



Victorian public health and wellbeing progress report

The first report of progress
against selected indicators
in the *Victorian public
health and wellbeing
outcomes framework*



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Except where otherwise indicated, the images in this publication show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services.

This publication may contain images of deceased Aboriginal and Torres Strait Islander peoples.

In this document, 'Indigenous' 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.

Introduction

Victorians enjoy an outstanding quality of life, health and wellbeing which are comparable to that found almost anywhere else in the world, and also report some of the highest rates of wellbeing in Australia.

To maintain and continue improving our health and wellbeing, we face some significant challenges. Almost 60 per cent of premature deaths in Victoria are potentially avoidable, with chronic diseases such as cardiovascular disease and cancer being among the greatest causes of poor health and avoidable death for Victorians. Some of the greatest risk factors for these conditions are lifestyle behaviours – poor nutrition, insufficient physical activity, excessive alcohol consumption, illicit drug use and smoking. The environment where people live, learn, work and play, has a significant influence over their lifestyle behaviours.

Addressing these challenges requires a collective and sustained effort from government and non-government organisations, businesses, health professionals, communities, families and individuals.

This is the first progress report against the *Victorian public health and wellbeing outcomes framework*, which reflects the public health and wellbeing priorities identified in the *Victorian public health and wellbeing plan 2015–2019*. The report does not attempt to tell the full story of Victorians' health and wellbeing, but rather draws on available data to provide a snapshot of how the Victorian population is faring with respect to key indicators of health and wellbeing:

- active living and healthy eating
- alcohol and drug use
- mental health
- preventing violence and injury
- improving sexual and reproductive health
- tobacco-free living.

Overall, the report demonstrates a balanced scorecard in terms of progress against a number of complex population level measures that would not be expected to change rapidly over time. The report provides important insights which will help inform the development of the next Victorian public health and wellbeing plan.

Reporting against the outcomes framework occurs in the third year of every four-year public health and wellbeing planning cycle (see page 11 for the legislative and policy context).

This report draws on statistically significant data publicly available at the time of publication from a range of data sources including the Australian Institute of Health and Welfare, Victorian Population Health Survey, Victorian Students Health and Wellbeing Survey, and the Victorian Injury Surveillance Unit.

Data presented in this report was the best available at the time of publication. Periods of data reporting and data collection methods vary over time, and where this makes comparison problematic this has been highlighted in footnotes.

Healthy eating

Poor diet is a major contributor to chronic disease and premature death in Victoria. Good nutrition contributes to optimal childhood growth and development and maintaining a healthy weight, good mental and physical health, resistance to infection and improved protection against chronic disease.

What are the observations?



Positive indicators



Proportion of adults who consume sugar sweetened beverages daily¹



Areas of concern



Proportion of adults who consume sufficient vegetables²

Proportion of adults who consume sufficient fruit²



Proportion of children living in households that ran out of food and could not afford to buy more³

Between 2011–12 and 2014 the proportion of the adult population who consumed sugar-sweetened beverages daily decreased from 15.9% to 11.2%.¹

There was a decline in the number of adults meeting the recommended minimum daily intake for vegetables, from 5.8% in 2015 to 4.8% in 2016.²

There was a decline in the number of adults meeting the recommended minimum daily intake for fruit, from 43.3% in 2015 to 41.4% in 2016.²

There was an increase from 4.9% in 2013 to 7.1% in 2017, in the proportion of children 0–12 years living in households that ran out of food and could not afford to buy more.³

The link with overweight and obesity

Poor diet is the major driver of overweight and obesity. Unhealthy food and drink choices dominate our everyday environment – they are readily available, in large portion sizes and heavily marketed. Excess weight affects the health of individuals and contributes to incidence of diseases such as heart disease and diabetes. The prevalence of overweight or obesity across the population places an increasing burden on health services, social support and economic productivity.

1 Victorian Population Health Survey, DHHS, 2014: note change of sampling methodology in 2014

2 Victorian Population Health Survey, DHHS, 2016: note change in sampling methodology in 2014 will affect results from 2015

3 Victorian Child Health and Wellbeing Survey, DET, 2017

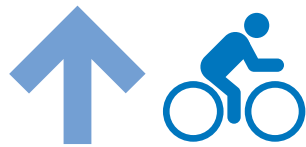
Active living

Physical activity provides important benefits throughout life. Establishing an active lifestyle during childhood and early adulthood lays the foundation for a long, healthy and active life.

What are the observations?



Positive indicators



Proportion of adults who are sufficiently active^{1,2}



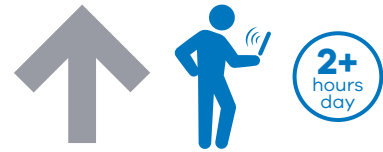
Proportion of adults sitting for seven or more hours on an average weekday^{1,2}



Areas of concern



Proportion of adolescents 10–17 years who are sufficiently physically active⁴



Proportion of adolescents 10–17 years who use electronic media for recreation for more than two hours per day⁴

The proportion of the adult population who undertake sufficient physical activity increased from 41.4% in 2014¹ to 47.0% in 2015, with a further increase to 49.6% in 2016.²

The proportion of adults sitting for seven or more hours on an average weekday decreased from 28.2% in 2014¹ to 25.6% in 2016.²

Conversely, during the 2014 to 2016 period, there was a decline in the proportion of adolescents undertaking sufficient physical activity, from 26.0% of the adolescent population to 23.3%.⁴

1 Victorian Population Health Survey, DHHS, 2014: note change of sampling methodology in 2014

2 Victorian Population Health Survey, DHHS, 2016: note change in sampling methodology in 2014 will affect results from 2015

4 Victorian Student Health and Wellbeing Survey, DET, 2016

Tobacco-free living

Smoking is a major cause of preventable death and ill health, and of health inequalities throughout the state. In 2011–12 about 520,000 adults smoked daily in Victoria, and a further 160,000 smoked less regularly. A large body of evidence shows that smoking behaviour in early adulthood affects health behaviours later in life.

Smoking prevalence across the adult population in Victoria has remained steady in recent years^{1,2}, however smoking prevalence among some groups, such as Aboriginal and Torres Strait Islander people, remains persistently high.

What are the observations?



Positive indicators



Proportion of mothers who smoked tobacco in the first 20 weeks of pregnancy⁵



Areas of concern



Persistently high rates of smoking prevalence among Indigenous compared with non-Indigenous adults⁶

In 2011–12, around 11.9% of the adult population smoked¹, and this remained at a similar level of 12.3% when measured in 2016.²

The proportion of mothers who smoked tobacco in the first 20 weeks of pregnancy declined from 10.9% in 2012¹ to 8.6% in 2016.²

Smoking was more prevalent among Indigenous than non-Indigenous adults in every age group. After adjusting for age differences, Indigenous adults were still more than twice as likely to be current daily smokers.⁶

1 Victorian Population Health Survey, DHHS, 2014: note change of sampling methodology in 2014

2 Victorian Population Health Survey, DHHS, 2016: note change in sampling methodology in 2014 will affect results from 2015

5 Victorian Perinatal Data Collection, DHHS, 2016

6 National Aboriginal and Torres Strait Islander Social Survey, Australia, 2014–15

Alcohol and drug use

Excess alcohol consumption and illicit drug use are responsible for a significant burden of disease, injury and death. They can also be a contributing factor in road trauma, crime, family violence, illness, lost opportunity, and reduced productivity.

The proportion of adolescents who consume alcohol at least monthly, and the proportion of people 14 years and older using an illicit drug in the past 12 months, have both remained relatively steady.

What are the observations?



Positive indicators



Proportion of adults who are at risk of alcohol-related harm^{1,2}



Areas of concern



Rate of alcohol related ambulance attendances⁷

The proportion of the adult population who consume excess alcohol (and who were at an increased lifetime risk of alcohol-related harm) has decreased from 59.2% in 2014 to 57.7% in 2016.^{1,2}

The rate of alcohol related ambulance attendances increased from 222.1 per 100,000 population in 2011–12 to 340.3 per 100,000 population in 2017–18.⁷

Adolescents who consume alcohol at least monthly remained steady, from 34.6% in 2014 to 34.7% in 2016.⁴ Similarly, the proportion of people 14 years and older using an illicit drug in the past 12 months showed minimal change, from 14.3% in 2013 to 15.0% in 2016.⁸

1 Victorian Population Health Survey, DHHS, 2014: note change of sampling methodology in 2014

2 Victorian Population Health Survey, DHHS, 2016: note change in sampling methodology in 2014 will affect results from 2015

4 Victorian Student Health and Wellbeing Survey, DET, 2016

7 <http://amboadstats.org.au/>, 2017–18

8 National Drug Strategy Household Survey, AIHW, 2016

Mental health – mental wellbeing

Mental health is an essential ingredient of individual and community wellbeing and significantly contributes to the social, cultural and economic life of Victoria.

Resilience is the ability to cope with the usual stressors of life and is critical to good mental health. Psychological distress is a measure for the overall mental health and wellbeing of the population.

Real improvements in health outcomes at the population level can take many years to become apparent and this is particularly the case for mental health indicators. It is important to note that significant improvements in mental health outcomes would not be expected in the relatively short periods covered by the mental health indicators in this report.

What are the observations?



Areas of
concern



Increased proportion of adult women who report high or very high levels of psychological distress²

The proportion of adults who report high or very high levels of psychological distress appears to have decreased from 17.3% in 2015 to 14.8% in 2016, however, this does not represent a statistically significant decrease.²

The proportion of Victorian adults with high or very high levels of psychological distress was statistically significantly higher in women (16.5%) compared to men (13.2%) in 2016.²

The proportion of Victorian students in Years 5, 8 and 11 reporting high levels of resilience has remained steady at 70.1% in 2014 and 69.0% in 2016.⁴

² Victorian Population Health Survey, DHHS, 2016: note change in sampling methodology in 2014 will affect results from 2015

⁴ Victorian Student Health and Wellbeing Survey, DET, 2016

Mental health – suicide prevention

Intentional self-harm mortality (suicide) refers to injury and poisoning cases where death is purposefully self-inflicted. In 2017 there were 621 deaths in Victoria due to suicide, with a significantly higher rate in males.⁹ Three out of four deaths by suicide involve males, and this has been consistent over time. It is particularly important with suicide data to view deaths over a period of time, as year on year fluctuations can be misleading.

What are the observations?



Positive indicators



Decreased suicide rate in males⁹

In Victoria, during the period from 2010 to 2017 there was overall, a slight decrease in the rate of suicides from 10.1 per 100,000 people in 2010 to 9.6 per 100,000 people in 2017. However, during this period the suicide rate fluctuated, ranging from 8.9 to 10.9 per 100,000 people.⁹

For males, the suicide rate decreased from 15.6 per 100,000 people in 2010 to 14.0 per 100,000 people in 2017. In contrast, the suicide rate for females increased from 4.6 per 100,000 people in 2010 to 5.4 per 100,000 people in 2017, ranging from 4.3 to 5.4 per 100,000 people.⁹

⁹ Australian Bureau of Statistics 2018, Causes of Death Australia: 2017, Canberra

Injury prevention – family violence prevention

In Australia, violence in intimate relationships is a significant contributor to the disease burden for women aged 18 to 44 years. Both women and men are more likely to experience violence at the hands of men, with around 95 per cent of all victims of violence in Australia reporting a male perpetrator.¹⁰

Reporting of family violence incidents may increase as a result of greater awareness by victims and a willingness to take action. An increase in family violence reporting rates reflects an increased confidence in the system and intolerance of family violence, which is important as challenging attitudes and calling-out behaviours that enable violence are key to effective primary prevention.

What are the observations?



Positive indicators



Rate of incidents of family violence recorded by police¹¹

The rate of incidents of family violence recorded by police in 2012–13 was 1,056 per 100,000 population. This increased to 1,242 per 100,000 population in 2016–17.¹¹

¹⁰ Free From Violence, Victoria's strategy to prevent family violence and all forms of violence against women, 2016

¹¹ Crime Statistics Agency, 2017, <https://www.crimestatistics.vic.gov.au/>

Injury prevention – unintentional injury

Injury prevention can help maintain or improve physical and mental health. For example, road safety planning and implementation can offer multiple benefits, not only for injury prevention but also for active living.

The leading cause of unintentional injury morbidity is falls, while the leading causes of death from unintentional injury are falls, road transport crashes and poisoning. The most vulnerable population groups are children, young males and people aged 65 years and older.

What are the observations?



Positive indicators



Number of Victorian deaths due to road transport crashes¹²



Areas of concern



Rate of hospital admissions arising from injuries (mostly falls) among older adults¹³

From 2016 to 2017, the number of Victorian deaths due to transport crashes declined from 290 deaths to 259.¹²

The age-standardised annual rate of injury admissions among adults 65 years and older increased by 4.2% per year over the 10-year period from 2007–08 to 2016–17, with falls accounting for 78% of these hospital admissions in 2016–17.¹³

¹² TAC, 2018, <https://www.tac.vic.gov.au/road-safety/statistics/lives-lost-annual>

¹³ VISU E-bulletin, Unintentional Hospital-treated Injury in Victoria 2016–17, June 2018

Sexual and reproductive health

Sexual and reproductive health is not only about physical wellbeing – it includes the right to healthy and respectful relationships, health services that are inclusive, safe and appropriate, access to accurate information, and effective and affordable methods of contraception.

What are the observations?



Positive indicators



Population rates of newly acquired hepatitis C (HCV) infections¹⁴

Proportion *Chlamydia*-positive in young males¹⁵



Proportion *Chlamydia*-positive in young females¹⁵

Population rate of new human immunodeficiency virus (HIV) diagnoses¹⁴



Areas of concern



Population rate of gonorrhoea reaching a record high in 2017¹⁴

The notification rate of newly acquired HCV infections has decreased by just over 50% from 3.1 cases per 100,000 population in 2011 to 1.5 cases per 100,000 population in 2017.¹⁴

The proportion *Chlamydia*-positive among young males declined from 13.5% in 2013 to 10.8% in 2016.¹⁵

The proportion *Chlamydia*-positive among young females has been stable at 6.3% between 2013 and 2016.¹⁵

The annual population rate of new HIV diagnoses has been stable at around 5 cases per 100,000 population from 2014 to 2017.¹⁴

The population rate for gonorrhoea has increased from 34 cases per 100,000 in 2011 to 118 cases per 100,000 in 2017. Among females the rate of notification increased by 371% from 9 cases per 100,000 population in 2011 to 44 cases per 100,000 population in 2017. Among males the rate of notification increased 232% from

58 cases per 100,000 population in 2011 to 193 cases per 100,000 population in 2017.¹⁴

The number of gay and bisexual men tested for chlamydia increased by 26% between 2015 and 2016 compared to an annual average increase of 8% in the years 2012 to 2015. There was a significant increasing trend in the chlamydia testing rate among gay and bisexual men attending a GP clinic, from 62% in 2012 to 74% in 2016.¹⁵

¹⁴ Public Health Event Surveillance System (PHESS), DHHS It should be noted that the increase in the number of cases and rate of gonorrhoea could be due to multiple factors including increased testing for gonorrhoea, and the laboratory testing methods used for gonorrhoea screening.

¹⁵ Australian Collaboration for Coordinated Enhanced Sentinel Surveillance (ACCESS) of Sexually Transmitted Infections (STIs) and Blood Borne Viruses (BBVs) 2012–2016 and HIV Surveillance Report for Victoria, May 2018

Victorian public health and wellbeing: legislative and policy context

The *Public Health and Wellbeing Act 2008* provides the legislative foundation for public health and wellbeing in Victoria.

The *Victorian public health and wellbeing plan 2015–2019* articulates our commitment to improve health and wellbeing for all Victorians and to reduce inequalities. It highlights the importance of preventive and supportive action at every stage of life, establishes priorities for action, and describes the platforms through which change can be achieved.

The *Victorian public health and wellbeing outcomes framework* provides a transparent approach to monitoring and reporting the outcomes of our collective efforts over the longer term.



