Victorian public health and wellbeing outcomes framework 2025

VICTORIA State Government | Department of Health

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

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Contents

Acknowledgement

The department acknowledges the strength of Aboriginal and Torres Strait Islander peoples across the Country and the power and resilience that is shared as members of the world's oldest living culture.

We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People and recognise the richness and diversity of all Traditional Owners across Victoria.

We recognise that Aboriginal and Torres Strait Islander people in Victoria practice their lore, customs and languages, and nurture Country through their deep spiritual and cultural connections and practices to land and water.

We are committed to a future based on equality, truth and justice. We acknowledge that the entrenched systemic injustices experienced by Aboriginal and Torres Strait Islander people endure, including in our health system, and that Victoria's ongoing Treaty and truth-telling processes provide an opportunity to right these wrongs, and ensure that Aboriginal and Torres Strait Islander people have the freedom and power to make the decisions that affect their communities.

We express our deepest gratitude and pay our deepest respect to ancestors, Elders and leaders – past and present. They have paved the way, with strength and fortitude, for our future generations.

Through this outcomes framework we are seeking to embed principles of self-determination and reconciliation, working towards self-determined outcomes and ensuring an equitable voice. As we work to achieve the vision of the Victorian public health and wellbeing plan 2023–2027, we recognise the contributions of Aboriginal and Torres Strait Islander Peoples to Victorian life and how it enriches us all.

From this point of the document onwards, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

Title

Bayi Dha-ang
Walk Strong
(Dhudhuroa language)

Artist Acknowledgment

Bitja (Dixon Patten Jnr)
Bayila Creative

Tribes: Gunnai, Yorta Yorta, Gunditjmara, Dhudhuroa / Jaithmathang, Djab Wurrung, Wemba Wemba, Wadi Wadi, Barapa Barapa, Monero, Wadawurrung.

Artist Narrative

Aboriginal and Torres Strait Islander People have an abundance of knowledge inherited from Country that shaped their language, lore, customs and culture.

This artwork acknowledges the diversity in our collective experiences, histories and ways of being.

It represents the Department of Health's commitment to cultural safety, knowledge, accessibility and self-determination.

This commitment allows community to *Bayi Dha-ang: Walk Strong*.

As individuals we can create ripples, when we work as a collective; we create waves. Those waves shape the currents, the currents create flow and flow means momentum.

Our physical, mental, emotional and spiritual health is deeply tied to Country, community and history. The inheritance of previous ripples have shaped this time and place, here and now. The challenges we face as mob and walking in 'two worlds' adds layers of complexity that we have to *Bayi Dha-ang: Walk Strong* to survive.

Through engagement, yarns, connection, deep listening, learning, advocacy, amplifying voices, reciprocity, remembering, honouring and respecting; the Department of Health aims to create waves that shape a healthy present and a healthier future.

Executive summary

Population health and wellbeing outcomes are determined by many factors and influences in people's everyday lives. To prevent the onset of chronic disease and reduce the prevalence of poor health, action is required to address those factors and influences, which are largely outside the healthcare system.

Achieving better health and wellbeing for all Victorians is a shared responsibility. It needs collective and sustained effort from many partners, including government, non-government organisations, businesses, health professionals, communities, families and individuals. However, it is not always easy to measure the combined impact of this collective effort.

The Victorian public health and wellbeing outcomes framework (outcomes framework) provides a consistent and transparent mechanism for monitoring population health and wellbeing outcomes over time.

An outcomes-based approach allows us to set the vision for what we want to achieve and defines how to measure whether we are achieving this vision. Defining health and wellbeing outcomes also communicates our priorities to other sectors and sets a shared direction for change, supporting the Victorian Government, funded agencies and our partners to align efforts to improve health and wellbeing.

The *Victorian public health and wellbeing plan 2023–2027* proposes a bold vision for the state:

> **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.**

The outcomes framework translates this vision into a quantifiable set of outcomes, indicators, measures and targets that are designed to track progress against consecutive Victorian public health and wellbeing plans. Measures in the framework are drawn from multiple data sources and cover priority areas identified in the *Victorian public health and wellbeing plan 2023–27*, as well as indicators spanning the social, emotional and environmental determinants of health, health behaviours and long-term health outcomes.

Importantly, the outcomes framework demonstrates where there are avoidable gaps and unexplained variance in health status between different population groups. This data provides insights into the extent of health inequity, and is used to direct actions towards those who need it the most to ensure good health and wellbeing is enjoyed equally across the Victorian population.

The outcomes framework includes targets that the Victorian Government supports or has formally committed to. These long-term targets include those set through state policies, 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 (WHO) noncommunicable disease targets).

The outcomes framework is for agencies and organisations with responsibilities aligned to the Victorian public health and wellbeing plan. Key users will be state government departments, funded agencies and local councils.

Introduction

Outcomes framework refresh

The Victorian Department of Health (the department) led a refresh of the outcomes framework in 2024–25, following the release of the *Victorian public health and wellbeing plan 2023–2027*.

The refresh aimed to enhance the outcomes framework in line with the new plan, the broader policy environment, and changes in data measurement and accessibility since 2016. Given that it takes a long time to see real change in the health and wellbeing of a population, the refresh process has sought to balance consistency in measuring existing health and wellbeing outcomes with support for the department to monitor contemporary and emerging health and wellbeing issues.

Approach

The original outcomes framework was developed in 2016 through research and consultation with other government departments and sector partners, using rigorous criteria for all indicators and measures. Many of the targets, indicators and measures in the original outcomes framework still reflect current public health and wellbeing priorities and factors that influence the health and wellbeing of Victorians.

To refresh the outcomes framework, the existing and new measures were assessed against the criteria in Table 1, which expand on the original criteria. Measures that no longer had a viable data source, or were no longer valid, were removed. A review of current outcomes frameworks at state, national and international levels highlighted gaps in the outcomes framework and identified measures to fill these gaps. Measures that highlight inequality in health and wellbeing outcomes were considered through assessing the ability of data to be disaggregated.

Consultation and feedback from key stakeholders across government and non-government organisations identified emerging health and wellbeing problems that should be monitored for the whole population for the long term, with additional consideration of issues disproportionately impacting vulnerable populations.

By aligning with existing state, national or international targets, the outcomes framework reaffirms Victoria's commitment to a shared vision for improving health and wellbeing and supports policy, programs and investment over the long term.

Table 1. Criteria for measures

Criteria for measures	Description
Understandable	• Face validity – measures what it is intended to measure • Meaningful to, and likely to be perceived as important by, the public and stakeholders • Can be presented in a way that is suitable to multiple stakeholders
Comparable	• Data available at the total population and subpopulation level for sociodemographic and cohort populations, enabling assessment of inequalities and equalities • Allows local, state, national and international comparison
Methodologically robust	• Allows change over time to be detected • Data is available at least every five years, and preferably every three years • Timely availability of data following collection • Does not create perverse incentive • Collectable within an existing, reliable, well-established data source
Accepted and harmonised	• Endorsed or in standard use

Summary of changes

The refresh resulted in an overall decrease in the number of measures in the outcomes framework. All changes were approved by the Victorian Public Health and Wellbeing Interdepartmental Committee and endorsed by the Victorian Government.

The outcomes framework domains were changed to align with the social and wider determinants of health, including social, environmental, structural, cultural and economic, and factors that influence health outcomes.

Existing measures that did not align with the agreed criteria were removed, primarily because the measures were no longer valid, reliable or did not have a current data source.

The wording of some indicators and outcomes was amended to align with current government policy and some existing measures were reclassified within the framework. This will not disrupt long-term reporting.

In summary, new measures were introduced to:

- strengthen measures relating to chronic disease and expand this area to capture the main conditions contributing to the burden of disease (for example, dementia)
- strengthen measures relating to physical activity, oral health, sun protection, sexual and reproductive health, and mental health and injury
- strengthen measures relating to discrimination, family violence and homelessness, where new data sources have become available or have evolved over time
- include new measures for contemporary issues related to public health and wellbeing areas, such as loneliness, vaping, antimicrobial resistance, digital inclusion and biodiversity (see Figure 1).

A small number of measures in the original framework that had not been defined or reported on were retained. Consultation on these measures has established that there is an opportunity to align with work being undertaken in these areas in the next six to 12 months (for example, liveability).

Measures that were removed include:

- adolescents who practice safe sex – as data is no longer being collected
- mean daily serves of fruit and vegetables in adults, adolescents and children – due to data validity
- proportion of adults who belong to an organised group – as data is longer being collected
- proportion of adults who attended an arts activity or cultural activity in the last three months – as data is longer being collected
- proportion of the population with reticulated drinking water that complies with the E. coli water quality standard – due to data validity
- notification rate of salmonellosis – not a valid measure of the outcome.

Targets were refreshed across three of the five domains of the framework (see Victorian Government targets). All targets were reviewed to ensure they reflect the intended impact of specific interventions and policy settings.

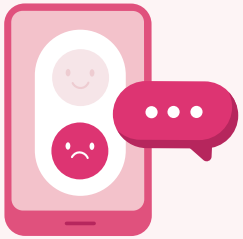
Figure 1. New measures introduced to the outcomes framework

New measures for **vaping:**

- *Proportion of 14-year olds and over who vape*
- *Proportion of adults who vape*

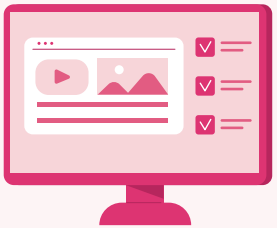
New breakdown to capture **anit-micobial resistance:**

- *Proportion of gonorrhoea notifications that are resistant*



New measures for **loneliness:**

- *Proportion of people who are lonely*



New measure for **digital** access, affordability and digital ability**:**

- *Victoria's score on the Australian Digital Inclusion Index*

New definition and measure for **biodiversity:**

- *Increased percentage of environmental indicators for biodiversity in the State of our Environment report assessed as improving*

Aboriginal data sovereignty in Victoria

The outcomes framework recognises the unique experience of Aboriginal people in Victoria and their self-determined holistic concepts of health and wellbeing, and community-controlled models of healthcare.[1]

The Yoorrook Justice Commission defines Indigenous data sovereignty as 'the right of Indigenous Peoples to own, control, access and possess data that derive from them, and which pertain to their members, knowledge systems, customs, resources or territories'.[2] Data and information pertaining to Aboriginal peoples must be governed and used in accordance with Indigenous Data Sovereignty principles.

For this outcomes framework, it is important to note that the concept of Indigenous data sovereignty is key in supporting Community's vision that *Aboriginal people have access to a health system that is holistic, culturally safe, accessible and empowering*.[3] Implementation of this framework requires an understanding of Aboriginal ways of knowing, doing and being, noting that culturally inappropriate use of data can lead to deficit-based narratives that fail to acknowledge the strengths of Aboriginal cultural practices as protective factors for Aboriginal people.

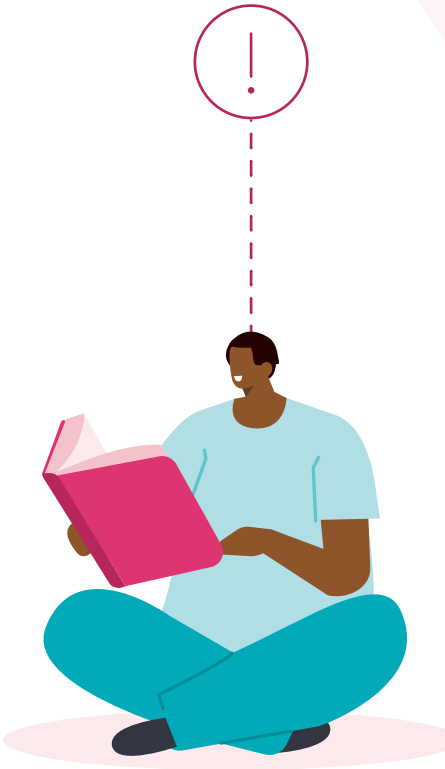
Specific Aboriginal population-level data provides an understanding of how Victoria is tracking against several commitments to improve Aboriginal health and wellbeing, including the National Agreement on Closing the Gap.[4]

However, significant data gaps remain for Aboriginal people in Victoria, as such, establishing data sharing arrangements between the Victorian Department of Health and Aboriginal community-controlled organisations, who know what works best for their local communities, is important.

The outcomes framework aligns with other important frameworks for Aboriginal people, including the nationally agreed *Closing the Gap Framework*, the V*ictorian Aboriginal Affairs Framework 2018–2023* and the forthcoming Aboriginal Health and Wellbeing Partnership (AHWP) Accountability Framework and data dashboard, to be developed in partnership with the Victorian Aboriginal Controlled Community Health Organisation (VACCHO) and Aboriginal people of Victoria.

The following sources of information on the health and wellbeing of Aboriginal people in Victoria are recommended:

- Closing the Gap targets and outcomes <www.closingthegap.gov.au/national-agreement/targets>
- *Victorian Aboriginal Affairs Framework* (VAAF) data dashboard <www.firstpeoplesrelations.vic.gov.au/victorian-aboriginal-affairs-framework-data-dashboard>
- Victorian Government Aboriginal Affairs Report <www.firstpeoplesrelations.vic.gov.au/aboriginal-affairs-report>
- AHWP Forum <www.vaccho.org.au/ahwpf/>.



1 Aboriginal Community Controlled Health Organisations <https://www.naccho.org.au/aboriginal-community-controlled-health>.
2 Indigenous Data Sovereignty and Data Governance <https://yoorrookjusticecommission.org.au/key-documents/>.
3 Vision of the AHWP Agreement 2023–33 <https://www.vaccho.org.au/ahwpf/>.
4 National Agreement on Closing the Gap <https://www.closingthegap.gov.au/national-agreement>.

Purpose

The outcomes framework enables us to monitor our cumulative impact on changes to health and wellbeing. By providing a systematic mechanism to track and report longer-term changes, the outcomes framework supports us to identify emerging trends and potential problems.

This may include the positive or negative effects of unanticipated developments in the wider community, such as changes to policy settings at different levels of government, technological and scientific advances, or private-sector activities.

Outcomes can support flexibility for people and place. At the local level, an outcomes approach helps us to tailor policy implementation to address local priorities, opportunities and challenges.

One of the main purposes of the outcomes framework is to assess inequalities according to specific population groups and geographic areas, where data is available, and to identify whether improvements to health and wellbeing are shared equally across Victoria.

Whole-of-government approach

Improving population health and wellbeing can take many years, and requires concerted and collective effort across a range of sectors. Many of the strongest influences on health and wellbeing are not within the remit of the health sector, such as food security, education and employment.

The outcomes framework aligns with a whole of Victorian Government outcomes-based approach.[5] It supports and embeds a shared commitment to public health and wellbeing goals across Victorian sectors, including education, social, environmental, economic, commercial and climate organisations.

Together with the Victorian public health and wellbeing plan, the outcomes framework provides a clear sense of longer-term direction. This enables state and local government departments and agencies to address health and wellbeing priority areas, set strategic directions, measure inequity, and monitor combined efforts to improve health and wellbeing.

The framework intersects with a range of whole-of-government or portfolio-based policies and outcomes frameworks that are relevant to health and wellbeing, including the:

- Wellbeing in Victoria: a strategy to promote good mental health 2025–2035 and Wellbeing Action Plan 2025–2027.
- *Mental Health and Wellbeing Outcomes and Performance Framework*
- Our promise, your future: Victoria's youth strategy 2022–2027 and outcomes framework
- Pride in our Future: Victoria's LGBTIQA+ Strategy 2022–2032 and outcomes framework
- forthcoming AHWP Accountability Framework.

Where relevant, linkages to other outcomes frameworks are provided in the data dictionary to support a systems approach to prevention and direct readers to additional metrics.

5 Department of Premier and Cabinet, Outcomes Reform in Victoria, 2019.

Population health approach

A population health approach focuses on improving the health and wellbeing of whole populations, as well as specific groups within the population.

This approach recognises that health and wellbeing are influenced by the settings, circumstances and events of everyday life. Health outcomes are the result of a complex interplay of personal, social, economic and environmental factors that are generally referred to as the 'determinants of health'.[6]

The Victorian public health and wellbeing plan aims to provide strategic, overarching direction for the government and its partners to improve health outcomes by addressing the determinants of health. The outcomes framework monitors the impact of this plan.

The plan and outcomes framework acknowledge that many groups are disproportionately impacted by health risk factors, particularly Aboriginal people, older Victorians, lower socioeconomic groups, regional households, multicultural, refugees, temporary migrants, LGBTIQA+ people, carers and people with disability.

The plan and outcomes framework also aim to achieve an equitable approach to health in which all Victorians have fair and just opportunity to attain their highest level of health and wellbeing, and that the disproportionate impact of risk factors is addressed.

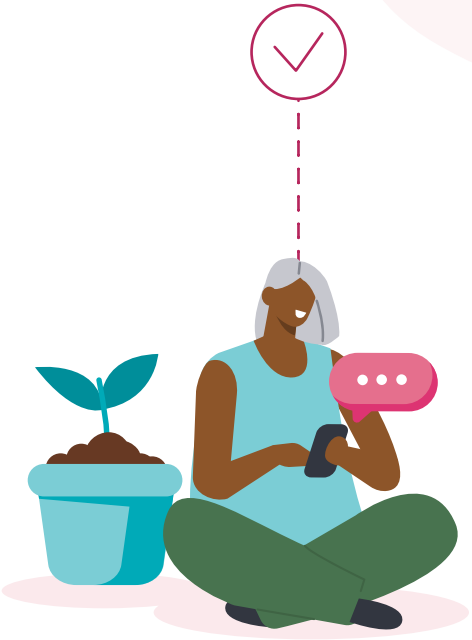
Improving population health and wellbeing and reducing health inequity requires multi-sectoral collaboration and coordinated efforts across sectors and systems. The removal of health inequity is embedded in this approach, and the outcomes framework provides scope to monitor impact through data disaggregation.

Data disaggregation and inequalities

The outcomes framework takes a whole-of-population view, but also allows us to determine if changes in health and wellbeing for the population are shared equally by all. It has universal measures, with data and reporting that captures and compares the health and wellbeing of Victoria's diverse communities.

This includes, but is not limited to:

- personal factors, such as gender, age, sexuality and disability
- cultural, ethnic and religious background
- where people live in Victoria (for example, urban or rural, metropolitan and suburban)
- socioeconomic status (using measures such as Socioeconomic Indexes for Areas, income category, education level or presence of a Health Care Card)
- other life experiences, such as homelessness, mental illness or chronic illness.



6 WHO, *Health promotion glossary of terms 2021*, <https://www.who.int/publications/i/item/9789240038349>, accessed 23 April 2025.

Data collection for diverse communities is more complete for some measures than for others, depending on the data source, noting this information is available for each measure in the data dictionary.

Data collected for some measures may be of insufficient quality or the sample size may be too small to be reliably reported on, for example:

- data for Aboriginal people may not be of sufficient sample size due to the small population of Aboriginal people in Victoria, particularly when reviewed by other factors such as age, gender, region or health condition
- measures of cultural and linguistic diversity often rely on the variables of country of birth and language background other than English. These are not ideal measures of cultural and linguistic diversity, because they don't capture other social elements of cultural diversity, including cultural determinants of Aboriginal health and wellbeing
- the terms sex and gender are often used inconsistently across public health datasets, and not all data sources measure both, as is best practice
- there is insufficient data to assess trends in health and wellbeing over time by sexual orientation.

To provide a comprehensive picture of health and wellbeing, reporting against the outcomes framework requires some measures to be assessed using different definitions of population or area characteristics. Multiple data sources may be needed to inform a single measure to provide analysis of multiple inequalities. These multiple data sources are listed in the data dictionary as primary, secondary and tertiary sources. The specific way any characteristic is measured is available from the data owner.

Victorian Government targets

The targets included in this outcomes framework represent long-term improvements in major health and wellbeing outcomes and relate to specific measures.

The targets included are those that the Victorian Government supports or has committed to through state policies, national policies, or that Australia has committed to through international agreements. The outcomes framework tracks our progress towards achieving these targets.

The Victorian Government is committed to these targets, most of which are to be achieved by 2030.

Table 2. List of current targets across government

Outcome	Target	Baseline	Source strategy or plan
Victorians enjoy high levels of physical health	A 33.3% decrease in premature deaths due to chronic disease by 2030	2015	WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2023–2030
	Halt the rise in diabetes prevalence by 2030 (0% increase by 2030) from 2011–12 baseline	2011–12	WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2023–2030
	Halve the proportion of Victorians diagnosed with preventable cancers by 2040	2014	Victorian Cancer Plan 2024–28
	Halve road deaths and progressively reduce serious injuries by 2030	To be determined	Victorian Road Safety Strategy 2021–2030
	Virtually eliminate human immunodeficiency virus (HIV) transmission by 2030	n/a	Ninth National HIV Strategy 2024–2030
	90% reduction in the number of new infections of hepatitis B and C by 2030	2015	Victorian sexual and reproductive health and viral hepatitis strategy 2022–30
	Reduce the prevalence of chlamydia, gonorrhoea and infectious syphilis by 2030	2019	Victorian sexual and reproductive health and viral hepatitis strategy 2022–30
	Eliminate cervical cancer as a public health problem in Victoria by 2035	2016	Victorian Cancer Plan 2024–28
	Eliminate congenital syphilis by 2030	2020	Victorian sexual and reproductive health and viral hepatitis strategy 2022–30
	Achieve and maintain human papillomavirus (HPV) adolescent vaccination coverage of 80% by 2030	2017	Victorian sexual and reproductive health and viral hepatitis strategy 2022–30
	Halt the rise and reverse the trend in the prevalence of obesity in adults by 2030	2017–18	National Preventive Health Strategy 2021–2030
	Reduce overweight and obesity in children and adolescents aged two–17 years by at least 5% by 2030	2011–12	National Preventive Health Strategy 2021–2030

Table 2. List of current targets across government (continued)

Outcome	Target	Baseline	Source strategy or plan
Victorians enjoy high levels of mental health	Suicide rates have reduced equitably across all groups and communities	2024	Victorian suicide prevention and response strategy 2024–34
Victorians are supported to protect and promote health	Adults and children (≥9 years) maintain or increase their fruit consumption to an average two serves per day by 2030	2017–18	National Preventive Health Strategy 2021–2030
	Adults and children (≥9 years) maintain or increase their vegetable consumption to five serves per day	2017–18	National Preventive Health Strategy 2021–2030
	Reduce the proportion of children and adults' total energy intake from discretionary foods from >30% to <20% by 2030	2011–12	National Preventive Health Strategy 2021–2030
	Reduce the prevalence of insufficient physical activity among children, adolescents and adults by at least 15% by 2030	2017–18	National Preventive Health Strategy 2021–2030
	Increase the prevalence of Victorians (≥15 years) who are meeting the strengthening guidelines by at least 15% by 2030	2017–18	National Preventive Health Strategy 2021–2030
	Increase immunisation coverage rates to at least 95% of children aged one and two years by 2030, and maintain a coverage rate of at least 95% for children aged five years	2021	National Preventive Health Strategy 2021–2030
	Achieve a daily smoking prevalence of less than 10% by 2025 and 5% or less for adults (≥18 years) by 2030	2017–18	National Preventive Health Strategy 2021–2030
	At least a 10% reduction in harmful alcohol consumption by Victorians (≥14 years) by 2025 and at least a 15% reduction by 2030	2019	National Preventive Health Strategy 2021–2030
	Less than 10% of young people (14–17-year-olds) are consuming alcohol by 2030	2019	National Preventive Health Strategy 2021–2030

Table 2. List of current targets across government (continued)

Outcome	Target	Baseline	Source strategy or plan
Victorians have access to education, skills development and learning throughout life	By 2030, in the National Assessment Program – Literacy and Numeracy (NAPLAN) Reading and Numeracy: • reduce the proportion of all Year 3, 5, 7 and 9 students in the Needs Additional Support proficiency level by 10% • increase the proportion of all Year 3, 5, 7 and 9 students in the Strong and Exceeding proficiency levels by 10% • trend upwards in the proportion of priority equity cohort students in the Strong and Exceeding proficiency levels	To be determined	Commonwealth Better and Fairer Schools Agreement 2025–2034
Victorians have access to sustainable and safe built and natural environments	40% of the state's electricity sourced from renewable generation by 2025, 65% by 2030, and 95% by 2035	2013–14	*Renewable energy (Jobs and Investment) Act 2017*
	Greenhouse gas emissions reduction of: • 28–33% on 2005 levels by 2025 • 45–50% by 2030 • 75–80% by 2035 • net zero by 2045 (legislated emissions reduction targets)	2005	*Climate Action Act 2017*

Structure of the outcomes framework

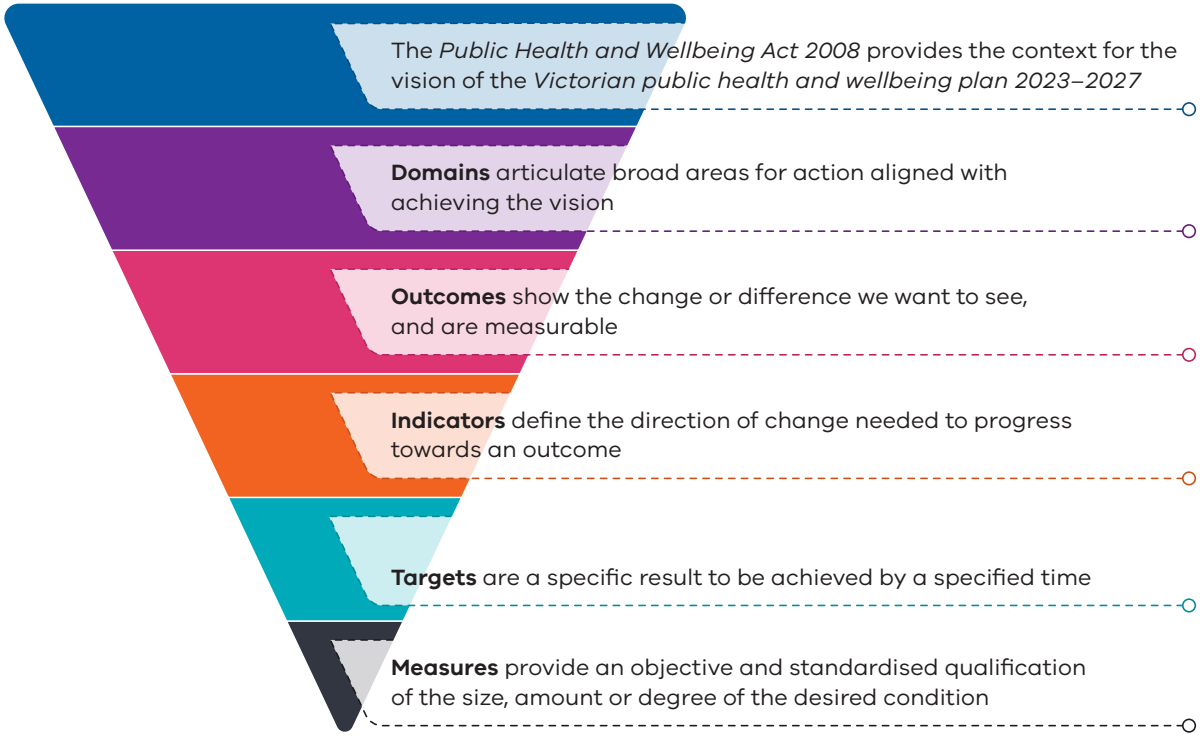
The framework architecture

The *Outcomes Reform in Victoria* statement lays out the Victorian Public Service's approach and architecture for implementing an outcomes approach.[7]

Consistent with this approach, the outcomes framework architecture sets out a singular vision underpinned by five domains, which together reflect the social and wider determinants of health.

These five domains contain a series of outcomes, each with respective indicators and measures, which together define how progress will be measured. Each component – domain, outcome, indicator, target and measure – provides increased technical detail or specificity. Figure 2 shows the structure of the outcomes framework.

Figure 2. Structure of the outcomes framework



7 Department of Premier and Cabinet, Outcomes Reform in Victoria, 2019.

The framework vision and domains

The *Public Health and Wellbeing Act 2008* provides the context for the vision of the Victorian public health and wellbeing plan and outcomes framework. For Victorians to be the healthiest people in the world, we need a long-term commitment to public health and wellbeing.

Our vision is 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'.

The five domains in the outcomes framework align with the *Operational framework for monitoring social determinants of health equity*.[8] Monitoring the social determinants of health equity is critical to create healthier and more equitable communities. Within the five domains, outcomes and indicators align with departmental and whole-of-government policy and outcomes directions, including the outcomes framework.[9]

8 WHO, *Operational framework for monitoring social determinants of health equity*, 2024, Geneva.

9 Department of Health *Priority Outcomes Framework* <https://www.health.vic.gov.au/our-strategic-plan-2023-27/our-outcomes-framework>.

Domain 1: Population health and wellbeing in Victoria across the lifespan

This domain is focused on factors that support Victorians to have good physical and mental health. It also includes health behaviours, such as nutrition, physical activity, tobacco consumption and alcohol consumption, which, although traditionally not considered to be social determinants of health, are distributed differently among different social groups and therefore, play an important role in social inequities in health.

Domain 2: Victorians experience social connectedness and community wellbeing

This domain covers safety and social and community support. People's relationships and interactions with family, friends, co-workers and community members can have a major impact on their health and wellbeing. Within this domain, one of the most important outcomes is that Victorians are free from racism and discrimination, where serious health, social and economic impacts are evident for people, communities and societies.

This can be achieved with an increased focus on the cultural determinants of health that include connections to Community, Kin, Country and Self-determination, which act as key protective factors, particularly for Aboriginal communities.

Domain 3: Victorians have access to learning and development opportunities

This domain reflects learning conditions and opportunities that are important for people's health and wellbeing across the life course, ranging from early childhood education to digital access. Education is critical for human and economic development and cohesive societies. The importance of education in the early years of life is critical to health later in life.

Domain 4: Strong economic participation and stability in Victoria

This domain outlines areas where there is strong evidence and widespread recognition of their impact on health, including poverty and housing security. Access to appropriate, affordable and secure housing can limit the physical and mental health risks presented by factors such as homelessness and overcrowding.

Employment and work also has a strong impact on physical and mental health and wellbeing. People with disability, injury or some health conditions are likely to experience barriers to employment. Widening inequalities in these determinants are often used to help explain widening health inequalities.

Domain 5: Victorians have health-sustaining natural and built environments

The neighbourhoods people live in have a major impact on their health and wellbeing. This domain is focused on liveable and sustainable environments, and climate actions. Climate change actions that focus on health and wellbeing play a critical role in building the resilience of local communities, while also generating many direct and indirect benefits to communities and organisations.

Table 3. Summary of the Victorian Public Health and Wellbeing Framework (domains, outcomes and indicators)

Population health and wellbeing in Victoria across the lifespan

Outcome 1.1: Victorians enjoy high levels of physical health

- Increase healthy start in life
- Reduce premature death rates
- Reduce prevalence of preventable chronic disease
- Increase self-rated health
- Decrease unintentional injury
- Reduce preventable oral diseases
- Reduce antimicrobial resistance
- Increase sexual and reproductive health

Outcome 1.2: Victorians enjoy high levels of mental health

- Increase Victorians' experience of good mental health and wellbeing
- Decrease suicide and psychological distress

Outcome 1.3: Victorians are supported to protect and promote health

- Increase healthier eating
- Increase active living
- Reduce overweight and obesity
- Reduce smoking and vaping
- Reduce harmful alcohol and drug use
- Increase immunisation
- Reduce harmful sun exposure

Victorians experience social connectedness and community wellbeing

Outcome 2.1: Victorians are safe and treated with respect

- Reduce prevalence and impact of abuse and neglect of children
- Reduce incidence of family violence
- Increase community safety

Outcome 2.2: Victorian communities are fair and inclusive

- Increase connection to culture and communities
- Increase access to social support

Outcome 2.3: Victorians are free from racism and discrimination

- Reduce all forms of racism and discrimination

Victorians have access to learning and development opportunities

Outcome 3.1: Victorians have access to education, skills development and learning throughout life

- Decrease developmental vulnerability
- Increase educational attainment
- Increase Victoria's digital inclusion

Strong economic participation and stability in Victoria

Outcome 4.1: Victorians participate in the economy

- Increase labour market participation

Outcome 4.2: Victorians have financial security

- Decrease financial stress

Outcome 4.3: Victorians have suitable and stable housing

- Decrease homelessness

Victorians have health-sustaining natural and built environments

Outcome 5.1: Victorians belong to resilient and liveable communities

- Increase neighbourhood liveability
- Increase adaptation to the impacts of climate change

Outcome 5.2: Victorians have access to sustainable and safe built and natural environments

- Increase environmental sustainability
- Increase environmental quality

Outcomes framework specifications

Note: See Glossary for definitions of acronyms.

Domain 1: Population health and wellbeing in Victoria across the lifespan

Table 4. Outcome 1.1: Victorians enjoy high levels of physical health

Indicator	Measure	Measure detail	Source	Target	Reference
Increase healthy start in life	Death rate of children under five years	Death rate of children under five years	ABS		1.1.1.1
	Proportion of babies born of low birthweight	Proportion of babies born of low birthweight	VPDC		1.1.1.2
	Proportion of mothers who smoked tobacco in the first 20 weeks of pregnancy	Proportion of mothers who smoked tobacco in the first 20 weeks of pregnancy	VPDC		1.1.1.3
	Proportion of children exposed to alcohol in utero	Proportion of children exposed to alcohol in utero	VCHWS/ VPDC		1.1.1.4
	Proportion of infants breastfed to three and six months of age	Proportion of infants exclusively breastfed to four months of age and fully breastfed to six months of age	MCHC		1.1.1.5 a/b
	Maternal age	Birth rate for women aged 15–19 years and 40 years and over	VPDC		1.1.1.6 a/b

Table 4. Outcome 1.1: Victorians enjoy high levels of physical health (continued)

Indicator	Measure	Measure detail	Source	Target	Reference
Reduce premature death rates	Premature death rate	Premature death rate (with sociodemographic breakdowns)	ABS		1.1.2.1
	Premature death rate due to chronic diseases	Premature death rate due to cancer, cardiovascular disease, diabetes and chronic respiratory disease	ABS	33.3% decrease in premature deaths due to chronic disease by 2030	1.1.2.2
	Premature death rate due to cardiovascular disease	Premature death rate due to circulatory diseases, coronary heart disease and stroke	ABS		1.1.2.3 a/b/c
	Premature death rate due to cancers	Premature death rate due to cancers	ABS		1.1.2.4 a/b/c/d/e
	Premature death rate due to chronic obstructive pulmonary disease	Premature death rate due to chronic obstructive pulmonary disease	ABS		1.1.2.5
	Leading causes of death	Top five causes of death (by sociodemographic characteristics)	ABS		1.1.2.6 a/b/c/d/e
	Mortality rates	Age standardised mortality rate (a) and crude mortality rate (b)	ABS		1.1.2.7 a/b
	Life expectancy	Life expectancy	ABS		1.1.2.8
	Median age of death	Median age of death	ABS		1.1.2.9

Table 4. Outcome 1.1: Victorians enjoy high levels of physical health (continued)

Indicator	Measure	Measure detail	Source	Target	Reference
Reduce prevalence of preventable chronic disease	Prevalence of diabetes in adults	Prevalence rate of type 2 diabetes in adults (self-report)	VPHS	Halt the rise in diabetes prevalence by 2030 (0% increase by 2030) from 2011–12 baseline	1.1.3.1
	Gestational diabetes mellitus	Proportion of females reporting gestational diabetes mellitus (self-report)	VPHS		1.1.3.2
	Prevalence of selected chronic diseases	Prevalence rate of chronic obstructive pulmonary disease (self-report)	VPHS		1.1.3.3 a
		Prevalence rate of cancer (self-report)	VPHS	Halve the proportion of Victorians diagnosed with preventable cancers by 2040	1.1.3.3 b
		Prevalence rate of heart disease (self-report)	VPHS		1.1.3.3 c
		Prevalence rate of asthma (self-repot)	VPHS		1.1.3.3 d
	Proportion of adults with two or more chronic diseases	Proportion of adults with two or more chronic diseases (self-report)	VPHS		1.1.3.4

Table 4. Outcome 1.1: Victorians enjoy high levels of physical health (continued)

Indicator	Measure	Measure detail	Source	Target	Reference
Reduce risk factors for chronic disease development	Proportion of adults with hypercholesterolaemia	Proportion of adults with hypercholesterolaemia	VPHS		1.1.4.1
	Proportion of adults with hypertension	Proportion of adults with hypertension	VPHS		1.1.4.2
	Proportion of adults with body mass index indicating overweight or obese	Proportion of adults who are overweight/obese or obese (measured)	NHS		1.1.4.3 a/b
	Proportion of children with body mass index indicating overweight or obese	Proportion of children five to 17 years who are overweight/obese or obese (measured)	NHS	Reduce overweight and obesity in children and adolescents aged 2–17 years by at least 5% by 2030	1.1.4.4 a/b
	Proportion of adults who consume alcohol at increased risk of harm	Proportion of adults who consume alcohol at increased risk of harm from alcohol-related disease and injury	VPHS		1.1.4.5
	Proportion of adults who smoke	Proportion of adults who smoke daily	VPHS		1.1.4.6
Increase self-rated health	Proportion of adults with very good or excellent self-rated health	Proportion of adults who self-rate their health as very good or excellent	VPHS		1.1.5.1
	Proportion of children with very good or excellent self-rated health	Proportion of children 0–12 years whose health is rated as very good or excellent	VCHWS		1.1.5.2

Table 4. Outcome 1.1: Victorians enjoy high levels of physical health (continued)

Indicator	Measure	Measure detail	Source	Target	Reference
Decrease unintentional injury	Deaths due to road traffic crashes	Deaths due to road traffic crashes	DTP/TAC	Halve road deaths and progressively reduce serious injuries by 2030	1.1.6.1
	Serious injury due to road traffic crashes	Hospitalisations due to road traffic crashes	VAED/ VISU		1.1.6.2
	Leading causes of death due to injury	Top five causes of death (by sociodemographic characteristics)	VISU/ABS		1.1.6.3 *a/b/c/d/e*
	Leading causes of hospitalisation due to injury	Top five causes of hospitalisation (by sociodemographic characteristics)	VISU/ VAED		1.1.6.4 *a/b/c/d/e*
Reduce preventable oral diseases	Rate of potentially preventable dental hospitalisations of children	Rate of potentially preventable dental hospitalisations of children 0–9 years	VAED		1.1.7.1
	Proportion of children entering primary school with dental decay	Proportion of children with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth	DHSV		1.1.7.2
	Self-reported dental health of adults	Self-reported dental health of adults	VPHS		1.1.7.3
Antimicrobial resistance	Decrease antimicrobial resistance	Proportion of resistant gonorrhoea notifications	PHESS		1.1.8.1

Table 4. Outcome 1.1: Victorians enjoy high levels of physical health (continued)

Indicator	Measure	Measure detail	Source	Target	Reference
Increase sexual and reproductive health	Notification rate of newly diagnosed HIV	Notification rate of newly diagnosed HIV	PHESS	Virtually eliminate HIV transmission by 2030	1.1.9.1
	Notification rate of newly diagnosed hepatitis C	Notification rate of newly diagnosed hepatitis C	PHESS	90% reduction in the number of new infections of hepatitis B and C by 2030	1.1.9.2
	Proportion of people testing positive for Chlamydia	Proportion of people testing positive for Chlamydia	ACCESS/ CD	Reduce the prevalence of chlamydia, gonorrhoea and infectious syphilis by 2030	1.1.9.3
	Notification rate for gonorrhoea	Notification rate for gonorrhoea	PHESS		1.1.9.4
	Syphilis cases pregnant at diagnosis	Notification rate of syphilis in pregnant women	PHESS	Eliminate congenital syphilis by 2030	1.1.9.5
	Cervical cancer incidence	Number and rate of invasive of cervical cancer diagnoses per year	VCR	Eliminate cervical cancer as a public health problem in Victoria (2035)	1.1.9.6
	HPV vaccination coverage for adolescents turning 15 years of age	HPV vaccination coverage for adolescents turning 15 years of age	AIR	Achieve and maintain HPV adolescent vaccination coverage of 80% by 2030	1.1.9.7

Table 5. Outcome 1.2: Victorians enjoy high levels of mental health

Indicator	Measure	Measure detail	Source	Target	Reference
Increase Victorians' experience of good mental health and wellbeing	Life satisfaction of adults and adolescents	Proportion of adults who reported high or very high satisfaction with their lives	VPHS		1.2.1.1 a
		Proportion of adolescents satisfied with their life	HILDA		1.2.1.1 b
	Proportion of adults who report low-to-medium levels of feeling that life is worthwhile	Proportion of adults who report low-to-medium levels of feeling that life is worthwhile	VPHS		1.2.1.2
	Proportion of people who are lonely	Proportion of people who are lonely	VPHS		1.2.1.3
	Proportion of adults diagnosed with depression and/or anxiety	Proportion of adults who were diagnosed by a doctor in the past year with depression and/or anxiety	VPHS		1.2.1.4
Decrease suicide and psychological distress	Proportion of adults and young people with psychological distress	Proportion of adults who report high or very high psychological distress	VPHS		1.2.2.1 a
		Proportion of young people who report high or very high psychological distress	VPHS		1.2.2.1 b
	Suicide rate	Suicide rate	ABS/CCV	Suicide rates have reduced equitably across all groups and communities	1.2.2.2
	Hospitalisations due to self-harm	To be reviewed	VAED/ VEMD		1.2.2.3
	Ambulance attendances for suicidal and self-harm behaviours	Rate of ambulance attendances for suicidal and self-harm behaviours	VACIS		1.2.2.4

Table 6. Outcome 1.3: Victorians are supported to protect and promote health

Indicator	Measure	Measure detail	Source	Target	Reference
Increase healthier eating	Proportion of adults who consume sufficient fruit and vegetables	Proportion of adults who consume sufficient fruit and vegetables	VPHS	Adults and children (≥9 years) maintain or increase their fruit consumption to an average two serves per day by 2030	1.3.1.1 a/b/c
	Proportion of children who consume sufficient fruit and vegetables	Proportion of children 4–12 years who consume sufficient fruit and vegetables	VCHWS/ NHS	Adults and children (≥9 years) increase their vegetable consumption to an average five serves per day by 2030	1.3.1.2 a/b/c
	Proportion of adults who consume sugar-sweetened beverages daily	Proportion of adults who consume sugar-sweetened beverages daily	VPHS		1.3.1.3
	Proportion of children who consume sugar-sweetened beverages daily	Proportion of children 5–12 years who consume sugar-sweetened beverages daily	VCHWS/ NHS		1.3.1.4
	Discretionary food consumption	Proportion of total energy intake from discretionary foods (apparent consumption per capita per day and self-reported consumption)	To be reviewed	Reduce the proportion of children and adults' total energy intake from discretionary foods from >30% to <20% by 2030	1.3.1.5 a/b

Table 6. Outcome 1.3: Victorians are supported to protect and promote health (continued)

Indicator	Measure	Measure detail	Source	Target	Reference
Increase active living	Proportion of adults who are sufficiently physically active	Proportion of adults who are sufficiently physically active	VPHS	Reduce the prevalence of insufficient physical activity among children, adolescents and adults by at least 15% by 2030	1.3.2.1
	Proportion of children who are sufficiently physically active	Proportion of children 5–12 years who are sufficiently physically active	VCHWS		1.3.2.2
	Proportion of adults who meet muscle-strengthening recommendations (tbc)	Proportion of adults who engage in muscle-strengthening activities on at least two days per week	VPHS	Increase the prevalence of Victorians (≥15 years) who are meeting the strengthening guidelines by at least 15% by 2030	1.3.2.3
	Proportion of journeys that use active transport	To be reviewed	To be reviewed		1.3.2.4
	Proportion of people participating in organised sport	To be reviewed	To be reviewed		1.3.2.5
	Proportion of adults sitting for seven or more hours on an average weekday	Proportion of adults sitting for seven or more hours on an average weekday	VPHS		1.3.2.6
	Proportion of children who use excess electronic media for recreation	Proportion of children 5–12 years who use electronic media for recreation for more than two hours per day	VCHWS		1.3.2.7

Table 6. Outcome 1.3: Victorians are supported to protect and promote health (continued)

Indicator	Measure	Measure detail	Source	Target	Reference
Reduce overweight and obesity	Proportion of adults who are overweight and obese	Proportion of adults who are overweight or obese (self-report)	VPHS		1.3.3.1
		Proportion of adults who are obese (self-report)	VPHS	Halt the rise and reverse the trend in the prevalence of obesity in adults by 2030	1.3.3.2
Reduce smoking and vaping	Proportion of people who smoke	Proportion of adults who smoke daily	VPHS	Achieve a daily smoking prevalence of less than 10% by 2025 and 5% or less for adults (≥18 years) by 2030	1.3.4.1
		Proportion of young people who smoke	NDSHS/ ASSAD		1.3.4.2
	Proportion of children who live with a smoker who smokes inside the home	Proportion of children who live with a smoker who smokes inside the home	VCHWS		1.3.4.3
	Proportion of people who vape	Vaping use of people aged 14 years and over	NDSHS		1.3.4.4
		Proportion of adults who vape	VPHS		1.3.4.5

Table 6. Outcome 1.3: Victorians are supported to protect and promote health (continued)

Indicator	Measure	Measure detail	Source	Target	Reference
Reduce harmful alcohol and drug use	Proportion of adults who consume excess alcohol	Proportion of adults who consume alcohol at increased risk of harm from alcohol-related disease and injury	VPHS	At least a 10% reduction in harmful alcohol consumption by Victorians (≥14 years) by 2025 and at least a 15% reduction by 2030	1.3.5.1 a
		Proportion of adults who consume alcohol at risk of alcohol-related injury on a single occasion	VPHS		1.3.5.1 b
	Proportion of adolescents who consume alcohol	Proportion of adolescents 12–17 years who consume alcohol at least monthly	NDSHS/ ASSAD	Less than 10% of young people (14–17-year-olds) are consuming alcohol by 2030	1.3.5.2
	Proportion of people 14 years and older using an illicit drug in the past 1 months	Proportion of people 14 years and older using an illicit drug in the past 12 months	NDSHS		1.3.5.3
	Rate of alcohol, prescription drug or illicit drug-related ambulance attendances	Rate of alcohol-related ambulance attendances	VACIS		1.3.5.4 a
		Rate of prescription drug-related ambulance attendances	VACIS		b
		Rate of illicit drug-related ambulance attendances	VACIS		c

Table 6. Outcome 1.3: Victorians are supported to protect and promote health (continued)

Indicator	Measure	Measure detail	Source	Target	Reference
Increase immunisation	Notification rate for vaccine preventable diseases	Notification rate for vaccine preventable diseases	PHESS		1.3.6.1
	Immunisation coverage rate at school entry	Immunisation coverage rate at school entry	ACIR	Increase immunisation coverage rates to at least 95% of children aged one and two years by 2030, and maintain a coverage rate of at least 95% for children aged five years	1.3.6.2
Reduce harmful sun exposure	Proportion of adults by reported sun protection behaviours	To be reviewed	VPHS		1.3.7.1
	Proportion of adults by reported frequency of sunburn	To be reviewed	VPHS		1.3.7.2

Domain 2: Victorians experience social connectedness and community wellbeing

Table 7. Outcome 2.1: Victorians are safe and treated with respect

Indicator	Measure	Measure detail	Source	Target	Reference
Reduce prevalence and impact of abuse and neglect of children	Rate of children who were the subject of child abuse and neglect substantiation	Rate of children who were the subject of child abuse and neglect substantiation	DFFH		2.1.1.1
	Proportion of children living in families with unhealthy family functioning	Proportion of children living in families with unhealthy family functioning	VCHWS		2.1.1.2
Reduce incidence of family violence	Rate of incidents of family violence	Rate of incidents of family violence recorded by police	LEAP		2.1.2.1
	Police attendance for family violence incidents where there are children present	Police attendance for family violence incidents where there are children present	LEAP		2.1.2.2
Increase community safety	Hospitalisation rate due to assault	Hospitalisation rate due to assault	VAED		2.1.3.1
	Proportion of adults feeling safe walking in their street at night	Proportion of adults feeling safe walking in their street at night	VPHS		2.1.3.2
	Proportion of adults experiencing at least one incident of crime in the last 12 months	Proportion of adults experiencing at least one incident of crime in the last 12 months	ABS		2.1.3.3
	Rate of victimisation due to crimes recorded by police	Rate of victimisation due to crimes recorded by police	LEAP		2.1.3.4
	Criminal incidents involving sexual offences	Rate of criminal incidents involving sexual offences as the principal offence per 100,000 population	LEAP		2.1.3.5

Table 8. Outcome 2.2: Victorian communities are fair and inclusive

Indicator	Measure	Measure detail	Source	Target	Reference
Increase connection to culture and communities	Proportion of adults connected to culture and country	To be reviewed	VPHS		2.2.1.1
	Proportion of adults who feel valued by society	Proportion of adults who feel valued by society	VPHS		2.2.1.2
	Volunteering rates	To be reviewed	VPHS		2.2.1.3
Increase access to social support	Proportion of adults who have someone outside their household they can rely on to care for them or their children, in an emergency	Proportion of adults who have someone outside their household they can rely on to care for them or their children, in an emergency	VPHS		2.2.2.1
	Proportion of adults who feel most adults can be trusted	Proportion of adults who feel most adults can be trusted	VPHS		2.2.2.2

Table 9. Outcome 2.3: Victorians are free from racism and discrimination

Indicator	Measure	Measure detail	Source	Target	Reference
Reduce all forms of racism and discrimination	Proportion of adults who experienced discrimination or felt they had been treated unfairly in the last 12 months	Proportion of adults who experienced discrimination or felt they had been treated unfairly in the last 12 months	VPHS		2.3.1.1
	Proportion of adults who thought multiculturalism definitely made life in their area better	Proportion of adults who thought multiculturalism definitely made life in their area better	VPHS		2.3.1.2

Domain 3: Victorians have access to learning and development opportunities

Table 10. Outcome 3.1: Victorians have access to education, skills development and learning throughout life

Indicator	Measure	Measure detail	Source	Target	Reference
Decrease developmental vulnerability	Proportion of children at school entry who are developmentally on track	Proportion of children at school entry who are developmentally on track	AEDC		3.1.1.1
Increase educational attainment	Proportion of Year 3, 5, 7 and 9 students at highest level of achievement in numeracy and reading	Proportion of Year 3, 5, 7 and 9 students at highest level of achievement in numeracy	NAPLAN	By 2030, in the NAPLAN Reading and Numeracy: • reduce the proportion of all Year 3, 5, 7 and 9 students in the Needs Additional Support proficiency level by 10% • increase the proportion of all Year 3, 5, 7 and 9 students in the Strong and Exceeding proficiency levels by 10% • trend upwards in the proportion of priority equity cohort students in the Strong and Exceeding proficiency levels	3.1.2.1
		Proportion of Year 3, 5, 7 and 9 students at highest level of achievement in reading	NAPLAN		3.1.2.2
	Adults with post-secondary education qualifications	Proportion of adults with post-secondary education qualifications	VPHS		3.1.2.3
Increase Victoria's digital inclusion	Victoria's score on the Australian Digital Inclusion Index (ADII)	Victoria's score on the ADII	ADII		3.1.3.1

Domain 4: Strong economic participation and stability in Victoria

Table 11. Outcome 4.1: Victorians participate in the economy

Indicator	Measure	Measure detail	Source	Target	Reference
Increase labour market participation	Unemployment rate	Unemployment rate	ABS		4.1.1.1
	Long-term unemployment rate	Long-term unemployment rate	ABS		4.1.1.2
	Proportion of young people engaged in full-time education and/or work	Proportion of young people 17–24 years who are engaged in full-time education and/or work	ABS		4.1.1.3

Table 12. Outcome 4.2: Victorians have financial security

Indicator	Measure	Measure detail	Source	Target	Reference
Decrease financial stress	Proportion of adults and children who ran out of food and could not afford to buy more	Proportion of adults who ran out of food and could not afford to buy more	VPHS		4.2.1.1
		Proportion of children 0–12 years living in households that ran out of food and could not afford to buy more	VCHWS		4.2.1.2
	Percentage of the population in relative income poverty	Proportion of people living in households below the 50% poverty line	HILDA		4.2.1.3
	Housing purchase or rental affordability	Proportion of households with housing costs that represent 30% or more of household gross income	ABS		4.2.1.4
		Proportion of rental homes affordable to low income and moderate income Victorians (to be determined)	tbc		4.2.1.5
	Proportion of adults who participated in gambling activities in the last 12 months	Proportion of adults who participated in gambling activities in the last 12 months	VPHS		4.2.1.6

Table 13. Outcome 4.3: Victorians have suitable and stable housing

Indicator	Measure	Measure detail	Source	Target	Reference
Decrease homelessness	Proportion of people who are homeless	Proportion of people who meet the statistical definition of homelessness	ABS		4.3.1.1
	Proportion of specialist homelessness services clients provided with accommodation	To be reviewed	AIHW		4.3.1.2
	Social housing availability	Number of social housing dwellings per 1,000 population	DFFH		4.3.1.3

Domain 5: Victorians have health-sustaining natural and built environments

Table 14. Outcome 5.1: Victorians belong to resilient and liveable communities

Indicator	Measure	Measure detail	Source	Target	Reference
Increase neighbourhood liveability	Liveability	To be reviewed			5.1.1.1
Increase adaptation to the impacts of climate change	Heat-related health events during heatwaves	VAED/VEMD (to be determined)			5.1.2.1
	Community resilience to natural hazards	ADRI			5.1.2.2

Table 15. Outcome 5.2: Victorians have access to sustainable and safe built and natural environments

Indicator	Measure	Measure detail	Source	Target	Reference
Increase environmental sustainability	Renewable electricity as a proportion of total electricity generation	Renewable electricity generation as a proportion of total electricity generation	DEECA	40% of the state's electricity sourced from renewable generation by 2025, 65% by 2030, and 95% by 2035	5.2.1.1
	Net greenhouse gas emissions	Net greenhouse gas emissions	DEECA	Greenhouse gas emissions reduction of 28–33% on 2005 levels by 2025, 45-50% below 2005 levels by 2030, 75–80% by 2035 and net zero emissions by 2045 (legislated emissions reduction targets)	5.2.1.2

Table 15. Outcome 5.2: Victorians have access to sustainable and safe built and natural environments (continued)

Indicator	Measure	Measure detail	Source	Target	Reference
Increase environmental quality	Air quality	Number of days where the national objective of PM^{10} was not met	EPA		5.2.2.1 a
		Number of days where the national objective of $PM^{2.5}$ was not met	EPA		5.2.2.1 b
	Biodiversity	Increased percentage of environmental indicators for biodiversity in the State of our Environment reports assessed as improving	DEECA		5.2.2.2

Implementing the framework

The outcomes framework brings together a comprehensive set of indicators and measures drawn from multiple data sources, which are used to track whether our combined efforts are improving the health and wellbeing of Victorians.

Existing data sources are used to provide a consistent and stable monitoring mechanism that will inform new plans, policies and strategies, and guide performance management, particularly where evidence of inequalities persists. The outcomes framework can be used and adapted at the regional level and by the non-government sector.

Governance

The Public Health and Wellbeing Act aims to achieve the highest attainable standard of public health and wellbeing for all Victorians. The Act requires the Victorian public health and wellbeing plan to be prepared every four years, with the first plan released in September 2011. Section 17(e) of the Act requires the Secretary of the department to establish and maintain a comprehensive information system on the health status and determinants of health for Victorians.

A Whole of Victorian Government Public Health and Wellbeing Interdepartmental Committee provides governance and oversight of the Victorian public health and wellbeing plan, the outcomes framework and reporting mechanisms. The Department of Health and Department of Premier and Cabinet co-chair this committee.

An external advisory group of sector and consumer representatives provides advice to the committee on implementation of cross-government public health and wellbeing priorities.

Under the Act, local councils are required to prepare a municipal public health and wellbeing plan that has regard for the Victorian public health and wellbeing plan and outcomes framework.

Defining success and measuring progress

The outcomes framework sets a vision of success and is focused at the population level, to provide an overview of the collective impact of our efforts over time. It is a tool to ensure transparency in what we aim to achieve and whether we are achieving it.

However, an outcomes approach does not replace the essential work of measuring inputs, activities and outputs. These allow us to show we have delivered on time and on budget, and are essential for meaningful accountability.

System, program and client-level outcomes, such as service access and utilisation, or individual client outcomes, are measures of shorter-term impacts and are important to establish a clear line of sight between inputs, outputs and longer-term outcomes.

To enable a comprehensive assessment of the relationship between what we do, the resources we invest and the longer-term results, reports based on the outcomes framework must be complemented by other information to understand what works in different contexts.

This includes:

- performance management frameworks and service utilisation reporting to understand inputs, activities and outputs (as defined by the Productivity Commission)[10]
- qualitative data that includes voices from diverse backgrounds to understand the lived experience
- rigorous evaluation of programs and continuous improvement efforts.

The outcomes framework is broad because it reflects the wider determinants of health and wellbeing. Portfolio-based outcomes frameworks play an important role in amplifying our understanding of outcomes in different portfolio areas and connecting our vision with work underway in other government sectors.

Reporting against the outcomes framework

Reporting against the outcomes framework includes assessment of progress towards identified targets and selected measures. The outcomes framework will be used to monitor the progress of longer-range outcomes, so it spans a longer timeframe than the current Victorian public health and wellbeing plan. It can take years, and sometimes decades, to see real improvements in many health outcomes at the population level.

Progress reports and the outcomes dashboard

The department reports on progress towards state targets identified in the outcomes framework once in every four-year planning cycle. Where targets are not identified, the direction of change for selected measures is monitored.

The progress reports provide a point-in-time summary of the state of health and wellbeing in Victoria. They explore how trends in health and wellbeing outcomes have been tracking over the longer term, and provide an assessment of whether we are on track to meet targets.

The progress reports are used to inform the development of the next four-year statewide public health and wellbeing plan. Frameworks like intersectionality and lived experience will be used to support reporting and analysis of public health and wellbeing measures.

A dashboard provides a single point of access to a wide range of contemporary population health data, as documented in the outcomes framework. The dashboard is maintained and updated as data becomes available each year. The visualisations illustrate changes in outcomes and inequalities over time, and by different demographic breakdowns of inequality.

10 Steering Committee for the Review of Government Service Provision, *Report on Government Services* 2025.

Data sources and definitions

The datasets used to inform the measures in the outcomes framework are all existing administrative data collections or population health surveys from a range of data custodians.

Supporting the outcomes framework, the data dictionary provides detailed technical specifications for every measure identified in the outcomes framework.

More than 40 Victorian or Australian data collections are drawn on to monitor health and wellbeing changes over time. For more information about each of the datasets, visit the websites of the custodians provided in Appendix 1.

Future directions and data gaps

Although the outcomes in the framework have been chosen for long-term relevance, it may be necessary to update measures and targets as the public health system evolves and changes. It is therefore important that the outcomes framework is flexible enough to adapt to these changes.

Identifying data gaps

The refresh of the outcomes framework identified some gaps that were unable to be fully addressed as part of the refresh project. These areas are highlighted below and will be explored further over time. Updates will be made to the outcomes framework as necessary.

Key gaps include:

- **participation in sport and active living** – which is partly addressed by existing measures. Data on active transport use is not currently available at a whole-of-population level
- **food insecurity** – there is an opportunity to collect and use more granular data to explore this issue and the impact on children, acknowledging that food insecurity exists on a continuum
- **food system** – validated tools for discretionary food consumption or consistent ways of capturing data relating to more detailed food consumption at a population level are needed
- **cultural determinants of health** – Aboriginal peoples' connection to Country, Community, Kin and Self-determination, as strength-based protective factors, are not currently supported with reliable measures across health datasets. These measures will require engagement with Aboriginal communities to develop and include in the government's accountability mechanisms
- **commercial determinants of health** – the impact of commercial determinants are partly addressed by existing measures relating to gambling loss, smoking and harmful alcohol consumption. Indicators of exposure to profit-driven factors that influence health are challenging to assess at a subpopulation level and require further exploration
- **antimicrobial resistance** – antimicrobial resistance in gonorrhoea is added to the framework as it has increased rapidly in recent years and has reduced options for treatment, with critical implications for reproductive, maternal and newborn health. Other measures of antimicrobial resistance will be added over time

- **elder abuse** – a reliable data source at a statewide population level has not yet been identified
- **social connection** – is partly addressed by existing measures and has been strengthened with the introduction of measures relating to loneliness and volunteering rates. However, participation in community events and activities is a gap
- **liveability, built and natural environment indicators** – data on liveability, tree canopy and access to 20-minute neighbourhoods is frequently used to inform policy setting. However, data is not currently available at a whole-of-population level.

A small number of measures included in the outcomes framework do not have reliable data sources. These measures have been retained because it is anticipated that further development of these measures will occur in the next six to 12 months. Measures that may be affected by these developments have been identified in the framework with the annotation 'To be reviewed'.

The outcomes framework will be regularly reviewed to incorporate new measures and targets as the government makes commitments, updates other outcomes frameworks, or new population health and wellbeing data sources become available. While no changes or additional inclusions will be made to the framework until the next formal review in 2030, new population health and wellbeing data sources and targets can be considered in reporting against the refreshed framework.

Data development

The department will work with data custodians to advocate and support the ongoing development of data sources where possible, in particular:

- identifying data sources to fill gaps identified by the outcomes framework refresh
- data on early years, child and youth health and wellbeing to strengthen a life-course approach
- representation of migrant and refugee communities, as many of the data sources fall short in terms of intersectionality and disaggregated data
- spatial disparities in a range of outcomes would allow for a more comprehensive understanding.

The outcomes framework contains a comprehensive range of interlinked determinants of health and health outcomes. While the framework itself cannot describe all the relevant links between measures, reporting will draw out the links between related issues and concepts, such as the relationship between healthy eating and climate change.

There will be a stronger focus on tracking shorter-term progress toward outcomes during 2023–2027 under the outcomes framework. More work is needed to determine a set of short-to-medium term progress measures to guide investments and actions across government, and ensure a coordinated and effective approach to improving public health and wellbeing outcomes.

For the next formal review of the outcomes framework, more work is needed to test that the outcomes represent what matters to community.

Glossary

Acronym	Definition
ABS	Australian Bureau of Statistics
ACCESS	Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of Sexually Transmitted Infections and Blood Borne Viruses
ACIR	Australian Childhood Immunisation Register
ADII	Australian Digital Inclusion Index
ADRI	Australasian Digital Recordkeeping Initiative
AHWP	Aboriginal Health and Wellbeing Partnership
AIHW	Australian Institute of Health and Welfare
AIR	Australian Immunisation Register
ASSAD survey	Australian secondary school students alcohol and drug survey
CCV	Cancer Council Victoria
DEECA	Department of Energy, Environment and Climate Action
DFFH	Department of Families, Fairness and Housing
DHSV	Dental Health Services Victoria
DTP	Department of Transport and Planning
EPA	Environment Protection Authority
HILDA	Household, Income and Labour Dynamics in Australia (HILDA)
HIV	human immunodeficiency virus
HPV	human papillomavirus

Acronym	Definition
LEAP	Law Enforcement Assistance Program
MCHC	Maternal and Child Health Collection
NAPLAN	National Assessment Program – Literacy and Numeracy
NDSHS	National Drug Strategy Household Survey
NHS	National Health Survey
outcomes framework	Victorian public health and wellbeing outcomes framework
PHESS	Public Health Events Surveillance System
TAC	Transport Accident Commission
the department	Department of Health
VAAF	*Victorian Aboriginal Affairs Framework*
VACIS	Victorian Ambulance Clinical Information System
VCR	Victorian Cancer Registry
VAED	Victorian Admitted Episodes Dataset
VCHWS	Victorian child health and wellbeing survey
VISU	Victorian Injury Surveillance Unit
VPDC	Victorian Perinatal Data Collection
VPHS	Victorian Population Health Survey
WHO	World Health Organization

Appendix 1. Summary of datasets

Data set	Custodian	Frequency of collection	Reference
Air monitoring network	Environment Protection Authority Victoria	Yearly	<www.epa.vic.gov.au>
Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of Sexually Transmitted Infections and Blood Borne Viruses (ACCESS)	ACCESS	Yearly	<https://accessproject.org.au>
Australian Digital Inclusion Index	RMIT, Swinburne University of Technology and Telstra	Yearly	<www.digitalinclusionindex.org.au>
Australian Disaster Resilience Index	National Emergency Management Agency	Not stated	<https://adri.naturalhazards.com.au/#!/>
Australian Early Development Census	Australian Government Department of Education	Yearly	<www.education.gov.au/early-childhood/about/data-and-reports/australian-early-development-census>
Australian Energy Statistics	Australian Government Department of Climate Change, Energy, the Environment and Water	Yearly	<www.energy.gov.au/government-priorities/energy-data/australian-energy-statistics>
Australian Immunisation Register	Australian Government Department of Health, Disability and Ageing	Quarterly	<www.servicesaustralia.gov.au/australian-immunisation-register>
Australian secondary school students alcohol and drug survey	Cancer Council Victoria	Triennial	<www.health.gov.au/resources/collections/australian-secondary-school-students-alcohol-and-drug-survey>
Census of Population and Housing	Australian Bureau of Statistics	Every five years	<www.abs.gov.au/census>
Client Relationship Information System	Department of Families, Fairness and Housing	Ongoing	<https://providers.dffh.vic.gov.au/client-relationship-management>
Crime Victimisation Survey	Australian Bureau of Statistics	Yearly	<www.abs.gov.au/statistics/people/crime-and-justice/crime-victimisation>
Public dental dataset	Oral Health Victoria	Not stated	<www.dhsv.org.au/>
Education and Work	Australian Bureau of Statistics	Yearly	<www.abs.gov.au/statistics/people/education/education-and-work-australia>

Appendix 1. Summary of datasets (continued)

Data set	Custodian	Frequency of collection	Reference
General Social Survey	Australian Bureau of Statistics	Periodically	<www.abs.gov.au/statistics/people/people-and-communities/general-social-survey-summary-results-australia/latest-release>
HILDA Survey	Melbourne Institute	Yearly	<https://melbourneinstitute.unimelb.edu.au/hilda>
Labour Force Survey	Australian Bureau of Statistics	Monthly	<www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia/latest-release>
Law Enforcement Assistance Program	Victoria Police	Yearly	<www.crimestatistics.vic.gov.au/>
Maternal and Child Health Collection	Department of Health	Yearly	<www.health.vic.gov.au/maternal-child-health/maternal-child-and-health-reporting-and-data>
National Aboriginal and Torres Strait Islander Health Survey	Australian Bureau of Statistics	Periodically	<www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/national-aboriginal-and-torres-strait-islander-health-survey/2022-23>
National Assessment Program – Literacy and Numeracy	Australian Curriculum, Assessment and Reporting Authority	Yearly	<www.nap.edu.au/naplan>
National Causes of Death	Australian Bureau of Statistics	Yearly	<www.aihw.gov.au/about-our-data/our-data-collections/national-mortality-database/deaths-data>
National Drug Strategy Household Survey	Australian Institute of Health and Welfare	Triennial	<www.aihw.gov.au/about-our-data/our-data-collections/national-drug-strategy-household-survey>
National Greenhouse Gas Inventory	Australian Government Department of Climate Change, Energy, the Environment, and Water	Quarterly	<www.dcceew.gov.au/climate-change/publications/national-greenhouse-accounts-2020/state-and-territory-greenhouse-gas-inventories-emissions-metrics>

Appendix 1. Summary of datasets (continued)

Data set	Custodian	Frequency of collection	Reference
State and Territory greenhouse gas inventories	Australian Bureau of Statistics	Triennial	<www.dcceew.gov.au/climate-change/publications/state-and-territory-greenhouse-gas-inventories>
National Nutrition and Physical Activity Survey	Australian Bureau of Statistics	Periodically	<www.abs.gov.au/statistics/health/health-conditions-and-risks/food-and-nutrients/latest-release#about-the-national-nutrition-and-physical-activity-survey>
Public Health Events Surveillance System	Department of Health	Yearly	<https://www.health.vic.gov.au/infectious-diseases/infectious-diseases-surveillance-in-victoria>
Road Crash Information System	Department of Transport and Planning	Yearly	<www.vic.gov.au/road-crash-statistics>
Victorian Ambulance Clinical Information System	Ambulance Victoria	Not stated	<www.ambulance.vic.gov.au/>
Victorian Admitted Episodes Dataset	Department of Health	Quarterly	<www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset>
Victorian Cancer Registry	Cancer Council Victoria	Ongoing	<https://www.cancervic.org.au/research/vcr/fact-sheets-and-annual-reports>
Victorian child health and wellbeing survey	Department of Education	Triennial	<www.vic.gov.au/victorian-child-health-and-wellbeing-survey>
Victorian Emergency Minimum Dataset	Department of Health	Quarterly	<www.health.vic.gov.au/data-reporting/victorian-emergency-minimum-dataset-vemd>
Victorian Injury Surveillance Unit	Monash University	Yearly	<www.monash.edu/muarc/research/research-areas/home-and-community/visu>
Victorian Perinatal Data Collection	Safer Care Victoria	Yearly	<www.health.vic.gov.au/quality-safety-service/victorian-perinatal-data-collection>
Victorian Population Health Survey	Department of Health	Yearly, Local Government Area-level every three years	<https://vahi.vic.gov.au/reports/population-health>