Victorian public health and wellbeing plan 2019–2023

VICTORIA
State Government

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Victorian public health and wellbeing plan 2019–2023

Foreword

Victorians enjoy one of the highest average life expectancies in the world.

But while we are living longer, we are also living with a greater burden of chronic conditions – the burden of disease for the population arising from living with ill health or injury is now, for the first time, greater than that arising from dying prematurely.

This means we will continue to see increased demands on individuals, families, communities, health and care services, with the burden of ill health often heaviest for those who experience disadvantage, stigma and discrimination.

What's more, we are not immune to global threats to health, especially those arising from climate change.

The good news is that with stronger, coordinated action we can prevent and intervene earlier to avert much of these harms. More than a third of the total burden of disease is due to avoidable risk factors such as tobacco smoking, unhealthy diets, physical inactivity and alcohol consumption.

The Andrews Labor Government wants all Victorians enjoy the highest standards of health and wellbeing. The *Victorian public health and wellbeing plan 2019–2023* is a key platform for achieving our goal.

We know that many issues impact on the health and wellbeing of our families and communities. For the next four years we will continue to progress existing priorities and intensify focus in areas where we know we can make the greatest gains.

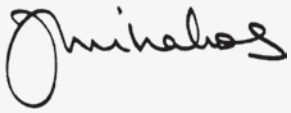
Overweight and obesity is a leading cause of preventable illness. With almost 70 per cent of Victorian adults and one in four children overweight or obese the plan calls for urgent action to increase heathy eating and active living.

While smoking rates have decreased, the number of Victorians who smoke is still too high and tobacco-related harms remain the leading cause of death and disability in Victoria, and a key driver of social inequalities in health.

For the first time, this plan also prioritises action to tackle climate change and its impact on our health, an issue recognised by the World Health Organization as a leading global threat to health.

We need to know that what we do makes a difference and we will continue to monitor progress against the *Victorian public health and wellbeing outcomes framework*.

Together we can make significant gains in improving the health and wellbeing of all Victorians and decreasing health inequalities. I look forward to working with you over the life of the plan.



The Hon. Jenny Mikakos MP
Minister for Health
Minister for Ambulance Services

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Executive summary

This is the third Victorian public health and wellbeing plan and the primary mechanism through which we work to achieve our vision of all Victorians enjoying the highest attainable standards of health, wellbeing and participation at every age.

Victorians enjoy a quality of life, health and wellbeing that is high by national and international standards. However, it is important to recognise that health status varies markedly across the population, with socioeconomic disadvantage the greatest cause of health inequalities. People are living longer and often with one or more chronic diseases, meaning we must strive now more than ever to reduce the preventable burden of disease.

It is a requirement of *Victoria's Public Health and Wellbeing Act 2008* to produce a plan every four years. In this plan we set out a comprehensive approach to deliver improved public health and wellbeing outcomes for all Victorians. Our approach will:

- drive action towards the factors that contribute most strongly to the burden of disease and health inequalities
- ensure all parts of the sector work together towards clear outcomes
- take into consideration the wider determinants of health, both social and economic, in how we design and deliver public health and wellbeing interventions.

Informed by extensive community consultation, the plan balances a need to narrow focus to drive coordinated action while supporting local innovation. This is achieved by:

- setting 10 priorities for public health and wellbeing, giving continuity to the priorities of the previous plan
- placing increased attention on four focus areas where additional support and guidance will be provided over the next four years
- identifying three strategic actions to direct effort across each of the focus areas.

Strengthened governance and closer monitoring over the next four years will be introduced to track progress against the plan and ensure we are working towards the targets of the *Victorian public health and wellbeing outcomes framework* <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-public-health-and-wellbeing-outcomes-framework>.

We must build a public health and wellbeing system that responds to diverse community needs and tackles the disadvantage, stigma and discrimination that impact on health and wellbeing. Over the next four years we will continue to work in partnership with Victorian communities, tailoring responses to meet the needs of all population groups at all stages of life, utilising co-design principles and place-based approaches to improve public health and wellbeing outcomes.

Figure 1 provides a summary of our approach over the next four years, setting out 10 priority areas, four focus areas and 12 strategic actions.

Figure 1: Priorities, focus areas and strategic actions, 2019–2023

Priorities

Tackling climate change and its impact on health

Reducing injury

Preventing all forms of violence

Increasing healthy eating

Decreasing the risk of drug resistant infections in the community

Focus area

Strategic actions

Continued emphasis on understanding and assessing the risks of climate change to public health.

Promoting community adaptation to the public health risks associated with climate change.

Assessing the health co-benefits of measures to reduce greenhouse gas emissions.

Focus area

Strategic actions

Accelerating the implementation of healthy food (and drink) supply policies in all key public settings (including health services, schools and early childhood services, sport and recreation settings, events and workplaces).

Implementing initiatives and approaches supporting healthier lifestyles and habits.

Investing in collaborative place-based approaches to healthy eating and increasing access to healthy food in communities.

Increasing active living

Focus area

Strategic actions

Increase the proportion of transport trips that use active modes of travel.

Increase easy access to parks, open spaces and public spaces with opportunities for physical activity where appropriate.

Integrate healthy lifestyle counselling and referrals within routine health care services.

Improving mental wellbeing

Improving sexual and reproductive health

Reducing tobacco-related harm

Focus area

Strategic actions

Reduce smoking-related harm and denormalise smoking behaviours through ongoing support and modernisation of tobacco control regulation in Victoria.

Support smokers to quit through greater access to and uptake of smoking cessation.

Embed smoking identification and cessation pathways into routine care.

Reducing harmful alcohol and drug use

Overview

A Victoria free of the avoidable burden of disease and injury so that all Victorians can enjoy the highest attainable standards of health, wellbeing and participation at every age.

This is our continuing vision for the public health and wellbeing of Victorians.

The *Victorian public health and wellbeing plan 2019–2023* sets the direction and provides a framework for coordinated action, ensuring Victorians of all ages are afforded the opportunity for optimal health and wellbeing so they can participate fully in their community, in education and/or in employment.

The *Victorian public health and wellbeing outcomes framework* <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-public-health-and-wellbeing-outcomes-framework> ('the outcomes framework') has identified ambitious targets for our future. Achieving these targets requires collective action across the system, and everyone has a role to play, including:

- **at the state level:** Victorian government departments; peak bodies; professional organisations; specialist agencies
- **at the local level**: local government; regional and metropolitan partnerships; social and aged care services; early childhood services and schools; women's health services; workplaces
- **at the service level:** hospitals; community health and primary care organisations; Aboriginal community-controlled health organisations; human services provider agencies; community organisations.

In this third public health and wellbeing plan we are strengthening our focus on building a comprehensive public health and wellbeing system by:

- driving collective and coordinated action across the sector
- increasing emphasis on health inequalities
- adopting a more targeted approach to priority setting that is also responsive to local innovation.

Our context

The *Victorian public health and wellbeing plan 2019–2023* is legislated under *Victoria's Public Health and Wellbeing Act 2008* ('the Act') – see the appendix for more detail. One of the major requirements of the Act is the preparation, every four years, of a state public health and wellbeing plan. Under the Act, local governments are also required to prepare a municipal public health and wellbeing plan every four years and to have regard to the state public health and wellbeing plan when doing so.

Following the Royal Commission into Family Violence, the Act, in accordance with recommendation 94 of the royal commission, was amended to require councils to specify measures to prevent family violence and respond to the needs of victims of family violence in the community in preparing public health and wellbeing plans.

Under Victoria's *Climate Change Act 2017*, both state and local governments must have regard to climate change when undertaking public health and wellbeing planning.

The *Victorian public health and wellbeing plan 2019–2023* aligns with a range of other Victorian legislation and government documents, illustrating the importance of public health and wellbeing work across government. These include:

- *Ending family violence: Victoria's plan for change* <https://www.vic.gov.au/how-were-planning-reduce-family-violence>
- *Victorian Aboriginal affairs framework 2018–2023* <https://w.www.vic.gov.au/aboriginalvictoria/policy/victorian-aboriginal-affairs-framework/victorian-aboriginal-affairs-framework-2018-2023.html>
- *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027* <https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak>.

- *Women's sexual and reproductive health: key priorities 2017–2020* <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/womens-sexual-health-key-priorities>
- *Victorian HIV strategy* <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-hiv-strategy-2017-2020>
- *Safe and strong: A Victorian gender equality strategy* <https://www.vic.gov.au/safe-and-strong-victorian-gender-equality>
- *Education State* <https://www.education.vic.gov.au/about/educationstate/Pages/default.aspx>.

An overview of related legislation and policy frameworks is provided in the appendix.

The Victorian Auditor-General's Office audit of the Community Health Program <https://www.audit.vic.gov.au/report/community-health-program> identified an opportunity to better align community health service provision with the state public health and wellbeing plan. Community health services, through the Community Health Program, are key partners for promoting and protecting the health of Victorians, with emphasis on service provision for priority population groups and, as such, are an important mechanism for improving public health and wellbeing and tackling health inequalities (Victorian Auditor-General's Office 2018).

Our approach

A comprehensive approach is required to plan for and deliver improved public health and wellbeing outcomes for all Victorians. To achieve this, we must:

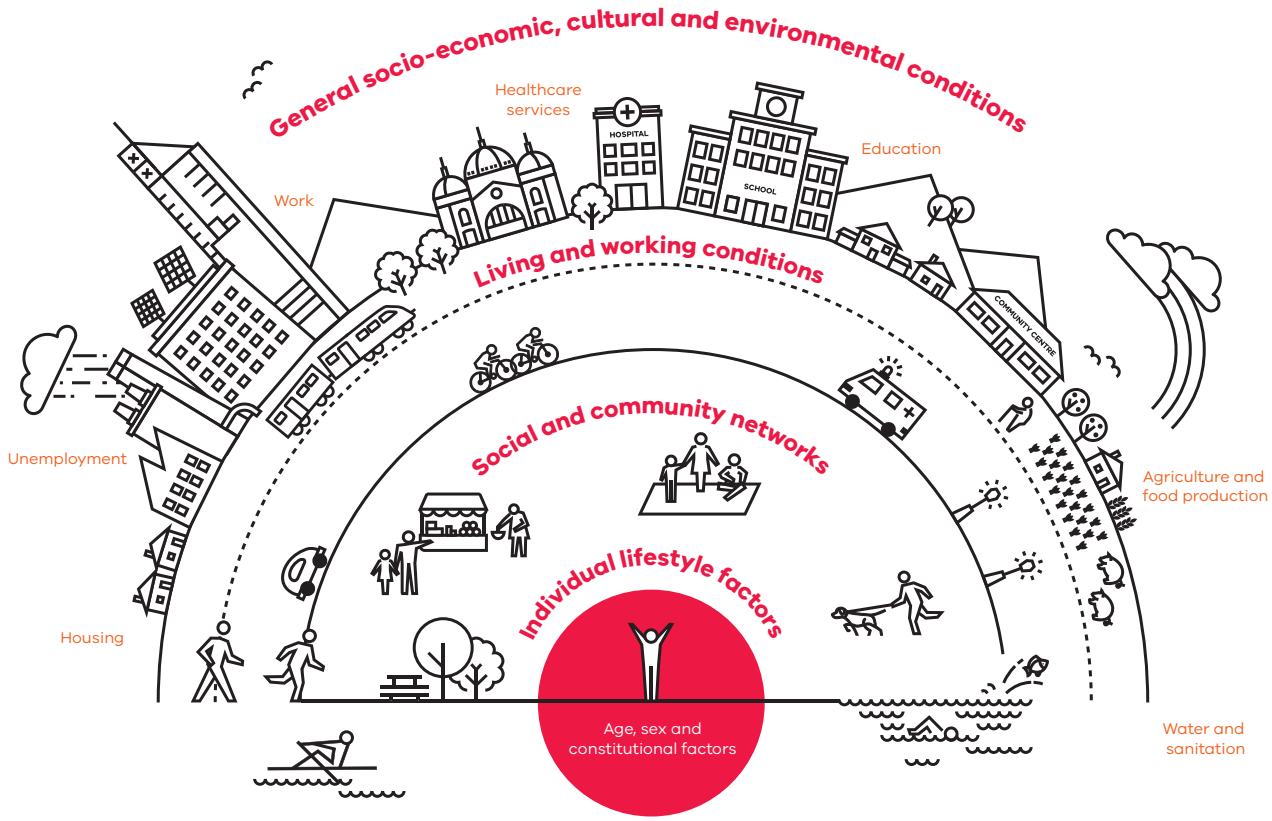
- drive action towards the factors that contribute most strongly to the burden of disease and health inequalities
- ensure all parts of the sector work together towards clear outcomes
- take into consideration the wider determinants of health, both social and economic, in how we design and deliver public health and wellbeing interventions.

Evidence tells us that over a third of the total burden of disease experienced by Australians could potentially be prevented by tackling modifiable risk factors (Australian Institute of Health and Welfare 2019). This requires a joined-up approach across all parts of the public health and wellbeing system. By taking an evidence-informed and coordinated approach we can maximise opportunities across communities and within our settings and services to support Victorians to live healthy lives.

Health and wellbeing is driven by a complex interaction of individual characteristics, lifestyle and the physical, social and economic environment (Buck et al. 2018). There is a range of wider determinants on health and wellbeing including income, early childhood experiences, gender stereotypes, norms and expectations, education, employment, social inclusion, housing and geography, living and working conditions, quality of air, soil and water, and health systems (World Health Organization Regional Office for Europe 2014).

These wider determinants of health (see also Figure 2) are integral to the long-term vision for public health and wellbeing in Victoria and must be considered when we design and deliver public health and wellbeing interventions. A whole-of-government commitment underpins the plan, with place-based and co-design approaches recognised as important mechanisms for driving improvements in public health and wellbeing.

Figure 2: The wider determinants of health



Source: Adapted from Dahlgren & Whitehead 1991

Delivering on previous commitments

The *Victorian public health and wellbeing plan 2015–2019: Action plan update* <https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan/action-plan-update> documents key pieces of work that have been progressed under the priorities of the previous plan, including:

- helping Victorians make informed healthier food choices by working with approximately 3,000 large Victorian chain food businesses to help them meet kilojoule menu labelling legislation, effective from May 2018, and launching a supporting consumer information campaign on kilojoules, energy balance and eating out
- implementing *Active Victoria: a strategic framework for sport and recreation in Victoria 2017–2021* to support all Victorians to be involved in sport and active recreation
- embedding new reforms to Victoria's *Tobacco Act 1987* to ban smoking in outdoor dining areas and regulating e-cigarettes and shisha tobacco in the same way as other tobacco products
- supporting the implementation of the *VicHealth alcohol strategy 2016–2019*, preventing harm from alcohol across three key priority areas: alcohol culture, vulnerable groups and increasing support for evidence-based alcohol control policies
- implementing the *Family violence rolling action plan 2017–2020*, establishing of the Family Violence Safety and Support Hubs service (The Orange Door), and creating Victoria's family violence coordination agency, Family Safety Victoria
- implementing the *Victorian hepatitis B strategy 2016–2020* and the *Victorian hepatitis C strategy 2016–2020*.

The outcomes framework provides a transparent approach to monitoring and reporting and sets clear measures and targets for the health and wellbeing of Victorians. The measures sit across five domains:

1. Victorians are healthy and well.
2. Victorians are safe and secure.
3. Victorians have the capabilities to participate.
4. Victorians are connected to culture and community.
5. Victoria is liveable.

The long-term targets include those set through state policies, such as *Education State* <https://www.education.vic.gov.au/about/educationstate/Pages/default.aspx>, as well as targets Victoria has committed to through national agreements and, where relevant, those developed under international agreements (such as the World Health Organization's non-communicable disease targets).

The *Victorian public health and wellbeing progress repor*t <https://www2.health.vic.gov.au/about/publications/researchandreports/victorian-public-health-and-wellbeing-progress-report>, published in 2019, is the first report of progress against selected indicators in the outcomes framework, providing a snapshot of how the Victorian population is faring with respect to health and wellbeing across the priorities of the previous plan, identifying positive indicators as well as areas for concern (Department of Health and Human Services 2019).

Public health and wellbeing of Victorians

Where are we now

Victorians enjoy a quality of life, health and wellbeing that is high by national and international standards; however, health status varies markedly between populations groups and areas of Victoria. There is a clear social gradient for most preventable conditions and risk factors. To improve population health and wellbeing, these inequalities must be reduced.

Life expectancy

Life expectancy is the most commonly used measure to describe population health (Australian Institute of Health and Welfare 2018a). Australia enjoys one of the highest life expectancies of any country in the world, ranking sixth among Organisation for Economic Co-operation and Development (OECD) countries (Australian Institute of Health and Welfare 2018b).

In Victoria, females can expect to live to 85 years and males 81.3 years (Australian Institute of Health and Welfare 2018a). Male life expectancy has increased in recent years, but further gains can be made.

Despite overall high life expectancy, there is considerable variation across population groups, with life expectancy for Aboriginal Victorians seven years less than for non-Aboriginal Victorians (Australian Institute of Health and Welfare 2017a).

Leading causes of disease, injury and death

Total burden of disease is measured in terms of disability-adjusted life years (DALY) – that is, healthy years of life lost either through dying prematurely (fatal) or through living with illness due to disease and injury (non-fatal).

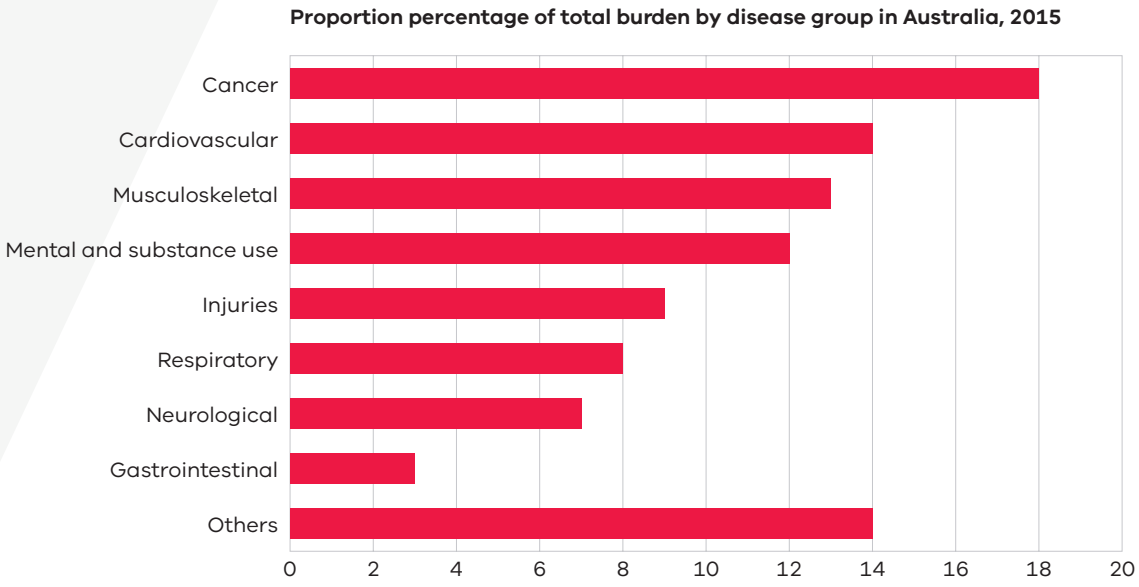
In 2015, 50.4 per cent of the burden was due to living with illness and 49.6 per cent was due to dying prematurely (Australian Institute of Health and Welfare 2019). This is the first time that the burden from living with illness has surpassed the fatal burden, reflecting the fact that people are living longer and often with one or more chronic diseases. As a result, we can expect to see greater demands on our health services, reinforcing the importance of strengthening our approach to preventative health.

In 2015 most of the total burden of disease in Australia was from chronic diseases and injury (Figure 3). The five leading categories accounted for 65 per cent of the burden – these are cancer, cardiovascular diseases, musculoskeletal conditions, mental health conditions and substance use and injuries.

There is considerable variation across population groups (Australian Institute of Health and Welfare 2019):

- Populations in remote areas are 1.4 times more likely to face disease burden compared with those living in major cities.
- Populations in the lowest socioeconomic group are 1.5 more likely to face disease burden compared with those in the highest socioeconomic group.
- Aboriginal Australians were twice as likely to face disease burden compared with non-Aboriginal Australians in 2011.

Figure 3: Proportion of total disease burden by group in Australia, 2015



Source: Australian Institute of Health and Welfare 2019

Modifiable risk factors

A large proportion of the burden of disease is preventable. Thirty-eight per cent of the total burden of disease experienced by Australians could be prevented by reducing exposure to modifiable risk factors (Table 1).

Table 1: Proportion of total burden attributable to each risk factor, 2015

Risk factor	%
Behavioural	
Tobacco use	9.3
Dietary risks	7.3
Alcohol use	4.5
Illicit drug use	2.7
Physical inactivity	2.5
Child abuse and neglect	2.2
Intimate partner violence	0.7
Unsafe sex	0.3
Environmental	
Occupational exposures and hazards	2.0
High sun exposure	0.8
Air pollution	0.8
Metabolic	
Overweight and obesity	8.4
High blood pressure	5.8
High blood plasma glucose (including diabetes)	4.7
High cholesterol	3.0
Impaired kidney function	2.1
Iron deficiency	0.4
Low bone mineral density	0.4
Joint effect[1]	**37.5**

Source: Australian Institute of Health and Welfare 2019

1 The percentages for the individual risk factors in the table do not add up to the joint effect. The risk factors were analysed independently, and it is not appropriate to sum them together due to the complex pathways and interactions between factors.

The five leading risk factors are:

- tobacco use (responsible for 9.3 per cent of the total burden)
- overweight and obesity (8.4 per cent)
- dietary risks (7.3 per cent)
- high blood pressure (5.8 per cent)
- high blood plasma glucose, including diabetes (4.7 per cent).

Smoking remains the leading contributor to the disease burden in Australia, contributing 22 per cent to the cancer burden and 41 per cent to the respiratory burden (Figure 3). In 2016, 12.3 per cent of Victorian adults smoked daily, but the rate is much higher among certain groups (Department of Health and Human Services 2018a).

Overweight and obesity has become the second leading cause of the disease burden, responsible for 8.4 per cent of the total burden and 19.3 per cent of the cardiovascular burden. Victoria (and Australia) has one of the highest rates of overweight and obesity in the world (Australian Bureau of Statistics 2018):

- Nearly a third of Victorian adults are obese, 31.5 per cent or 1.5 million.
- Two-thirds of the adult population are overweight or obese, around 3.3 million Victorians.
- A quarter of children are overweight or obese.

Obesity is also linked to the high blood plasma glucose burden. The rate of type 2 diabetes has been steadily rising in recent decades, particularly among older people. In 2016, 5.9 per cent of Victorians reported having the condition (Department of Health and Human Services 2018a).

Dietary factors account for 7.3 per cent of the total burden of disease in Australia. Only one in 20 adults in Victoria meet the recommended guidelines for vegetables, which is five to six serves per day. Adults on average eat less than half the recommended amount. Around 40 per cent of adults meet the guidelines for fruit, which is two serves per day (Department of Health and Human Services 2018a).

In addition to overall burden, modifiable risk factors can also be explored in relation to specific population groups. For example, for Australian women aged 18–44 years, violence in intimate relationships contributes an estimated 5.1 per cent to the disease burden, warranting attention alongside that of other well-established diseases and public health and wellbeing risk factors (Ayre et al. 2016).

What promotes good health and wellbeing

The conditions in which we are born, grow, work, live and age, as well as the wider set of social, cultural and economic forces and systems, shape the conditions of daily life and have significant consequences for our health and wellbeing (Commission on Social Determinants of Health 2008). The determinants of health can either strengthen or undermine the health of communities and individuals. Discussed below are some of the major contributors to health and wellbeing.

A fair and equal society

A fairer society is fundamental to improving the health of the whole population, yet we know that good health and wellbeing is not equally distributed across the population.

Those who live with greater social and economic disadvantage are more likely to experience health inequalities. Other groups that are also less likely to be afforded the same opportunities to lead a healthy life include:

- Aboriginal and Torres Strait Islander people
- people with physical or intellectual disability
- refugees and people seeking asylum
- homeless people and people at risk of homelessness
- people with a serious mental illness
- children in out-of-home care
- people who are lesbian, gay, bisexual, trans and gender diverse, intersex, and queer and/or questioning (LGBTIQ)
- people from culturally diverse communities
- people living in rural, regional and remote areas.

Intersectionality refers to the ways in which different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation, such as gender, sexual orientation, ethnicity, language, religion, class, socioeconomic status, gender identity, ability or age.

A healthy start in life

Early life experiences provide the foundations for lifelong health and wellbeing, including success in school, the workplace and the community, with the first 1,000 days (the period from conception to two years of age) having the greatest impact (Commission on Social Determinants of Health 2008). A healthy start in life requires the promotion of optimal conditions for parenting and early development such as loving caregivers, safe communities, secure housing, access to parklands, environments free from toxins, and access to affordable, nutritious foods (Centre for Community Child Health 2018).

Some families, however, struggle to get the help they need to provide a safe and nurturing home environment. Family violence, for example, can have profound impacts on the overall development of children, and when family violence is combined with other problems, such as drug and alcohol abuse and mental health concerns, children are at even greater risk of developing emotional, behavioural, health, social and educational problems (Department of Premier and Cabinet 2016).

While the early years of brain development are highly significant for later life outcomes, continued and appropriate forms of support are needed throughout childhood and adolescence (World Health Organization and Calouste Gulbenkian Foundation 2014).

A strong education system

Education both promotes and protects children's health and wellbeing. Well-developed numeracy and literacy skills contribute to children's social, economic and physical wellbeing, affecting their opportunities for education, employment, income and wellbeing across the life course (Australian Institute of Health and Welfare 2018c). Actively engaging with school also fosters important social skills including friendship building, teamwork, communication skills and healthy self-esteem. Conversely, children who are often absent from school risk missing out on both educational and social skills, as well as potentially exacerbating issues such as low self-esteem, social isolation and dissatisfaction (Hancock et al. 2013).

Positive employment

There is an established relationship between employment and health. Being in good employment is protective of health and wellbeing, particularly mental health. Insecure and poor-quality employment is associated with increased risks of poor physical and mental health such as mental health problems and musculoskeletal disorders. The benefits of work include physical activity, providing a sense of community and social inclusion, a feeling of contributing to society and family, providing structure to days and weeks, financial security and a reduced likelihood of risky behaviours, such as excessive drinking (UCL Institute of Health Equity 2015).

Healthy, liveable communities

Liveable communities provide a basis for good health and wellbeing for all age groups and can contribute to reducing health inequalities. A liveable place has been defined as a place that is safe, attractive, socially cohesive/inclusive and environmentally sustainable, with affordable and diverse housing linked to employment, education, public open space, local shops, health and community services, and leisure and cultural opportunities via convenient public transport, walking and cycling infrastructure (Lowe et al. 2013).

Effective health protection

Protection from communicable disease remains integral to a strong public health and wellbeing system. In Australia several challenges remain including foodborne diseases, the emergence of antimicrobial-resistant bacteria, sexually transmissible diseases, vector-borne diseases and vaccine-preventable diseases (Office of Health Protection 2018). In some instances where prevention is not possible (such as for new and emerging communicable diseases) or a disease has already occurred (communicable disease outbreak), disease control is important.

Setting priorities and driving action over the next four years

Reaching our targets for improving public health and wellbeing requires sustained effort over many years. In recognition of this, there is continuity for the priorities of the 2015–2019 plan alongside an increased focus on current threats to our health and wellbeing.

Government is committed to making progress across all priority areas; however, consultation with the sector highlighted a need for greater coordination and a more targeted approach to priority setting.

'Having a focused effort on fewer priorities would allow for greater collaboration … and should lead to greater impact in those priority areas.' [quote from consultation]

Several stakeholders also identified the need to support local flexibility and innovation as imperative to making gains at the local level.

'I think having overall priorities and targets for the state is very beneficial. Local areas should then have flexibility to implement actions towards the priorities that best suit their community needs.' [quote from consultation]

To provide a platform for coordinated action in some areas while maintaining local flexibility, the plan adopts the following approach:

- setting 10 priorities for public health and wellbeing, giving continuity to the priorities of the previous plan, but in recognition that improvements in public health and wellbeing extend well beyond the life of a single plan
- placing increased attention on four focus areas where additional support and guidance will be provided over the next four years
- identifying three strategic actions to direct effort across each focus area.

'Having a focused effort on fewer priorities would allow for greater collaboration … and should lead to greater impact in those priority areas.'

[quote from consultation]

'I think having overall priorities and targets for the state is very beneficial. Local areas should then have flexibility to implement actions towards the priorities that best suit their community needs.'

[quote from consultation]

Our priorities

Our 10 priorities are:

- **Tackling climate change and its impact on health**
- **Reducing injury**
- **Preventing all forms of violence**
- **Increasing healthy eating**
- **Decreasing the risk of drug-resistant infections in the community**
- **Increasing active living**
- **Improving mental wellbeing**
- **Improving sexual and reproductive health**
- **Reducing tobacco-related harm**
- **Reducing harmful alcohol and drug use.**

A comprehensive process underpins the selection of public health and wellbeing priorities for Victoria, with consideration given to the following:

- consultation with the public health and wellbeing sector
- data to indicate a significant contribution to the modifiable burden of disease and health inequalities in Victoria
- an emerging threat or challenge to the public's health and wellbeing where a lack of action is likely to result in a significant future health burden
- strong evidence for what works to improve outcomes
- co-benefits for improved outcomes in another area
- system stewardship required to ensure a comprehensive public health approach can be taken.

Tackling climate change and its impact on health

The World Health Organization has described climate change as the defining issue for public health in the 21st century (WHO 2015). It is an urgent challenge, with implications at the global, national and community levels. Climate change affects health in many ways – directly by the increased intensity and frequency of extreme weather events such as prolonged heatwaves, floods and bushfires, and indirectly through worsening air quality, changes in the spread of infectious diseases, risks to food safety and drinking water quality, and effects on mental health.

What we want to achieve

- Resilient and safe communities that are adapting to the public health impacts of climate change
- Decreased health impacts associated with climate change (for example, fewer deaths from extreme heat events, fewer mosquito-borne diseases, fewer food outbreaks, fewer algal blooms in drinking water catchments)
- Increased action to reduce greenhouse gas emissions and realise associated health co-benefits

Links

Victorian public health and wellbeing outcomes framework <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-public-health-and-wellbeing-outcomes-framework>

- Outcome 5.1 Victorians belong to resilient and liveable communities
- Outcome 5.2 Victorians have access to built and natural environments

Victoria's climate change framework <https://www.climatechange.vic.gov.au/victorias-climate-change-framework>

Victoria's climate change adaptation plan 2017–2020 <https://www.climatechange.vic.gov.au/adapting-to-climate-change-impacts>

Reducing injury in the community

Injury is a leading cause of morbidity and permanent disability in Australia and is the principal cause of death in people under 45 years of age (Australian Institute of Health and Welfare 2018d). Injuries cause a range of physical and psychological impacts that seriously affect the quality of life of injured people and their families. Injury is a complex public health issue that covers an extremely broad range of causes including transport, falls, drowning, suicide, assault, poisoning, burns/scalds, sporting injuries and workplace injuries.

What we want to achieve

- Decrease injury across the population, with an emphasis on priority populations: children 0–14 years, young adults 15–24 years, older adults 65+, Aboriginal Victorians and rural populations

Links

Victorian public health and wellbeing outcomes framework <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-public-health-and-wellbeing-outcomes-framework>

- Outcome 1.1 Victorians have good physical health

Preventing all forms of violence

Family violence has a profound impact on health and wellbeing – with far-reaching impacts including deteriorated physical and mental health, loss of housing, loss or limited access to employment, precarious financial security, isolation and alienation of extended family/social support and, in extreme cases, death. One in three women over the age of 15 has experienced physical violence, one in four has experienced physical or sexual violence by a current or former partner and one in five has experienced sexual violence (Office of Prevention and Women's Equality 2017). Some groups of women are disproportionately affected, including those with a disability and Aboriginal women. At its core, family violence and violence against women is rooted in the inequality between women and men. When family violence occurs in the home, children are often present. Exposure to family violence can have profound long-term effects on a child's development, mental health, behaviour and learning (Office of Prevention and Women's Equality 2017).

Street and community violence primarily affects men. Tolerance of violence between men is conveyed through social attitudes held by some men and women, and through popular media and film.

What we want to achieve

- Women, men, girls and boys are treated equally with respect and dignity
- All parts of the community are engaged in practical and creative ways to learn about respectful, safe and equitable relationships
- Women and children are resourced, supported and empowered to make decisions regarding their safety and wellbeing
- All Victorians feel safe and empowered to take a stand against family violence

Links

Victorian public health and wellbeing outcomes framework <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-public-health-and-wellbeing-outcomes-framework>

- 2.1 Victorians live free from abuse and violence

Free from violence – Victoria's strategy to prevent family violence and all forms of violence against women <https://www.vic.gov.au/building-strength-10-year-industry-plan>

Diversity and intersectionality framework <https://www.vic.gov.au/inclusion-and-access-for-diverse-communities>

Everybody Matters: inclusion and equity statement <https://www.vic.gov.au/everybody-matters-inclusion-and-equity-statement>

Victorian family violence outcomes framework <https://www.vic.gov.au/building-strength-10-year-industry-plan>

Roadmap for Reform: strong families, safe children <https://dhhs.vic.gov.au/publications/roadmap-reform-strong-families-safe-children>

Increasing healthy eating

Our diet and food environment has changed markedly over the past 30 years or more, with many Victorians not consuming enough of the foods and drinks required to keep us healthy (such as vegetables, fruit and wholegrain cereals) and consuming too many discretionary foods and drinks that are high in energy, saturated fat, added sugar, salt or alcohol. This change has coincided with an increase in obesity and contributed to chronic diseases such as cardiovascular disease, type 2 diabetes, some cancers and dental caries, as well as to poor mental health.

What we want to achieve

- Increase access to healthier food and drinks, and decrease access to discretionary foods and drinks
- Increase capacity to breastfeed, and prepare and consume healthier foods and drinks
- Increase capacity to not consume discretionary food and drinks
- Increase socio-cultural norms reinforcing healthier eating, drinking and breastfeeding
- Decrease sodium, saturated fat and added sugar, and increase fruit, vegetables, wholegrains and dairy/alternatives in processed and ready-to-eat foods
- Increase purchase of healthier food and drinks, and decrease purchase of discretionary food and drinks
- Decrease the quantity of discretionary food and drinks served eating out and at home
- Decrease exposure to marketing of discretionary food and drink, and increase exposure to marketing of healthier food and drinks

Links

Victorian public health and wellbeing outcomes framework <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-public-health-and-wellbeing-outcomes-framework>

- Outcome 1.3 Victorians act to protect and promote health

Healthy Choices guidelines <http://heas.health.vic.gov.au/healthy-choices/guidelines>

Decreasing the risk of drug-resistant infections in the community

Developing drug-resistant infections is one of the most serious threats to human health. 'Antimicrobial resistance' refers to the ability of an infection (caused by a bacterium, fungus or virus) to become resistant to the drugs we use to treat them, such as antibiotics (World Health Organization 2019). The emergence and spread of resistant microorganisms is driven by human and non-human antimicrobial drug usage in Australia and overseas.

What we want to achieve

- Increased awareness and understanding of antimicrobial resistance across the community, health, environmental and agricultural sectors
- Improved surveillance of antimicrobial resistance across the human, animal and environmental sectors
- Create a comprehensive evidence base on which to base interventions across all sectors – human, animal and environmental
- Halt the increase in antimicrobial resistance in Australia across human and animal health

Increasing active living

Leading an active life improves our health and wellbeing. By moving more and sitting less we reduce the risk of ill health and all-cause mortality. That is, regular physical activity can help to prevent (and treat) many non-communicable diseases such as heart disease, some cancers, diabetes, musculoskeletal conditions and depression (Booth, Roberts & Laye 2011; Pedersen & Saltin 2015). Moreover, being physically active in combination with a healthy diet helps to reduce other risk factors for disease such as high blood pressure and overweight and obesity (Australian Institute of Health and Welfare 2017b). Incorporating physical activity, preferably any type that you enjoy, into every day is associated with improved mental health, ageing well and increased levels of happiness. It is never too late to start leading an active life, with the health and wellbeing benefits realised well into older age.

What we want to achieve

- Improve neighbourhood and precinct planning to better support active living
- Increase accessible and adaptable spaces for active living, ensuring compliance with appropriate state and national regulations and standards
- Increase socio-cultural norms reinforcing active living
- Increase capacity to be more physically active and less sedentary
- Improve integration and accessibility of public transport
- Increase active transport
- Increase participation in sport and active recreation activities
- Decrease sedentariness in workplaces, schools and early learning centres and during leisure time

Links

Victorian public health and wellbeing outcomes framework <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-public-health-and-wellbeing-outcomes-framework>

- Outcome 1.3 Victorians act to protect and promote health

Plan Melbourne 2017–2050 <https://www.planmelbourne.vic.gov.au/the-plan>

Victorian cycling strategy 2019–2028 <https://transport.vic.gov.au/getting-around/walking-and-cycling>

Active Victoria – A strategic framework for sport and recreation in Victoria 2017–2021 <https://sport.vic.gov.au/publications-and-resources/strategies/active-victoria-strategic-framework-sport-and-recreation>

Biodiversity 2037 <https://www.environment.vic.gov.au/biodiversity/biodiversity-plan>

Improving mental wellbeing

Mental health is an essential ingredient of individual and community wellbeing and significantly contributes to the social, cultural and economic life of Victoria. Each year, one in five Victorians will experience a mental health condition, with 45 per cent of Victorians experiencing that in a lifetime (Australian Bureau of Statistics 2008). Certain population groups are at higher risk of poor mental health and mental illness because of greater exposure and vulnerability to unfavourable social, economic and environmental circumstances, including social isolation and loneliness. Feeling connected to others, being able to cope with the usual stresses of life, having the opportunity and capacity to contribute to community and being productive are all critical to mental health. Mental health conditions overlap considerably with chronic diseases such as diabetes, cardiovascular disease and cancers, alcohol and substance misuse, and problem gambling. These various groups of conditions share numerous risk factors, are risk factors for each other, and frequently co-occur.

What we want to achieve

- A reduction in the prevalence of mental illness, and increased resilience among Victorian individuals, families and communities
- Reductions in the gap in social and emotional wellbeing for at-risk groups, including Aboriginal Victorians, with an emphasis on loneliness and increasing social connectedness
- Reductions in the occurrence of suicide deaths, suicidal ideation and suicidal attempt, and the gap between the suicide rates for vulnerable groups and the general population

Links

Victorian public health and wellbeing outcomes framework <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-public-health-and-wellbeing-outcomes-framework>

- Outcome 1.2 Victorians have good mental health
- Outcome 4.1 Victorians are socially engaged and live in inclusive communities

Victoria's 10-year mental health plan <https://www2.health.vic.gov.au/mental-health/priorities-and-transformation/mental-health-plan>

Victorian suicide prevention framework 2016–2025 <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-suicide-prevention-framework-2016-2025>

Royal Commission into Victoria's Mental Health System <https://rcvmhs.vic.gov.au/>

Improving sexual and reproductive health

Sexual and reproductive health is important for everyone. It is not only about physical wellbeing – it includes the right to healthy and respectful relationships, health services that are inclusive, safe and appropriate, access to accurate information testing, treatment, and timely support and services (including access to affordable contraception).

Sexual and reproductive health is important across the life course. Good sexual and reproductive health involves gender equality, respect, safety and freedom from discrimination, violence and stigma. It is critically influenced by power dynamics, gender norms and expectations and is expressed through diverse sexualities.

Sexually transmissible infections and bloodborne viruses including human immunodeficiency virus (HIV) continue to impact the health and wellbeing of Victorians, in particular those at greatest risk. The virtual elimination of new transmissions of HIV and hepatitis B and C in Victoria is a possibility due to the significant advances in prevention, testing, treatment and management.

What we want to achieve

- Promote and support positive, respectful, non-coercive and safe sexual relationships and reproductive choice (including planned, safe and healthy pregnancy and childbirth)
- Improve knowledge and awareness of factors that affect the ability to conceive a child, and increase access to contemporary, safe and equitable fertility control services to enable Victorians to exercise their reproductive rights
- Early diagnosis, effective treatment and management of specific reproductive health issues, such as endometriosis, polycystic ovary syndrome and menopause
- Reduce sexually transmissible infections and blood-borne viruses through prevention, testing, treatment, care and support
- Work towards eliminating HIV and viral hepatitis transmission and significantly increase treatment rates
- Reduce and eliminate stigma, including homophobia, transphobia and biphobia

Links

Victorian public health and wellbeing outcomes framework <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-public-health-and-wellbeing-outcomes-framework>

- Outcome 1.1 Victorians have good physical health

Women's sexual and reproductive health: key priorities 2017–2020 <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/womens-sexual-health-key-priorities>

Victorian HIV strategy 2017–2020 <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-hiv-strategy-2017-2020>

Victorian hepatitis B strategy 2016–2020 <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-hepatitis-b-strategy-2016-2020>

Reducing tobacco-related harm

Tobacco use is the leading contributor to disease and death burden. It is responsible for 9.3 per cent of disease burden and 13.3 per cent of deaths in Australia (Australian Institute of Health and Welfare 2019). Smoking increases the risk of lung cancer, cardiovascular disease, chronic obstructive pulmonary disease, gum disease and many other illnesses, and evidence suggests that smoking kills almost two in three regular users (Banks et al. 2015). The health burden of tobacco use does not just affect smokers. Children who live in a smoking household are significantly more likely to suffer from bronchiolitis and other respiratory conditions (Jones et al. 2011).

What we want to achieve

- Decrease access and affordability of tobacco products
- Decrease the number of environments in which to smoke
- Decrease exposure to second- and third-hand smoke
- Decrease social acceptability of smoking
- Increase capacity to stop smoking and use of nicotine
- Increase uptake of stop-smoking supports

Links

Victorian public health and wellbeing outcomes framework <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-public-health-and-wellbeing-outcomes-framework>

- Outcome 1.3 Victorians act to protect and promote health

Victoria's tobacco reforms <https://www2.health.vic.gov.au/public-health/tobacco-reform>

Reducing harmful alcohol and drug use

Alcohol and other drug problems are complex, affecting not only individuals but their families, their friends and their communities. We see the impacts of these problems in our health system, child and family services, family violence response and law enforcement. It is an issue that spans health, wellbeing, housing, community safety, child protection and mental health.

What we want to achieve

- Increased capability in all service systems including mental health, housing, child protection and family violence to assist people with alcohol and other drug-related issues
- Better outcomes for those who access treatment, reducing harm (such as overdose, drug-related illness) and improving social outcomes (such as employment, stable housing and family reunification)
- Improved capability of primary care providers to assist people to manage alcohol and other drug-related issues before treatment is required or complexity develops
- Change risky drinking cultures and deliver environments that support low-risk drinking

Links

Victorian public health and wellbeing outcomes framework <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-public-health-and-wellbeing-outcomes-framework>

- Outcome 1.3 Victorians act to protect and promote health

Focus areas for the next four years

In recognition of a need to drive targeted, collective and coordinated action across the sector, four focus areas have been identified. Over the next four years there will be additional guidance and direction provided to support evidence-informed, coordinated action for these areas. We will also identify opportunities to strengthen accountability and reporting mechanisms to ensure alignment with the focus areas of the plan across all prevention partners.

The four focus areas are:

- tackling climate change and its impact on health
- increasing healthy eating
- increasing active living
- reducing tobacco-related harm.

These areas have been selected because they:

- respond to areas that are not being addressed in other key policy and strategic frameworks
- seek to tackle the leading modifiable contributors to the preventable burden of disease (tobacco use and poor diet)
- put a spotlight on serious threats to public health and wellbeing (climate change)
- direct action towards protective factors for health and wellbeing where there is evidence and capacity in the sector to support change (active living).

Tackling climate change and its impact on health

Strategic actions:

Continued emphasis on understanding and assessing the risks of climate change to public health.

Promoting community adaptation to the public health risks associated with climate change.

Assessing the health co-benefits of measures to reduce greenhouse gas emissions.

Why an increased focus?

The prevailing climatic and environmental conditions in which a society exists has a profound influence on its population's health. The health impacts are already being seen in Victoria, with more deaths associated with more frequent heatwaves, as well as an increase in mosquito-borne disease following floods. It is expected that Victoria will experience:

- continued increases in temperatures year-round
- more hot days and warm spells
- less rainfall in winter and spring south of the Divide; less rainfall in autumn, winter and spring north of the Divide
- more frequent and more intense downpours
- harsher fire weather and longer fire seasons.

Climate change also has consequences for growing health inequalities, with population groups such as the elderly, young children, pregnant women, people with a chronic disease and low-income households disproportionately affected by the effects of climate change.

Many of the actions we can take to reduce greenhouse gas emissions bring with them health co-benefits. Healthy eating and sustainable diets, walking and cycling for short journeys and taking public transport over driving are simple examples.

Adapting to the impacts of climate change and mitigating further impacts will require a collective effort by governments, industry, service providers, the emergency management and health sectors, communities, households and individuals.

Key facts

- Australia's climate has already warmed by just over 1.0°C since 1910 (Bureau of Meteorology and CSIRO 2018).
- Sea level today is approximately 225 mm higher than in 1880 (Department of Environment, Land, Water & Planning 2015).
- Australia has seen an increase in the frequency of extreme heat events (Bureau of Meteorology and CSIRO 2018).
- April–October rainfall has declined by approximately 11 per cent since the late 1990s in the southeast of Australia (Bureau of Meteorology and CSIRO 2018).
- Streamflow and water storage levels have decreased across southern Australia (Bureau of Meteorology and CSIRO 2018).
- There has been a long-term increase in the length of the fire season and in extreme fire weather across many regions of Australia (Bureau of Meteorology and CSIRO 2018).

Increasing healthy eating

Strategic actions:

Accelerating the implementation of healthy food (and drink) supply policies in all key public settings (including health services, schools and early childhood services, sport and recreation settings, events and workplaces).

Implementing initiatives and approaches supporting healthier lifestyles and habits.

Investing in collaborative place-based approaches to healthy eating and increasing access to healthy food in communities.

Why an increased focus?

Australians are now spending 58 per cent of their food dollar on discretionary foods and drinks (Lee et al. 2016). In settings where we live, work and play, healthy food and drink choices are often marginal rather than mainstream. The ease of access, affordability and marketing of unhealthy food and drinks choices, coupled with other socioeconomic and environmental factors (including climate change), strongly influence individual choice.

Dietary patterns consistent with the Australian dietary guidelines promoting a healthy, sustainable and safe diet improve health and wellbeing (National Health and Medical Research Council 2013).

While multiple strategies are required to achieve healthy eating across all age groups, prioritising strategies for infants, children and families acknowledges our fundamental responsibility to ensure we give children a good start in life. It recognises that healthy food and drink choices need to be supported by adequate physical activity to address obesity and chronic disease, and that urban planning and built environment initiatives are also important.

Poor diet and consumption of sugar-sweetened drinks are also important contributors to poor oral health, highlighting a significant co-benefit of action to increase healthy eating.

Key facts

- 68 per cent of Victorian adults are overweight or obese – an estimated 3.3 million Victorians. In addition, a quarter of our children are also overweight or obese (Australian Bureau of Statistics 2018).
- In Victoria, discretionary foods account for 35 per cent of kilojoule intake for adults and nearly 40 per cent for children (Department of Health and Human Services 2016).
- Three-quarters (76.7 per cent) of children meet the guidelines for the recommended daily serves of fruit, while around one in 25 (3.8 per cent) meet the guidelines for recommended daily serves of vegetables (Department of Education and Training 2019).
- Almost a third of children (aged two to 17 years) consume sugar-sweetened beverages one to three days per week (Australian Bureau of Statistics 2018).

Increasing active living

Strategic actions:

Increase the proportion of transport trips that use active modes of travel.

Increase easy access to parks, open spaces and public spaces, with opportunities for physical activity where appropriate.

Integrate healthy lifestyle counselling and referrals within routine healthcare services.

Why an increased focus?

Active communities contribute many co-benefits to our society (Heart Foundation 2019; World Health Organization 2018). For example, higher levels of physical activity support improved academic performance throughout early childhood and school and increased workplace productivity. Encouraging this activity to occur in natural environments (including parks) can increase people's connection with nature and catalyse actions to conserve and protect our natural environments.

Neighbourhoods designed to support walking, cycling and public transport use foster positive social connections, promote feelings of safety and belonging, stimulate local business activity and can reduce the environmental impacts associated with car emissions and traffic congestion. Car emissions contribute to climate change and, coupled with increased traffic congestion due to Victoria's strong population growth, increasing the share of trips made using sustainable transport modes (such as walking and cycling) is imperative.

Sport and active recreation play an important role in Victoria's cultural and social life. It can be an important agent to challenge and shift socio-cultural norms and reduce inequalities and discrimination within communities. Sport and active recreation also deliver substantial economic benefits, with a one per cent increase in physical activity levels of Victorians estimated to generate approximately 1,300 jobs, $160 million in economic growth and $33.5 million in savings each year (Cheesman & Jones 2018).

Key facts

- Approximately 3.1 million Victorians are not sufficiently active for health benefits (Department of Health and Human Services 2018b).
- In 2015, 2.5 per cent of the total disease burden in Australia was attributed to physical inactivity (Australian Institute of Health and Welfare 2019).

Reducing tobacco-related harm

Strategic actions:

Reduce smoking-related harm and denormalise smoking behaviours through ongoing support and modernisation of tobacco control regulation in Victoria.

Support smokers to quit through greater access to and uptake of smoking cessation.

Embed smoking identification and cessation pathways into routine care.

Why an increased focus?

In Victoria, smoking claims about 4,400 lives each year (Australian Institute of Health and Welfare 2016). These deaths are entirely avoidable and cause distress for individuals, families and communities. In addition to the devastating health impacts, smoking has a significant economic impact, costing the Victorian economy $3.7 billion in tangible costs such as health care, and $5.8 billion in intangible costs associated with the loss of life every year (Creating Preferred Futures 2018).

While progressive tobacco control efforts have reduced smoking rates in Victoria over the past few decades, recent data suggests that these reductions are slowing, with a modest decrease of 0.3 per cent between 2013 to 2016 (Australian Institute of Health and Welfare 2017b). This is likely to reflect the unequal distribution of smoking rates across the population, with further gains needed in certain population groups. For example, while the smoking rate across the population in 2016 was 12.3 per cent, 39 per cent of Aboriginal Australians aged over 14 years smoked daily (Australian Bureau of Statistics 2016), and socioeconomically disadvantaged individuals are more likely to be current smokers.

Aboriginal women are significantly more likely to smoke during pregnancy, with almost 40 per cent of Aboriginal women in Victoria having smoked at any time during pregnancy, which was more than four times higher than non-Aboriginal pregnant women (Consultative Council on Obstetric and Paediatric Mortality and Morbidity 2017).

Continued and renewed focus on reducing tobacco-related harm is essential to further reduce Victoria's smoking rates and the devastating health effects of tobacco use on the Victorian community.

Key facts

- In 2016, 12.3 per cent of Victorian adults smoked daily (Department of Health and Human Services 2018a).
- Four per cent of Victorian students aged 12–17 years smoke (Department of Health 2010).
- 39 per cent of Aboriginal and Torres Strait Islander people aged over 14 years smoke daily (Australian Bureau of Statistics 2016).
- Tobacco use contributed to 13 per cent of all Australian deaths in 2015 (Australian Institute of Health and Welfare 2019).
- In Victoria, both males and females in the lowest household income group are twice as likely to be smokers compared with the highest household income group (Department of Health and Human Services 2018a).

Taking a comprehensive and inclusive approach and responding to health inequalities

Improved outcomes in public health and wellbeing are rarely realised with a one-size-fits-all approach. We must build a public health and wellbeing system that responds to diverse community needs and tackles the disadvantage, stigma and discrimination that affect health and wellbeing.

We must foster an inclusive system that affords all Victorians the opportunity for optimal health and wellbeing, tackling the attitudes, systems and structures that reinforce health inequalities.

Over the next four years we will continue to work in partnership with Victorian communities, tailoring responses to meet the needs of all population groups at all stages of life, utilising co-design principles and place-based approaches to improve public health and wellbeing outcomes and reduce inequalities.

Recognising Aboriginal self-determination

Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027 sets a clear vision for self-determining, healthy and safe Aboriginal people and communities. The plan recognises the importance of Aboriginal people taking ownership, carriage and responsibility for designing, delivering and evaluating policy and services on their own terms.

What this means for the 2019–2023 plan:

- The public health and wellbeing sector should refer to the guiding principles for Aboriginal self-determination as outlined in *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027* <https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak> and the 11 self-determination guiding principles of the *Victorian Aboriginal affairs framework 2018–2023* <https://w.www.vic.gov.au/aboriginalvictoria/policy/victorian-aboriginal-affairs-framework/victorian-aboriginal-affairs-framework-2018-2023.html>.

Fostering gender equality

As outlined in *Safe and strong: A Victorian gender equality strategy* <https://www.vic.gov.au/safe-and-strong-victorian-gender-equality>, the Victorian Government's vision for gender equality is for all Victorians to live in a safe and equal society; have equal access to power, resources and opportunities; and be treated with dignity, respect and fairness. Women's gendered experience, including of violence and sexism, can affect their life experiences and subsequently their health and wellbeing.

What this means for the 2019–2023 plan:

- When implementing action towards the priorities of the plan, consideration should be given to the importance of gender and intersectionality.

Responding to the needs of our diverse population

We need a public health and wellbeing system that is appropriate for and responsive to Victoria's diverse population. Some examples of diversity within our population are presented below.

People with disability

There are more than one million people with disability living in Victoria. The health status of people with disability is worse than for the general population in ways that are not always directly related to an individual's disabilities. Discrimination and a lack of inclusion have a negative effect on a person's health, both directly and indirectly.

Absolutely everyone. *State disability plan 2017–2020* <http://www.statedisabilityplan.vic.gov.au>

Culturally diverse

Victoria has been enriched by the presence of people from all over the world. At the 2016 Census 28.4 per cent of Victoria's population were born overseas, and 49.1 per cent of Victorians were either born overseas or have a parent who was born overseas.

Delivering for diversity – Cultural diversity plan 2016–2019 <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/dhhs-delivering-for-diversity-cultural-diversity-plan-2016-19>

Lesbian, gay, bisexual, trans and gender diverse, intersex, and queer and/or questioning (LGBTIQ)

LGBTIQ Victorians have a right to equality, fairness and full inclusion. Many LGBTIQ Victorians live healthy, connected, happy and positive lives, but the LGBTIQ population has poorer health and wellbeing outcomes than other Victorians in some areas. These poorer health outcomes are largely a result of stigma and discrimination experienced by LGBTIQ populations.

What this means for the 2019–2023 plan:

- When implementing action towards the priorities of the plan, consideration should be given to the needs of Victoria's diverse population, including people with disability, those from culturally diverse backgrounds, LGBTIQ populations and associated sub-groups.

Tailoring our approaches across the life course

A life course approach aims to optimise health and wellbeing across all ages and stages of life, recognising the impact of accumulating biological and social risk and protective factors on health and wellbeing and the importance of intervening early and at critical periods. These periods include:

- giving children the best start in life
- fostering resilience during childhood and adolescence
- supporting the transition into young adulthood
- encouraging healthy adulthood
- promoting active and healthy ageing.

Transition points are also important to consider because these can be times for both increased vulnerability as well as opportunities for change. These may include pregnancy, birth and early parenthood, the transition from school into higher education or employment, and moving into retirement and older age.

What this means for the 2019–2023 plan:

- When implementing action towards the priorities of the plan, consideration should be given to specific stages across the life course or the settings in which certain cohorts live, learn, work or play.

Placed-based and local solutions

Placed-based or 'whole of community' approaches recognise how the places where people live, learn, work and play have an important role in shaping health and wellbeing. Place-based approaches are ways of developing and delivering local solutions to local problems that empower communities to find solutions to local challenges, building on local strengths towards outcomes that matter to them (Mukherjee & Sayers 2016). By recognising the importance of place, we can strengthen opportunities to deliver effective action towards the targets of the *Victorian public health and wellbeing outcomes framework*.

People living in regional and rural Victoria do not always enjoy the same level of health and wellbeing as other Victorians. There is a range of reasons for this, including issues of distance and available transport and variations in workforce, socioeconomic status and infrastructure.

What this means for the 2019–2023 plan:

- Where appropriate, the actions of the plan should be translated within a place-based framework, allowing for local innovation and adaptation of evidence-informed practice.
- When implementing actions towards the priorities of the plan, consideration should be given to the specific needs of metropolitan, regional and rural populations of Victoria.

Governance and monitoring

Strengthened governance and closer monitoring over the next four years will be introduced to track progress against the plan and to ensure we are working towards the targets of the *Victorian public health and wellbeing outcomes framework*.

Ongoing governance

A cross-government working group has been established to oversee implementation of the plan. Departmental representation will reflect relevant areas required to progress specific priorities.

The objectives of this group are to:

- oversee the development of additional guidance to support the plan's implementation over the next four years
- contribute to developing the next public health and wellbeing plan for 2023–2027.

Governance arrangements will extend to include existing structures and networks to provide expert input into additional guidance and resources as required.

Monitoring

The *Victorian public health and wellbeing outcomes framework* provides long-term measures to monitor public health and wellbeing across Victoria. There is a commitment to report against the framework every third year of the four-year public health and wellbeing cycle, with the next report due in the 2021–22 financial year.

Further resources will be made available to support the sector to monitor progress against the plan's focus areas.

Local governments are required to submit their four-year municipal public health and wellbeing plans, which they review annually.

Appendix: Wider legislative and policy context

Public health and wellbeing in Victoria is guided by a range of legislation, not all of which is health-focused.

The Public Health and Wellbeing Act 2008

The Public Health and Wellbeing Act 2008 is a major legislative driver for improving the health and wellbeing of Victorians. The Act recognises that the State has a significant role in promoting and protecting the public health and wellbeing of people living in Victoria.

The Act requires that a state public health and wellbeing plan be prepared every four years, with the first plan produced in September 2011. Each plan needs to include a range of aspects pertinent to the prevention and protection of public health and wellbeing. According to s.49 of the Act the plan must:

a) identify the public health and wellbeing needs of the people of the State;
b) include an examination of data relating to health status and health determinants within the State;
c) establish objectives and policy priorities for—
   i. the promotion and protection of public health and wellbeing in the State;
   ii. the development and delivery of public health interventions in the State;
d) identify how to achieve the objectives and policy priorities referred to in paragraph (c) based on available evidence;
e) specify how the State is to work with other bodies undertaking public health initiatives, projects and programs to achieve the objectives and policy priorities referred to in paragraph (c).

The Act establishes six principles to guide public health efforts in the state:

Evidence-based decision making: The best available, relevant and reliable evidence should be used to inform decisions regarding use of resources and selection of interventions that promote and protect public health and wellbeing.

Precautionary principle: Where a health risk poses a serious threat, lack of full scientific certainty should not be used as a reason to postpone measures to prevent or control the health risk.

Primacy of prevention: The prevention of disease, illness, injury, disability and premature death is preferable to remedial measures.

Accountability: Decisions relating to the Act should be made in transparent, systematic and appropriate ways that include promoting a good understanding of public health issues to Victorians

and providing the opportunity to participate in policy and program development.

Proportionality: Decisions made and actions taken relating to the Act should be proportionate to the identified health risk sought to be prevented, minimised or controlled.

Collaboration: Public health and wellbeing, in Victoria and at the national and international levels, can be enhanced through collaboration between all levels of government and industry, business, communities and individuals.

Following the Royal Commission into Family Violence, the Public Health and Wellbeing Act, in accordance with recommendation 94 of the royal commission, was amended to require councils to specify measures to prevent family violence and respond to the needs of victims of family violence in the community in preparing public health and wellbeing plans.

Climate Change Act 2017

The *Climate Change Act 2017* provides Victoria with a world-leading legislative foundation to manage climate change risks, maximise the opportunities that arise from decisive action, and drive our transition to a climate-resilient community and economy with net zero emissions by 2050. Under the Climate Change Act both state and local governments must have regard to climate change when undertaking public health and wellbeing planning.

Other legislation

Other Victorian legalisation that has shaped public health and wellbeing includes the *Improving Cancer Outcomes Act 2014*, the *Health (Fluoridation) Act 1973* and amendments to the *Tobacco Act 1987*. Amendments to the Tobacco Act have banned smoking in cars carrying children (2010), prohibited the display of tobacco products at retail points of sale (2011) and introduced outdoor smoking bans on patrolled beaches (2012) and around children's recreational areas such as playgrounds and sporting venues (2014). Further amendments prohibit smoking at entrances to schools, childcare centres, public hospitals and community health centres, and some government buildings (2015).

Public health-related legislation is also designed to protect the population from hazards to health, which include injuries and accidents, to control well-known risks to health such as food safety and to authorise or mandate specific population-wide interventions such as immunisation. Legislation designed specifically to prevent

injury includes road safety and workplace safety laws, consumer protection laws, laws governing the use and transport of dangerous goods in industry and various laws designed to ensure the safety of essential community infrastructure. They include the *Radiation Act 2005*, the *Safe Drinking Water Act 2003* and the *Drugs Poisons and Controlled Substances Act 1981*.

The Food Act 1984 provides the regulatory framework for the food industry to ensure that food sold in Victoria is safe, suitable and correctly labelled. National food standards, which are embodied in the Food Standards Code, form part of the Food Act.

Other legislation imposes controls to prevent, or minimise, air, water, soil and noise pollution and plays an important role in protecting human health and ecosystems. This legislation includes the *Environment Protection Act 1970* and the *Planning and Environment Act 1987*, which provides the state's framework for residential and industrial development. The *Transport Integration Act 2010* includes objectives to support social and economic inclusion through promoting forms of transport with greatest benefit for health and wellbeing.

The *Sport and Recreation Act 1972* (amended in 2008) aims to promote the fitness and general health of the people of Victoria through encouraging active participation, encouraging higher standards of safety, improving the facilities available to the people of Victoria for leisure-time pursuits, and encouraging and assisting with providing additional opportunities for recreation.

The *Charter of Human Rights and Responsibilities Act 2006* <https://www.humanrightscommission.vic.gov.au/human-rights/the-charter> commits parliament to promoting awareness and understanding of human rights in Victoria. A human rights culture ensures the rights of all people are protected and promoted through policy, legislation and service delivery. The charter guides the work of the Victorian Government and informs its approach to public health and wellbeing.

Other laws are also of relevance to public health wellbeing such as laws governing the protection and care of children, carer recognition, liquor regulation and community safety.

Key policy frameworks

Ending family violence: Victoria's plan for change

Ending family violence: Victoria's plan for change <https://www.vic.gov.au/how-were-planning-reduce-family-violence> sets the vision of a Victoria free from family violence by implementing all 227 recommendations of the Royal Commission into Family Violence.

The *Family violence rolling action plan 2017–2020* put in place the first phase of implementation.

Free from violence – Victoria's strategy to prevent family violence and all forms of violence against women

Free from violence forms an integral element of the government's broader family violence system reform. This strategy is a key part of the 10-year plan, Ending family violence: Victoria's plan for change.

Victorian Aboriginal affairs framework 2018–2023

The *Victorian Aboriginal affairs framework 2018–2023* <https://w.www.vic.gov.au/aboriginalvictoria/policy/victorian-aboriginal-affairs-framework/victorian-aboriginal-affairs-framework-2018-2023.html> is the Victorian Government's overarching framework for working with Aboriginal Victorians, organisations and the wider community to drive action and improve outcomes for Aboriginal Victorians. It sets out whole-of-government self-determination enablers and principles and commits government to significant structural and systemic transformation to advance self-determination and improve outcomes. The framework includes goals, objectives and measures to improve the social and emotional wellbeing of Aboriginal Victorians. Progress against these measures is reported in the annual Victorian Government Aboriginal affairs report, which is tabled in parliament.

Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027

Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027 <https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak> provides an overarching framework for action to improve the health, wellbeing and safety of Aboriginal Victorians now and over the next 10 years. It acknowledges and prioritises the importance of applying a cultural determinants approach as an effective way to improve the social determinants of health, wellbeing and safety. It also recognises that cultural factors can positively impact on the lives of Aboriginal people. This includes identity, language and spirituality, and connection to country, family and community. Cultural determinants utilise strengths-based approaches and recognise the importance of self-determination.

Safe and strong: A Victorian gender equality strategy

Safe and strong: A Victorian gender equality strategy <https://www.vic.gov.au/safe-and-strong-victorian-gender-equality> sets out a framework for enduring and sustained action over time, drawing on global evidence of what works in gender equality. The strategy sets out the founding reforms that lay the groundwork and set a new

standard for action by the Victorian Government. These reforms will draw on all levers, including legislative changes, governance structures, employment practices, budget, policy, procurement, funding decisions and advocacy to the Commonwealth Government.

Education State

The *Education State* <https://www.education.vic.gov.au/about/educationstate/Pages/default.aspx> promises to build a world-class education system and transform Victoria into the *Education State*. The *Education State* will improve outcomes for all students, regardless of their start in life, promoting foundational learning domains such as reading, mathematics and science, alongside other important areas such as critical thinking, the arts, physical education and resilience.

Health 2040: advancing health, access and care

Health 2040: advancing health, access and care <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Health-2040-advancing-health-access-and-care> presents a clear vision for the health and wellbeing of Victorians and for the Victorian healthcare system. Health 2040 is built around three pillars:

- Better health focuses on prevention, early intervention, community engagement and people's self-management to maximise the health and wellbeing of all Victorians.
- Better access focuses on reducing waiting times and delivering equal access to care via statewide service planning, targeted investment and unlocking innovation.
- Better care focuses on people's experience of care, improving quality and safety, ensuring accountability for achieving the best health outcomes, and supporting the workforce to deliver the best care.

Plan Melbourne

Plan Melbourne 2017–2050 <https://www.planmelbourne.vic.gov.au/the-plan> will guide the growth of our city for the next 35 years. It sets the strategy for supporting jobs, housing and transport while building on Melbourne's legacy of distinctiveness, liveability and sustainability. The plan promotes healthy walkable neighbourhoods through the 20-minute neighbourhood principle, direction and policies, which is all about 'living locally' – giving people the ability to meet most of their everyday needs within a 20-minute walk, with access to safe cycling routes and public transport.

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