



Professor Emeritus John Catford
Chair of the Board

In the late 1980s, a small cohort of dedicated policy makers, legislators and health professionals planned a health promotion organisation.

VicHealth was established with all-Party support by the State Parliament of Victoria, and mandated by the Tobacco Act 1987 to fund health promotion activity. Additional taxes on tobacco were destined to fund better health for Victorians.

It was a world-first initiative, and the VicHealth model was the first of its kind. The sense of purpose and energy around this new foundation was palpable, and the model has since been adopted by a number of countries around the world.

Reading through this 40th edition of the *VicHealth Letter*, I am extremely proud to see that same sense of purpose and energy has prevailed and grown stronger with time. As a state that has always aspired for good health, Victoria still needs it to keep accelerating forwards.

Although diminished, smoking remains a serious threat to our health. We also face a major rise in the incidence and impact of obesity and chronic diseases. And although we are living longer, it is the health-related decisions we make early in our lives that determine the quality of our life in later years.

VicHealth's collaborations and groundbreaking research contribute to an expanding global knowledge and experience base, while informing strategies for the Australian context. The recent designation of VicHealth as the new World Health Organization (WHO) Collaborating Centre for Leadership in Health Promotion cements our status as a global leader in preventing chronic disease.

VicHealth shares knowledge and fosters discussion and debate about how we can ensure the ongoing health of all Victorians. This has been the role of the *VicHealth Letter* across 20 years and 40 editions.

On behalf of the Board, I wish to acknowledge the many partners we featured and the many people who have contributed to the writing, editing and production of this respected publication. Your energy and efforts are manifest in this anniversary edition of the *VicHealth Letter*, which is rich in insight and information, and lives up to the expectations VicHealth's founders had in 1987.

I would also like to extend our gratitude to outgoing Board Chair Mark Birrell for his huge contribution to VicHealth's success, from its initial inception in the 1980s through to his visionary and transformational leadership on the Board in this decade. An outstanding achievement for better health in Victoria. Thank you, Mark. ■

Welcome to the 40th edition of the *VicHealth Letter*

Knowledge is power, and in the hands and minds of consumers it becomes empowerment. These principles are the foundation of health promotion – taking evidence-based knowledge and programs to policy makers, practitioners and the community.

That is why the *VicHealth Letter* plays such an important role in generating health outcomes: particularly in the context of rapid change and intensifying information density. The health sector and consumers want to know the status of research and practice, and be confident of reliable and current information.

Today Australia is leading the world in many areas of health research and promotion. To stay ahead and get the best outcomes for Victorians, VicHealth works closely with key partners to constantly innovate and apply ideas, often from non-traditional sources.

Our story 'Innovative ideas to lead health promotion in a new direction' (page 6) explores this continuous evolution and welcomes leading government advisor, author, academic and Director of the United Kingdom's Behavioural Insights Team, Dr David Halpern, VicHealth's first 'Leading Thinker'. The Leading Thinker Initiative will connect international thought leaders with senior policy makers and key experts to focus on complex health promotion issues including obesity, the focus of Dr Halpern's residency.

Also in this edition of the *VicHealth Letter*, learn from the alarming findings of a national survey on violence against women that reveal some Australian men and women still believe that rape and physical violence are justifiable. Importantly, the report concludes that, above all else, the main influence on people's attitudes to violence against women was their understanding of the issue and how supportive they were of gender equality. Therefore, the more they subscribe to conservative stereotypes about men and women, the more likely they were to excuse, trivialise or justify violent behaviour. Read these findings and more on page 18 from the 2013 *National Community Attitudes towards Violence Against Women Survey (NCAS)* report.

Positive mental health, psychological wellbeing and our plans to build resilience in young people are explored in the article 'Building resilience for young people to flourish' (page 10).

Find out more about the work we've been undertaking with young people about drinking culture in Victoria. Read 'The conversation we had to have on alcohol' (page 22) for insights the NameThatPoint campaign provided to develop our new campaign: No Excuse Needed.

We are also delighted to feature a Q&A with Dr Shin Young-soo, Regional Director for the Western Pacific with the World Health Organization (page 5); a centrespread of highlights from 40 editions of the *VicHealth Letter* (page 12) and a summary of our published research (page 24).

This bumper edition reflects the great range of activity VicHealth leads in 2014. On behalf of our organisation, I wish to congratulate our partners, contributors and those whose work has led to the development of the *VicHealth Letter* over time, and thank our readers for their ongoing interest and support.

Finally, I would like to take this opportunity to acknowledge outgoing Chair of the VicHealth Board Mark Birrell for his stewardship and invaluable commitment to the organisation since its inception, and welcome Professor John Catford in the role as Chair and Ms Nicole Livingstone as Deputy Chair. ■

“
Australia is leading the world in many areas of health research and promotion.”

Jerril Rechter
Chief Executive Officer



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VICHEALTH GOES GLOBAL AS A WHO COLLABORATING CENTRE

Pictured: (left to right) Chair of the VicHealth Board Professor John Catford, Outgoing Chair of the VicHealth Board Mark Birrell, Victorian Health Minister The Hon. David Davis, VicHealth CEO Jerril Rechter.



In September VicHealth was honoured to be designated as the new World Health Organization (WHO) Collaborating Centre for Leadership in Health Promotion.

The Collaborating Centre based at VicHealth will focus on strengthening health promotion leadership in the Western Pacific Region.

VicHealth will lead the activities of the Collaborating Centre which include hosting international delegations, forging new partnerships in health, sharing information and resources and on-the-ground technical support. ■



TAKE THE 30-DAY CHALLENGE: H₂O WATER

Evidence indicates sugar-sweetened beverages are contributing to rising levels of obesity in the population.

VicHealth's H₂O Challenge encourages participants to replace sugary drinks and 'switch to water' for 30 days to reap a whole range of health benefits. Signing up to the challenge is free and participants can choose their own start date.

Sign up today and encourage others to get involved.

www.h30challenge.com.au



A BOOST FOR ARTS AND HEALTH

VicHealth and Arts Victoria have partnered up to develop arts projects that act as a gateway to regular exercise through VicHealth's Active Arts Strategy 2014–2017.

A major focus for VicHealth has always been the role the arts play in promoting good mental health and enhancing social connection, but this new strategy goes further and looks at the additional physical benefits of active and participatory arts.

A key part of the strategy combines digital technology with the latest trends in design innovation from around the globe.

www.vichealth.vic.gov.au/Active-Arts-Strategy



CREATING A HEALTHIER FUTURE ONE STEP AT A TIME

VicHealth's annual Walk to School event is on again for the month of October. Walk to School encourages children to walk to and from school every day, highlighting the ways walking improves children's health and wellbeing – and there are fantastic prizes available for schools and students. Last year more than 32,000 students from 303 primary schools took part, and together they walked more than 400,000 kilometres. This year more than 550 schools have registered their interest in participating.

www.walktoschool.com.au
www.facebook.com/WalkToSchool



SUPPORTING VICTORIANS TO GET ACTIVE

This year, for the first time in 26 years, VicHealth's Active Club Grants will offer two rounds of funding opportunities to hundreds of Victorian sports clubs.

The Active Club Grants, of up to \$3000 each, aim to make it easier for clubs to encourage people to join, by funding items or equipment, and helping to improve the safety of those taking part.

The first round has now closed. The second round will open on **Monday 12 January 2015** and run until **Friday 13 February 2015**.

www.vichealth.vic.gov.au/acg

Dr Shin Young-soo Regional Director for the Western Pacific World Health Organization (WHO)

DR SHIN YOUNG- SOO

We are excited to feature an interview with Dr Shin Young-soo following the recent designation of VicHealth as a World Health Organization (WHO) Collaborating Centre for Leadership in Health Promotion. Below he expresses the future health priorities for the Western Pacific Region and his enthusiasm of a fruitful and sustainable partnership with VicHealth.

Dr Shin Young-soo was appointed as WHO's Regional Director for the Western Pacific in 2009 and successful in securing a second five-year term in 2014.

What do you hope to achieve in your second term with the WHO? The Western Pacific Region (WPR) is very dynamic and will continue to evolve. Key issues include ageing populations, climate change and the transition to the post-2015 development agenda. All this is within the context of economic change, and for some countries unprecedented private sector growth. The significance of the private sector will continue to increase in coming years.

Going forward, we must do everything possible to ensure health is a core development issue. Only in this way will we be able to offer real hope of health and wellbeing – and the promise for sustainable development – for the 1.8 billion people in our region.

How different are the WPR's health priorities to other regions? The WPR is home to about one quarter of the world's population, yet we experience a much larger share of the world's most pressing health issues and natural disasters.

Non-communicable diseases (NCDs) – mainly cardiovascular disease, cancer, diabetes and chronic respiratory diseases – are responsible for four out of five deaths in the Region. Of WHO's six regions, the WPR has the most smokers, the largest number of male smokers and the fastest increase in tobacco uptake by women and young people.

What do you see as the particular health challenges facing the Australian population regarding risk factors for burden of disease?

Australians enjoy very good health outcomes and many of the health conditions are associated with modifiable risk factors, such as improper nutrition and lack of physical activity. NCDs account for 91 per cent of total deaths in Australia.

The ageing of Australia's population is expected to result in increasing numbers of people with disability from diseases such as dementia, Parkinson's disease, hearing and vision loss, and osteoarthritis.

I would like to once again thank Australia for its pioneering work in introducing plain packaging for cigarettes in a bid to reduce smoking rates. This was a bold and courageous move, and one that is now being considered by several other countries.

Deaths from NCDs like heart disease, diabetes, and chronic lung disease are increasing in the WPR. What are the WHO's key strategies to address this in the region?

Ultimately, our vision is that countries sustain their political and financial commitments to prevent and control NCDs so they are no longer a barrier to socioeconomic development.

Specifically, WHO recommends the following cost-effective interventions to address NCDs: increasing taxes on tobacco products, smoke-free zones in all public spaces, graphic health warnings on packaging and a total ban on marketing limiting commercial/public availability of alcoholic products and restrictions on marketing reducing salt intake and public awareness programs to encourage healthy eating addressing physical inactivity with public awareness program on the benefits of an active lifestyle.

It is great to see Australia taking a lead role in implementing many of these interventions, and inspiring other countries in the WPR and beyond to do the same.

What do you hope to achieve through the designation of VicHealth as a WHO Collaborating Centre for Leadership in Health Promotion?

VicHealth is one of the pioneering health promotion foundations in the world. It has accumulated a wealth of experience and expertise that can be shared with other countries that may be embarking on their own journey to set up health promotion foundations. VicHealth certainly has much to offer as evidenced by its culture of innovation and cutting edge research.

We also see VicHealth playing a key role in inspiring other countries to champion health promotion. In addition, we hope that VicHealth will continue welcoming delegates and study tours to witness the workings of VicHealth firsthand. We see our collaboration with VicHealth as one based on a shared vision, mutual exchange, and synergistic knowledge transfer. ■

“
We see VicHealth playing a key role in inspiring other countries to champion health promotion.”

INNOVATIVE IDEAS TO LEAD HEALTH PROMOTION IN A NEW DIRECTION

Two decades ago, esteemed scientist and VicHealth Chair, Professor Emeritus Sir Gustav Nossal AC CBE, called for a new approach and broader vision for health promotion.

Taking aim at the tobacco industry, he led VicHealth's early agenda to dislodge tobacco sponsorship from sport and the arts.

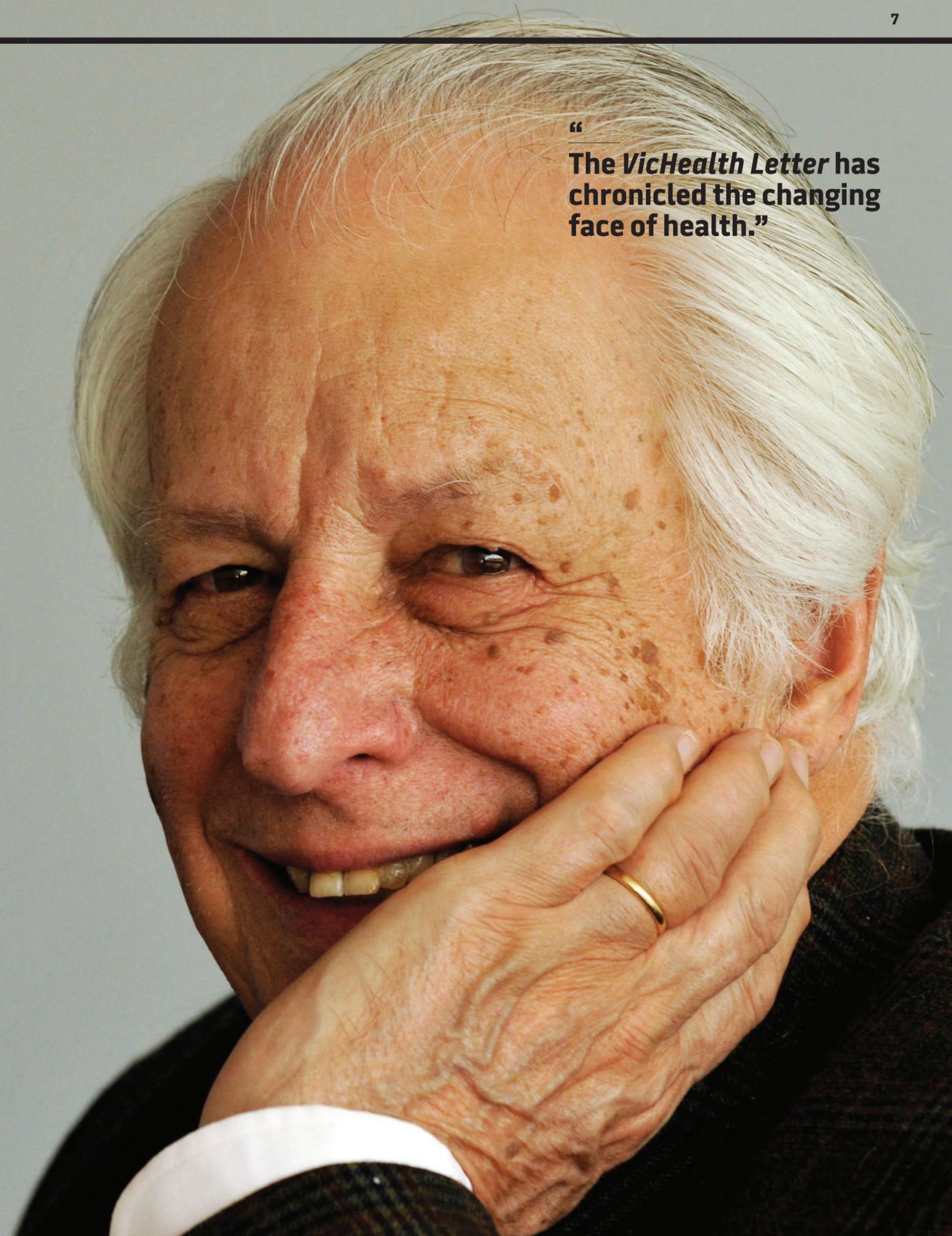
'Tobacco companies knew that both sports and the arts could provide convincing advocates and powerful role models – "cultural ambassadors" capable of carrying ideas across the community,' said Professor Nossal in the inaugural edition of the *VicHealth Letter*, then called the *VicHealth Action Report*. His frank and impassioned message was that successful cross-sector collaboration was building momentum, reducing the reliance sports and the arts had on tobacco industry sponsorship and delivering healthy messages to the community.

VicHealth went on to forge strong alliances between sport, the arts and health. Today, the image of a cigarette smoking athlete or cigarette advertising at an arts event is starkly anachronistic. Such is the power of strategic health promotion, the founding purpose of the Victorian Health Promotion Foundation.

From *Quit* and *SunSmart* to *Active for Life*, the *VicHealth Letter* has chronicled the changing face of health promotion across 40 editions, regularly delivered to private and public sector readers. The *VicHealth Letter* is playing a key role in sharing the pioneering work of the foundation and its collaborators as well as acting as a trustworthy source of health promotion information.

The diversity and breadth of articles in this anniversary edition is compelling evidence of the growth in impact of health promotion activity in Victoria and beyond. ▶

“
The *VicHealth Letter* has chronicled the changing face of health.”



“
Behavioural insights brings together ideas from a range of inter-related academic disciplines.”

Dr David Halpern, 'Leading Thinker' at VicHealth



► VicHealth's Action Agenda for Health Promotion provides the organisation with a bold vision and strategic plan for the next 10 years. The new strategic approach will see VicHealth innovate by finding new ways to address health priorities; inform by instigating action and broadening the organisation's impact; and integrate by embedding interventions into the Victorian Prevention System.

The Action Agenda also provides a means by which to measure progress against VicHealth's strategic imperatives to promote good health and prevent illness – promote healthy eating, encourage regular physical activity, prevent tobacco use, prevent harm from alcohol, and improve mental wellbeing.

Contemporary challenges in health call for smarter thinking

In 2010, Britain's Prime Minister David Cameron set up a 'nudge unit' to work on how to use behavioural economics and market signals to influence the choices citizens make and guide them towards healthier and more socially integrated decisions.¹ This unit, otherwise known as the Behavioural Insights Team, applies insights from a range of disciplines to health and uncover a new approach to influencing people's behaviour.² What began as the world's first government institution of its kind is now a world-leading social purpose company with three owners: the Behavioural Insights Team, the UK government and Nesta (the UK's leading innovation charity). Its chief executive, Dr David Halpern has led the UK-based team since its inception.

Dr Halpern has since become VicHealth's first 'Leading Thinker', which means he and his team will be building evidence-based research to assist with driving the VicHealth Action Agenda, with a central focus on obesity prevention.

He says he's thrilled to become the inaugural Leading Thinker for VicHealth.

'Having led the Behavioural Insights Team since it was set up, I am looking forward to introducing this work to the Victorian public. Ground work for the team started while I was the Founding Director of UK's Institute for Government and continued while I held the role as Chief Analyst under the former Prime Minister of the United Kingdom, Tony Blair.'

'Working with VicHealth presents an opportunity for the Behavioural Insights Team under my stewardship to work collaboratively with a consortium of Victorian partners, with input from key members based in our Australian office. Effectively we will be building evidence-based research to assist in driving the Action Agenda for VicHealth, with a central focus on obesity.'

'Behavioural Insights bring together ideas from a range of inter-related academic disciplines – behavioural economics, psychology and social anthropology. The idea is simple: to understand how people make everyday decisions and what shapes behaviour. We can use these insights to design policies or interventions that can encourage, support and enable people to make better choices for themselves and society – and often at lower cost and with less use of traditional mandating and instruction.'

'In Britain, people initially regarded our work as a novelty until they started to see some of the strong evidence which showed the effectiveness of behavioural insights. For example, in one of our most well-known initiatives, we informed people who failed to pay their tax that most other people had already paid. This simple action, which took the form of an additional sentence in a letter, increased payment rates by over five percentage points. This, along with other similar interventions, has brought forward hundreds of millions of pounds.'

'Similarly, we showed that seemingly small changes have been able to reduce medical errors, reduce missed appointments and get people back to work faster. When people see results such as these, particularly those who are bound by constraints in their work, they move from being sceptical to embracing the approach.'

'Primarily, the goal of my residency will be to develop simple but effective and far-reaching programs to help all Victorians make healthy food choices and encourage regular physical activity. But I also hope that it will lead to many other insights too, both within public health and beyond. Ultimately, behaviour change is not just about what governments do, but about business, third sector and the public too.'

In recent years Australia has experienced a rapid rise in the prevalence of chronic diseases, especially those related to obesity. A VicHealth report on obesity in Australia by world-leading obesity expert Associate Professor Anna Peeters surmises that obesity levels will reach a crisis point in a decade unless a whole of community and government approach is adopted.

VicHealth CEO Jerril Rechter says obesity is without a doubt one of the most significant and complicated public health emergencies we now face as a society.

'Tackling obesity is going to take more than asking individuals to change their diet and exercise more,' she said.

'We need the entire system to support healthy choices, from urban planning that makes physical activity an easy choice, to preserving farming land to secure nutritious food, or changing labelling and marketing of food to protect children, so consumers can see through the spin.'

VicHealth is aiming to focus Dr Halpern's residency towards obesity prevention to help people make better choices about their health and engage in more physical activity.

This work with Dr Halpern represents one of the new approaches VicHealth is taking to address the contemporary challenges in health – looking for different ways to think and shape the future.

From new funding models and exploratory research to influencing healthier choices, VicHealth is at the forefront of health promotion worldwide with knowledge creation playing a central role.

'Dr Halpern's arrival at VicHealth as our first 'Leading Thinker' is an example of the organisation's commitment to innovation and evidence-based research to improve the health of all Victorians.'

'We need brave new thinking, as well as insights to continue our pioneering work and I welcome the Behavioural Insights Team to VicHealth and the many exciting possibilities they bring to Victoria's prevention system,' says Ms Rechter. ■

An in-depth overview of the Leading Thinkers Initiative can be found here: www.vichealth.vic.gov.au/About-VicHealth/Leading-Thinkers-initiative

To read more about the Behavioural Insights Team go to: www.behaviouralinsights.co.uk

BUILDING RESILIENCE FOR YOUNG PEOPLE TO FLOURISH

What constitutes psychological wellbeing and positive mental health?

The subject of positive mental health – happiness, satisfaction and a sense of purpose – and the factors that may contribute to it is being increasingly explored by international thought leaders, practitioners and decision makers.

Healthy individuals are able to realise their own abilities, cope with the normal stresses of life and be a productive member of their community. Corey Keyes envisages mental wellbeing as a continuum, where the healthiest are ‘flourishing’ – something he estimated only 17 per cent of the US population experienced.¹ Similar studies by Huppert and So in Europe found that flourishing varied widely between nations, from as low as 9 per cent in some countries to 40 per cent in others.²

Central to this wellness model is the concept of resilience – the ability to cope with, recover from and be strengthened by experiences of adversity – and discussions about how to build it. The UK Foresight Mental Capital and Wellbeing Project takes a life cycle view of resilience recognising that it develops across the lifespan, with parenting in early childhood, school and work experiences and the quality of our communities as key in its development.³

Forty per cent of young Australians experience low social and emotional wellbeing and 13 per cent encounter mental health difficulties.⁴ Further, as 75 per cent of mental health problems occur before the age of 25,⁴ understanding ways to build resilience and cope with life’s setbacks could be a particularly powerful way to prevent mental illness among young people.

Since 1999, VicHealth has provided leadership in the mental wellbeing field, focusing its efforts on preventing factors that lower mental wellbeing and contribute to mental ill health through race-based discrimination, gender inequity, violence against women and social exclusion.

Building on the knowledge created through these successes, VicHealth is starting new work aiming to increase resilience among young people, with a particular focus on three areas – the workplace, school and digital technology.

VicHealth’s Principal Program Officer in the mental wellbeing team Dr Stephen Carbone says it is essential that resilience-building activities are embedded in the environments in which children and young people live, play, learn and work.

“A focus on resilience will allow VicHealth to contribute to the capacity of those who are at risk of mental illness to avoid it or survive it, while assisting those who are already well to flourish,” explains Dr Carbone.



To help shift the nation’s mental health profile and encourage young people to reach their full psychological potential, VicHealth will collaborate with leading organisations active in the fields of resilience, work, school and digital technology. Here’s what the experts are saying:

Jan Owen AM
CEO, Foundation for Young Australians



Working gives young people the resources to participate actively in their community. If you don’t feel like you have a sense of connectedness and a sense of belonging and you don’t feel like you are contributing, you can get into behaviours that people consider antisocial – you either withdraw or you act out.

I think that the number one thing we’re missing in building resilience for young people across the board in our country is risk-taking. That’s what builds resilience. It’s not actually lots of happiness, it’s not the joy pill, and it’s actually failure which you recover from. For younger people feeling like they’re in a vibrant working environment where you can experiment, you can fail, you can try again, is really important.

Dr Jenny Proimos
Principal Medical Advisor, Department of Education and Early Childhood Development (Victoria)



Resilience is an attribute that is best developed early and influenced by all the experiences children and young people have.

Education settings are crucial to building resilience as children and young people spend so much time there and are strongly influenced by the adults, the peers and the social environment around them.

Research shows that children and young people who feel cared for by people at their school and feel connected to learning are more likely to be motivated and show improved academic outcomes.⁵

Victorian research shows that children and young people with a higher level of connectedness to school are less likely to abuse substances, engage in violence, report mental health problems or engage in sex at an early age.⁶ Social and school connectedness in early secondary school are predictors of late teenage substance abuse, mental health and academic outcomes.⁷

Associate Professor Jane Burns
CEO, Young and Well Cooperative Research Centre



For most young Australians, technologies, social networks and apps play a critical role in curating both their offline and online relationships. Research from the Young and Well Cooperative Research Centre shows that when harnessed appropriately, technologies can help young people develop strong social networks, ensure they feel connected and, particularly for our most vulnerable young people, enable them to actively participate in issues and communities that they care about.

Digital resilience is the ability to deal with negative experiences both online or offline and the capacity to bounce back in the face of adversity. Technology provides us a unique opportunity to overcome the barriers around improving mental health and wellbeing for young people, including the isolation of distance, the stigma of help-seeking and the lack of knowledge about where to go to find help. We now have the evidence to understand where young people ‘are’ and how to best engage them – and the answer is simple: online.

Winthrop Prof. Stephen Zubrick
Senior Principal Research Fellow Deputy Director, ARC Centre of Excellence for Children and Families over the Life Course



Mental illness and mental health distress are set to become the single biggest burden to the health and social welfare system in the coming two decades. There is a huge scope for promoting ‘mentally healthy’ behaviours, workplaces and communities.

Even when life gets very confronting and challenging, a resilient young person has the emotional and behavioural flexibility to manage, stay well and see things through.

There is a general consensus of evidence that our future prospects are optimised when individuals are able to:

- regulate their emotions
- engage in exploratory behaviour
- communicate effectively
- be self-directed
- have intellectual flexibility
- possess some degree of introspection
- possess self-efficacy in meeting life’s challenges. ■

CELEBRATING 40 EDITIONS OF VICHEALTH LETTER

For two decades the *VicHealth Letter* has been a trusted vehicle for discussion in addressing the big issues in health and providing transformational insights from our world-class interventions. Today it continues to showcase VicHealth's pioneering work and our invaluable partnerships to improve the health of all Victorians. This special feature reflects on the highlights from the past 40 *VicHealth Letter* editions.

To read past editions of the *VicHealth Letter* visit: www.vichealth.vic.gov.au/vichealthletter

The *VicHealth Letter* has become an important spotlight on health promotion in Victoria since its launch in 1994. It has showcased important issues for the health and wellbeing of Victorians, ranging from violence, through sports clubs to broader socio-economic inequalities. The strength of the *VicHealth Letter* has been its focus on both the problems and the solutions, highlighting many innovative approaches along the way.

▼
Associate Professor Anna Peeters

Head of Obesity & Population Health, Baker IDI Heart and Diabetes Institute



Prof. David Hill

Cancer Council Victoria Honorary Associate

▼ Having been involved at the time VicHealth was conceived and born in the Victorian Parliament, it has always been a delight for me to read about VicHealth's innovations and achievements in this publication. The *VicHealth Letter* reflects the spirit of the organisation, its values, its challenges, and reports engagingly on health promotion programs enabled by this fine Victorian institution. Best wishes for the next 40 issues.

How fortunate Victorians are that community leaders had the foresight to establish VicHealth. Through its leadership, health promotion and public health have been encouraged (and in some cases funded) to work and undertake research in new and innovative areas, including creating supportive social and physical environments where people live, work, play and age. Locally, nationally and internationally we heard about these developments through the *VicHealth Letter*. Congratulations on your 40th edition: long may it continue.

▼
Prof. Billie Giles-Corti

Director of the McCaughey VicHealth Centre for Community Wellbeing, University of Melbourne



Prof. Rob Moodie

Professor of Public Health at the Melbourne School of Population Health, The University of Melbourne

▼ The *VicHealth Letter* is the "promoter of health promotion". It has been a great way of highlighting and sharing so many of the creative, sustained and effective health promotion initiatives of VicHealth's partners, and VicHealth itself, over the years. These stories emanate from Victoria's wonderfully rich and diverse local communities, as well from major health NGOs, sporting and arts agencies, universities and research institutes.

Congratulations to VicHealth on the 40th edition of its most valuable and news-worthy *VicHealth Letter*. What I particularly value about these publications is the lively presentation, the topical nature of the subjects discussed and the heavy emphasis on prevention. Each edition makes me feel quite sentimental about the heady period when I was the Founding Chairman of this outstanding social initiative. At the same time, each issue reminds me of how enormously and positively the programme has developed since those early days. The VicHealth model really leads the world in so many ways!

▼
Prof. Sir Gustav Nossal AC, CBE, FRS, FAA

Professor Emeritus, Department of Pathology, The University of Melbourne



Dr Nigel Gray AO

Former Cancer Council Victoria Director

▼ The *VicHealth Letter* reassures me that while tackling the large risk factors, we are not letting the smaller risk factors slip away from us. The big campaigns are evident to all, but the myriad of other health programs which are needed in a diverse society like ours don't attract the attention that the majors such as Quit and SunSmart do.

It is with pleasure that I congratulate VicHealth on the 40th edition of its newsletter. This issue marks over 20 years of raising community awareness about pressing health issues such as smoking, domestic violence and obesity. This is a significant achievement which has promoted good health to Victorians through its schools, hospitals and service agencies. I thank the staff who produce *VicHealth Letter* and I look forward to their ongoing efforts.

▼
The Honourable Alex Chernov AC QC

Governor of Victoria (Patron-in-Chief)



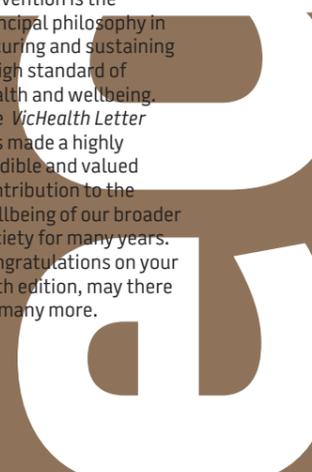
Mr Paul Briggs OAM

Executive Chairman of the Kaiela Institute

▼ Without doubt prevention is the principal philosophy in securing and sustaining a high standard of health and wellbeing. The *VicHealth Letter* has made a highly credible and valued contribution to the wellbeing of our broader society for many years. Congratulations on your 40th edition, may there be many more.



1994 — 2014





Professor Emeritus Sir Gustav Nossal AC CBE

INAUGURAL EDITION
Issue 1–1994

Inaugural edition of the *VicHealth Letter*, originally called the *VicHealth Action Report*. Former VicHealth Chair Professor Emeritus Sir Gustav Nossal's opening message celebrates successful cross-sector collaboration to reduce the reliance sports and the arts had on tobacco industry sponsorship, and the role VicHealth plays in delivering health messages to the community.

1994



MENTAL HEALTH PROMOTION EDITION
Issue 2–1994

Mental health promotion has been a high priority for VicHealth from its early years. This edition, with a foreword by inaugural CEO Rhonda Galbally, is one of many dedicated to the outstanding research we have funded in this area.



VicHealth's first Chief Executive Officer Rhonda Galbally created a strong brand for VicHealth in her leadership role from 1987 to 1998.



YOUNG PEOPLE
Issue 4–1996

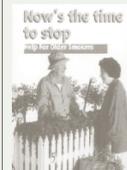
This edition provided an overview of VicHealth's research and funding to establish facts on health promotion practice directed at changing young people's risk behaviour. It featured an interview with Tammy Curtis on the value of VicHealth's sponsorship of Volleyball Victoria and the National Heart Foundation's Heart Health message.

1996



OLDER PEOPLE
Issue 5–1996

As the number and proportion of older Australians increase, health promotion needs to recognise the importance of supportive healthy environments for older people, as this edition highlighted.



MEN AND WOMEN
Issue 6–1997

In the 1997 'Men & Women' edition we featured our prevention programs focused on the different gender needs, as well as those within the communities of Kooris, migrants and people with disabilities.

1997



FAMILIES & HEALTH PROMOTION
Issue 7–1997

One of the key goals of health promotion must be to support the development of healthy families with all the different manifestations of diversity in family structures. This edition focused on VicHealth's family-related projects.



'Victorian study leads the way in family cancer research' – VicHealth-funded research into the genetic and environmental factors contributing to the development of breast and bowel cancer has become the world's largest population based family cancer study.



"We must begin to understand that mental health is fundamental to good health and quality of life, and therefore must be addressed as part of improving Australia's overall health." Professor Rob Moodie



MENTAL HEALTH
Issue 10–1998

Professor Rob Moodie's first editorial as CEO for this edition on mental health.

1998



MOTHERS' AND CHILDREN'S HEALTH
Issue 11–1999

VicHealth believes improved outcomes in child and maternal health will influence the health status of the population as we grow older. Perhaps in no other stage of life is the health and wellbeing of two individuals so intricately bound than during these early development years. This issue looked at building the self-esteem of young mums and helping women with post-natal depression.



'Public Health: Winning Dividends' an interview with the former Federal Minister for Health and Ageing the Hon. Kay Patterson on a report by the Commonwealth Department of Health and Ageing examining the economic and social benefits of public health programs in 2003.



TOBACCO
Issue 14–2000

VicHealth's origins provided us with a unique position from which to examine the tobacco issue, publish our position on it and advocate for redoubled pressure on one of the single largest causes of preventable death in Australia today. Since VicHealth was established we have seen some enormous changes and certainly have much to be proud of. But we continue to be vigilant and maintain the pressure to drive down smoking rates.

2000



PHYSICAL ACTIVITY
Issue 16–2001

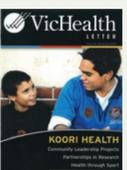
The trend of decreasing rates of physical activity cuts across all ages and social groups. Increasing the rates of physical activity requires a multi-faceted approach at both the policy and community level. In this issue we presented views from a range of individuals and organisations to discuss how the rates of physical activity can be improved.



Professor Rob Moodie is joined by the Governor of Victoria John Landy, AC, MBE at VicHealth's 'Together We Do Better' campaign launch.



Interview with Kyle Vander Kuyp, nine times Australian champion, emphasises the value of sport in his life.



KOORI HEALTH
Issue 18–2002

In 2002 the health status of Indigenous people in Australia was still worse than the rest of the population. Koori communities, with the support of VicHealth and its partners, have embarked on an innovative series of programs designed to improve the health status of Indigenous Victorians. These initiatives and our contribution to this important health issue were explored in this edition.

2002



RESEARCH
Issue 20–2003

VicHealth has a core focus on building evidence to support health promotion and public health activity. Since 1999 we have commissioned research when necessary to answer broad questions related to policy and programs. The edition looked at our investment in research to make the critical link between research and practice.



'Public Health: Winning Dividends' an interview with the former Federal Minister for Health and Ageing the Hon. Kay Patterson on a report by the Commonwealth Department of Health and Ageing examining the economic and social benefits of public health programs in 2003.



HEALTH 2004
Issue 22–2004

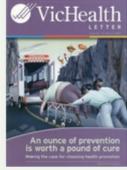
A special edition on what was to come when Melbourne hosted the 18th World Conference on Health Promotion and Health Education. In this issue we spoke with indigenous health experts from Canada and New Zealand; we found out what rapid globalisation means for health; we looked at a successful bullying prevention program; and at the UN's global report on the challenge of the slums.

2004



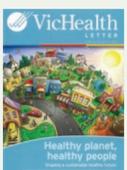
A GROWING CONCERN
Issue 24–2005

A *VicHealth Letter* devoted to the issue of physical activity and children.



AN OUNCE OF PREVENTION IS WORTH A POUND OF CURE
Issue 25–2005

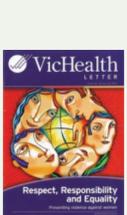
In this issue the *VicHealth Letter* looked at the many barriers to investing in public health and examined what needs to be done to overcome these barriers. The articles cast light on a number of different facets of the interaction between health promotion and prevention concepts, our practice, and the decision-making process in our society.



HEALTHY PLANET, HEALTHY PEOPLE
Issue 26–2006

VicHealth Letter pushed the debate forward about how sectors can work better together to promote healthy environments and featured some influential commentators to contribute to this edition, including Professor Ian Lowe, Richard Eckersley, Dr Iain Butterworth, Professor Evelyn de Leeuw and Doctor Mardie Townsend.

2006



RESPECT, RESPONSIBILITY AND EQUALITY
Issue 28–2006

This *VicHealth Letter* featured an editorial by VicHealth CEO Rob Moodie and Chief Commissioner Victoria Police Christine Nixon on the work of VicHealth and our partners to raise awareness of violence against women and its impacts in the community



'Public Health: Winning Dividends' an interview with the former Federal Minister for Health and Ageing the Hon. Kay Patterson on a report by the Commonwealth Department of Health and Ageing examining the economic and social benefits of public health programs in 2003.



THE GOLD MEDAL FOR PARTICIPATION
Issue 29–2007

Former VicHealth Board Member Lindsay Gaze provided an editorial in this edition that explored some of the challenges of a public health/sport partnership and highlighted examples of how sport is attracting more participants and promoting healthy environments.

2007



MAKING THE LINK BETWEEN CULTURAL DISCRIMINATION AND HEALTH
Issue 30–2007

Todd Harper as CEO co-wrote an editorial with Professor Ian Anderson in this issue of the *VicHealth Letter* on raising awareness of the problem of discrimination and its associated health, social and economic costs, as well as some ideas towards reducing it.



TO YOUR HEALTH? EXPLORING WHAT'S SAFE, SENSIBLE AND SOCIAL
Issue 31–2007

Alcohol is entrenched in our society: we use it to celebrate, commiserate, relax and socialise. However, alcohol is a common companion of violence and injury, unsafe sex, crime, poor mental health, car smashes and workplace absenteeism. This *VicHealth Letter* explored the role of alcohol in our lives.



BEYOND PUBLIC EDUCATION CAMPAIGNS
Issue 33–2008

The articles in this edition encouraged a closer look at the methods of marketing as a potential toolbox for health promotion. Feature insights from Professor Rob Donovan, Professor of Social Marketing in the School of Marketing at Curtin University WA, and Professor Mike Ewing, Head of Marketing in the Faculty of Business & Economics at Monash University.

2008



FROM MARGINS TO MAINSTREAM
Issue 34–2009

Special edition: From Margins to Mainstream reported on a conference hosted by VicHealth and co-organised with the World Federation for Mental Health, the Mental Health Program of the Carter Center and The Clifford Beers Foundation. The Melbourne Charter for Mental Health Promotion was an outcome of the conference and formed part of the Victorian Government's Mental Health Reform Strategy.



WORK AND HEALTH
Issue 35–2010

This *VicHealth Letter* provided a broad picture of healthy workplaces and hoped to promote further discussion of what makes for positive changes and what some organisations do to implement positive programs.

2010



HEALTHY ENVIRONMENTS
Issue 36–2013

How do the places we live, learn, work and play influence our health? In this edition we explored why creating healthy environments is critical to our wellbeing and is the purpose of VicHealth's work in this area. In the foreword VicHealth CEO Jerril Rechter introduced a refreshed *VicHealth Letter* edition on the links between health and the environment that are beyond the obvious.



HEALTH EQUITY
Issue 37–2013

Another *VicHealth Letter* on the important issue of raising awareness on the need to help reduce health inequity.



DIGITAL INNOVATIONS
Issue 39–2013

An edition on finding new ways to use digital technology to facilitate innovative collaboration.



VICHEALTH TAKES CENTRE STAGE IN THE ARTS
Issue 38–2014

An exciting edition featuring our arts investments with Melbourne Now and White Night Melbourne and our research into obesity trends and lack of physical activity among children. It also featured a special interview with Australia's prolific and well-known social researcher, writer and commentator Hugh Mackay, pictured.



40 EDITIONS OF VICHEALTH LETTER

AUSTRALIANS' ATTITUDES TO VIOLENCE AGAINST WOMEN

With the most recent evidence showing that more than one in three Australian women, since they turned 15 years,¹ has experienced violence by a male perpetrator, VicHealth is actively working to drive evidence and best practice in this area.

Research shows that many of the causes of violence against women can be eliminated. VicHealth's work over many years has found that the promotion of respectful relationships between men and women – in the home, workplace and community – is one of the biggest themes for action.

The 2013 *National Community Attitudes towards Violence Against Women Survey* (NCAS) touches at the heart of this theme by exploring changes in community attitudes over time.

NCAS is a unique and comprehensive Australia-wide piece of research that has been conducted at intervals: first in 1995, then 2009 and 2013. The 2013 survey was led by VicHealth and developed in partnership with The University of Melbourne, the Social Research Centre and experts across Australia, and supported by the Australian Government Department of Social Services as part of the *National Plan to Reduce Violence against Women and their Children 2010–2022*.

The survey, which takes a snapshot of the nation's attitudes and beliefs regarding violence against women, and gender roles and relationships, has identified that over the past four years the most significant shift has occurred among young adults.

In 2009, around 38 per cent of young people had high attitudinal support for violence against women; this decreased to 31 per cent over the four-year period to 2013.² Even more significantly, the attitudes of young men towards supporting violence against women dropped from 48 per cent in 2009 to 38 per cent in 2013.²

Findings from the 2013 National Community Attitudes towards Violence Against Women Survey (NCAS)

The significance of this finding is explained in a comprehensive new VicHealth report, *Australians' attitudes to violence against women: Findings from the 2013 National Community Attitudes towards Violence Against Women Survey*, that steps readers through the evidence relating to the varied factors that drive violence against women. It states:

People tend to see violence as caused primarily by the characteristics of individual men using violence. This is in contrast to the evidence which shows that violence is learned behaviour and that social factors such as the media, laws and the attitudes of others are strong influences. (p10)

The goal of the NCAS is to learn about community knowledge of, and attitudes towards, violence against women, with the aim of using this understanding to identify areas that need to be targeted in the future. The survey also helps to identify niche populations that could benefit from anti-violence work. ►

► The research featured more than 17,500 20-minute telephone interviews with Australians aged 16 years and older that were conducted between January and May 2013. The data is evenly weighted to account for gender, age, socioeconomic status and cultural background.

Other key findings indicate that most Australians do not justify violence and see it as a serious issue:

An overwhelming majority recognise that partner violence (96%) and assault in a relationship (88%) are against the law.

Few believe (4–6%, depending upon the scenario put to them) that violence against women can be justified and only a minority believe it can be excused.

The understanding that violence against women is serious has remained consistently high (95%) over the 2009 and 2013 Surveys.

Most people recognise that violence against women is about more than physical assault and that it includes a wide range of behaviours designed to control and intimidate.

Further to the above point, there has been an increase in the number of people agreeing that social and emotional abuse is serious (up from 70% to 79%).

Most people think that tracking a partner via computer or mobile telephone without permission is serious (85%) and unacceptable (61%).

The Indigenous community is more likely to identify that violence against women in common and regard certain behaviours as serious.

Most people do not believe that women should remain in a violent relationship or that family violence ought be kept private.

Most people say they would intervene or report if they witnessed violence, although they were more likely to do so if the victim was a friend (98%) rather than a stranger (92%).

While these findings are encouraging for those working to reduce and eliminate violence against women in our community, the survey also had some concerning findings: many people agree that women caught up in family law cases make up claims of family violence; compared to 2009, more people believe that rape occurs because men cannot control their desire for sex (up from three in ten in 2009 to four in ten in 2013); and fewer people say they would know where to go for help with a partner violence issue (57% in 2013 compared to 62% in 2009).

Recognising that much work lies ahead to change the community attitudes that underpin violence against women, VicHealth is partnering with other agencies to assist in spreading knowledge about evidence-based strategies to achieve positive results.

VicHealth CEO Jerril Rechter says the recent partnership with the newly established national initiative aimed to prevent violence against women and their children, Our Watch (also known as the Foundation to Prevent Violence Against Women and Their Children), will integrate the findings and resources of our work and elevate them to a national level.

“We want to see primary prevention at the heart of efforts to tackle violence against women across Australia and to extend this work to more everyday settings such as schools and workplaces,” said Ms Rechter.

Our Watch Board Chair, Natasha Stott Despoja, says the drive to impact on the high level of violence against women must be harnessed to achieve change.

“The NCAS tells us that we have been able to challenge a culture that allows violence against women to occur. We know that further change is possible,” said Ms Stott Despoja.

The Victoria Police is one of the agencies at the coalface when it comes to violence against women. Chief Commissioner Ken Lay is a vocal supporter of the evidence about what drives violent behaviour.

“This survey clearly demonstrates we must educate men that demeaning and sexist behaviour has a direct link to gender based violence. We need to change the language, the attitude and the misogynistic behaviour that lies at the very heart of male violence towards women,” says Mr Lay.

The most recent survey findings add to the understanding generated by research, funded by VicHealth and conducted by Dr Anastasia Powell and the Social Research Centre, that bystander responses towards disrespectful attitudes to women can make a difference to the social conditions that promote violence against women.

Evidence has shown that bystanders – that is, witnesses to sexism, discrimination or violence – can help reduce violence against women by speaking up against sexist attitudes and discriminatory organisational policies when they see them. By confronting the attitudes that support violence against women when they see them, bystanders can help reduce the incidence of it in the community.

Report co-author Dr Powell, of RMIT University, said to prevent violence we must work together to reject inequality and build a culture of respect.

“Make no mistake, to address, and ultimately prevent, violence against women in our community we also have to challenge the sexism, stereotypes and discrimination that women experience every day,” says Dr Powell. ■

Read the findings from the survey: *Findings from the 2013 National Community Attitudes towards Violence Against Women Survey (NCAS)*: www.vichealth.vic.gov.au/ncas

Watch the video for an overview of the findings from the survey: www.vichealth.vic.gov.au/Publications/Video-Gallery/NCAS

The media release: www.vichealth.vic.gov.au/Media-Centre/Media-Releases-by-Topic/Freedom-from-violence/Australians-views-on-violence-against-women-still-poor-in-2014

For more information on Our Watch visit: www.ourwatch.org.au

“
We want to see primary prevention at the heart of efforts to tackle violence against women across Australia.”

NCAS FINDINGS AT A GLANCE

The majority of Australians have a good knowledge of violence against women and do not endorse most attitudes supportive of this violence.

On the whole, Australians’ understanding and attitudes remained stable between 2009 and 2013. However, when you look at the findings from individual questions, some areas improved, whereas others became worse.

Young people’s attitudes remain an area of concern; however, their attitudes are gradually improving over time, particularly among young men. Fewer young people in 2013 hold attitudes at the extreme end of the spectrum.

People’s understanding of violence against women and their attitudes to gender equality have significant impacts on their attitudes to violence against women.

WHY STUDY ATTITUDES?

While attitudes may influence behaviour directly, their main impact is through their influence on broader social norms and cultures. This means that the strongest influences on how people respond in situations are:

- what they believe other people, especially influential people, believe or expect of them
- expectations that are communicated through other formal social mechanisms, such as policies, rules or laws.^{3,4}

Research from the report has found that attitudes contribute to violence against women in a number of ways:

- violence against women is more common in organisations and communities in which violence-supportive attitudes are common^{5, 6, 7, 8, 9}
- men who hold violence-supportive attitudes are more likely to commit, or say they would commit, violence.^{10,11}

If you or someone you know is impacted by sexual assault or family violence, call **1800RESPECT** on **1800 737 732** or visit www.1800RESPECT.org.au. In an emergency, call 000.

THE CONVERSATION WE HAD TO HAVE ON ALCOHOL

It's telling that the only times we consider drinking inappropriate are at church, at a baby shower or in a study group. Virtually everywhere else, the research tells us, it's culturally acceptable for Victorians to drink.¹

Evidence abounds about the ways alcohol is woven into our social fabric. It's to be found in everyday life and at special occasions, from having a couple of quiet ones on a weeknight to booze-fuelled weddings, parties and funerals. But our relationship with alcohol is double-edged: on the one hand, according to VicHealth research,² Victorians admit they are fond of drinking – it makes socialising fun, reduces stress and smooths the path to new friendships. On the other hand, there is disquiet about the negative effects: hangovers, violence, the financial cost and the mistakes made after too many drinks.³ Although the negative health effects of heavy drinking are broadly recognised risky drinking continues to be much more common among those aged 16–29.⁴

As part of *Reducing the Alcohol and Drug Toll: Victoria's plan 2013–2017*, the Victorian Government partnered with VicHealth to engage and empower young people to challenge Victoria's heavy drinking culture and, ultimately, influence social norms around how we are drinking. The Alcohol Cultural Change project is funded for two years and comprises two phases. VicHealth CEO Jerril Rechter describes the first phase of the campaign as “the conversation we as a society needed to have – to enable us to come up with solutions as a community”.

The campaign, NameThatPoint, was unlike other public health marketing efforts to reduce excessive alcohol consumption in Australia, which depict harms from drinking alcohol. NameThatPoint took a different approach by trying something new and engaging people in a positive conversation about Victoria's drinking culture.

“
42% of young Victorian adults feel pressure to drink and many feel the need to use an excuse for saying no to another drink.”



It encouraged young people to share their experiences and thoughts about drinking via questions on the NameThatPoint website and social media. They discussed subjects including their drinking habits, how they avoid intoxication and their views on the positives and negatives of alcohol.

Central to NameThatPoint was a competition to name the moment in the evening when clear thinking turns to more drinking. The campaign, run over 17 weeks (December 2013 to March 2014), had quite an impact: the video was viewed over 143,000 times, there were nearly 46,000 unique visits to the website and 1,800 submissions to the competition. Michael Sanders, a 24-year-old from Fitzroy, won for his submission ‘The Chill Point’, which he described as “the point in the night where you have to chill out, reassess and have clarity so you can continue your night in a safe and fun manner.”

An evaluation of NameThatPoint conducted by Colmar Brunton, a market research agency, which included a survey of people who took part in the campaign, found it was effective in reaching the target audience and prompting them to think about alcohol and its place in their lives.

Colmar Brunton Managing Director Jenny Witham said there was an overwhelmingly large amount of positive feedback for the campaign by the public.

“Respondents said they thought it was a realistic campaign because it wasn't trying to stop people drinking entirely but to be sensible about it. They also found it to be non-judgmental, entertaining and relatable.

“While it wasn't the primary purpose of the campaign, we were also very pleased to see that a significant proportion of users – three in 10 – reported they had modified their behaviour and drank less alcohol as a result.”

VicHealth's communication with young people on alcohol continues with phase two of the Alcohol Cultural Change program, a campaign called No Excuse Needed, launched on September 24. To inform and support this program VicHealth, with funding from the Victorian Law Enforcement Drug Research Fund, and working with the Social Research Group, conducted an Australian-first population-wide survey to measure Victoria's alcohol culture.

Our research shows that 42 per cent of young Victorian adults (aged 16–29) feel pressure to drink and many feel the need to use an excuse for saying no to another drink⁵. In fact 61 per cent of young Victorian drinkers do not drink to get drunk,⁶ which indicates that the majority of young people want to drink moderately, but need to be empowered to do so.

The No Excuse Needed campaign uses humour to show young Victorians they don't need an excuse if they don't want to keep drinking. Young Victorians perceive intoxication as acceptable behaviour because they believe most of their peers drink the same or more than they do. However, this isn't the case and such misperceptions create an unhealthy drinking culture where moderation gives way to excess. ■

To find out more about the Alcohol Cultural Change program visit:
www.vichealth.vic.gov.au/alcoholculturalchange

For selected findings from the Alcohol Cultural Change report, A snapshot of Victoria's alcohol culture: Selected findings, go to:
www.vichealth.vic.gov.au/alcohol-culture-report

More on the No Excuse Needed campaign at:
www.noexcuseneeded.com.au

VICHEALTH RESEARCH UPDATE



ALCOHOL'S BURDEN OF DISEASE IN AUSTRALIA

The first study in a decade of the impact of drinking on Australians' health shows significant increases in injury, disease and death due to alcohol.

The *Alcohol's burden of disease in Australia* report was funded by VicHealth and the Foundation for Alcohol Research and Education (FARE). It found that alcohol causes 15 deaths and hospitalises 430 Australians every day.

The research, conducted by Turning Point Alcohol & Drug Centre, led by Dr Belinda Lloyd, found that the Northern Territory had the highest proportion of alcohol-related deaths – at three times the national average. Nationally, nearly 9 per cent of hospitalisations for men and 5.3 per cent for women were linked to alcohol consumption.

There were clear distinctions between the drinking habits of men and women, with some 13 per cent of men consuming more than four standard drinks per day, compared with 3.3 per cent of women. The alcohol-related deaths and hospitalisations also varied between the sexes, with injuries – such as car accidents and falls – comprising a higher proportion (36 per cent) of alcohol-related deaths for men, while cardiovascular disease caused the alcohol-related deaths of more women (34 per cent).

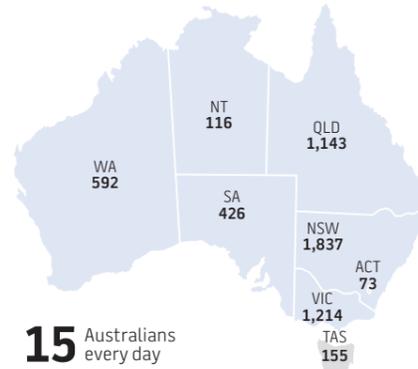


Researcher profile

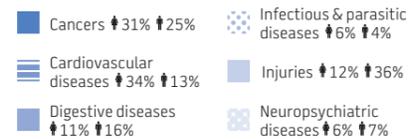
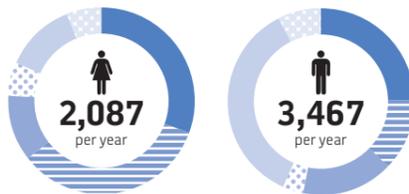
Dr Belinda Lloyd leads the Population Health Research Program at Turning Point Alcohol & Drug Centre. Dr Lloyd has a PhD in epidemiology, utilising large-scale longitudinal data. She is a regular presenter at national and international conferences on epidemiological research relating to alcohol and other drugs.

Alcohol's burden of disease in Australia report can be found at: www.vichealth.vic.gov.au/alcoholandinequity

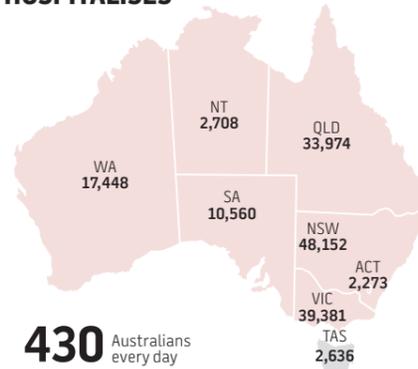
ALCOHOL KILLS



15 Australians every day
5,554 Australians each year



ALCOHOL HOSPITALISES



430 Australians every day
157,132 Australians each year



INEQUITIES IN ALCOHOL AND CHRONIC DISEASES

A Turning Point study has revealed men and the middle aged are among those most likely to suffer from wholly alcohol-caused chronic diseases.

Funded by VicHealth, the *Inequities in alcohol-related chronic disease in Victoria* report found men accounted for seven out of ten wholly alcohol-attributable chronic disease (WACD) hospital patients and deaths in Victoria.

Chronic diseases can include cardiovascular, digestive and neurological conditions as well as a range of cancers.

People with WACD have a hospitalisation median age range from 47 to 49 years and a median age of death range from 58 to 62 years.

The research examined a range of factors that influence alcohol consumption and vulnerability to alcohol-related harms in Victoria, including age, gender, residential location and social disadvantage.

Download the *Inequities in alcohol-related chronic disease in Victoria* report: www.vichealth.vic.gov.au/Publications/Alcohol-Misuse/Inequities-in-alcohol-related-chronic-disease

THE FUTURE OF OBESITY IN AUSTRALIA

A report on obesity in Australia contains highlights from nine years of research by world-leading obesity expert Associate Professor Anna Peeters, while she was VicHealth's Research Fellow from 2004 to 2013.

Key research findings:

- By 2025, an estimated 83 per cent of men and 75 per cent of women will be obese or overweight, some 16.9 million Australians.
- It is predicted that in 11 years, 44 per cent of people with the greatest disadvantage and least resources will be obese, compared to 31 per cent of those with the most resources.

Multiple strategies, policies and programs will be needed to turn the tide as Australia is now home to the world's fastest increasing rate of obesity.

Download *Negative growth: the future of Obesity in Australia research highlights and recommendations*:

www.vichealth.vic.gov.au/Publications/Healthy-Eating/Research-summaries/The-future-of-Obesity-in-Australia

NEW VICHEALTH RESEARCH INNOVATION GRANTS ROUND, ARC LINKAGE GRANT ROUND AND FUTURE FUNDING

VicHealth's 2014 Research Innovation Grants round aims to provide an opportunity for research teams to trial an innovative idea, research a new concept or methodology, or develop better supporting evidence for health promotion in support of our Action Agenda. Previously offered in 2010 and 2012, a refreshed innovation grants round will open on Monday, 3 November 2014.

VicHealth's most recent Australian Research Council (ARC) Linkage grant round closed on 7 July 2014, with 38 expressions of interest to partner with VicHealth received.

We congratulate Dr Rebecca Bentley (The University of Melbourne) and colleagues on their success with the 2013 research project titled 'The Association of Local and Regional Accessibility with Active Travel and Physical Activity: Health and Economic Impacts' in which VicHealth will be an industry partner.

As an industry partner, VicHealth will also continue to support significant investigator-led research funding rounds including the

National Health and Medical Research Centre (NHMRC) Partnership Grants and the ARC Linkage Grants.

Expressions of interest for NHMRC Partnership Grants will open in January 2015.

Look out for more details on our website:

ARC Linkage Projects:
www.vichealth.vic.gov.au/Research/VicHealth-Research-Grants/ARC-Linkage-Projects

NHMRC Partnership Project Grants:
www.vichealth.vic.gov.au/NHMRC-Partnership-Project-Grants

VicHealth Innovation Research Grant:
www.vichealth.vic.gov.au/Research/VicHealth-Research-Grants/Innovation-Grants

“
It is predicted that in 11 years, 44 per cent of people with the greatest disadvantage and least resources will be obese.”



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