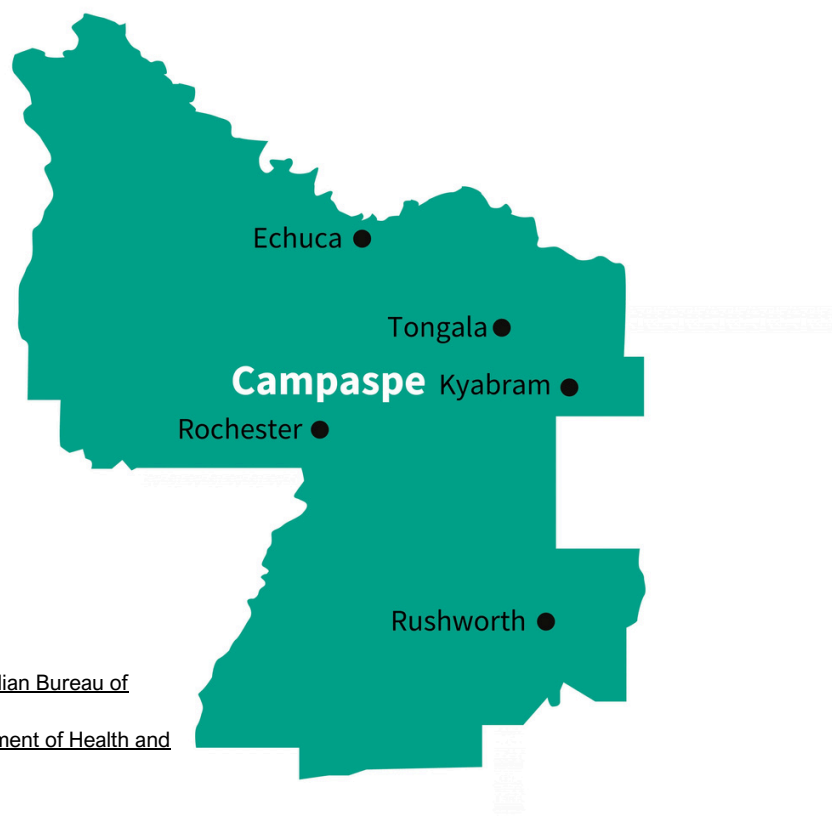
Campaspe Shire's economy is primarily driven by agriculture; with dairy farming, fruit and vegetable production, and livestock farming being key activities. The region benefits from irrigation supplied by the Goulburn and Murray rivers, which support both cropping and dairy sectors. Manufacturing also plays an important role, with food processing industries such as dairy product manufacturing and meat processing facilities. Additionally, tourism is a major economic driver, particularly in Echuca, where the historic port and paddle steamers draw visitors. The region's

wineries and natural attractions along the Murray River also contribute to the tourism sector.

The top three industries of employment in Campaspe are dairy cattle farming (5.3%), hospitals (5.2%) and aged care services (3.1%). The top occupations in Campaspe are managers (16.7%), technicians and trade workers (14.9%) and labourers (14.3%).^[1]

The region comprises of three categories within the Modified Monash Model (3, 4 and 5) which reflects a large rural town (Echuca), medium and small rural towns.^[2]

The region has a rich Indigenous heritage, with the Yorta Yorta, Taungurung and Dja Dja Wurrung peoples being the traditional owners, maintaining a strong connection to the land and waterways.^[3]



[1] 2021 Campaspe, Census All persons QuickStats | Australian Bureau of Statistics (abs.gov.au)

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

[3] Aboriginal heritage Campaspe Shire Council

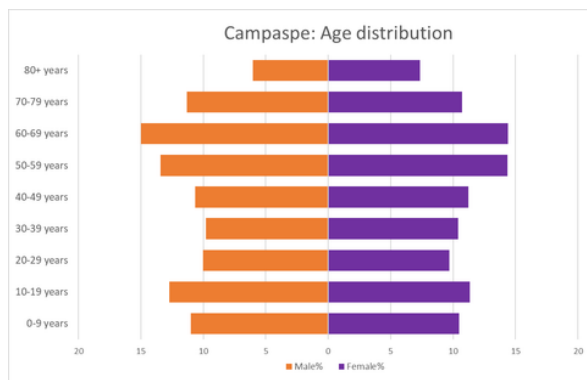
1. Population

Campaspe's population profile, based on the 2021 Australian Bureau of Statistics Census data revealed an older demographic. The median age of 47 years is moderately higher than the state median of 38 years. The percentage of people aged 70 years and above is also higher in Campaspe (17.7%) compared to Victoria (11.9%). The male-female ratio is slightly skewed towards females.



38,735 people reside in Campaspe in 2021

47yrs is the median age in Campaspe (Victoria 38yrs) in 2021



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



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

	Campaspe (n)		Campaspe (%)		Victoria (%)	
Age groups	Male	Female	Male	Female	Male	Female
0-9 years	2,120	2,061	11.1	10.5	12.5	11.5
10-19 years	2,431	2,225	12.7	11.3	12.1	11.1
20-29 years	1,918	1,907	10.0	9.7	14.1	13.2
30-39 years	1,867	2,040	9.8	10.4	15.1	15.3
40-49 years	2,033	2,201	10.6	11.2	13.0	13.0
50-59 years	2,563	2,816	13.4	14.4	12.0	12.4
60-69 years	2,864	2,827	15.0	14.4	10.2	10.8
70-79 years	2,160	2,104	11.3	10.7	7.2	7.8
80+ years	1,150	1,440	6.0	7.3	3.7	5.0
Total	19,105	19,627	100	100	100	100

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

2. Priority groups

2.1 Indigenous peoples

Campaspe has a significant Indigenous population which makes up 3% of the total population. This is considerably higher than the state proportion of 1%.

The median age of Campaspe's Indigenous population is slightly younger at 23 years of age, compared to the state median of 24 years. The median age is also significantly younger than the median age of the total Campaspe population.

Indigenous status	Campaspe (n)	Campaspe (%)	Victoria (n)	Victoria (%)
Aboriginal and/or Torres Strait Islander	1,169	3.0	65,646	1
Non-Indigenous	35,095	90.6	6,148,188	94.5
Indigenous status not stated	2,469	6.4	289,665	4.5
Median age of Indigenous Population (years)	23		24	

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

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



2.2 Multicultural communities

A substantial majority of Campaspe's residents, accounting for 90% of the total population, are Australian citizens with 84.8% being born in Australia. It is noteworthy that 3.8% of the population in Campaspe consists of people who are not Australian citizens. Language use patterns reveal that a vast majority (89.2%) of Campaspe's residents speak English only. However, a small percentage (0.6%) speak other languages and do not speak English well or not at all. Overall, Campaspe's population profile reflects a blend of cultural and linguistic diversity, contributing to the multicultural fabric of the region.



Italian is the top non-English language spoken at home in Campaspe

Country of birth, top responses	Campaspe (n)	Campaspe (%)	Victoria (%)
Australia	32,855	84.8	65.0
England	648	1.7	2.7
New Zealand	397	1.0	1.5
Philippines	328	0.8	1.1
Italy	143	0.4	1.0
India	134	0.3	4.1

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



Language used at home other than English, top responses	Campaspe (n)	Campaspe (%)	Victoria (%)
Italian	198	0.5	1.4
Filipino	142	0.4	0.4
Tagalog	109	0.3	0.4
Mandarin	86	0.2	3.4
Sinhalese	63	0.2	0.8
English only used at home	34,548	89.2	67.2
Households where a non-English language is used	816	5.4	30.2
Uses other languages and speaks English not well/not at all	211	0.5	4.4

Source: Australian Bureau of Statistics, 2021

Of those who do not speak English well or not at all, the top native languages are (number):

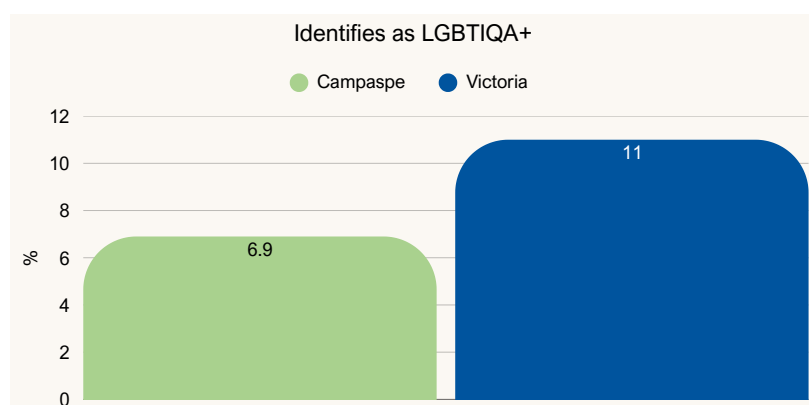
- Mandarin (41)
- Italian (26)
- Thai (23)
- Vietnamese (12)

2.3 LGBTIQ+ population

LGBTIQ+ people (lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse people) encounter disproportionately higher rates of exclusion, discrimination and harassment across various social environments, including in the workplace. LGBTIQ+ Victorians face increased levels of violence, harassment and discrimination, with:

- 58% of LGBTIQ+ Victorians having faced unfair treatment based on sexual orientation
- 78% of trans and gender diverse Victorians have faced unfair treatment based on their gender identity
- 33% of LGBTIQ+ Victorians from multicultural backgrounds have faced unfair treatment based on their ethnicity, cultural identity or heritage.

The proportion of Victorians identifying as LGBTIQ+ has increased from 5.7% (2017) to 11% (2023) which suggests that people are more comfortable with identifying as LGBTIQ+ however it likely remains underreported.^[1] In Campaspe, 6.9% of people identified as LGBTIQ+, lower compared with Victoria (11%).



Source: Victorian Population Health Survey 2023, Unpublished data

Note: Data should be interpreted with caution as:

- some LGAs have a high relative standard error based on model estimation and survey sampling sizes.
- estimates are crude estimates and not age-standardised
- LGA estimates should not be used to compare against each other or for the same LGA over time because the sample size is not large enough to detect significant differences with adequate power
- LGA estimates can be used to compare with the Victorian estimate

1. Victorian Population Health Survey 2023, Unpublished data

2.4 People with disability

Data on disability show that the proportion of people with a profound or severe disability in Campaspe, whether they live in long-term accommodation or in households are higher than the Victorian proportions. These data indicate most people with a profound or severe disability aged 0-64 years are living and being cared for in households rather than long-term accommodation (4.6%), higher than the Victorian proportion (3.2%).

Disability indicators	Campaspe (n)	Campaspe	Victoria
People with a profound or severe disability, includes people in long-term accommodation (all ages), 2021	2834	7.8%	6.1%
People with a profound or severe disability and living in households (all ages), 2021	2509	6.9%	5.4%
People with a profound or severe disability, includes people in long-term accommodation (0 to 64 years), 2021	1285	4.7%	3.3%
People with a profound or severe disability and living in households (0 to 64 years), 2021	1270	4.6%	3.2%
Estimated number of total persons, living in households, with moderate or mild core activity limitation (modelled estimates, 2018)	4742	10.4 ASR [^]	na

Source: [PHIDU Torrens University Australia](#)

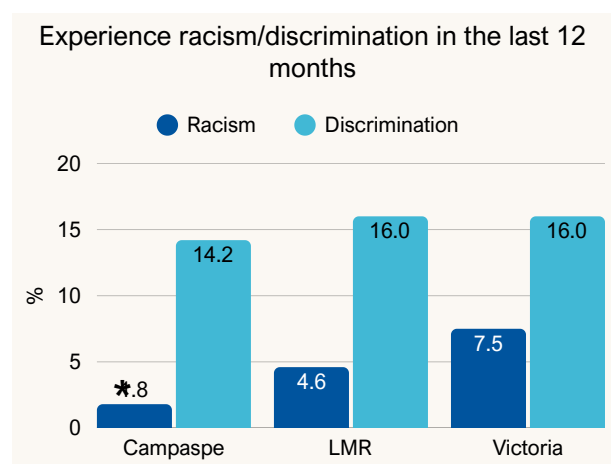
[^]Average annual ASR/100 population. Age-standardised rate (ASR) is used to remove the effect of the differing age distributions that we can make conclusions about the relative decreases or increases in mortality over time.

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

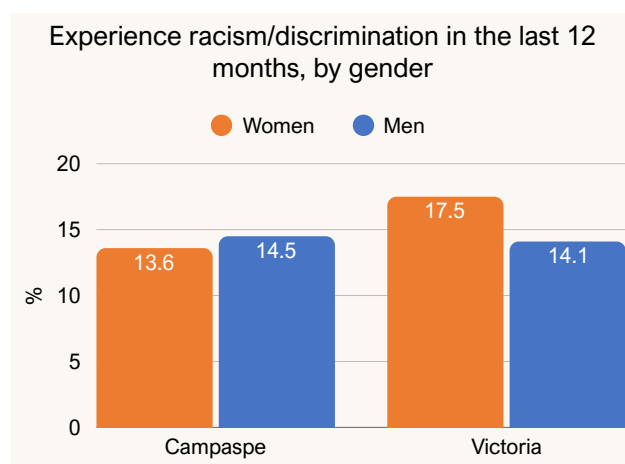
2.5 Racism and discrimination

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

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



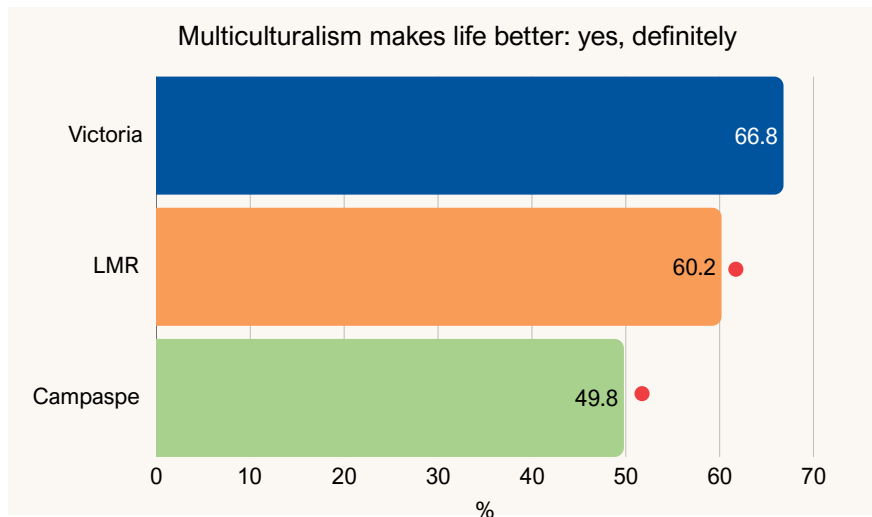
Source: [Victorian Population Health Survey 2023](#), age adjusted
*high relative standard error so interpret with caution



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

Campaspe has a lower proportion of racism and discrimination experienced in the last 12 months, compared to Victoria. A higher proportion of men (14.5%) report discrimination in the last 12 months, compared to women (13.6%).

To measure tolerance of diversity, adults were asked if multiculturalism makes life better. In Campaspe there were statistically significantly fewer people who felt that multiculturalism definitely makes life better, compared with Victoria.



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

● Statistically significantly lower compared to Victoria

3. Determinants of health

3.1 Areas of disadvantage

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

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

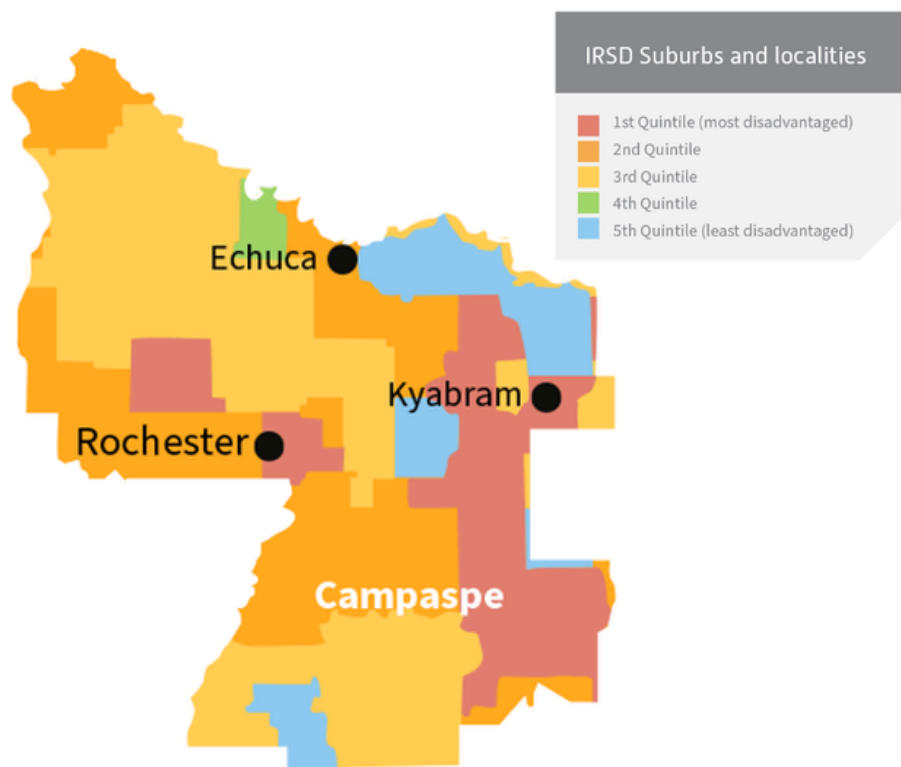
A high score indicates a relative lack of disadvantage. For example, an area may have a high score if there are few households with low incomes, few people without qualifications and few people in low skilled occupations.

Within the Campaspe LGA there are five Australian quintile areas of disadvantage (see map below). The areas of the most disadvantage include areas around Rochester, Kyabram and Rushworth areas. The average IRSD score for Campaspe is 965 (2021), which ranks Campaspe LGA 19th in Victoria of most disadvantaged.

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

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

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



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

3.2 Educational attainment

Type of educational institution attending

Campaspe has a comparable percentage of the population attending preschool, primary and secondary education to Victoria. However, Campaspe has a considerably lower percentage of people attending university or other higher education compared to Victoria, with Campaspe at 5.5% and Victoria at 16.6%.



In Campaspe, 11.8% completed a Bachelor degree and above (Vic. 29.2%)

People attending an educational institution	Campaspe (n)	Campaspe (%)	Victoria (%)
Preschool total	690	6.5	7.1
Primary total	3,007	28.4	26.5
Secondary total	2,420	22.8	21
Tertiary: Vocational education (including TAFE and private training providers)	840	7.9	7.9
Tertiary - University or other higher education	578	5.5	16.6
Tertiary total	1,420	13.4	24.5

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

Level of highest educational attainment

Data on the highest educational attainment in Campaspe for people aged 15 years and over reveals a diverse educational landscape. Campaspe shows lower percentages of individuals with higher educational qualifications (Bachelor degree and above) and advanced diplomas or diploma level, while having higher percentages in certificate IV and III qualifications and Year 11 or below, indicating a diverse educational profile. This could potentially reflect accessibility to different forms of higher education compared to metropolitan areas. The percentage of individuals in Campaspe with a Bachelor's degree or higher is notably lower than the statewide percentage, accounting for 11.8% in Campaspe compared to 29.2% in Victoria. Meanwhile, Campaspe has 17% of individuals with certificate III qualifications compared to the 10.9% statewide proportion. The combined percentage of individuals with Year 11 or below education in Campaspe and Victoria is 35% and 21% respectively.

Level of highest educational attainment	Campaspe (n)	Campaspe (%)	Victoria (%)
Bachelor degree level and above	3,791	11.8	29.2
Advanced diploma and diploma level	2,540	7.9	9.8
Certificate level IV	1,335	4.2	3.4
Certificate level III	5,464	17	10.9
Year 12	3,539	11	14.9
Year 11	2,847	8.9	5.7
Year 10	4,079	12.7	7.3
Certificate level II	35	0.1	0.1
Certificate level I	7	0	0
Year 9 or below	4,261	13.3	7.9
Inadequately described	568	1.8	2.1
No educational attainment	106	0.3	1.1
Not stated	3,550	11.1	7.6

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

3.3 Household income

Data on household income for the Campaspe region, compared to the state of Victoria, gives insights into the income distribution within the community. The median weekly incomes for people aged over 15 years, families and households are all below the state medians. The percentage of occupied private dwellings in Campaspe with a weekly income of less than \$650 is 23.2% and above \$3,000 is 12.5% compared to state proportions of 16.4% and 24.2% respectively. This indicates Campaspe has a greater number of households with low income when compared to Victoria.

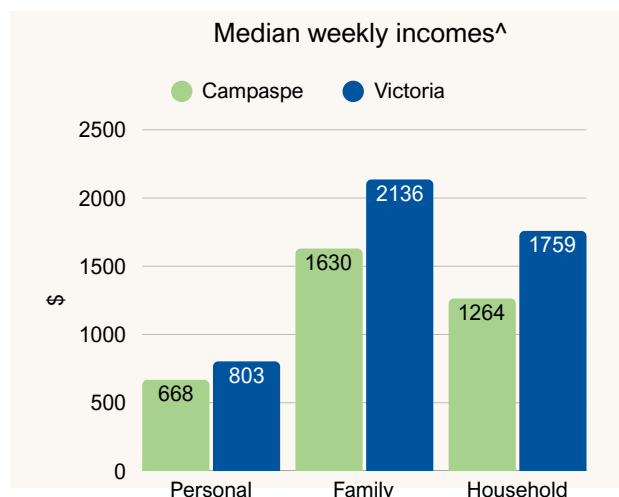
From 2006 to 2021, the median weekly household income for Campaspe is continuously lower than the Victorian median and the pay gap appears to be widening.

In Campaspe, there are 52.7% low-income households (households in bottom 40% of income distribution), higher compared to Victoria (39.5%).^[1]

Occupied private dwellings (excl. visitor only and other non-classified households)	Campaspe (%)	Victoria (%)
Less than \$650 total household weekly income	23.2	16.4
More than \$3,000 total household weekly income	12.5	24.2

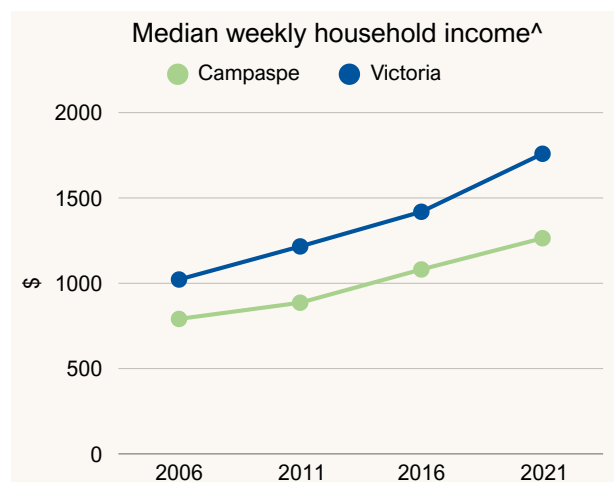
Source: Australian Bureau of Statistics, 2021

Percentages exclude dwellings with 'Partial income stated' and 'All incomes not stated.'



Source: Australian Bureau of Statistics, 2021

^ Incomes are collected in ranges and exclude people, families and households where at least one member aged 15 years and over did not state their income.



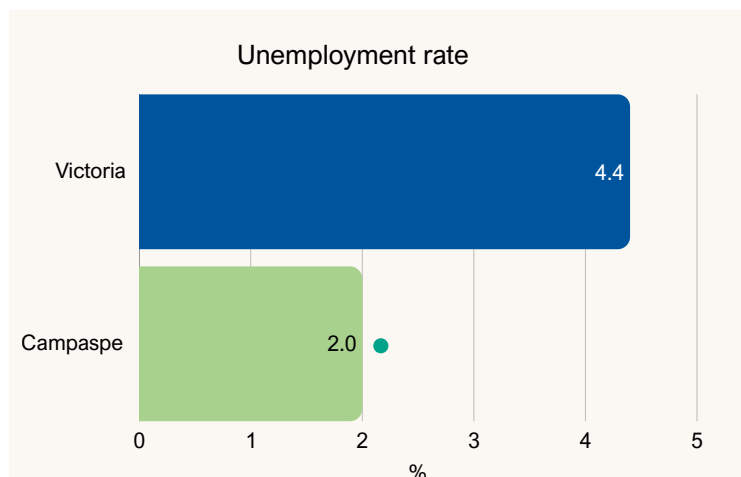
Source: Australian Bureau of Statistics, 2021

^ Incomes are collected in ranges and exclude people, families and households where at least one member aged 15 years and over did not state their income.

[1] Source: Social Health Atlas, 2021

3.4 Unemployment

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



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

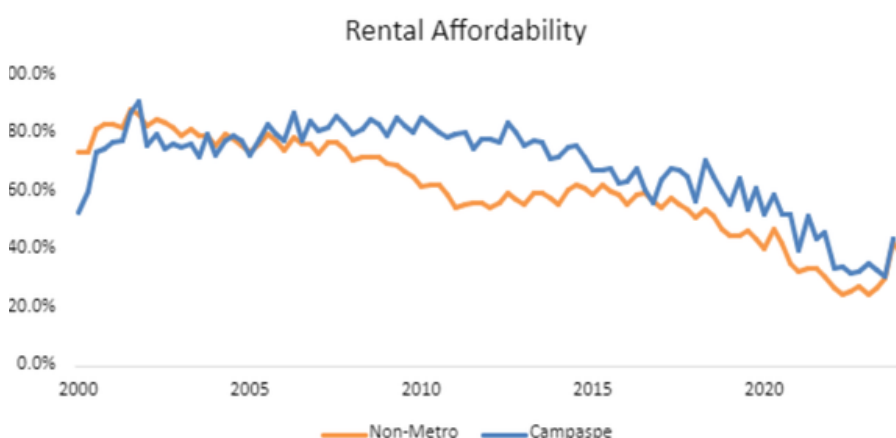
Campaspe's unemployment rate is 2%, ranked 8th lowest LGA in Victoria (4.4%).

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

● Ranked in ten lowest LGAs in Victoria

3.5 Rental affordability

Median rent prices are continuing to increase and becoming less affordable. The graph below represents affordability of rental homes for lower income households. Campaspe has experienced reasonable rental affordability until 2018 (70.7%) when it started to decline to 33.3% in 2023. Rental affordability is only slightly higher than Victoria non-metro areas (26.9%). In Campaspe, the proportion of low income households under financial stress from mortgage or rent is lower (17.5%), compared to Victoria (27.8%).^[1]



Source: [Rental Report - Quarterly: Affordable Lettings by LGA - Dataset - Victorian Government Data Directory](#).

The affordability benchmark used is that no more than 30% of gross income is spent on rent

Lower income households are defined as those receiving Centrelink incomes

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

3.6 Homelessness

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

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

The age-standardised rate of homelessness in Campaspe is 32/10,000 population (n=113) while the rate in Victoria is 46.9/10,000 population.^[1] This indicates the rate of homelessness is lower in Campaspe compared to the broader state of Victoria. While the overall rate is different between Campaspe and Victoria, the specific challenges and characteristics of homelessness may vary between regions.



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

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

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

3.7 Family composition

Couple families without children constitute the largest proportion in Campaspe, accounting for 46.8% of all families, which is higher than the state proportion of 37.6%. Couple families with children make up 36.1% of all families in Campaspe, which is lower than the state proportion of 45.5%. This indicates a smaller proportion of families in Campaspe have children compared to the broader state.

One-parent families represent 16% of all families in Campaspe, which is slightly higher than Victoria (15.2%).

Other families, which may include non-traditional family structures, account for a small percentage (1.3%) in Campaspe, lower than Victoria (1.7%).

All families	Campaspe (n)	Campaspe (%)	Victoria (%)
Couple family without children	4,892	46.8	37.6
Couple family with children	3,775	36.1	45.5
One parent family	1,669	16.0	15.2
Other family	131	1.3	1.7

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

Single (or lone parents)

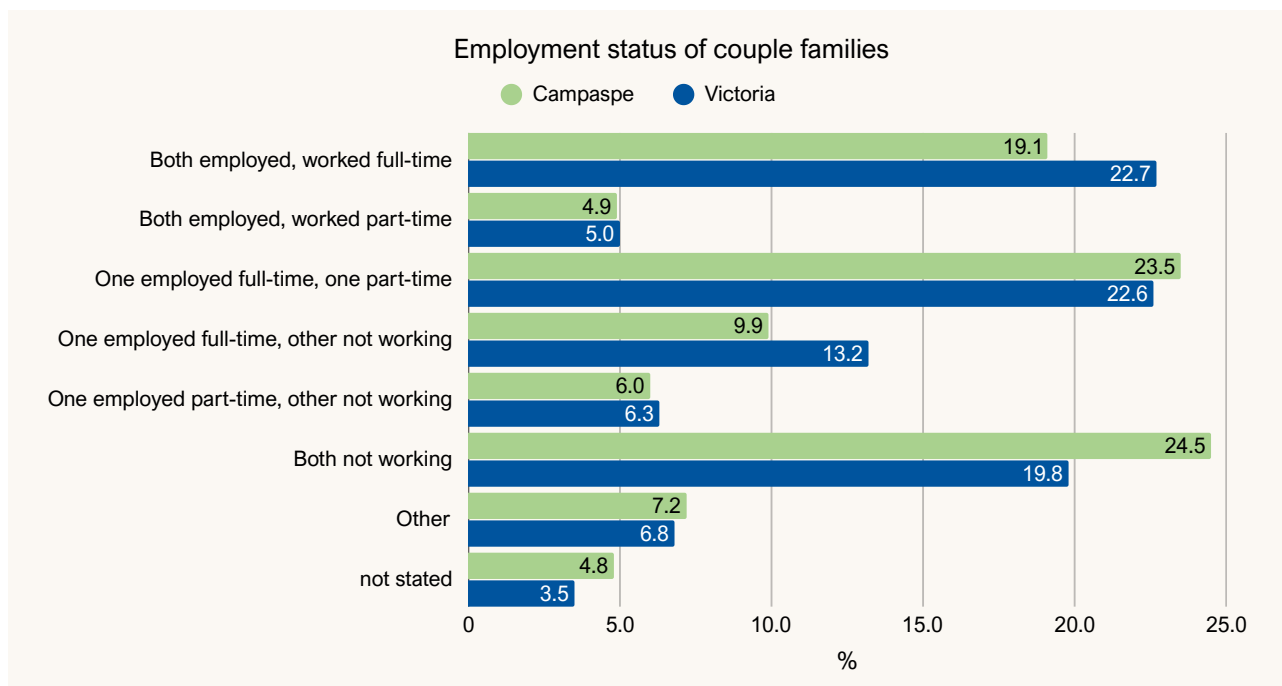
The data indicate the majority of single (or lone) parents in Campaspe are female, constituting a substantial 78.7% of the total single parent population. This percentage is slightly lower than the female proportion in Victoria, which is 80.9%.

Proportion of the total single (or lone) parents	Campaspe (%)	Victoria (%)
Male	21.2	19.1
Female	78.7	80.9

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

Employment status of couple families

In Campaspe, the most common employment status for couple families are both not working (24.5%) and one adult employed full-time, one part-time (23.5%). The proportion of both adults not working is higher in Campaspe than Victoria (19.8%). This could indicate an older population (e.g. retired) or lack of employment opportunities but may also be due to caregiving responsibilities, study or other reasons.



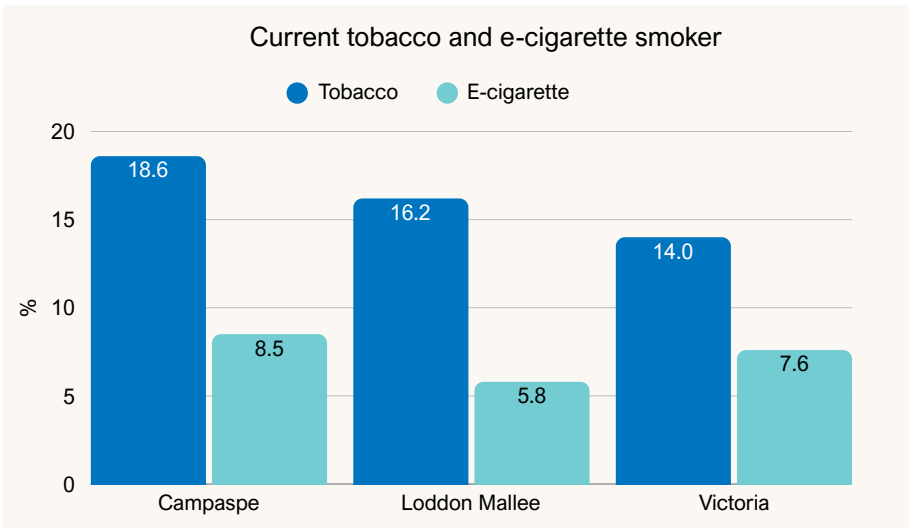
Source: [Australian Bureau of Statistics](#), 2021

4. Health risk factors

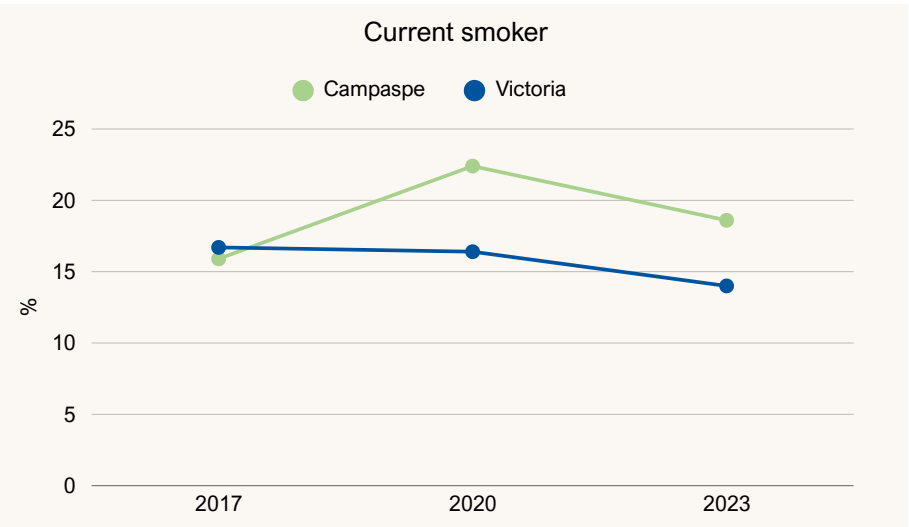
4.1 Smoking and vaping

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

The adult smoking (tobacco) rates in Campaspe are higher, with 18.6% of adults currently smoking compared to Victoria (14.0%). The proportion of people currently smoking in Campaspe has declined from 2020 to 2023, consistent with the decline observed across Victoria.



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



Source: [Victorian Population Health Survey, 2023](#), age-adjusted.
[Victorian Population Health Survey, 2020](#), age-adjusted
[Victorian Population Health Survey, 2017](#), age-adjusted

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

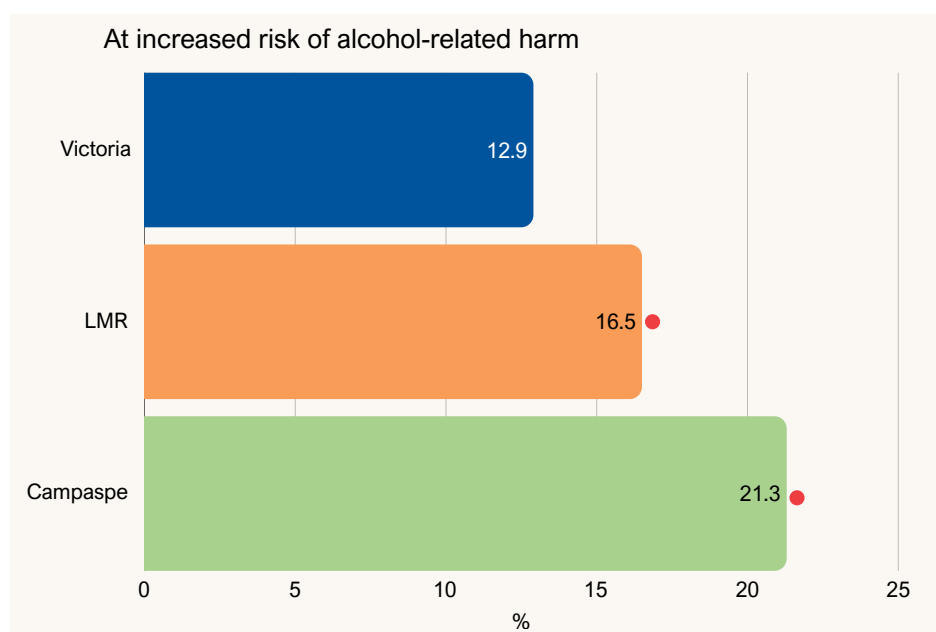
4.2 Alcohol and other drugs

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

In Campaspe, the risk of alcohol-related harm is statistically higher at 21.3%, compared to Victoria (12.9%).

Indicators per 100,000 population	Campaspe	Victoria
Deaths for alcohol-related events, 2021	197.1	141.9
Deaths for illicit drug (any)-related events in, 2021	N/A	0.6
Ambulance attendances for Alcohol Intoxication (w/wo Other Substance), 2022/23	448.87	393.5
Ambulance attendances for Alcohol Only (Intoxication), 2023	384	319.7
Ambulance attendances for Illicit Drugs (Any), FY-2022/23	155.7	204.6
Hospital admissions for Alcohol, 2021	627.8	577.9
Hospital admissions for Illicit Drugs (Any), 2022/23	272.4	242.9

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

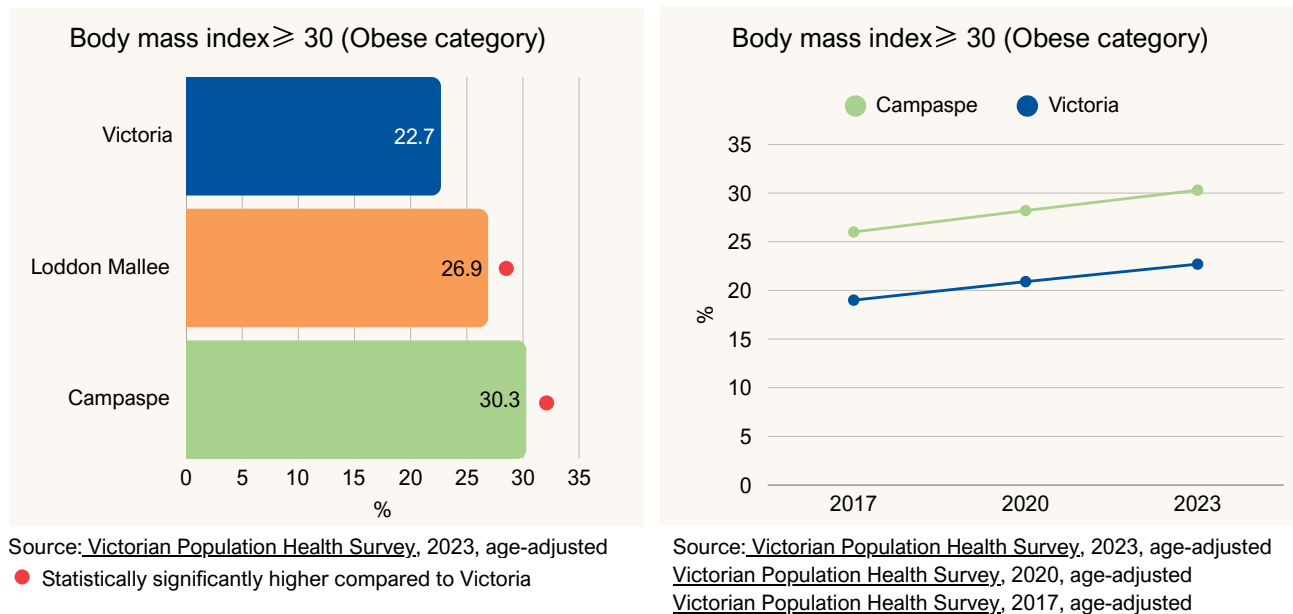


Source: [Victorian Population Health Survey 2023](#), age-adjusted.

● Statistically significantly higher, compared to Victoria

4.3 Obesity

Obesity contributes to cardiovascular disease, type 2 diabetes, musculoskeletal disorders and some cancers. Recent evidence shows the prevalence of obesity spiked in 2022, when compared to previous five-year trends.^[1] In Campaspe, 30.3% of adults have a BMI ≥ 30 (obese), statistically significantly higher than the Victorian proportion of 22.7%. Obesity is rising in Campaspe, similar to the Victorian trend.



4.4 Healthy eating and active living

Poor diet and lack of exercise contribute to being overweight and obese, which are leading contributors to chronic disease and premature death in Victoria.^[1] Campaspe (27.8%) is statistically significantly lower for compliance with fruit consumption guidelines compared with Victoria (34.9%). Campaspe also has a significantly higher proportion of people consuming sugar-sweetened beverages daily (34.7%) compared with the Victorian proportion (19.3%).



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



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

LGA	Compliance with fruit consumption guidelines (%)	Compliance with vegetable consumption guidelines (%)	Daily consumption of sugar-sweetened beverages (%)	Moderate to vigorous physical exercise greater than 150mins/week (%)
Victoria	34.9	5.5	19.3	34.9
LMR	31.3	5.3	24.6	34.2
Campaspe	27.8	*3.8	34.7	31.1

Source: Victorian Population Health Survey, 2023, age-adjusted

*high relative standard error so interpret with caution

■ Statistically significantly worse compared to Victoria

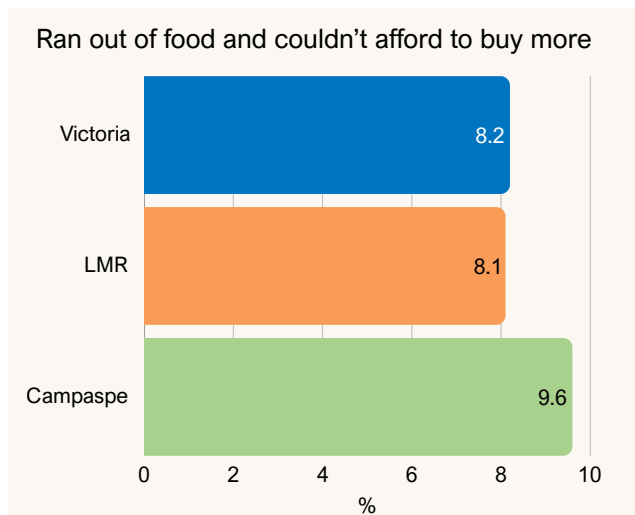
[1] Victorian Population Health and Wellbeing Plan 2023-27

4.5 Food insecurity

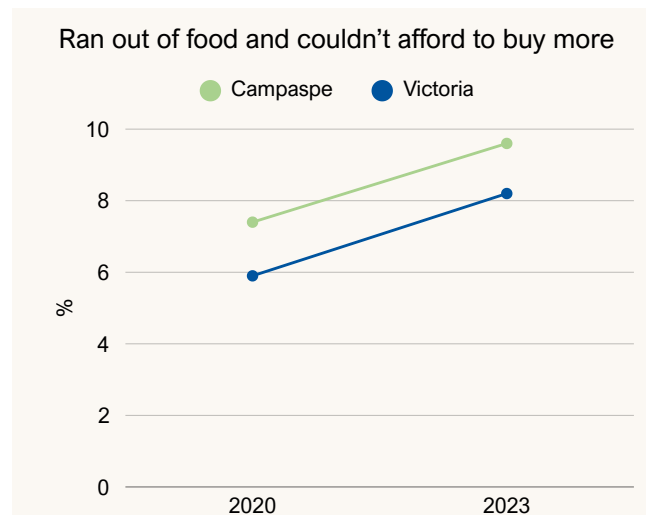
Food security is defined as access by all people at all times to enough food for an active, healthy life and includes at a minimum:

- the ready availability of nutritionally adequate and safe foods
- the assured ability to acquire food in socially acceptable ways.^[1]

Campaspe food insecurity (9.6%) is higher than Victoria (8.2%) and has remained higher from 2020.



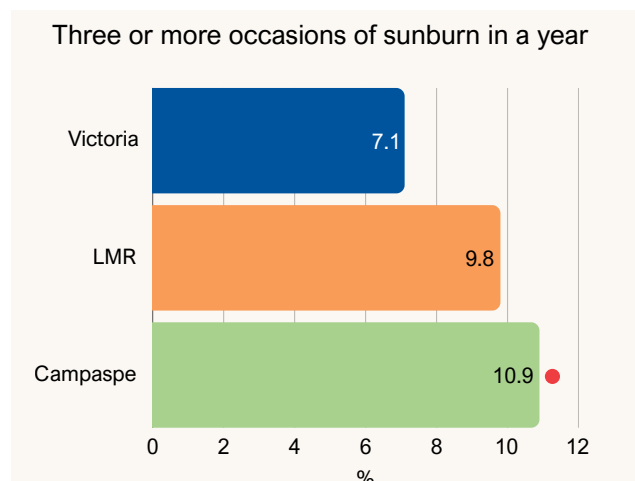
Source: [Victorian Population Health Survey, 2023, age-adjusted](#)



Source: [Victorian Population Health Survey, 2023, age-adjusted](#)
[Victorian Population Health Survey, 2020, age-adjusted](#)

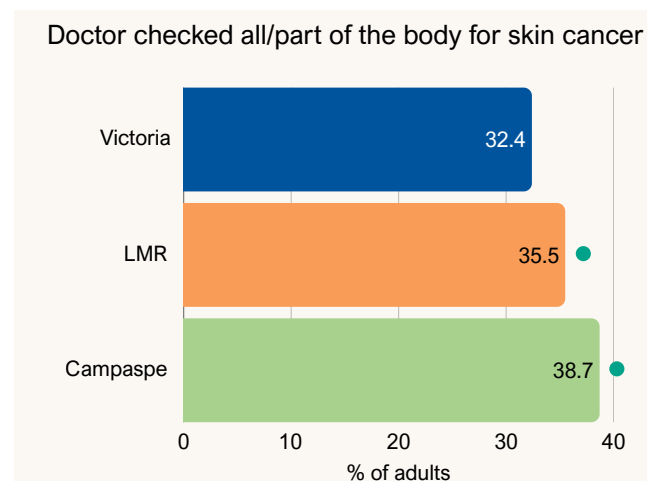
4.6 Sun exposure

Australia has one of the highest rates of skin cancer in the world. Skin cancer occurs when skin cells are damaged, for example by overexposure to ultraviolet radiation from the sun.^[2] Campaspe (10.9%) has a significantly higher proportion of people reporting three or more occasions of sunburn in a year, compared to Victoria (7.1%). It is therefore important that people in Campaspe are seeking skin checks by a doctor for skin cancer.



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

● Statistically significantly higher than Victoria



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

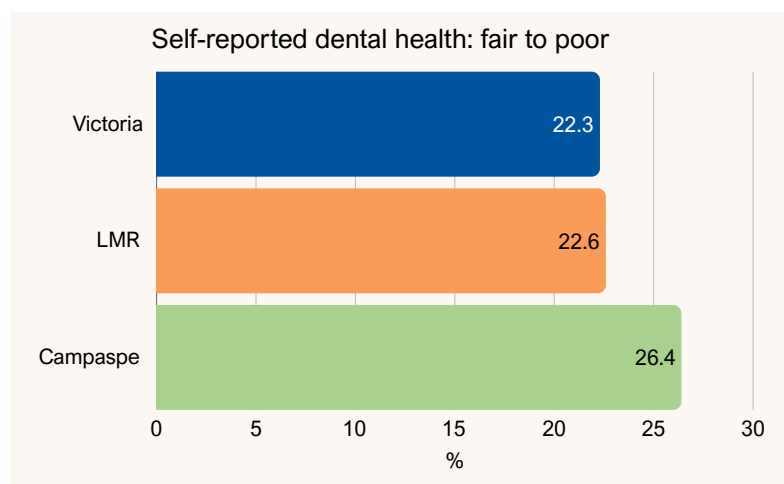
● Statistically significantly higher than Victoria

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

[2] [Cancer Council](#)

4.7 Dental health

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



The proportion of adults in the Loddon Mallee region (22.6%) reporting fair to poor dental health is comparable to the whole of Victoria (22.3%). However, Campaspe (26.4%) is higher compared with Victoria.

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

4.8 Childhood development

The Australian Early Development Census (AEDC) is a nationwide census of early childhood development that shows how young children have developed as they start their first year of full-time school. There are five domains, which are physical, social, emotional, language and communication. In 2024, 343 children in Campaspe underwent developmental assessment. The Campaspe figures are comparable to the Victorian proportions. Overall, 23.2% of children in Campaspe are vulnerable on one or more domains, compared with 22.3% across Victoria.

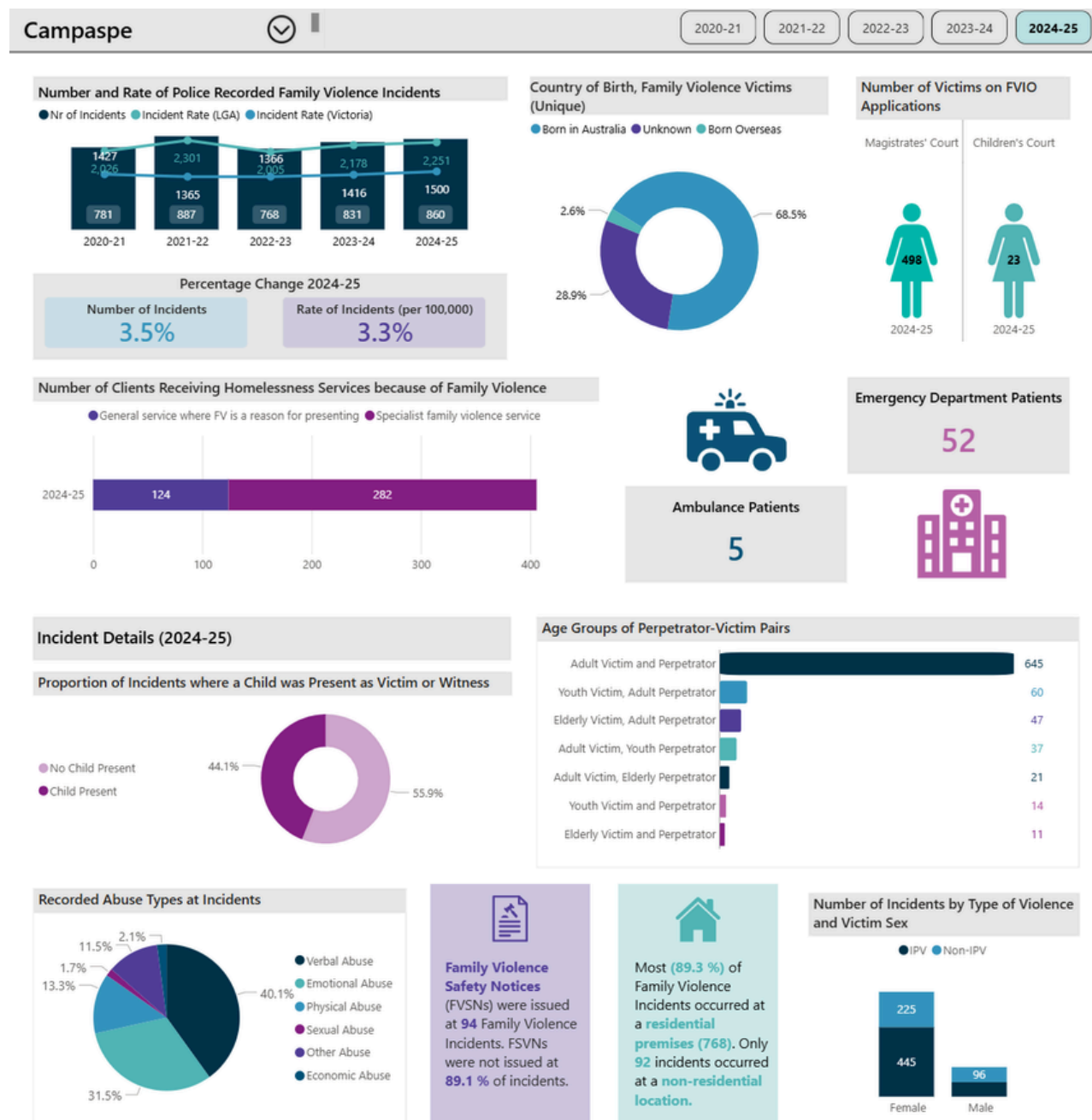
		Vulnerable (343 children assessed)		
Indicator	Indicator description	Campaspe (n)	Campaspe (%)	Victoria (%)
Physical	Child is healthy; independent; excellent gross and fine motor skills	35	11.1	8.5
Social	Gets along with others; shares; self-confident	29	9.2	10.6
Emotional	Able to concentrate; help others; patient, not angry or aggressive	39	12.4	9.9
Language	Interested in reading or writing; can count; recognises numbers and shapes	25	7.9	7.3
Communication	Can tell a story; communicate with adults and children; articulate themselves	24	7.6	8.2
Vulnerability 1	Developmentally vulnerable in one or more domains	73	23.2	22.3
Vulnerability 2	Developmentally vulnerable in two or more domains	39	12.4	11.8

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

4.9 Family violence

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

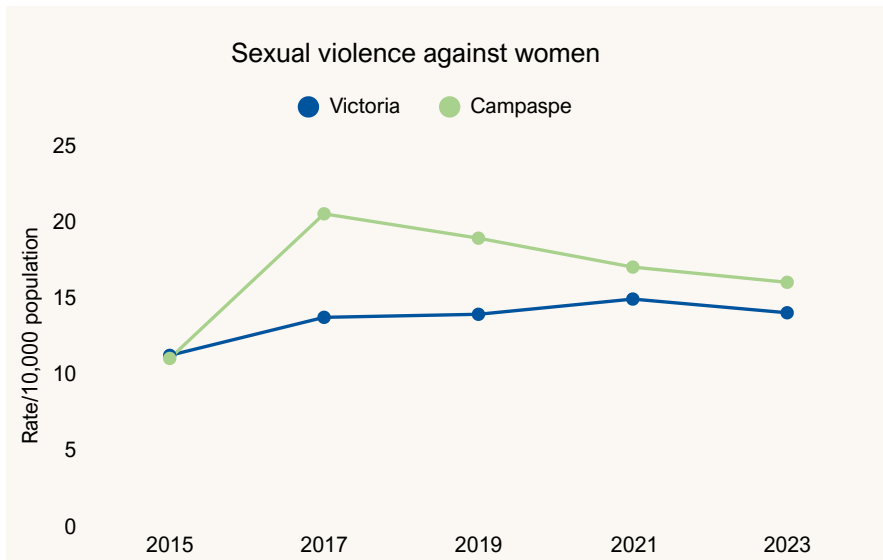
Campaspe recorded a family violence incident rate of 2,251/100,000 population, higher than the Victorian rate of 1,500/100,000 population (2024-25). In nearly half of reported family violence incidents in Campaspe (44.1%), a child was present either as a victim or a witness. Of the recorded abuse types in Campaspe, verbal abuse was most common (40.1%), followed by emotional abuse (31.5%). There were 52 presentations to emergency departments related to family violence in Campaspe.



Source: [Latest crime data by area](#) | Crime Statistics Agency Victoria, 2024-25

4.10 Sexual assault

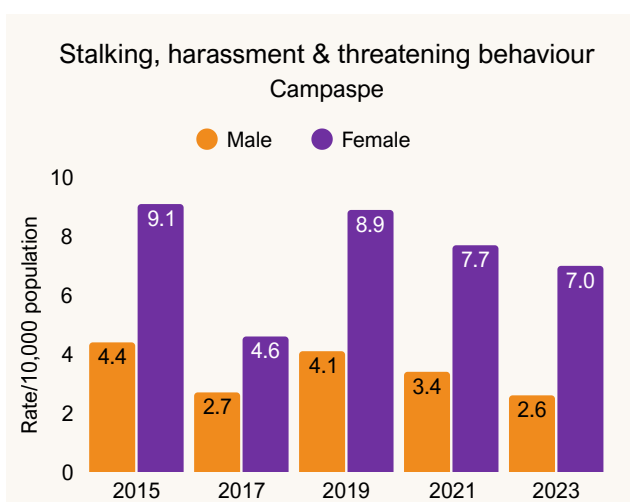
According to Victoria Police, sexual offences occur when someone does not or cannot consent to a sexual behaviour, act or acts. These sexual behaviours can include: rape, sexual or inappropriate touching, sexual assault, child sexual abuse, elder sexual abuse, sexual exposure of genitalia, image-based sexual offending, stealthing (non-consensual condom removal), stalking and grooming. Campaspe's rates have been declining steadily from 2017 (20.5/10,000 population) to 2023 (16/10,000 population), but remain higher than the Victorian rate (14/10,000 population).



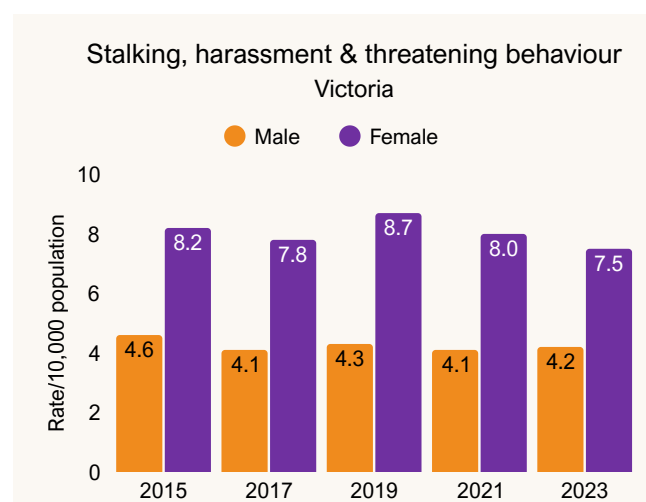
Source: [Victorian Women's Health Atlas](#), victim reports received where the woman is the victim

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

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



Source: [Victorian Women's Health Atlas](#), victim reports received by police

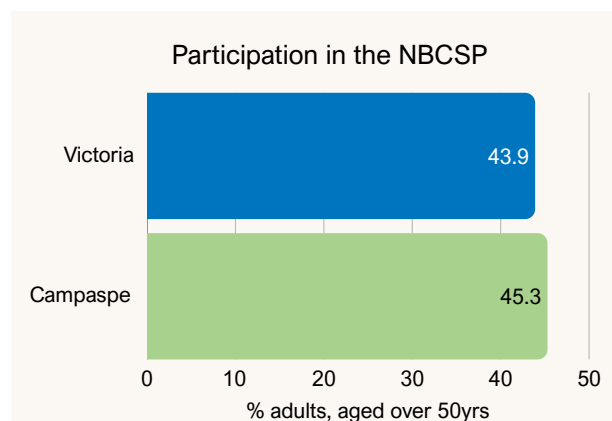


Source: [Victorian Women's Health Atlas](#), victim reports received by police

5. Health screening

5.1 Bowel screening

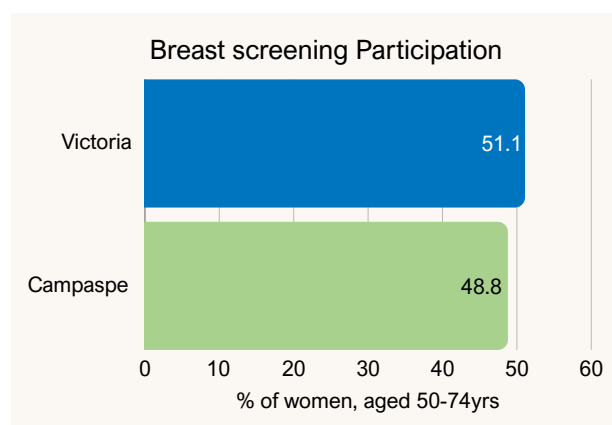
Bowel cancer is the third most common type of newly diagnosed cancer in Australia. The National Bowel Cancer Screening Program (NBCSP) aims to reduce deaths from bowel cancer by detecting early signs of the disease. If found early, more than 90% of cases can be successfully treated. The percentage of people participating in NBCSP in Campaspe is slightly above Victoria.



Source: [Social Health Atlas](#), 2020-21

5.2 Breast screening

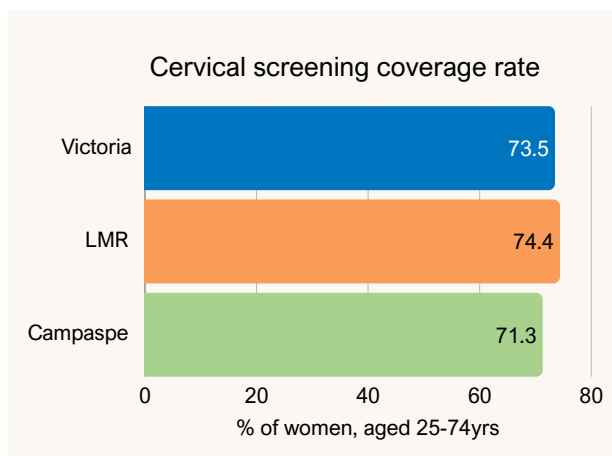
Research has shown that screening mammography is currently the most effective tool for the early detection of breast cancer in asymptomatic women in the target age group of women aged 50 to 74 years; and that having a screening mammogram every two years reduces the chance of dying from breast cancer by up to 40%. Campaspe (48.8%) has slightly less participation in breast screening, compared to Victoria (51.1%)



Source: [Social Health Atlas](#), 2021-22

5.3 Cervical screening

The National Cervical Screening Program reduces illness and death from cervical cancer. Women and people with a cervix aged 25 to 74 years are invited to have a cervical screening test every 5 years through their healthcare provider. Campaspe has a lower coverage of cervical screening (71.3%) compared to LMR (74.4%) and Victoria (73.5%).



Source: [National Cervical Screening Program](#), 2020 -2024

6. Health conditions

6.1 Life expectancy

The median age at death for both males and females in Campaspe remained stable from 2016 to 2022, showing no percentage difference. This suggests that, on average, individuals in Campaspe are experiencing a similar life expectancy as their counterparts in the broader state.

Examining premature mortality (deaths occurring before the age of 75 years), Campaspe demonstrated positive trends. For males, there was a substantial reduction from an average annual aged-standardised rate (ASR) of 415.5/100,000 population to a rate of 343.3, indicating a percentage decrease of 17.4%. Similarly, for females, the average annual ASR decreased from 283.9 to 212.9, reflecting a percentage decrease of 25%. These figures signify progress in reducing premature deaths in Campaspe, outperforming the state's progress.

Avoidable mortality (deaths that could have been prevented) also showed improvement in Campaspe. For males, there was a decline from an average annual ASR of 252.7/100,000 population to 196.9, representing a percentage reduction of 22%. For females, the average annual ASR decreased from 135.3 to 106.1, indicating a percentage reduction of 21.6%. Once again, Campaspe demonstrates positive strides in addressing avoidable causes of death, surpassing the state's progress.

	2016-2020				2018-2022				% Difference between reports			
	Campaspe		Victoria		Campaspe		Victoria		Campaspe		Victoria	
	M	F	M	F	M	F	M	F	M	F	M	F
Median age at death (years)	80	85	79	85	80	85	79	85	0	0	0.0	0.0
Premature mortality, 0-74 years of age [^]	415.5	283.9	269.5	171.2	343.3	212.9	281.8	176.8	-17.4	-25	4.6	3.3
Avoidable mortality, 0 to 74 years of age [^]	252.7	135.3	138	80.5	196.9	106.1	142.1	80.8	-22	-21.6	3.0	0.4

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

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

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

6.2 Long-term health conditions

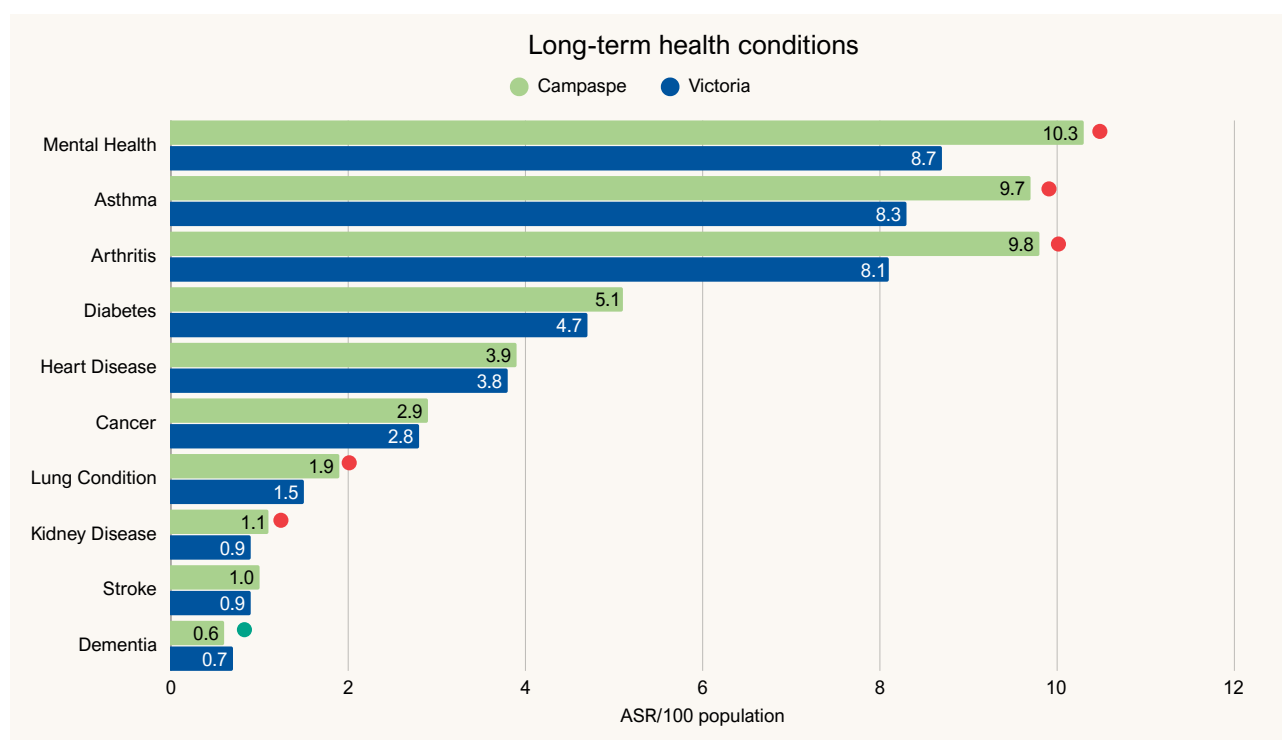
In the census, people were asked to indicate long-term conditions (six months or more) diagnosed by a doctor or nurse. Selected long-term health conditions include arthritis, asthma, cancer (including remission), dementia (including Alzheimer disease), diabetes (excluding gestational diabetes), heart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

In Campaspe, 4.7% reported having three or more long-term conditions, higher compared with 2.9% across Victoria. High levels of multiple long-term health conditions place significant strain on individuals, communities and health systems, reducing quality of life, increasing service demand and widening health inequities.

Long-term health conditions	Campaspe (n)	Campaspe (rate/100 population)	Victoria (rate/100 population)
No long-term conditions	21,758	56.2	65
One condition	8,416	21.7	18.8
Three or more conditions	1,805	4.7	2.9

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

In Campaspe, self-reported mental health (10.3/100 population), asthma (9.7/100 population), arthritis (9.8/100 population), lung conditions (1.9/100 population) and kidney disease (1.1/100 population) were all statistically significantly higher than expected (based on Australian data) and higher than the Victorian rates. Dementia is lower compared to the Victorian rate.



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

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

More recent data, using a different collection methodology and a smaller cohort shows the proportion of adults reporting asthma in Campaspe (28.3%) is statistically significantly higher than the Victorian proportion (20.1%). Similarly, the prevalence of cancer is also statistically significantly higher in Campaspe (13.7%) compared with Victoria (8.3%).

LGA	COPD*	Asthma	Osteoarthritis	Diabetes (type 2)	Heart disease	Cancer
Victoria (%)	3.6	20.1	13.8	6.2	8.3	8.3
LMR (%)	4.6	23.5	15.5	6.2	8.6	11.3
Campaspe (%)	4.8	28.3	17.4	5.9	8.6	13.7

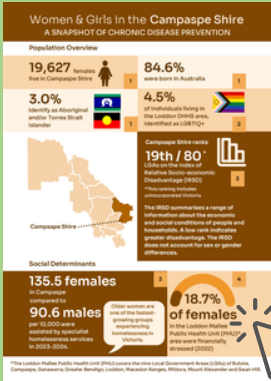
Source: [Victorian Population Health Survey](#), 2023, age-adjusted

*COPD: Chronic Obstructive Pulmonary Disease

■ Statistically significantly higher than Victoria

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

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



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

6.3 Avoidable deaths

Avoidable deaths are deaths from conditions that are potentially preventable through individualised care and/or treatable through existing primary or hospital care. The highest rates of avoidable deaths (0-74 years) for 2018-2022 in Campaspe are for circulatory system disease (36.6/ 100,000 population) and cancer (35.2/100,000 population). In Campaspe, avoidable deaths for ischaemic heart disease, cancer, transport accidents, respiratory system disease, obstructive pulmonary disease and colorectal cancer, were statistically significantly higher than expected (based on Australian data) and notably higher than the Victorian rate. The highest percentage increases of avoidable deaths for Campaspe from 2017/2021 to 2018/2021 include external causes (32.8%) and suicide and self-inflicted injuries (23.9%).

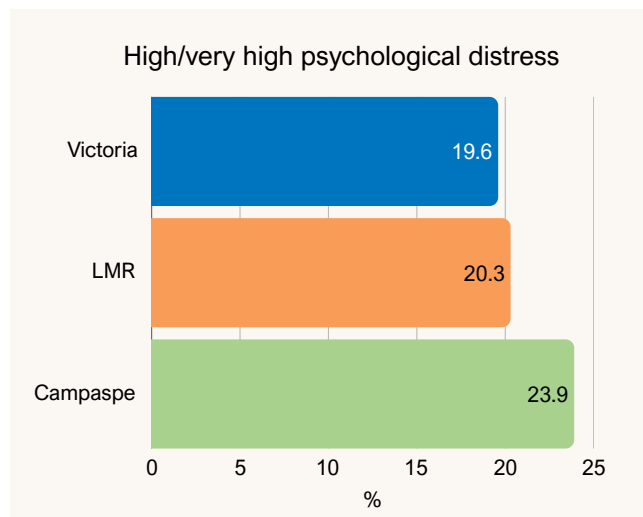
Avoidable deaths by cause	2018-2022		2017-2021		%Difference between the reports	
	Campaspe	Victoria	Campaspe	Victoria	Campaspe	Victoria
Circulatory system	36.6	33.3	37.3	32.7	-3.5	1.8
Ischaemic heart disease	27.7	21	28.3	20.6	-2.1	1.9
Cancer	35.2	27.5	34.4	27.8	2.3	-1.8
Transport accidents	11.7	4.1	10	4	16.9	2.5
Respiratory system disease	21	9.1	20.3	9	3.4	1.1
Obstructive pulmonary disease	20.4	8.5	18.8	8.3	8.5	2.4
Cerebrovascular disease	5.3	7.7	5.8	7.6	-8.6	1.3
Breast cancer	14.2	15.2	15.3	15.6	-7.2	-2.5
Diabetes	8.4	5.5	8.6	5.2	-2.3	5.8
Colorectal cancer	15.4	10.7	14.9	10.1	3.4	5.9
External causes (falls, burns, suicide, self-inflicted injuries etc)	18.2	14	13.7	13.5	32.8	3.7
Suicide and self-inflicted injuries	11.9	10.9	9.6	10.6	23.9	2.8

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

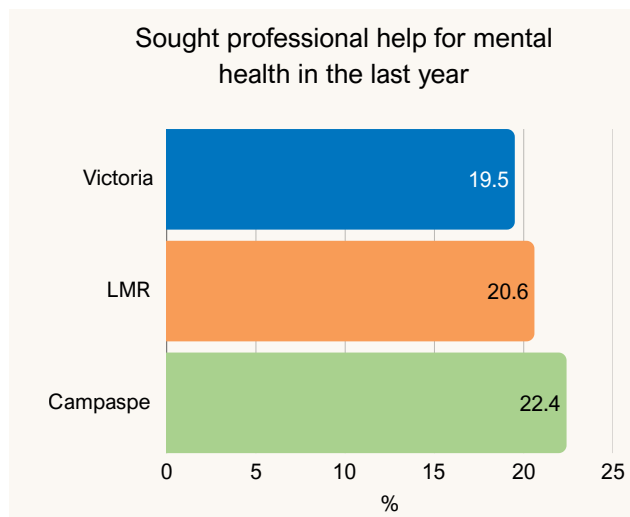
■ Statistically significantly higher than expected (based on Australian data)

6.4 Mental wellbeing

By prioritising good mental health and wellbeing, we reduce stigma, increase social connection, improve physical health, promote productivity and create safer environments. Our mental health and our physical health are linked. Campaspe has a higher proportion of people experiencing high/very high psychological distress (23.9%), compared to Victoria (19.6%). Campaspe also had a higher proportion of people seeking professional help for mental health.

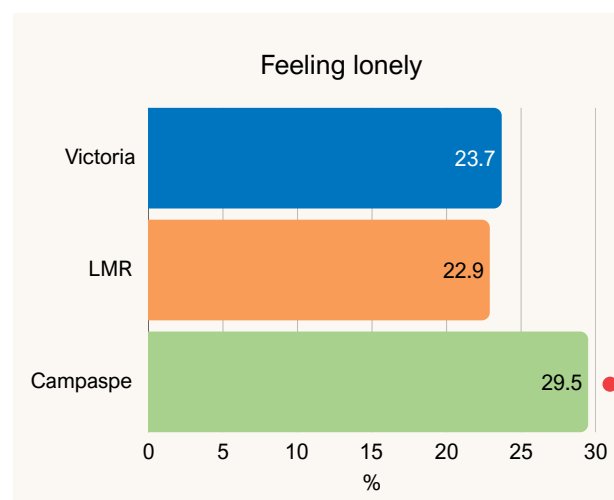


Source: [Victorian Population Health Survey, 2023](#), age-adjusted



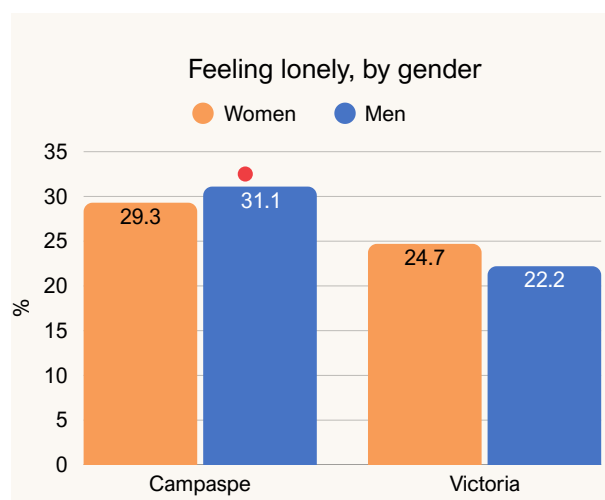
Source: [Victorian Population Health Survey, 2023](#), age-adjusted

Social connection is essential for our health and wellbeing. Loneliness is a subjective measure of low social connection and is defined as an 'unpleasant or distressing feeling of a lack of connection to other people, along with a desire for more, or satisfying, social relationships' (Badcock et al, 2022). In the Victorian Population Health Survey, loneliness was measured using the 3-item UCLA Loneliness Scale. Campaspe has a statistically significantly higher proportion of people feeling lonely (29.5%), compared to Victoria (23.7%), with more men reporting loneliness.



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

● Statistically significantly higher than Victoria



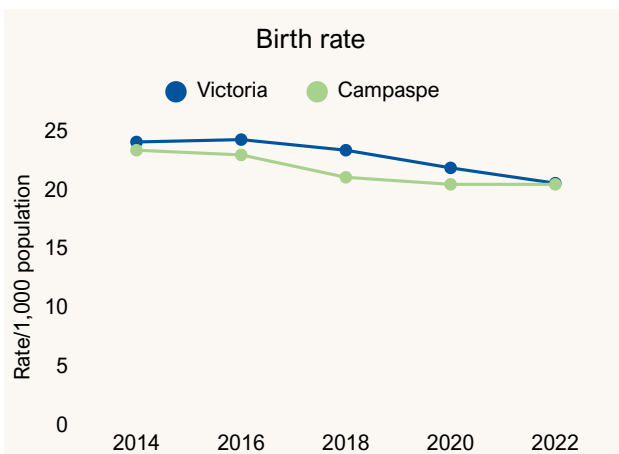
Source: [Victorian Population Health Survey, 2023](#), age-adjusted

● Statistically significantly higher than Victoria

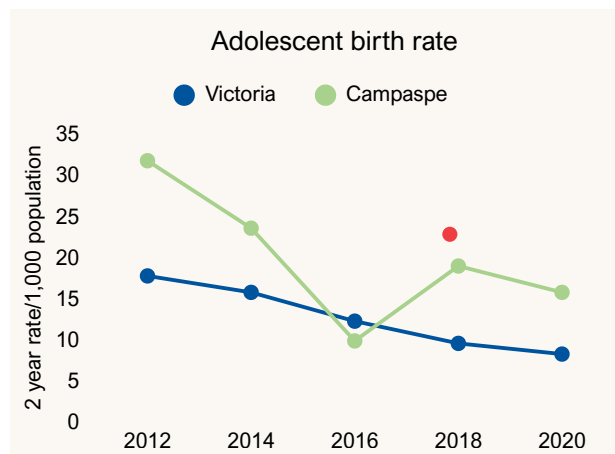
6.5 Sexual and reproductive health

Campaspe shows comparable birth rates compared to the Victorian rate. In 2022, total fertility rate (average number of babies born to a woman in her lifetime) was higher in Campaspe (1.99) compared with Victoria (1.7).

However, the adolescent birth rate (younger than 20 years of age) in Campaspe has fluctuated in recent years. The rate in 2020 was (15.7/1,000 population), higher than the Victorian average (8.2 /1,000 population).



Source: [Victorian Women's Health Atlas](#)



Source: [Victorian Women's Health Atlas](#)

● Ranked in the top highest LGAs in Victoria

Chlamydia rates in females (363.7/100,000 population) are higher compared to Victoria (324.5/100,000 population)

Newly acquired	Chlamydia [^]		Gonorrhoea [^]		Hepatitis B [^]		Infectious Syphilis [^]	
	Female	Male	Female	Male	Female	Male	Female	Male
Victoria	324.5	412.3	60.5	281.1	^^	0.24	7.43	36.7
Campaspe	363.7	210.3	^^	57.8	^^	^^	^^	31.6

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

[^]Rate/100,000 population, 2024

^^ less than five cases

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

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

For more information about how WHLM enhances the sexual and reproductive health of women and gender diverse people in the Loddon Mallee region and explore their voices, experiences and stories, view our [Site Health Metrics Sexual and Reproductive Health Strategy 2022-2025](#).

855 women spoke a language other than English at home in 2021

Italian, Filipino & Tagalog were common

108 women in the Campaspe Shire area reported low English proficiency

Campaspe Shire ranks 69th out of 79 LGAs on the Mothers' Index Rank
This index compares scores from five indicators relating to maternal wellbeing. A lower score indicates a better place for a mother to live.

Campaspe Shire ranks 19th out of 79 LGAs on the Index of Relative Socio-economic Disadvantage (2022)
The Index of Relative Socio-economic Disadvantage (2022) measures a range of information about the economic and social conditions of people and households. A low rank indicates greater disadvantage.

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

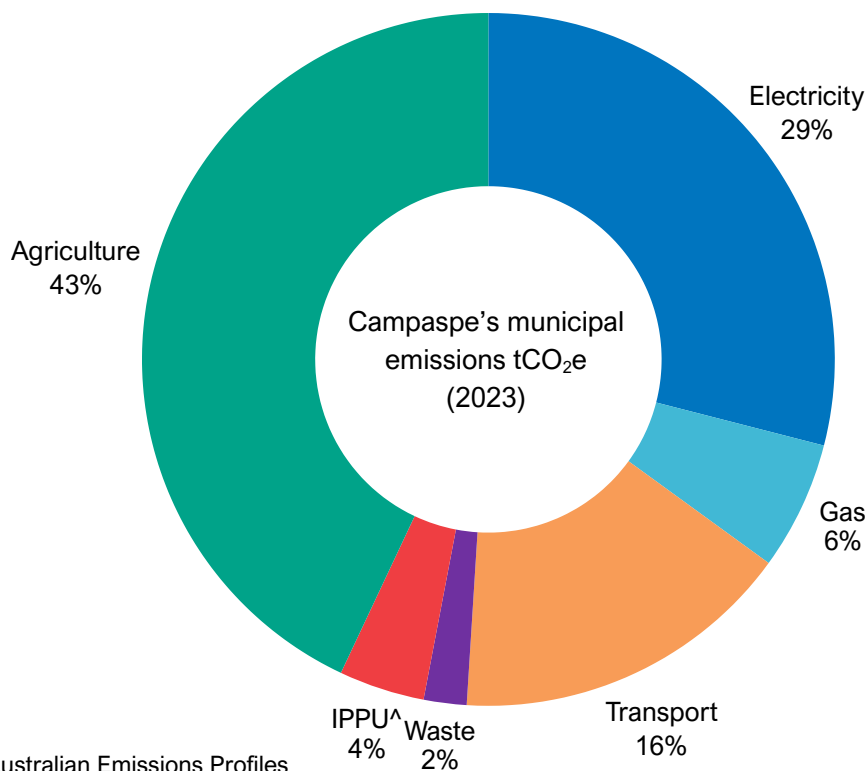
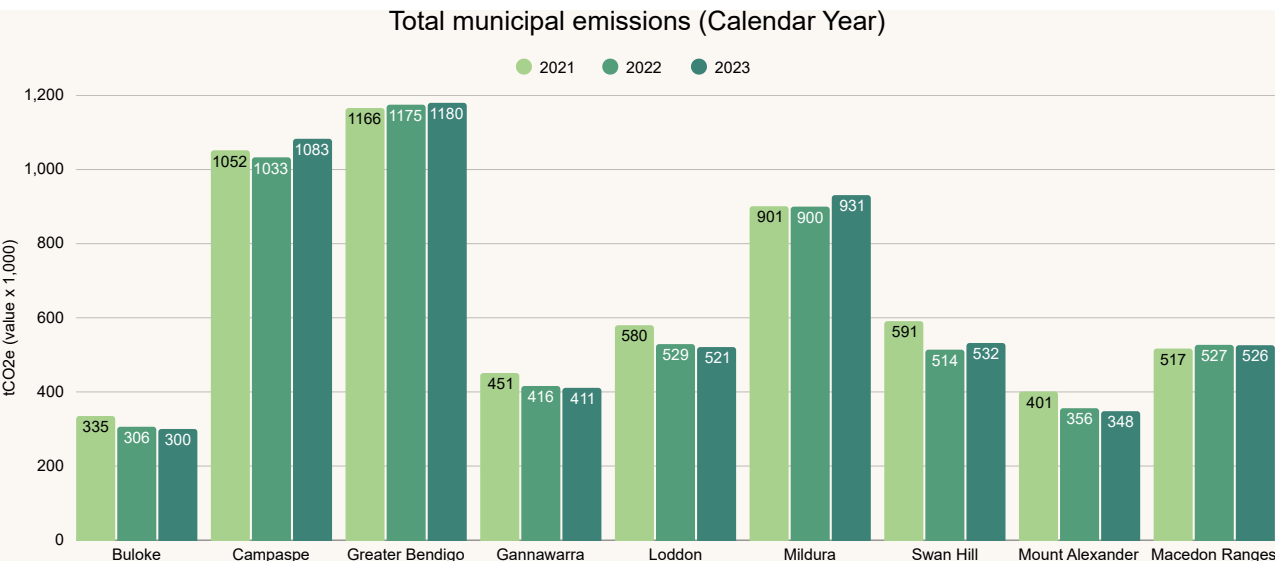
WHLM have also compiled a comprehensive list of sexual and reproductive health [services](#) in the Loddon Mallee region

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

7. Environment

7.1 Municipal emissions

The LMPHU's climate change and health work is guided by the Loddon Mallee Climate Change and Health Framework. Some of the considerations in comparing carbon emissions across local government areas are population, industry mix, geographical area, transport patterns and land use. Although Mildura and Macedon Ranges have larger population than Campaspe, Campaspe has the second highest emissions in the Loddon Mallee region. The top causes of carbon emissions in Campaspe were agriculture (43%) and electricity (29%).



Source: Snapshot Climate - Australian Emissions Profiles

tCO₂e: Tonnes of Carbon Dioxide Equivalent

[^]Industrial Processes and product use

7.2 Average temperature

Temperatures in the Loddon Mallee region differ significantly from north to south. The northern part of the region sees hotter summers with the Campaspe area experiencing an average maximum temperature of 29.3°C in summer. Winters are mild, with the maximum temperature around 13.9°C on average. Conversely, the more southern part of the region experiences cool and rainy winters and warm and arid summers. In the elevated southern regions, the average maximum summer temperature is below 25°C. Frosty weather is frequent in the whole region.

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

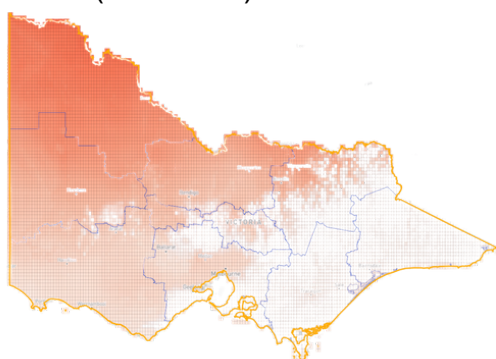
Source: Loddon Mallee Environmental Scan | Emergency Management Victoria (emv.vic.gov.au), 1961-1990

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

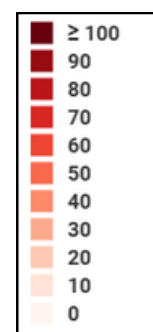
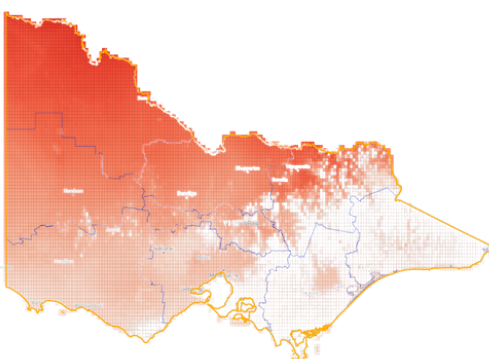
These data demonstrate that the Mallee and Murray areas are projected to experience increasing days above 35°C, which will impact health and wellbeing. Heat kills more Australians than any other natural disaster.

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

2030s (2015-2044)



2090s (2075-2104)



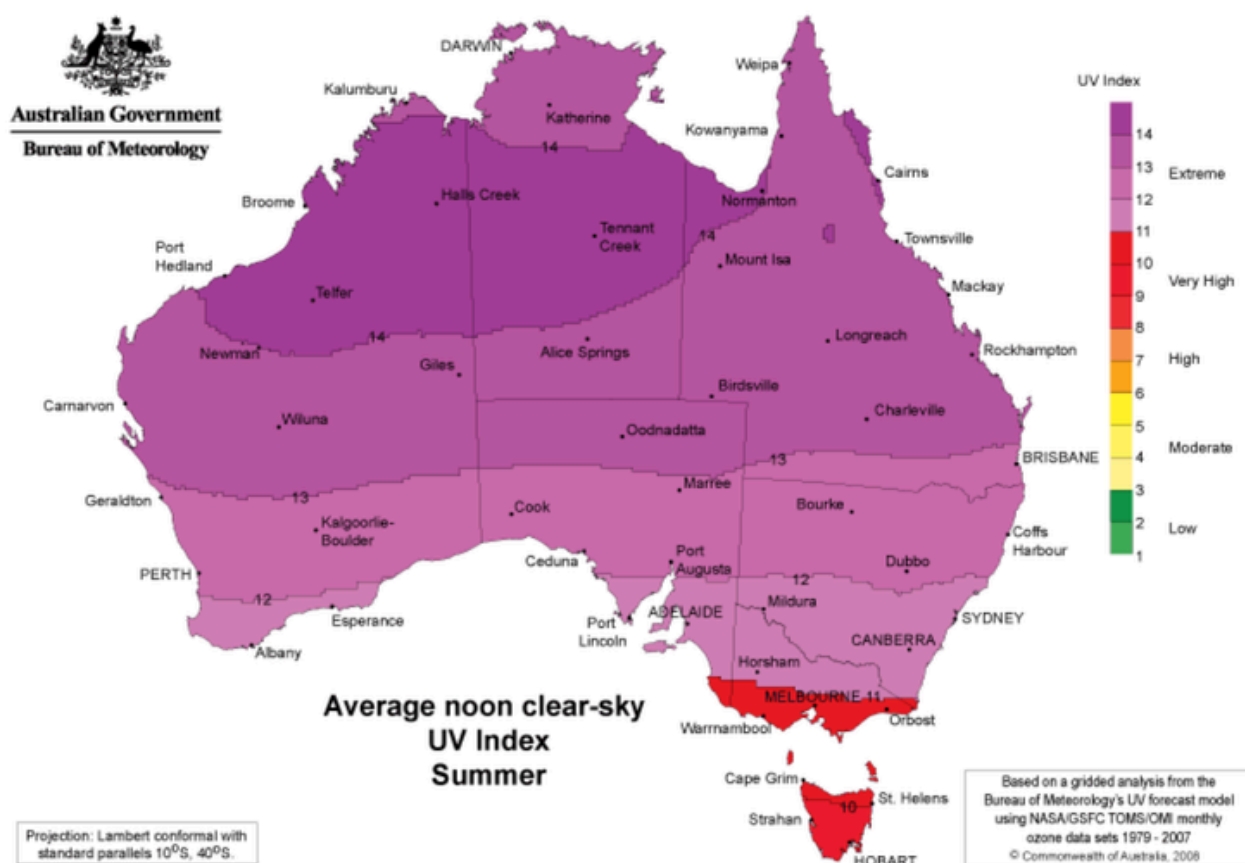
Source: Victorian Government, Energy, Environment and Climate Action

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

7.3 Ultraviolet radiation

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

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



Source: [Australian Bureau of Meteorology](#)

[1] [Australian Government, Cancer Australia](#)

7.4 Bushfire-prone areas

There are numerous areas with high bushfire hazards in the Loddon Mallee region, many of which intersect with settlements and areas experiencing growth in rural residential areas and tourism. Campaspe has 97.7% of its area classified as bushfire-prone.

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

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

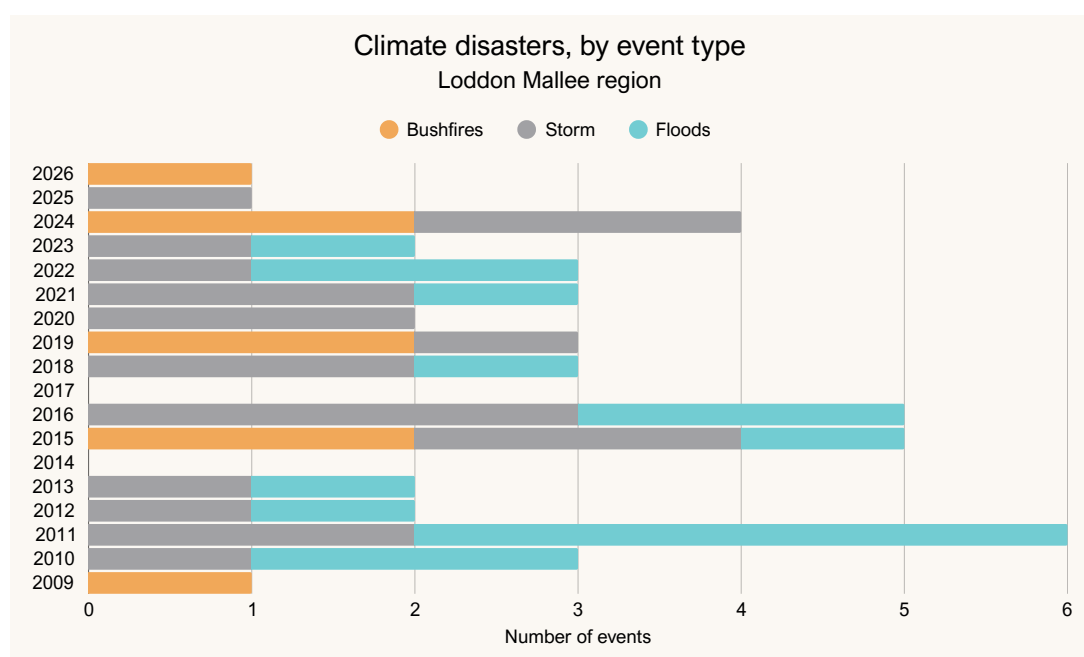
	Bushfire-prone area (%)	Bushfire-prone area (km ²)	Total area (km ²)
Campaspe	97.7	4,415	4,519
Buloke	97.6	7,807	8,000
Gannawarra	98.7	3,701	3,750
Greater Bendigo	97.6	2,930	3,000
Loddon	100	6,694	6,696
Macedon Ranges	98.6	1,723	1,748
Mildura	98.3	21,710	22,083
Mount Alexander	99.8	1,527	1,530
Swan Hill	92.0	5,625	6,115
LMR	97.8	57,662	58,960

Source: Loddon Mallee Environmental Scan | Emergency Management Victoria (emv.vic.gov.au), 2020

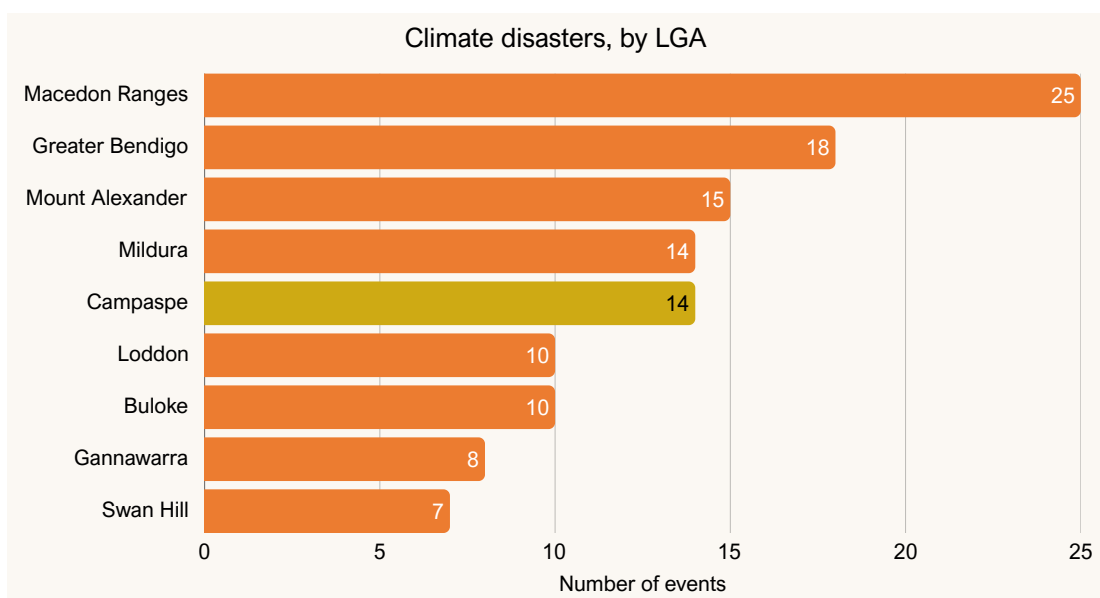
7.5 Climate emergencies

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

The Disaster Recovery Funding Arrangements (DRFA) provide a framework for joint federal and state cost-sharing of disaster relief and recovery measures. These arrangements are triggered by state government when a natural disaster requires a coordinated multi-agency response and exceeds the small disaster financial threshold. Between 2019 and February 2026, 35 climate-related disaster events (storms, floods, bushfires) in the Loddon Mallee region have activated the DRFA, with multiple climate disaster events most years. Between 2019 and 2026, there were 14 climate disaster events that activated the DRFA in Campaspe.



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



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

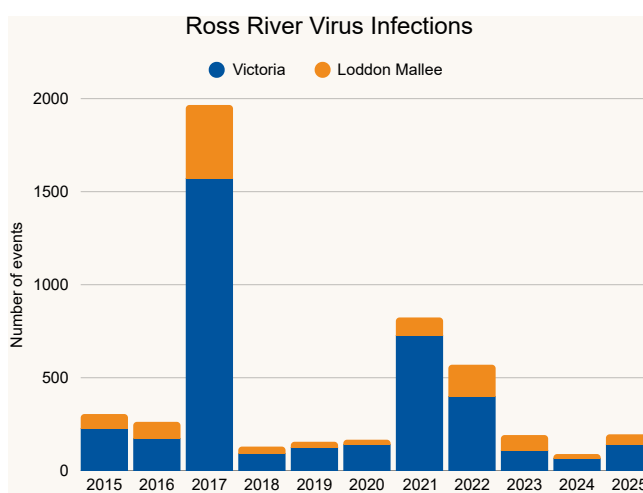
7.6 Mosquito-borne disease

In 2024, there were five mosquito-borne viruses identified across Victoria with the potential for local transmission. These were Japanese encephalitis virus, Murray Valley encephalitis virus, Ross River virus, Barmah Forest virus and West Nile virus Kunjin strain (otherwise known as Kunjin virus).^[1]

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

Ross River virus

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



Source: Victorian Department of Health, surveillance summary report

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

8. Data resources

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

9. Notes on statistical significance

Public Health Information Development Unit/Social Atlas

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

Victorian Population Health Survey

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

10. Abbreviations

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



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