Victorian Public Health and Wellbeing Plan 2015 - 2019

Consultation

Feedback Form

Thank you for taking the time to consider the Victorian Public Health and Wellbeing Plan 2015 – 2019 Consultation Paper (available at www.health.vic.gov.au/prevention/vphwp.htm).

Feedback is sought from key stakeholders about the proposed approach outlined in that Consultation Paper. Six questions are outlined below and responses of up to 500 words each would be appreciated.

Some information about you is requested below. We may publish submissions received on the department's website, your permission to do so is sought below.

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Are you completing this feedback on behalf of your organisation? Yes

We may publish submissions received. Do you agree to your submission being made public?

☐ Yes you can publish my submission

Please forward your response to prevention@dhhs.vic.gov.au by Wednesday 1 July 2015.

1. What is your opinion of the proposed scope and narrative of the Plan as outlined in the consultation paper?

VicHealth believes that the proposed scope and narrative of the consultation paper is very positive. In particular, we commend:

- The centrality of a social determinants approach to health which acknowledges the reciprocal relationship between individual health-related behaviours and the environments in which people live, work, learn and play (behaviour does not occur in a vacuum).
- The focus on reducing health inequalities, which is an area of work VicHealth has recently released research on in the form of *Fair Foundations: The VicHealth framework for health equity*.
- The flexibility articulated within the plan as a 'living document', which means that both the 10 year objectives and the medium term priorities will remain relevant to the Victorian community.
- The focus on family violence as a priority, which recognises both the prevalence of this form of violence and the preventable health impacts of this issue, while building on the current public impetus as a result of the Royal Commission into Family Violence.
- The focus on opportunities for the promotion of health and wellbeing at all stages of the life course and support the need for universal and targeted programs that respond to need, barriers and motivators throughout a person's life (ie. smoking cessation support during pregnancy).
- The focus on addressing the health issues that have the most significant burden of disease and a focus on the leading risks and determinants most strongly associated with preventable conditions.
- The focus on environments and systems that can promote health change in individuals.

VicHealth believes that there are aspects of the plan's scope and narrative that could be strengthened as outlined below.

1. **Strengthen the links** between the scope and narrative of the Plan and the risk and outcome measures identified. Currently, there is somewhat of a mismatch between these two areas, with the scope and narrative heavily focused on the social/environmental determinants of health and health equity, and the risk and outcome measures primarily focused on individual behaviour.

2. Ensure the objective of the plan clearly situates the **prevention of chronic disease** as a long term outcome of focusing on reducing avoidable ill health. The measures articulated in the Plan will have an impact on reducing chronic illness such as cardiovascular disease, cancer, diabetes etc. Using the ten year goals, painting a long term vision for how the Plan will impact on the prevention of chronic disease will enable closer links between this work and global WHO health promotion efforts and frameworks.

3. VicHealth supports the focus on a 'whole of system, whole of society' approach and notes the **necessity of a whole of government approach** to long term change. However, we would suggest that more detail around accountability, governance and roles/responsibilities of individual government departments and the non-government sector be included in the Plan to ensure that work undertaken as part of the Plan is effective and well-coordinated. Whilst we are supportive of aspiring to a whole of government approach, VicHealth notes the complexity of engaging a wide range of government departments and other bodies in the business of health promotion through health services and mainstream settings. As such, we would suggest there should be a clear commitment to capacity building to increase the engagement of relevant government departments and other stakeholders in supporting the development and implementation of future action/implementation plans.

4. While the role of the State in supporting the Plan through leading a whole of government approach is imperative, the 'whole of system, whole of society' focus in the plan also requires **engagement from civil society, industry and non-government organisations** to ensure the scope (including the objectives and measures) of the Plan are based on the most up to date evidence and are targeted to the settings, environments and populations where the health impact is likely to be the most significant.

5. Ensure a stronger focus on ensuring that **objectives, measures and activities are identified across the ecological model** to ensure that the focus of the plan is not only on changing individual behaviour but on changing environments that impact on people's health, and strengthening the legislative, public policy and regulatory mechanisms which have an impact on chronic illness and health and wellbeing.

6. The Plan should clearly articulate **key concepts, roles and responsibilities** around primary, secondary and tertiary prevention to increase clarity within the objectives and measures, and to support the subsequent development of effective action/implementation plans.

2. What do you see as the pros and cons of articulating long term objectives (ten or more years) and medium term priorities (four years)?

From VicHealth's perspective, one of the key benefits of articulating long term objectives over a span of 10 years is the potential for synergy with VicHealth's *Action Agenda for Health Promotion* which also outlines 10 year goals and three year priorities across five strategic imperatives which address the greatest burden of disease and disability and where there is the most potential for positive health gains:

1. More Victorians adopting and healthy diet
2. More Victorians engaged in physical activity
3. More Victorians tobacco free
4. More Victorians drinking less alcohol
5. More Victorians resilient and connected.

Experience as part of other state-wide and national activities (for example, Close The Gap) identified the need for a long term, measurable vision with shorter term priorities that can be used to track progress and hold partners accountable. In addition, the combination of long term objectives and medium term priorities will allow for a vision for health and wellbeing to be articulated with the flexibility in-built to modify activities, partnerships or strategies as the climate and culture in Victoria moves forwards and health gains are made in the shorter term.

It is important that the objectives and priorities within the Plan be able to guide the development and implementation of local council's Municipal Public Health and Wellbeing Plans. To achieve this, the Plan should include data sources, measures and objectives that will support local councils across Victoria to undertake health promotion activities that not only meet the needs of their local communities but which make a significant contribution to the objectives identified within the Victorian Public Health and Wellbeing Plan. While long term, 10 year objectives are positive in terms of outlining and ongoing commitment to a particular health issue or disease focus, it may be beneficial to align the dates of the Plan with the local council Health and Wellbeing Plan cycle (ie. 12 year objective 4x4x4). In addition, it is recommended that Local Government is closely involved in the process of the development of the Action Plan.

VicHealth has significant expertise in developing instruments to measure health indicators both at a local and population level. The VicHealth Indicators Survey has proved to be useful to both State and local governments in informing planning and measuring success:

- Recent research from the University of Melbourne shows that there were over 600 uses of the VicHealth Indicators Survey in current council plans and the survey was the 3rd ranked source of data for Councils.
- It has been cited in the development of Municipal Public Health and Wellbeing Plans as often as the VPHS and ABS data.
- It is complementary to the Victorian Population Health Survey, but does not duplicate it.

3. What is your opinion of the scope of the proposed objectives?
Would you exclude or include any?

VicHealth believes there is an opportunity to strengthen the proposed objectives included in the Plan. Currently, the objectives do not seem to be closely linked to the priorities and the high level measures articulated in the Plan. While the objectives are broad enough to allow flexibility to align with new and emerging evidence, the specific risk and outcome measures are not aligned or comprehensive enough to enable measurement of long-term objectives. (For example, it is unclear *which* measures will be used to assess progress against the long term objective of 'reducing health and wellbeing inequalities', or *how* the measures will be used to assess progress over the long term).

In addition, while it is likely that the Plan will lead to positive impact in each of the areas identified as an objective, in the timeframe of only a decade it will be important to develop clear and evidence based targets that sit under each of these objectives to ensure the 10 year vision is clear, tangible and measurable.

In addition, there is a need to ensure that objectives as part of the plan articulate the vision for health promotion across all levels of the ecological model. Currently, VicHealth would suggest that objectives focused on social and community/organisations are not visible and should be developed to strengthen the overall vision of the Plan.

4. What is your opinion of the scope of the proposed priorities?
   ➤ **Would you exclude or include any?**

VicHealth is pleased to see the focus on family violence as a priority and would suggest that this remain as a key priority area in the Plan. However, to adequately measure progress against this priority there is a need to ensure that the measures included are evidence based and focus not only on a reduction in the prevalence of violence against women (which is a significantly longer term goal than 10 years), but on targeting the key drivers of violence. (More information is provided in our response to question 6).

As part of our *Action Agenda for Health Promotion*, the work of VicHealth is closely aligned to the proposed priorities articulated in the Plan. Some examples include:

Priority 1: Stem the rise in obesity
- Our inaugural Leading Thinker is Dr David Halpern, a world expert in behavioural economics, psychology, research and policy development. Dr Halpern's Behavioural Insights approach is being applied to overweight and obesity prevention and as part of this work we are currently planning an obesity prevention Deliberative Forum (Victoria's Citizens Jury on Obesity) for mid-October 2015.
- Water and the H30 Challenge – Our water initiative aims to get people drinking water more regularly and to make water more accessible. We're wanting people to choose water over sugar-sweetened beverages or alcohol. Elements of the water initiative include: the H30 Challenge - which asks people to make a 30-day pledge to replace every sugary drink they would normally drink with water; working with partners to make water the beverage of choice by increasing access to water in key environments such as public spaces (water bottle refill taps on CBD water fountains) and venues (Behavioural Insights trials around provision of free water).
- Salt Reduction Initiative: A key initiative in the healthy eating strategic imperative is forming partnerships to enable reduction in salt (sodium) intake in Victoria. The goal of VicHealth's salt reduction initiative is to achieve consensus and commitment on salt reduction action from governments, industry and the general public. Salt reduction is the most cost effective public health intervention outside of tobacco control.[1]

Priority 2: Reduce smoking uptake and inequalities in smoking rates
- Ongoing commitment to established whole-of-population tobacco control through Quit investment (total funding $4.4 million p.a.).
- Targeted approaches for high prevalence populations are being investigated.
- Additional interest in harm reduction, particularly for those people who are unwilling and unable to quit.

Priority 3: Significantly reduce family and community violence
- $1 million investment in the Australian-first Generating Equality and Respect program in Clayton to trial a saturation approach which we envisage will provide a blueprint for Victorian councils and others to follow.
- Working with Our Watch and Australia's National Research Organisation for Women's Safety (ANROWS) to develop a national prevention framework to provide guidance for policy and programming across Australia.

Priority 4: Strengthen coordinated responses to new and emerging threats
- New approach in building resilience in young people, with focus on schools, workplaces and digital settings. The aim is to connect people with the positive elements of their community and support them through difficult life stages – resulting in stronger community connectedness and healthier, happier individuals who feel safe and valued community members – not marginalised and alienated (less susceptible to radicalisation).

Priority 5: Strengthen coordinated local action to improve health and wellbeing
- VicHealth's Walk to School program is designed to raise awareness of the physical, environmental and

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[1] Trieu T, and Webster J 2014, *Economic business case for salt reduction action in Victoria*, World Health Organization Collaborating Centre on Population Salt Reduction, Food Policy Division, The George Institute for Global Health.

social benefits of active transport, and encourage school children to walk to and from school more often. Walk to School is rolled-out through a partnership between VicHealth, schools and local government.

- The Community Activation Program is designed to support local communities to physically and visually transform a public space or place within their community then 'activate' it in a variety of ways that inspires and involves locals getting active.

Priority 6: Ensure urban design and development improves the health and wellbeing of the community

- The Selandra Rise (a master-planned residential housing estate in Melbourne's south east growth corridor) project is a five year research practice fellowship in partnership with RMIT who will evaluate the extent to which best practice urban planning principles for space and place can positively impact on the health and wellbeing of a local community.

Priority 7: Health and human services systems prioritise prevention and early intervention

- VicHealth's research agenda provides a platform for many in the health and human services sector to incorporate a focus on primary prevention and early intervention. For example, VicHealth's research and program activity in preventing violence against women has given organisations involved in responding to violence current evidence to work from in designing initiatives which seek to reduce the impact of violence, or promote respectful relationships alongside their core service delivery work.

5. How do you see your organisation contributing to achieving these proposed objectives and priorities?

VicHealth is keen to be involved in further discussions regarding the development of the Victorian Public Health and Wellbeing Plan 2016–2020 and in the development of subsequent action plans.

We believe that our five strategic imperatives, 10 year goals and three year priorities could support the development and implementation of the Plan. We also hope that our research into health equity, our partnership with Our Watch and Australia's National Research Organisation on Women's Safety on the new *National Framework to Prevent Violence against Women and their Children* and our Knowledge Indicators Survey may also be useful resources not only for local councils but for others involved in the development of action/implementation plans for the Victorian Public Health and Wellbeing Plan. We would welcome the opportunity to discuss any of this work further with the Minister and DHHS.

VicHealth has extensive experience in working across a range of government portfolios and garnering multipartisan support on our program of work. As an independent statutory body, we have worked to establish ourselves as a trusted, expert organisation and have a strong history of working in close partnership to support governments to achieve their vision for a healthier Victoria and VicHealth will continue our approach in this regard.

6. Do the proposed high level risk and outcome measures reflect a healthy and well Victoria?
➢ if you had to choose five or six measures, what would they be?

VicHealth believes that some of the risk and outcomes measures reflect a healthy and well Victoria. The particular measures that have been articulated in the Plan that VicHealth would recommend retaining include:

1. Proportion who undertake sufficient physical activity
2. Proportion consuming alcohol at risky/high risky levels for short term harm at least weekly
3. Walkability
4. Percentage consuming soft and/or sports drinks daily
5. Mean daily serves of fruit and vegetables

In addition to the above measures that are already included, VicHealth would recommend the following to ensure the measures are aligned with current Victorian research and World Health Organisation targets and indicators outlined in the *Global Action Plan for the Prevention and Control of NCDs 2013-2020*:

- The inclusion of a measure around salt consumption.
- The inclusion of a measurement relating to long term alcohol related harm.
- Specific, evidence based measures to track progress around the priority of reducing the prevalence of family violence. (For example, these might include positive shifts in attitudes toward gender equality,

gender roles and violence and/or VAW, number of evidence-based violence prevention initiatives implemented across Victoria, percentage of people who value and support norms that are non-violent and build respectful and equitable gender relations).[2]

- To ensure measures adequately address the ecological model in line with a social determinants approach to health, there is a need to include additional measures which focus on environmental change around the specific health issues and chronic diseases the Plan is suggesting as its priority.

Given the focus on health inequality within the Plan it will be imperative to ensure that data can be grouped according to markers of social position for measurement of differential impact (for example, social economic status including educational attainment, income and occupation; geographic location; Aboriginal, Culturally and Linguistically Diverse and disability status, gender). Finer grain measurements of differential impact would be ideal, however currently there are no state-wide surveys that gather that level of detail.

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[2] These examples have been sourced from *Preventing Violence Before it Occurs: A framework and background paper to guide the prevention violence against women in Victoria* (VicHealth, 2007)