

30 years

1987

of

VicHealth

2017

Preview Edition

Preview Edition

© Copyright VicHealth 2017
September 2017 C-499

Acknowledgement:
Nick Richardson, writer

VicHealth – 30 years

04		MESSAGES
05		FOREWORDS
06		WHERE IT BEGAN
10		HEALTH PROMOTION, THEN AND NOW
13		THEMES AND APPROACHES
14		GENDER
18		YOUTH
22		COMMUNITY
26		HEALTH EQUITY
30		PARTNERSHIPS
34		SPORT
38		INNOVATION
42		STRATEGIC IMPERATIVES
42		PROMOTE HEALTHY EATING
46		ENCOURAGE REGULAR PHYSICAL ACTIVITY
50		PREVENT TOBACCO USE
54		PREVENT HARM FROM ALCOHOL
58		IMPROVE MENTAL WELLBEING
62		BOARD CHAIRS
63		CHIEF EXECUTIVE OFFICERS

Messages



The Hon. Linda Dessau AC
Governor of Victoria
VicHealth Patron-in-Chief

For the last 30 years, VicHealth has been a pioneer in health promotion, leading the charge for a healthier, more informed and active Victoria.

When VicHealth was established in 1987, Victoria was a vastly different place. Smoking was prevalent in our homes, offices, restaurants and public places. Tobacco advertising was an accepted norm on television and at our sporting venues. Mental health was seldom spoken of publicly, and family violence was rarely acknowledged or addressed.

The Victoria of today – and of the future – owes its gratitude to the tireless work of VicHealth and its staff, past and present.

In only its first year, VicHealth delivered successful programs that replaced cigarette

advertising with the Quit campaign, and that promoted SunSmart and heart health messages.

In the course of just three decades, VicHealth has expanded its work and today proves its strength in promoting healthy eating, encouraging regular physical activity, preventing tobacco use, preventing harm from alcohol and improving mental wellbeing.

I wish VicHealth every success as it continues making a positive impact on the lives of all Victorians and, as Patron, I note with pride that many of VicHealth’s initiatives have now been taken to the wider world.

Congratulations VicHealth on your 30th anniversary, and for your exceptional achievements in advocating good health and wellbeing.



The Hon. Jill Hennessy MP
Minister for Health
State Government of Victoria

The health and wellbeing of our families, friends and communities is important to us all, allowing us to live long, fulfilling lives with the people we love.

By international standards, Victorians enjoy good health and wellbeing, and have access to excellent support and services to keep us healthy.

But we are facing some challenges. Our people are ageing and chronic diseases are more prevalent. And we know that good health and wellbeing is not shared by all across our state.

Now, more than ever, we need to focus on prevention – how we can work to promote better health and wellbeing, and how we can tackle the underlying causes of inequity that impact Victorians.

The Victorian Public Health and Wellbeing Plan 2015–2019 highlights the need to work together across government, organisations

and sectors to tackle the major risk factors for poor health and wellbeing. It also focuses our attention on addressing the social determinants of health and wellbeing so that we can see real results.

I congratulate VicHealth on the achievement of its 30-year anniversary. Over that time VicHealth has played a unique and vital role in championing the health and wellbeing of Victorians, particularly in its focus on health equity.

VicHealth has been a pioneer since its beginnings – both here and around the world. Indeed, its very inception was a pioneering act and the cross-government support VicHealth received in 1987 continues today.

Improving the health and wellbeing of every Victorian is our shared vision – one that unites us all – and I look forward to continuing to strengthen our collective efforts in supporting health and wellbeing for the Victorian community.



Dr Shin Young-soo
Regional Director
World Health Organization
Western Pacific Region

VicHealth has been a pathfinder from the very beginning, with its establishment through Victoria’s visionary tobacco control legislation in 1987 – making VicHealth the first health promotion body in the world to be funded by a tax on tobacco. Since then, VicHealth has set the international gold standard for health promotion foundations.

VicHealth is a great friend and partner to the World Health Organization.

As we enter the era of the Sustainable Development Goals, the VicHealth approach of partnership, collaboration and innovation will be more important than ever before.

We look forward to working with VicHealth long into the future, to keep fighting together for a healthier world.

Forewords



Fiona McCormack
Chair of the Board
VicHealth

In 1987, VicHealth, the world's first health promotion foundation, was established as part of the *Tobacco Act*. In 2017, we celebrate a 30-year legacy that has changed health promotion across the world.

VicHealth's work has benefited so many Victorians over the last three decades. Many in the wider community may not realise that innumerable lives have been improved by the work of VicHealth and, importantly, its partners.

Without this work, we wouldn't enjoy such remarkably low smoking rates, sun protection as normal as wearing a seatbelt and world-leading evidence-based research informing Victoria's pioneering work in preventing violence against women – the first of its kind to prove a link to physical and mental health consequences.

Our success reflects the contribution of so many – the founding members and champions, previous and current Board and staff members, and our partners in government and health promotion. Our achievements are truly representative of the commitment and hard work of many people and partners.

The collective effort of creating a healthier and safer community for all Victorians is supported by VicHealth's distinct and complementary role. VicHealth particularly focuses on researching and investing in innovation, sharing the information garnered, and supporting its integration into health promotion practice and approaches. In this sense, VicHealth works as an ally and resource for continuously improving evidence-based Victorian health promotion practice and expertise.

Our focus on health equity will be critical to our future success. At the core of VicHealth's Action Agenda for Health Promotion is a vision where health and wellbeing is enjoyed equally by all Victorians. It is our collective responsibility to work towards a Victoria that is just, inclusive, safe and healthy.

There is still so much to do. But today, I have great pleasure in celebrating 30 years of VicHealth and, with continued innovation and dedication, I know we are well-placed to face the health challenges of the next 30 years.



Jerril Rechter
Chief Executive Officer
VicHealth

There's an undeniable strength in public health that shows how, by working together and sharing knowledge, we can make lasting, positive change in our communities.

VicHealth plays a critical role in bringing together diverse groups and organisations. This includes all levels of government; the not-for-profit sector; organisations and individuals working in health promotion, health, sports, research, education and the arts; local communities; the private sector; and the media, to collectively tackle complex health challenges.

This book celebrates VicHealth's 30th anniversary – but it's also a celebration of health promotion in Victoria, which is far greater than any one organisation. It's our collective achievements, evidence-based research and hard work we're celebrating.

VicHealth is a champion of health and wellbeing for all Victorians. We work to keep people healthy, happy and well – preventing chronic disease and keeping people out of the medical system. We want the future generations to inherit a world that is in a better shape than when we inherited it.

Taking the helm of a unique organisation, with an incredible history steeped in so much success and dedication has been a wonderful opportunity. I'm proud to be one part of the story, with a dedicated Board, a team of passionate and committed staff, and continued support from so many stakeholders and partners.

I am pleased to say that VicHealth will continue to build on many years of innovative evidence-based work, managing the challenges and supporting change to improve the health and wellbeing of Victorians.

Where it began

The figures were stark: 320,000 Victorian school children would become adult smokers and 64,000 of them would die of tobacco-related illnesses without some form of health intervention. David White, the Minister of Health in John Cain's Labor Government, told the Victorian Parliament that smoking was the greatest single preventable cause of ill health and death in Victoria. He wanted to do something about it.

It was October 1987 and the nation was radically different: Telstra was called Telecom, the government still owned Qantas, the trams had conductors, the AFL was still called the VFL and issues of obesity, mental health, gender equality and food security were hidden away. White had an idea for a radical piece of legislation which had support through the quiet but insistent commitment of Dr Nigel Gray, who for 20 years had been agitating about tobacco's lethal harm.

White demonstrated strong health leadership and identified Victoria's next great health challenge as the scourge of tobacco. In what, 30 years later, looks like a stunning piece of arm-twisting and bipartisanship, the Liberal Opposition agreed. Together, they would make history by creating the first health promotion agency in the world – the Victorian Health Promotion Foundation.

The story behind White's advocacy, and the introduction by John Cain's government of legislation that shook global tobacco to its core, is a tale of perseverance, personal loss and a piece of sweet timing that would kickstart new ways of promoting better health outcomes. It was about key people with a shared vision, who were determined to make that vision a reality. That meant a brave government embarking on an initiative that no other government had attempted, alongside Dr Gray's commitment to engaging bipartisan support, getting the media onside and generating community agreement.

Dr Gray, of the Anti-Cancer Council of Victoria, had knocked on the door of seven different health ministers, each time stressing tobacco's dangers. White was the eighth health minister he had tried to convince that cancer rates would fall if fewer people smoked. This time, the health minister was very receptive.

It was February 1987. Gray seized on White's interest and within two days, Gray had a proposal on the minister's desk. Gray's best opportunity for change had arrived and he immediately stepped up his lobbying, tapping shoulders, shaking hands, cajoling and using facts, figures and reason to convince the doubters and to reinforce the resolve of the believers.

White was already armed with an idea on how to turn the tobacco tax into something with potential health benefits. He had suggested one of his advisers, Peter Worland, take a holiday and, while he was on a beach somewhere, think about the Victorian health landscape. Worland ended up at Manly beach in Sydney, and started pondering Victoria's ballooning costs for health treatments.



It was difficult to miss the anti-smoking message emblazoned on 200 prime-site billboards around Melbourne city in early January 1989. The signs were the first in a long-term anti-smoking campaign launched by VicHealth.



Through VicHealth's sponsorship of the Herald Sun Tour, one of Australia's premier cycling events, Victorians were encouraged to be physically active.

"I was thinking: we're spending \$2 billion on medical treatment and nothing at all on prevention," Worland recalls. "What if we picked a fight with tobacco and used the tax on cigarettes to buy out their sponsorship of sports and the arts?" It was the next stage of the proposal that transformed the idea – what about establishing a foundation to coordinate the projects and develop the ideas around health promotion, too?

These days, it would be called 'blue sky thinking'; in 1987, it was considered heresy. The experienced advisers in Premier Cain's office thought it was a crazy idea. Cain himself was more measured, maybe the medical fraternity would wheel in behind it. Cain told White's office to see who they could get to support the idea – the big businesses, the churches and the media among them.

"The wave was about to break on tobacco," Worland says. "If we didn't do it, it would have happened somewhere else in the world." But it didn't happen anywhere else – it happened in Victoria and critical to that success was some vigorous behind-the-scenes lobbying.

Worland managed to make his case to prominent Melbourne businessman Bruce Redpath, a committed anti-smoker and major donor to the Liberal Party. It was Redpath who picked up the phone and started to twist some Liberal arms.

White believed that the public would be on side – research showed that there was almost unanimous opposition among adults to the thought of their children smoking. Two years earlier, Quit Victoria was established to coordinate the anti-smoking public education campaign in schools, the media and the broader community.

An Anti-Cancer Council study published in 1987 found that 84 per cent of respondents would happily support a 50 per cent rise in the price of a packet of cigarettes if the revenue went to health education, medical research and funding sport and the arts.¹ History had some lessons, too. Public behaviour could change when community health was the goal. It happened in the 1970s when the state government introduced seatbelt legislation and drink-driving laws to help reduce the road toll. It was true, too, of the campaign for immunisation against polio and diphtheria, and compulsory screening against tuberculosis.

But within the bureaucracy, there was resistance to the tax model that White was proposing. A rueful Treasurer Rob Jolly admitted that some of his department's experts were against it. Yet Jolly, Cain and White were all anti-smoking – would that be enough? Labor did not have the numbers to pass legislation in the Parliament's upper house; however, senior Liberal Mark Birrell had campaigned against tobacco advertising when he was leading the Victorian Young Liberals. He would become pivotal in shepherding the legislation through the upper house. (Some years later, Birrell became VicHealth Board Chair.) But initially, Liberal Party leader Jeff Kennett didn't agree with him.



The partnership between VicHealth and Quit has ensured the reduction of smoking in Victoria. Today, only 13.3 per cent of the state's adult population smokes, compared to just over 30 per cent in 1987.

Kennett later admitted to Parliament during the Bill's debate: "When the Bill was first introduced, I must admit that I was philosophically totally opposed to it, and I was totally opposed to it because I have a philosophical approach to life that says that if something is legal and is able to be produced, and if government recognises that factor and then taxes that legal product, government should not interfere in the way in which that product is then distributed or marketed."²

¹ Hill, D 1988. Public opinion on tobacco advertising, sports sponsorships and taxation prior to the Victorian Tobacco Act 1987. *Community Health Studies*, XII, 3, 282–288

² Victoria Parliamentary Debates, Tobacco Bill Legislative Assembly, vol. 388–389, 28 October 1987, pp. 1848–1849



Celebrating a partnership with the Diabetes Institute – VicHealth inaugural CEO Rhonda Galbally with diabetes expert Professor Paul Zimmet.

It was an argument that resonated with some members in the community. Kennett, however, had visited suburban train stations across Melbourne and saw the number of children who were cradling cigarettes and sharing smokes on their way to school. He changed his view.

“[W]e have a responsibility to the community as a whole. We have a responsibility to the industry, a responsibility to sport and the arts, but ultimately and primarily we have a responsibility to young people and their health,” Kennett told Parliament. “It does not matter what else we debate, the bottom line has to be what we think is in the best interests of young people in this community. There is no greater test than asking ourselves as adults what we wish for our children.”³

Inevitably, the tobacco industry was not so easily swayed. The collection of global companies with deep pockets were determined to ensure their earnings were protected – they would fight every piece of legislation. White took them on, armed with the most powerful tool of all – a personal stake in the outcome. At a meeting with tobacco’s chiefs, he told them: “My father died of emphysema.”

The plan was to keep the tobacco industry and its supporters in the dark for as long as possible. The proposed legislation was shrouded in secrecy, drafted and refined away from the public gaze. White was staunch in his line towards not consulting with the tobacco industry. “The first principle they had to recognise was a health risk associated with consumption of tobacco. As long as they are prepared to say there is not a health issue, there was no basis for discussion,” he said later.

The critical element of the final legislation was not just the prohibitions around tobacco advertising and sponsorship, but also the establishment of the Victorian Health Promotion Foundation (VicHealth). White described the new Foundation as addressing “...the issue of health promotion and illness prevention throughout the community and it is not limited to smoking-related illness.”

The new Foundation would fund health promotion programs, provide grants to groups involved in prevention and early detection of disease, and give sponsorship for sporting and cultural activities.

There was still plenty of to-ing and fro-ing, debates, amendments, media speculation and opinion. Would the money generated through the dedicated tax be misused by governments during elections? How best to keep the new Foundation independent of government and separate from the Department of Health? Would sports and arts bodies be able to choose their sponsors in the brave new world?

By the final sitting day of the 1987 parliamentary year, the Tobacco Act legislation was finally passed. From the same Bill that increased the tax on cigarettes and restricted tobacco advertising came a new health promotion foundation to manage the increased tax funds and buy out existing tobacco sponsorships. It was a bold partnership of innovation and pragmatism. White was struck by the wave of relief. “The elation is in the fight – you’re drained in the end,” he says.

It had been an extraordinary journey. And those who were there at the start now feel they were part of something remarkable and significant. “We had to do what was morally right,” Worland says. “And over the years, VicHealth has kept trust with the public.”

³ Victoria Parliamentary Debates, Tobacco Bill Legislative Assembly, vol. 388–389, 28 October 1987, pp. 1848–1849

“

VicHealth’s biggest achievement in the last 30 years is in maintaining the preventive health care message and action and extending it into other areas of society activity. In doing that, VicHealth must continue as it has, maintaining the continually growing and effective campaign against tobacco products.”

THE HON JOHN CAIN Former Victorian Premier



Treasurer Alan Stockdale and Health Minister (the late) Marie Tehan join VicHealth Chair of the Board Sir Gustav Nossal in December 1992 to celebrate the Foundation’s 5th birthday and launch *Partnerships with Healthy Industry*.



Sir Gustav Nossal (second from left) was an inspired choice to lead VicHealth’s first Board. He is pictured here celebrating VicHealth’s first anniversary in 1988 with Shadow Health Minister Mark Birrell (left), CEO Rhonda Galbally and Health Minister David White (right).



Victorian Premier The Hon. John Cain, with Nunawading Quit Spectre’s captain Michelle Timms in 1989 at the launch of the VicHealth billboards in which she features.



The Anti-Cancer Council’s 1987 TV commercial *The Coroner* showed a packet of cigarettes being pulled out of a corpse and declaring it as the cause of death.

Health promotion, then and now

In a world of statistics, data and graphs, there is a stark fact about public health in Australia that can't be ignored – there is still much to be done to improve the nation's general health and wellbeing.

Chronic disease – coronary heart disease, stroke, cancer and diabetes – has become all too common. We eat more processed food than our parents and grandparents and exercise less. Obesity sits, ominously, in the centre of our health debate. Jobs have changed – we sit at desks, rather than do physical work. Recreation has become more sedentary; screens, large and small, are integral to our lives. Taking care of our mental wellbeing has become a priority, across the ages and stages of our lives. The misuse of alcohol remains a problem and, across the country, issues of equity and disadvantage complicate access to health.

At its most basic, the argument comes down to the old saying about prevention and cures. Governments of all stripes understand the economic benefit of preventing ill health rather than paying ballooning treatment costs. And a fundamental tool in that is health promotion – the process of enabling people to increase control over and improve their health.

Health promotion is VicHealth's reason for being. A year, almost to the day, after the world's first health promotion conference in Ottawa, Canada in November 1986, VicHealth was established. But VicHealth's arrival did not signal the end of the debate about its broader health role in Victoria. Instead, it ushered in a period when the notion of health promotion became contested.

VicHealth's first CEO, Rhonda Galbally, was struck by the force of the implication that the new organisation was actually telling Victorians what to do. "[T]he media was very hostile to the Victorian Health Promotion Foundation being established... talking about inappropriateness of both running health promotion campaigns that would try and engineer behaviour, but also in the tobacco tax," she recalls. "The tobacco industry was very much behind a lot of this media... so there was a huge job to do to really get out there and, you know, defend VicHealth and the whole idea of it."



In time, evidence would be on its side. By 2013, the *Smoking prevalence and consumption in Victoria* population surveys report found that the smoking rate among Victorian adults had dropped to 13.3 per cent.¹

Thousands of Victorians have been supported through the extensive VicHealth grants to sports and cultural organisations, community groups and local government. Critical to VicHealth's success has been its collaborative approach. This has given it a deep capacity to follow through from developing research-driven evidence to delivering on-the-ground programs for Victorians.

In 2014, VicHealth was given the unique designation of a World Health Organization (WHO) Collaborating Centre for Leadership in Health Promotion. The designation meant that VicHealth became formalised in its role as a resource, leader and mentor to health agencies and governments representing 1.8 billion people across the Western Pacific region. Dr Shin Young-soo, WHO's regional director, hailed VicHealth's historic role at a special anniversary event in April 2017 and forecast an even more important place for the organisation in the years ahead.

¹ Cancer Council Victoria <http://www.cancervic.org.au/about/media-releases/2013-media-releases/august-2013/smoking-rates-victoria.html>

Less than two years ago, the United Nations unveiled an ambitious plan for a healthier and more equitable world in its Sustainable Development Goals. “Health, and by implication health promotion, lies at the heart of this bold agenda,” Dr Shin says. “Health and sustainable development are very closely linked. Good health is a precondition for, and an outcome of, sustainable development... To deliver on the promises of the Sustainable Development Goals, health promotion must be a priority. And the VicHealth approach of partnership, collaboration and, crucially, innovation will be more important than ever.”

Such an endorsement reflects how VicHealth is being used as a blueprint for other health promotion organisations. Thailand and South Korea in our own region are examples of those who embraced the VicHealth model of sustainable financing for health promotion. And WHO’s relationship with VicHealth is not one-way; the key social determinants of health that WHO outlined years ago are at the heart of VicHealth’s operations: social inclusion, freedom from discrimination and access to economic resources.



Despite WHO’s support, health promotion’s role in public health has not been an easy or straightforward path: there have been issues and impediments that cast shadows over the importance of health promotion.

The most durable of these issues has been the philosophical debate about individual choices and government intervention. Should governments play a role in influencing decisions about what we eat and how much we exercise, by creating environmental changes through additional taxes or are these really only the individual’s concern? It is a predicament not confined to health promotion – whenever governments become engaged with personal liberties, they are often accused of being a ‘nanny state’.

But UK research on consumer attitudes to health shows that the reality is more subtle. The majority of respondents wanted “a sensitive balance between encouragement, enabling, exhortation and enforcement.”²

Health promotion is also an activity bound up with notions of moderation, reflection and consideration. There is little drama to be found in the complex discussion around the multi-faceted causes of obesity, for example. The consequence is that mainstream media often struggles to fit messages about health promotion into the conventional narratives of their stories. But there are notable successes – the AFLW (the women’s football league) is a remarkable ongoing media story that touches on key areas of the big health picture – physical activity, gender equality, leadership and mental wellbeing.

The first major battle health promotion faced in Victoria was the fight against big tobacco – the struggle that led to VicHealth’s establishment. It was a tough and long-running stoush that showed how hard it is to take on powerful industry groups whose interests run contrary to public health priorities. In reality, many of the items that make up our daily lives – processed food and alcohol – are the products of large corporations who are wary of losing market share and profit in the face of positive health messages.

A regular electoral cycle – and an electorate with less partisan loyalties than previous generations – makes governments of every colour more careful about investments that have long-term outcomes. And health economists are quick to point out that the savings from illness prevention and health promotion have to be factored in over years. Helping people today to get more active may not have an impact on the budget bottom line for a generation. But no one denies the personal and community benefit from such initiatives. Communicating those health promotion messages demands sustained advocacy. There are people to be convinced, cases to be made and concepts to be devised that make health promotion accessible and appropriate to a range of audiences.

Yet there is no doubt that health promotion works. Research from the University of Queensland and Deakin University – in which VicHealth was a partner – revealed in 2010 that prevention measures had clear gains in reducing health costs and improving general health and wellbeing outcomes.³ But if the research proved the value of prevention and promotion, it also revealed how hard it is to shift some health outcomes. And some of those critical health problems – such as mental illness – demand long-term planning and strategies.

² Dickson N 2004. ‘Let’s do the right thing’, *The Guardian*, 17 November, quoted in VicHealth Letter, Number 25, Winter 2005, p.7

³ ACE Prevention Team 2010. Assessing Cost Effectiveness in Prevention, University of Queensland, Deakin University 2010.



Blitz on cigarette advertising – The poster campaign drew attention to the decision by the Victorian Parliament to gradually phase out billboard advertising by cigarette companies.

VicHealth identified its current five strategic imperatives back in 2013: promoting healthy eating, encouraging regular physical activity, preventing tobacco use, preventing harm from alcohol and improving mental wellbeing. They are part of the overall 10-year plan to support one million more Victorians to have better health and wellbeing by 2023. But the challenges are clear – an ageing population, a highly urbanised society increasingly reliant on technology and the prevalence of chronic disease that threatens to curtail the quality of life for thousands of Victorians.

Central to the manifestation of these specific health problems are the broader social, economic and lifestyle reasons that determine and drive our health choices. VicHealth's engagement with these broader drivers is currently through three key themes – gender, youth and community – key areas where social determinants of health meet. Interlinked is the central concern about health equity – ensuring as many people as possible have access to the rights, responsibilities and resources that make up a fair, equitable and healthy society.

There are specific measures of success – benchmarks of VicHealth's successful support of health promotion programs and campaigns over the past 30 years, such as Quit, SunSmart or the Walk to School programs. It all sprang from that seminal moment when the health promotion movement started to get global traction in Ottawa.

Former VicHealth Chair, Professor John Catford, who was part of the drafting team for the Ottawa Charter wrote, "Much has been achieved and much still needs to be done, but whatever the blind spots and shortcomings, the Ottawa Conference and Charter has been the fulcrum or tipping point in global health development."

Ottawa 1986 bridged the past successes of the public health reforms with the aspirations of the new health promotion movement. It has shaped and will continue to shape the world's health destiny.

And although VicHealth has been integral in shaping community notions of health in Victoria, at a personal and public level, there is still plenty of work to be done to ensure more people find the best route to better health and wellbeing.

Over the past 30 years, VicHealth's work has been identified in the public domain with a range of programs and initiatives that have helped shape better health and wellbeing outcomes.

The way VicHealth has approached this work is by using different themes and approaches – lenses to sharpen the focus on the underlying forces driving health and equity in Victoria. The goals of each program, key partnership or pioneering innovation do not exist in isolation, but form part of a broader priority that puts Victorians at the centre of the approach.

The connection between these themes and approaches where social determinants of health meet form the foundation of VicHealth's work across its five strategic imperatives to 2023.

THEMES AND APPROACHES

- 14 | GENDER
- 18 | YOUTH
- 22 | COMMUNITY
- 26 | HEALTH EQUITY
- 30 | PARTNERSHIPS
- 34 | SPORT
- 38 | INNOVATION

STRATEGIC IMPERATIVES

- 42 | PROMOTE HEALTHY EATING
- 46 | ENCOURAGE REGULAR PHYSICAL ACTIVITY
- 50 | PREVENT TOBACCO USE
- 54 | PREVENT HARM FROM ALCOHOL
- 58 | IMPROVE MENTAL WELLBEING

GENDER

“I see VicHealth’s biggest achievement in the last 30 years in the areas of gender equality and family violence. VicHealth pioneered primary prevention in this area.”

ROSIE BATTY
Founder/Director/CEO
Luke Batty Foundation
Australian of the Year 2015

Gender equality is a core principle of a fair, respectful, safe and inclusive society. Gender, along with Youth and Community, are the key themes that inform VicHealth’s work and actions.

Preview Edition

Gender equality – a key priority for health

It was 2004 when VicHealth and its partners first raised the flag on the health burden from violence against women¹ – an area where burden of disease analyses had not been previously applied. Family violence, let alone its impact on the physical and mental health of women, had not yet entered the public debate.

But VicHealth’s seminal 2004 report, *The Health Costs of Violence*, helped shift the conversation. Its confronting conclusion that intimate partner violence was “...responsible for more preventable ill-health and premature death in Victorian women aged 15–44 years than any other of the well-known risk factors, including high blood pressure, obesity and smoking” is still shocking. Two years after the report’s release, the World Health Organization cited it as one of the three most significant global contributions to reducing violence against women.

It was another decade before the Victorian Government’s Royal Commission into Family Violence embarked on a public examination of the problem in 2015.

In the 11 years between its landmark report and the Royal Commission, VicHealth continued to build the momentum in efforts to prevent violence against women through supporting new research, cross-sectoral partnerships and increasing practitioners’ knowledge. VicHealth provided the evidence-base for much of today’s work, with the Victorian Community Attitudes Survey to Violence Against Women in 2006. The following year, in partnership with the Victorian Government, VicHealth released a public health framework for preventing violence against women.² This framework was also supported by a unique VicHealth workforce capacity building program. The outcome was skills training and a cohesive set of evidence-based interventions and resources to diverse sectors such as workplaces, sporting clubs and local government to foster safe and equal gender relations and prevent violence against women before it starts.

In 2012 VicHealth developed a world-first approach of ‘saturating’ and sustaining a primary prevention program in a single location. The Generating Equality and Respect (GEAR) program rolled out in Melbourne’s south-eastern suburbs. Running for more than three years and concluding in 2015, the program was implemented by Monash City Council with Link Health and Community, with the aim of building awareness of the deep-seated causes of violence against women and a gender equitable culture that valued non-violent norms and positive attitudes towards women in places such as work, community, schools and at home. The program successfully embedded activities in council and Link Health programs that continued beyond the life of GEAR. It also provided deeper engagement with the issue of gender equality across the broader Monash municipality.

VicHealth’s track record and ability to partner with stakeholders in the area has seen its engagement with the issue evolve. It has teamed up with organisations, including OurWatch (the national foundation to prevent violence against women and children), Australia’s National Research Organisation for Women’s Safety (ANROWS), The University of Melbourne, the Social Research Centre, as well as the Victorian Government (the latter implements the 227 recommendations from the Royal Commission).

In 2016, the Victorian Government released its gender equality strategy, *Safe and Strong*, and outlined its commitment to a gender equality Act and the creation of a new prevention agency. VicHealth continues to share its experience and knowledge to support the development of these initiatives.

A broader commitment from VicHealth to address the drivers of family violence is seen in the adoption of gender as one of VicHealth’s three priorities, along with youth and community.

In May 2017, VicHealth released its gender equality position statement on the subject. VicHealth has long been engaged with this issue, as research has uncovered the importance of gender equality in fostering healthier and more cohesive communities. VicHealth’s approach and actions to improve gender equality will be outlined in its strategy, to be launched in October 2017.

¹ VicHealth 2004. *The Health Costs of Violence: Measuring the burden of disease caused by intimate partner violence*. www.vichealth.vic.gov.au/media-and-resources/publications/the-health-costs-of-violence

² VicHealth 2007. *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria*. www.vichealth.vic.gov.au/media-and-resources/publications/preventing-violence-before-it-occurs

Increasing female participation in sport

In sport, for example, VicHealth has also been at the forefront of programs to increase female participation by offering programs that are flexible and more engaging for women and girls. The programs have taken a range of forms over the years but one particular initiative, Change the Game, generated its own hashtag and support from elite sportswomen at a time when women's sport, including the AFL Women's League, the Women's Big Bash League and Women's National Basketball League, was firmly in the media spotlight.

Change the Game's goal was not only to investigate new ways for women and girls to get active, but also probe media coverage of women's sport, opportunities for leadership in women's sport, and increased sponsorship and profile opportunities for sportswomen.

Research showed that inactive and somewhat active women prefer not to play structured sport.³ Therefore, the challenge to local sports organisations was to create social, unstructured programs to increase participation among women and girls.

Rock Up Netball, an initiative from Netball Victoria funded through Change the Game, summed up the response: interested players turned up when they could, paid when they played, wore what they liked and played with some flexible rules.

Surfing Victoria answered the call with an initiative called Coasting, a stand-up paddleboarding program for women available across Victorian beaches, bays and inland waterways during the summer. Tennis, cycling, gymnastics and the AFL joined netball and surfing in devising more flexible activity programs.

In a separate development, VicHealth underlined its commitment to women's participation in sport by becoming the first major partner of the Melbourne Stars and the Melbourne Renegades teams in the Women's Big Bash League.

Six years ago, then VicHealth executive manager Lyn Walker made it clear what the end game was from these participation programs. "Over time, through these initiatives, sports will identify new leaders and role models, create policies, plan for more inclusive facilities and ultimately establish strong partnerships to create sports that are safe, accessible and equitable for women's participation," she said.

But the broader focus on gender equality is about ensuring there is fundamental fairness: at work and in sport, from playing fields to the boardroom. The potential positives are compelling; research shows that the nation's GDP would increase by 11 per cent if there were equal rates of employment for women and men.⁴



This Girl Can Vic campaign launched in 2017 – VicHealth aims to celebrate women of all shapes and sizes, and all levels of ability becoming physically active.

This Girl Can

This Girl Can is VicHealth's latest campaign celebrating women of all shapes and sizes, and all levels of ability becoming physically active. Whether it's swimming, running or football, This Girl Can encourages women to get out there and give it a go.

VicHealth's version of the highly successful UK campaign of the same name addresses the fear of judgement that we know often stops many women from being physically active. Local research showed 41 per cent of women surveyed felt too embarrassed or intimidated to exercise in public. This Girl Can aims to change this statistic.

This Girl Can promotes an empowering, positive image of active, everyday women – regardless of skill level, body shape or background.

The campaign was announced in July 2017 and will debut in early 2018. This is the first time the campaign has been adopted outside the UK, where 2.8 million women embraced its message.

³ VicHealth 2015. *Female participation in sport and physical activity*.

www.vichealth.vic.gov.au/media-and-resources/publications/female-participation-in-sport-and-physical-activity-a-snapshot-of-the-evidence

⁴ Goldman Sachs JB Were 2009. *Australia's Hidden Resource: The Economic Case for Increasing Female Participation*.

YOUTH

“VicHealth was really the first organisation that realised that times had changed and there were different issues affecting adolescents.”

PROFESSOR GEORGE PATTON
The University of Melbourne

VicHealth’s work has a strong focus on building resilience in young people to enhance their ability to cope with, adapt to and bounce back from any change or challenge they experience in their lives.



Shaping young lives

In 1991, soon after VicHealth came into being, it helped establish the Centre for Adolescent Health at The University of Melbourne.¹ VicHealth's long-standing association with the Centre not only provided significant insights into the health of young people in Victoria, it also contributed to the organisation's commitment to mental wellbeing.

As Professor George Patton, Professor of Adolescent Health Research at the University of Melbourne said, "VicHealth was really the first organisation that realised that times had changed and there were different health challenges for adolescents."

Many of those issues were about how rapid social change had brought new emotional hazards for the adolescent years with consequences for the mental health of young Australians.

Even now, former VicHealth chairman, Sir Gus Nossal, remains proud of how the organisation moved into the mental health area and supported Professor Pat McGorry's work on youth mental health.

"I think that the edging into mental health was a breakthrough," Nossal says. "It was... very stigmatised at that time. We made some headway and to this day I'm proud that we gave Pat McGorry his first grant."

Twenty years later, VicHealth was at the forefront of another youth-focused institution, when it joined a group of 70 organisations to set up the Young and Well Co-operative Research Centre, which investigated technology's role in young people's lives. During the next five years a series of research projects would look at the impact of technology on young people's mental wellbeing, including issues of digital inclusion, suicide prevention and sexuality. All of these initiatives focused on the experiences of young people using technology.

While adolescent mental health and wellbeing is key to VicHealth's youth focus, many other programs have supported young people's physical wellbeing, and their challenges with tobacco and alcohol.



Out-of-Schools Sports – participation was the key in this program designed to get kids moving and exposed to a range of sports they had never played.

Along the way, VicHealth has tapped into what young Victorians are thinking as a way to gauge future issues and trends and help chart a healthier next generation.

Several initiatives – such as the Walking School Bus – aimed to establish the value of lifetime regular physical activity in primary school children. Other schools-based programs, such as Out-of-Schools Sports, were designed to not only get kids moving but to expose them to a range of sports they had never played. Participation was the key.

"In this sport, you actually get to try something – they make sure you get a go," one child said after a program session.

One initiative has been to use young Victorians' love of technology – and their ever-present smartphones – to provide guidance about alcohol consumption, support them to make better choices and avoid harm from alcohol.

The MIDY (Mobile Intervention for Drinking in Young People) sends tailored SMS messages to young people while they are drinking. Before they drink, the young person is directed to a website to answer some questions about their drinking habits and their priorities, including meeting physical

¹ Victorian Health Promotion Foundation 2005. *The Story of VicHealth – world first in health promotion.*

Changing the alcohol culture

Alcohol consumption habits are a priority in VicHealth's alcohol culture change work between now and 2019.

Teenagers from particular groups who are at risk of becoming disengaged from school, training or work will be targeted in a new program run by the City of Whittlesea and Turning Point. The project will work with local visual artists and musicians to create an activity that tackles risky drinking.

In Horsham, the local council and Federation University will team up to look at parental supply of alcohol to teenagers, with the goal of putting together a parent education program, a support network for parents and a community awareness campaign.

Deakin University has also started a study to identify and explore the risky drinking culture among students. The research will inform a series of evidence-based interventions that can be adopted by different communities.

training commitments, not spending too much money, or finishing a university assignment. During the evening, there will be messages that measure consumption and deliver a reminder about those goals, such as: "How's that 7 am wake-up going to feel?" The innovation is a landmark project to get some real-time feedback from young drinkers.

Overall, being a young Victorian today has its unique challenges and opportunities, according to CSIRO's *Bright Futures* report commissioned by VicHealth. What emerged from its 'megatrends' research was a future where jobs would become more competitive because of increased education and rising skill levels across the world, making it harder for young Victorians to complete for limited jobs. That global marketplace, in tandem with digital technology, is breaking down the old barriers and changing the way organisations and individuals operate. Goods, people and culture flow across national borders. There is a new breed of workers with no fixed abode who sell their skills and knowledge to multiple employers.

According to the research, there will also be a more diverse culture, a multicultural society with the challenges of integration for young people from migrant and refugee backgrounds, along with the mental health issues caused by discrimination.

Young Victorians will also be faced with changing family structures as these shift from traditional models. Technology will drive many relationships and will expose young Victorians to the positive and negative opportunities provided by online engagement.

The report notes an improvement of our understanding of mental health and wellbeing, with increased awareness that some of the contributors to these are beyond the individual – poverty, poor education and homelessness



In 2014, Dance Republic by Big West Festival, supported by VicHealth's MOTION program, got young Victorians moving and socially connected through art.

among them. This is vital to changing perceptions around mental illness and the associated stigma, and holds hope for better management of youth mental health and wellbeing. (See more on page 61.)

The *Bright Futures* report gives VicHealth an important opportunity to get on the front foot on the issues impacting young people into the future and to develop more relevant approaches, scrutinise what is not working and prepare young Victorians for rapid changes. A focus will be engaging directly with young people and new partners in the design of new solutions to build the major protective factors of resilience and social connections in the state's next generation.



COMMUNITY

“The biggest opportunity for VicHealth that I see is to continue its leadership in building effective connections across the private sector, government, non-government organisations, and reaching into all areas of the community.”

GRAHAM ASHTON AM
Chief Commissioner of Police

The Tarwin Pop-up Park in Latrobe City Council was supported through the Community Activation program. The previously unused space was transformed and helped residents become more physically active and engaged with other community members.

Community

There are Victorian communities that experience disadvantage and the consequent negative impact on their health and general wellbeing. VicHealth has recognised the need to strengthen communities, including through increasing links between local programs, services and organisations and building resilience as part of its work to achieve better health outcomes.

The social and economic problems, confronting some Latrobe Valley neighbourhoods in 2000 were challenging. In one area of Churchill, unemployment was 80 per cent.¹ It was the turn of the new century and the Valley was suffering, with the combination of the privatisation of the State Electricity Commission and technology changes to coal mining meaning there were no longer jobs for life in the industry. Into this environment, VicHealth introduced its Walking School Bus initiative. Former primary school vice-principal John Turner saw the opportunity to use the ‘bus’ in the Glendonald estate in Churchill as a way of increasing school attendance and punctuality at the local primary school. He also thought it would help strengthen the links between the school and its community.

“John... noticed the kids who were arriving late or not getting to school at all and so he targeted the families that he really wanted to help,” a Latrobe City Council source said at the time. “He linked the Walking School Bus route to the area the kids lived in. Often he or other teachers would walk on the bus.”

It was a simple but effective way to reinforce community links at a time of stress. And it worked, just as John Turner had hoped.

VicHealth’s community-focused work is delivered through a wide range of sectors and settings including the arts, and is often where community participation programs such as Victoria Sings get their start. Today, Victoria Sings is a successful, state-wide initiative designed to weave community singing into the cultural fabric of Victoria. The work is based on the knowledge that singing together is an effective way to develop and sustain social connection.

The program began with the support of VicHealth in 2001, which allowed Community Music Victoria to test models –

first in rural and regional communities and more recently in urban situations. The early phase of the program brought 7000 people from all ages and stages of life to community and town halls across the state to sing. Stunning vocals were not a prerequisite, but wanting to get together and sing certainly was.

The program trained people to work in their rural and regional communities to select songs, teach those tunes to their local singing group and then develop a potential leader in each group to carry on the work.

The evidence base around the health of our local communities across Victoria has been significantly strengthened and refined through VicHealth’s support for the establishment and long-term development of Community Indicators Victoria (CIV). Initially CIV was part of the then-McCaughy VicHealth Community Wellbeing Unit at the University of Melbourne and has now moved to the university’s School of Population & Global Health. Since its inception in 2005, CIV has aimed to support the development and use of local community wellbeing indicators in Victoria, with the purpose of improving citizen engagement, community planning and policymaking. CIV presents data and reports on the wellbeing of Victorians and of local communities at local government level using a comprehensive set of community wellbeing indicators. CIV’s local government profiles, along with statewide and local government area data from VicHealth’s Indicators Survey, provide a key form of evidence used to develop Municipal Public Health & Wellbeing Plans in councils across the state.



Victoria Sings was a successful, state-wide initiative based on the knowledge that singing together is an effective way to develop and sustain social connection.

¹ VicHealth 2006. *Lively Neighbourhoods: Inspirational Stories from Victoria’s Walking School Buses.*

www.vichealth.vic.gov.au/media-and-resources/publications/lively-neighbourhoods-inspirational-stories-from-victorias-wsb

Leading the Way with local governments

In 2002 VicHealth set up a partnership with the Department of Human Services and the Municipal Association of Victoria (MAV) because it believed that local councils play a central role in supporting better health outcomes in their communities, and so the Leading the Way program was born.

The impetus for the program was a consultation forum held in partnership with the MAV where senior local government staff and the Department were asked to consider how VicHealth could support councils in promoting health. Participants agreed on the need for a resource package that could explain the social and economic factors influencing health and wellbeing, and equip councils to respond to local health issues with practical solutions.

The program responded to the consultation by rolling out resources and related training to councils. The aim of these initiatives was to get councils thinking about how responding to local health issues could become part of their core social, economic and environmental planning.

The City of Port Phillip in inner Melbourne was one of many enthusiastic participants in the program. The council created a sustainable transport framework that focused on footpaths, pedestrian crossings and public seating. It prioritised active transport, rather than prioritising cars above all else.

The City of Port Phillip's response underlined that councils have opportunities to respond differently to health challenges. Armed with VicHealth's Indicators Survey data that focuses on the social determinants of health at a local level, councils have the evidence to support their plans.

VicHealth has continued to work with councils as they have access to a wide range of levers to support better community health and wellbeing and are well-placed to deliver non-traditional approaches to health promotion.



Wendy Farmer, Ron Ipsen and Marianne Robinson from Voices of the Valley. Their idea for preparing Latrobe Valley for its future in energy, Transitioning the Valley, received an additional boost from VicHealth's Latrobe Valley Community Challenge. (Used with permission, *Latrobe Valley Express*, Morwell).

In 2015 VicHealth launched its Community Activation program, which aimed to transform unused or underutilised areas/venues within municipalities into a space for physical activity. Five councils took part, developing everything from a pop-up leisure centre for mums and young people, to transforming a plot of vacant land into a spot for circus skills, tai chi and sport. The spaces used for these initiatives weren't necessarily intended to become permanent leisure venues. The intention was more to test new and inexpensive ways of promoting activity and social connection within local communities, both key elements of a healthy community.

Latrobe Valley Community Challenge

In the aftermath of the second Hazelwood Mine Fire inquiry, VicHealth knew from the local community that there was a need for change in the Latrobe Valley.

An initiative following the release of the inquiry's report was VicHealth's Latrobe Community Challenge. It became an opportunity to explore a new way of working with the community to improve health outcomes and reconnect with local groups.

The mine fire inquiry, which VicHealth has participated in, and public debate identified the need to generate local jobs to not only revive the region's economy but restore and then build some community health and wellbeing. VicHealth's collaboration with the locals would be community-led, with the intent of showing how local ownership could empower communities, increase their decision-making capacity, address employment as a factor that affects health equity, and ultimately lead to better health outcomes.

Four locally generated ideas – an artists' gallery and learning hub, a food network, a renewable energy transition program and a hospitality job-linking service – were given two months' intensive business planning support and seed funding. This support helped them to gain access to experts and develop their ideas around generating jobs in the Valley. VicHealth has continued to support all four projects to bring them closer to sustainable delivery.

Transitioning the Valley, through Voices of the Valley, received an additional boost for its future-focused thinking to retool and prepare Latrobe Valley as a hybrid energy source.

HEALTH EQUITY

“VicHealth’s biggest opportunity is to respond with remedies to emerging examples of social inequality such as gender and race discrimination.”

THE HON. JOHN CAIN
Former Victorian Premier

VicHealth strives to affirm the importance of health equity and find effective ways of addressing disadvantage and discrimination through health promotion, consequently delivering better health and wellbeing outcomes across communities.

Preview Edition

Addressing discrimination and disadvantage to improve health

In 2009, renowned immunologist, former deputy chair of the Aboriginal Reconciliation Council and VicHealth's inaugural chairman Sir Gus Nossal provided stark examples of the problem that still underlines so many broader issues in public health – how a combination of discrimination and disadvantage are often behind poor health outcomes.

“[R]ace-based discrimination, [is] a problem we know to be associated with an increased risk of anxiety and depression, and possibly associated with diabetes, obesity and cardiovascular disease,” Sir Gus wrote in *Building on our strengths*, a health promotion framework for reducing race-based disadvantage and supporting diversity. The framework was developed by VicHealth, the McCaughey VicHealth Centre for the Promotion of Mental Health and Community Wellbeing, the Onemda VicHealth Koori Health Unit and the Victorian Equal Opportunity and Human Rights Commission.

And what was true of race-based discrimination's impact on mental wellbeing and physical health was also true of other discrimination, based on gender, ethnicity, social disadvantage, religion and disability. To be marginalised posed a risk to your physical and mental wellbeing.

The point was made clearly in *More than tolerance: Embracing Diversity for Health*, a 2007 VicHealth report summarising the key findings of research supported by VicHealth in 2006 and 2007.¹ It not only showed a strong link between depression and discrimination based on culture, ethnicity and race but also a link between discrimination and cigarette smoking and drug misuse. Other research revealed a link between discrimination and high blood pressure and heart rate and a low infant birth weight.²

Across the years, VicHealth has strived to capture the balance – in analysis, in research and in the development of programs – to affirm the importance of health equity and to find effective ways of addressing inequities through health promotion and consequently deliver better health and wellbeing outcomes across communities. This work started in 1990 with a range of grants totalling \$212,000

to increase opportunities for people with a disability to participate in sport, and this approach has remained central to VicHealth's focus ever since.

Fair Foundations

In 2013, VicHealth released Fair Foundations: the VicHealth framework for health equity. This planning tool draws on the ground-breaking work of the World Health Organization Commission on the Social Determinants of Health. The Commission presented evidence that showed how the conditions in which people are born, grow, live, work, play and age assume a major role in shaping health outcomes. It also described the processes through which different groups receive more or less access to such conditions. VicHealth's application of this thinking to Fair Foundations aimed to provide practical guidance to ensure that health promotion action increases access to the conditions that support health equity.

The principles of the Fair Foundations framework have been the basis of VicHealth's work for many years, as was demonstrated with partners in the sport sector such as the 2005 launch of the AFL's Respect and Responsibility program. This program aimed to create a safe, supportive and inclusive environment for women across football, whatever role they played. More recently, through Everyone Wins, VicHealth worked with sports clubs to ensure they provide welcoming environments for women and girls, Aboriginal people, people with a disability and people from culturally diverse communities.

With a range of other partners, VicHealth sought to increase access to the key determinants of health including food, housing and social connection for a range of population groups who often miss out, including recently arrived refugees.

A 2011 Melbourne-based study by VicHealth Public Health Fellow, Associate Professor Cate Burns, found that people in the lowest income brackets were almost six times more likely to have restricted access to food than those with higher incomes.³ This was because the combination of the location of supermarkets and shops and reduced access to public and private transport options for these groups became a significant barrier to shopping for fresh food.

¹ VicHealth 2007. *More than tolerance: Embracing diversity for health*. www.vichealth.vic.gov.au/media-and-resources/publications/more-than-tolerance

² VicHealth 2012, *Preventing race-based discrimination and supporting cultural diversity in the workplace* www.vichealth.vic.gov.au/media-and-resources/publications/creating-healthy-workplaces-publications

³ Burns C, Bentley R, Thornton L & Kavanagh A 2011. Reduced food access due to a lack of money, inability to lift and lack of access to a car for food shopping: a multilevel study in Melbourne, Victoria, *Public Health Nutr*, vol. 14, no. 6, pp. 1017–1023.



Health equity is also about access, including to healthy, culturally appropriate and affordable food.

VicHealth has also tried to increase health equity through the use of a range of creative mediums such as cabaret, short films, theatre and dance. These were just some of the ways that the Arts About Us program gave voice to those who have experienced discrimination and promoted discussion about cultural diversity and the harms of race-based discrimination.

Working directly with communities who experience health inequities in a way that empowers and resources them to identify priority issues and develop ways to address them is core to VicHealth's health equity approach. One particular initiative, which emerged as part of the Koori Communities Leadership Program in 2005, remains a potent symbol of the power of a community-led approach.

The leadership project developed by Rumbalara Football and Netball Club's program for its community in the Goulburn Valley region helps illustrate the importance of developing leadership and community connections in breaking down some of the barriers to better health for Aboriginal people. (See box)

Founding president of the Rumbalara Football and Netball Club and community leader Paul Briggs OAM summed up the club's role. "It's become the heart place of Aboriginal community, and the motto is Proud Strong Family, which is just reaffirming our sense of connectedness among Aboriginal families in the Goulburn Valley area."

For Sir Gus Nossal, such an approach is a vital element in improving health outcomes. "Making our communities and organisations welcoming and fair for all is not just the right thing to do. It is fundamental to our survival as a peaceful and prosperous society," he wrote in 2009. That goal remains a VicHealth priority today and for the future.

The Rumbalara story

Rumbalara's story goes beyond sport. The club itself has helped provide jobs, education and leadership to Aboriginal people across the Goulburn Valley and helped improve health and wellbeing for reducing race-based disadvantage and supporting diversity in the region.

Rumbalara has extended its footprint in the community and now supports four football teams, nine netball teams, as well as NetSetGO junior netball and Auskick programs. "It is important that young people are proud of who they are and where they come from... so that we can build a strong and active group of Indigenous leaders who can speak out about our people and our culture in the future," Joyce Doyle, who was project coordinator of Rumbalara's Koori Youth Leadership Project, explained at the time.



The Rumbalara Football and Netball Club in the Goulburn Valley Region is a shining example of leadership and the breaking down of barriers to health and wellbeing in Aboriginal communities. (Above) Aboriginal leader and Rumbalara President Paul Briggs with football players. (Photo by Richard Cisar-Wright / Newspix) (Below) Rumbalara netball players. (Photo by Rumbalara Football Netball Club. Used with permission.)



PARTNERSHIPS

“VicHealth is a great friend and partner to the World Health Organization. As we enter the era of the Sustainable Development Goals, the VicHealth approach of partnership, collaboration, and innovation, will be more important than ever before.”

DR SHIN YOUNG-SOO
Regional Director,
WHO Western Pacific Region

Improving health and wellbeing is a shared responsibility. Our partners come from many sectors, including all levels of government, non-government organisations, health, sport, research, media education, the arts, industry and local communities.

- A. REGISTERED NURSE
- B. BIG COMEDY FAN
- C. COOKS A MEAN RISOTTO
- D. ALL OF THE ABOVE

SEE
BEYOND
RACE.

Preview Edition



Leading through strong partnerships

Partnering is a powerful aspect of health promotion work and brings together a diversity of skills.

“It’s about mutual relationships,” says former VicHealth CEO Rob Moodie. “VicHealth gets its work done through other people and that was the huge joy of working for VicHealth. The relationships are respectful and mutual.”

VicHealth’s leaders from the past 30 years agree that the organisation’s capacity to identify and work with a range of partners across a diverse range of subjects has been critical to its success in delivering programs and changes all the way to community level.

The partnership approach began with deputy chair Dr Nigel Gray’s vision that VicHealth’s first board would have representatives from the three main political parties – Labor, Liberal and National – and was reflected in the Victorian legislation (*Tobacco Act 1987*).

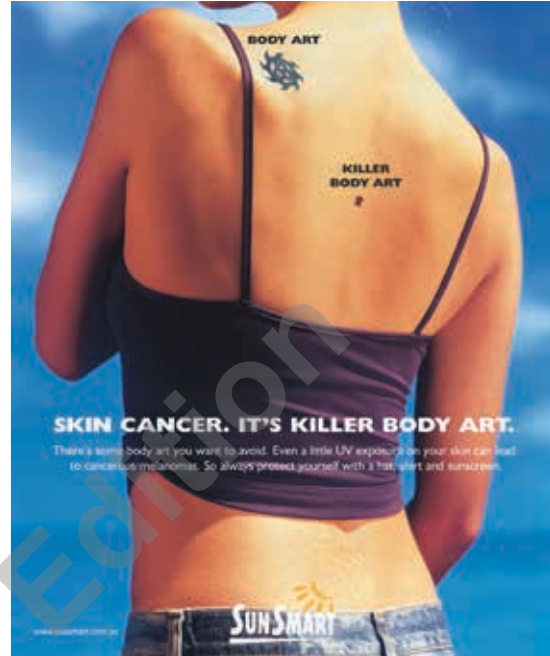
“The three politicians on the board... behaved impeccably and worked together and they put their partisan differences aside... because the initiative was so worthwhile,” says Sir Gus Nossal, VicHealth’s inaugural Chair and current patron.

That approach helped consolidate the partnership with the government of the day, regardless of its political hue, and underscored that VicHealth would put health priorities and promotion first. VicHealth has put relationships with organisations at the heart of its approach to health promotion from that time on.

These relationships have often been with organisations outside of the traditional health sector – arts, sport, education, research, human rights, media, corporate, justice, transport, workplaces, peak bodies, community organisations and the private sector.



The MP representatives in VicHealth’s first Board: (left to right): The Hon. Michael Arnold (Australian Labor Party), The Hon. Graeme Weideman (Liberal Party), The Hon. William McGrath (National Party).



Everything under the sun: Significant behavioural and attitudinal changes took place in the Victorian population thanks to the SunSmart program.

VicHealth’s early formative partnerships were with the Heart Foundation to deliver heart health messages in arts and sports, as well as research projects; and Cancer Council Victoria for their Quit and SunSmart campaigns.

A program to prevent and minimise harm from alcohol use among young people was done in partnership with the Australian Drug Foundation (now Alcohol and Drug Foundation). And grassroots connections with parents across Victoria led to Parents’ Voice and its advocacy for healthy food, operating under the auspices of Diabetes Victoria.

Critical delivery partners for VicHealth over the years have been local governments as they provide a strong link with each of their 79 communities across the state. In the heart of Melbourne, for example, the appearance of more than 70 water fountains providing free drinking water refills for city workers and visitors speaks to what can be achieved with a local council.¹ In October 2016, the partnership with 62 councils saw 144,928 students from 758 schools participating in Walk to School, walking more than 1.6 million kilometres – equivalent to walking about 112 times around Australia.²

¹ VicHealth 2014. VicHealth Water Initiative. www.vichealth.vic.gov.au/programs-and-projects/water-initiative

² VicHealth 2016. VicHealth Walk to School 2016 evaluation. www.vichealth.vic.gov.au/media-and-resources/publications/walk-to-school-2016-evaluation

VicHealth's programs and initiatives see partners working collaboratively on ideas that have evolved from VicHealth's research base. When VicHealth rolled out its Localities Embracing and Accepting Diversity (LEAD) program, it needed councils to take up the opportunity to help reduce race-based discrimination and to support cultural diversity. The City of Greater Shepparton and the City of Whittlesea were selected to trial the program.

As Benjamin Waterhouse, who worked at VicHealth managing the LEAD program and is now at Whittlesea Council, explains: "The program actually led to the council developing an anti-racism strategy. The council adopted an anti-racism policy, but it was VicHealth's pioneering work that was vital."

"The links to racism and health weren't well-known outside academic circles before the VicHealth work," says Waterhouse. "In many respects, the leadership that VicHealth took was the biggest step and biggest influence."

VicHealth's partnerships with organisations, clubs and associations across 30 years has also seen great success. The Good Sports program³ – a partnership with the Alcohol and Drug Foundation – has been adopted by more than 7000 sporting clubs across the country over the last 17 years. As a result, there are now thousands of sportspeople, spectators and families involved in clubs that take a responsible attitude to serving alcohol. In fact, a randomised control trial of Good Sports conducted in 2009 found that clubs participating in the program are 42 per cent less likely to experience alcohol-related harms.⁴

Making partnerships work

VicHealth knows that if partnerships are to be successful they need a clear purpose, add value to the work of the partners and be carefully planned and monitored. That understanding has informed VicHealth's Partnership Analysis Tool. The tool helps guide organisations to develop a clearer idea of the range of purposes for collaborations, reflect on the partnerships that they have established and focus on ways to strengthen new and existing partnerships by engaging in discussion about issues and ways forward.

Todd Harper, CEO of Cancer Council Victoria and a former CEO of VicHealth, has identified what it takes for VicHealth to play this critical role as a partnership broker and independent player in the health landscape. "[Y]ou need equal parts wisdom – and that's careful stakeholder management – courage and diplomacy," he explains.

It's a delicate balancing act, but one that VicHealth has pulled off for three decades.



A coalition against salt

Nine organisations were brought together for the Victorian Salt Reduction Partnership* in 2014. Along with VicHealth there were other major health research organisations, all committed to meeting the World Health Organization's goal of reducing average salt intake by 30 per cent by 2025.

The committed partnership came together to plan and undertake joint action. A year after its formation, the partnership released a document outlining a comprehensive set of actions aimed at gaining consensus and commitment for salt reduction action from governments, the public and industry in Victoria.

So far, this work has achieved increased public awareness and debate, manufacturers reformulating the food they produce, support for Victorian food policy frameworks, and actions for research and monitoring on salt intake.

The next phase of the program will require more partnerships to mobilise communities to initiate action, liaise with the food industry to reduce salt levels in the foods they manufacture, and educate the public about the levels of salt in processed food and the effects of a high salt diet on their health.

This initiative is a collaborative exercise in its design, implementation and outcome, and VicHealth's deep experience as a partner in so many health initiatives and engaging with all levels of governments and various sectors will once again be pivotal.

* The Victorian Salt Reduction Partnership comprises VicHealth, The George Institute for Global Health, Heart Foundation Victoria, Deakin University's Institute for Physical Activity and Nutrition Research, National Stroke Foundation, Kidney Health Australia, the Victorian Department of Health and Human Services, Baker Heart and Diabetes Institute and the High Blood Pressure Research Council.

³ Alcohol and Drug Foundation 2016. Good Sports. <https://adf.org.au/community/our-programs/good-sports/>

⁴ Kingsland M, Wolfenden L, Tindall J, et al 2015. Tackling risky alcohol consumption in sport: a cluster randomised controlled trial of an alcohol management intervention with community football clubs. *J Epidemiol Community Health*. <http://jech.bmj.com/content/early/2015/06/01/jech-2014-204984>

“We now have a landscape that provides women with a platform to showcase what they can achieve in sport when encouraged and properly supported.”

DAISY PEARCE
Melbourne Football Club (AFLW)

29 May 2014: A new girls-only Auskick team pose during a photo shoot in Melbourne, Victoria. (Photo by Paul Loughnan/Newspix)



Supporting sport at all levels

Sport was what the Victorian Health Promotion Foundation was known for in its early years. It bought out tobacco sponsorships and became a reliable source of health promotion knowledge and support for a range of sporting clubs and organisations.

Its sponsorships worked both ends of the sporting spectrum, from the Fitzroy Football Club in the VFL, the Moonee Valley races or the Victorian PGA Golf championship, to local netball, hockey, surfing, tennis, fencing and lacrosse clubs.

Only 5 per cent of VicHealth’s sports sponsorships went to elite sport in the early days.

“The essence of the Foundation’s policy on sports sponsorship seeks to achieve a balance between programs that offer a high public profile for health promotion campaigns and programs that can provide a broad participation in sport for health promotion messages,” said VicHealth’s first CEO Rhonda Galbally in 1990.

That meant VicHealth cast its funding net wide. As part of its Victorian PGA sponsorship, it added a further \$125,000 to boost womens, juniors and grassroots participation in golf across rural Victoria.

There were also funds for sports injury prevention. This hugely popular grant provided 6000 Victorian sporting clubs with the money to buy goal-post padding, cricket batting pads, gloves and helmets, hockey goalie gear, and non-slip mats for lawn bowlers.¹ It was a vital part of clubs being able to take the field on any given Saturday, knowing that their players were fully protected.

Promoting broader health messages

But in keeping with its health promotion focus, VicHealth wanted more from clubs and associations than just sponsorship. Given how it had helped them, clubs were keen to support VicHealth’s health messages, which ranged from being SunSmart to the responsible serving of alcohol. This was a significant change that became an enduring mark of VicHealth’s support for Victorian sport – it delivered health outcomes, not just sport outcomes.



Ten water fountains across the three levels of Etihad Stadium in Melbourne City give thousands of sports fans access to free drinking water refills to help them make water as their beverage of choice over sugary drinks.

And when health promotion messages were delivered through sport, they could reach a large number of people. For example, in 2009–10, a quarter of Australians aged 15 years and over participated in some form of organised sport or active recreation.² Many more were involved as volunteers, spectators and supporters. With sports clubs engaging the community at many levels – providing opportunities for exercise, developing skills and socialising – VicHealth seized the opportunity for greater change.

In 2011, VicHealth went to the wider Barwon region with the Healthy Sporting Environments program, which was about changing the culture of sporting clubs to make them healthier and inclusive. Together with Leisure Networks, they got 73 sporting clubs across 25 different codes to sign up to create a healthier experience for those playing and watching sport.³

Clubs were expected to be smoke-free and offer a healthier canteen menu. They needed to either restrict the strength of beer sold or add a premium to the price of beer and spirits. Two clubs would lead work against race-based discrimination and to promote female participation. There were also assessments for SunSmart policies and injury prevention.

It was a varied list but an overwhelming 93 per cent of participating clubs thought their club was better for being involved in the Healthy Sporting Environments program. Working with Regional Sports Assemblies, which became

¹ Victorian Health Promotion Foundation 2005. *The Story of VicHealth – world first in health promotion*.

² ABS 2011, Australian Social Trends June 2011, Sport and physical recreation, Cat. No. 4102.0.

³ VicHealth 2012. Healthy Sporting Environments. www.vichealth.vic.gov.au/programs-and-projects/healthy-sporting-environments-program

vital delivery partners, the program was then expanded to another 250 sporting clubs across regional and rural Victoria.

Supporting health through sport wasn't just about creating environments that supported healthier choices. The power and reach of sport could also be harnessed to help drive health equity outcomes, a key priority for VicHealth.

One of those initiatives was the Surfing Victoria Indigenous Surfing program, which helped develop surfing skills in Indigenous communities and also identified the next generation of potential leaders.



Otis Carey takes out the Australian Indigenous Surfing title at Bells Beach in 2017. VicHealth supported Surfing Victoria's Indigenous Surfing program, helping to develop surfing skills in Indigenous communities and also identifying the next generation of potential leaders. (Photographer: Liam Robertson)

Through the program, Cormach Evans, a talented surfer and Yorta Yorta man, undertook a VicHealth-supported 12-month traineeship at Strapper Surfboards in Torquay. The traineeship included a Level 1 Surfing Coaching Course. It also provided Evans with opportunities that offered job prospects beyond the Geelong pizza shop where he had been working part time. "To me, working at the pizza shop was just a job. Now I have a career," he said at the time.

For 30 years, VicHealth has remained closely engaged with sports clubs and organisations across Victoria. Its ongoing Active Club Grants revolve around broadening participation and inclusion in sport, and applying fresh thinking to engage people in sport. The grants are an enduring link between VicHealth's history and its modern approach to health promotion.

Etiha Water Activations

In 2015, VicHealth partnered with Etihad Stadium and Yarra Valley Water to install 10 water fountains on the stadium's three levels to increase the availability of free water.

The initiative was part of VicHealth's goal of 'More Victorians Choosing Water' instead of drinks with added sugar. In an additional partnership – this time with AFL clubs that were playing home matches at the stadium – VicHealth conducted trials to understand the impact of promotions on the visibility and usage of the water fountains.

Etihad Stadium management estimate that since the initiative started, the water has been available to 4.8 million fans who have passed through its gates. These fans not only come for AFL matches but other sports and entertainment events, including A-League and Big Bash events.

Flow meters have been installed on all the fountains to measure the total amount of water dispersed and the figures reveal a remarkable increase in water consumption. From 800 litres in the first year, to 4780 litres in 2016, the initiative could be said to have increased water consumption by 390 per cent.⁴

The early trial data has shown there is significant potential to work with sporting facilities to increase promotion and awareness of drinking water instead of sugary drinks, benefitting patrons' health and saving them money.

"Due to the overwhelming popularity of the free chilled drinking water, the stadium's management team is looking to add up to another six fountains before the start of the 2018 AFL season," Etihad CEO Michael Green said. "To the end of 2016, 4780 litres of water had been extracted by fans to fill their trusty water bottles."

Using behavioural insights and 'nudge' approaches VicHealth broadened the initiative. Branded refillable water bottles were distributed at the stadium, and there were pre-game healthy drinks messages reminding patrons to bring a water bottle or get a free refillable one on game day.

"[T]he feedback has been fantastic and the winners have been the many thousands of fans who have taken advantage of the offering," Green said.

⁴ VicHealth 2015. Footy fans tap into free water fountains.

www.vichealth.vic.gov.au/programs-and-projects/vichealths-water-refill-project-at-etihad-stadium

INNOVATION

“At the core, VicHealth’s greatest legacy is not in the ‘what’, but in the ‘how’.”

DR ALESSANDRO R DEMAIO MBBS MPH PHD
Co-founder, NCDFree/TV Host

Simple behavioural interventions to improve water supply, access and promotion can increase water consumption in licensed venues as part of wider efforts to reduce alcohol-related harms.



The innovation reflex

Innovation is embedded in VicHealth's organisational model – 'Innovate. Inform. Integrate.' It is also central to how the organisation works. After all, VicHealth sprang from an inspired vision for health promotion; prioritising finding new ways to accelerate better health and wellbeing outcomes for the community.

However, the way VicHealth approaches innovation has evolved in 30 years. In 2013, the organisation started refreshing its innovation priorities. From that came a more formal expression of innovation: driving bold new ways to address our health priorities. This statement blends VicHealth's strong research priorities with its restless search for new thinking about health promotion. Two initiatives were launched in 2014 as a result of that change: the VicHealth Innovation Challenge and the Leading Thinkers initiative.

Innovation Challenges

VicHealth's Innovation Challenges program invites Victorians to devise new solutions to tackle existing problems across physical activity participation, arts for health, alcohol cultures and mental wellbeing in young people. The most promising ideas are awarded start-up funds and support to test out the solutions in practice.

The message is clear – health promotion innovation is valued and rewarded. Good ideas will always have currency, and fresh thinking promises different solutions. In its first year alone, VicHealth funded 13 Innovation Challenge initiatives across the state.



Citizens' Jury on Obesity – The 2015 Victoria's Citizens' Jury on Obesity pioneered a new approach to the discussion of health policy, bringing together a randomly selected group of 100 'everyday' Victorians to focus on the challenges obesity represented for the state.

In 2014, the focus was on new ideas increasing participation in sport, reducing alcohol consumption, mental health and wellbeing through participation in the arts, and improving access to nutritious and sustainable food. To help prepare organisations for the task of coming up with initiatives in these areas, VicHealth convened a series of workshops so a range of sectors – sporting groups, the mental health sector, universities, government, arts, designers and communication professionals – could develop their ideas. From then on, the ideas gathered momentum.

Dance Break was one of the early ideas given start-up funding. The app overrides what is on your smartphone with a dance track that insists you move and dance, wherever you are, whatever you are doing. It was developed by Alice Glenn and Heidi Barrett, the pair behind the No Lights No Lycra (drug and alcohol-free) dance events. Schools, large organisations and institutions can use the app to get large groups moving and boost physical activity and social connection. More than 20,000 people around the world, from across Australia, India and Japan, have subsequently got dancing by downloading the app.

In 2017, VicHealth funded five innovative sports-related pilot programs, including an AFL Indigenous women's program, a leadership and mentoring initiative for South Sudanese kids in an inner-city basketball competition, and a Ballarat golf program that opened golf to more families by offering a shorter form of the game and more flexible memberships.

Leading Thinkers initiative

Also delivering change is the Leading Thinkers initiative, which connects international experts with senior policymakers and key local experts in Victoria. Now in its second residency, the initiative allows deep analysis of key health and wellbeing issues.

The first leading thinker invited to the program was Dr David Halpern, CEO of the UK-based Behavioural Insights Team. In 2014, VicHealth embraced the methodology of behavioural insights as a tool for gently nudging the public into creating healthier lifestyles. Dr Halpern and the Behavioural Insights Team initial focus was on obesity – resulting in the pioneering approach of Victoria's Citizens' Jury on Obesity in 2015.

"Through the course of the residency, we also looked at the implications of behavioural insights for reducing alcohol consumption, increasing water consumption, encouraging exercise, improving mental health and reducing entrenched disadvantage," Halpern explains.



Dr David Halpern, Chief Executive of the Behavioural Insights Team (UK) and VicHealth's inaugural Leading Thinker (2014–16); Professor Iris Bohnet, Professor of Public Policy and Behavioural Economist from Harvard University's Kennedy School of Government, and Dr Jeni Klugman, Managing Director of the Georgetown Institute for Women, Peace and Security, collaborate in the second Leading Thinker residency (2016–19).

Now the focus of the Leading Thinkers program has shifted to behavioural insights and gender equality. Professor Iris Bohnet, a behavioural economist from the Kennedy School of Government at Harvard University, and Dr Jeni Klugman, from the Georgetown Institute for Women, Peace and Security, will build on the research VicHealth has done on violence against women and gender equality over the past 15 years. They will help shape discussions and policy around gender equality and, in one of many trials being developed as part of the residency, explore how language

in job advertisements impacts on the gender split of applicants. They will also examine the incidence of gender bias in the media, particularly in sports reporting.

The three-year partnership between these experts and VicHealth promises to deliver innovative thinking to break down entrenched attitudes and practices that discriminate against Victorian women in places such as work and in sport, to help drive better health and wellbeing outcomes.

Victoria's Citizens' Jury on Obesity

It took almost a year to plan, and brought together a research institute, a facilitation company, a design outfit, a digital design team, a steering committee comprising experts from government, public health, industry and community, and 100 everyday Victorians under VicHealth's guidance to consider, reflect and debate obesity.

The 2015 Victoria's Citizens' Jury on Obesity was unique because it pioneered a new approach to the discussion of health policy, bringing together a randomly selected group of 100 'everyday' Victorians to focus on the challenges obesity represented for the state. Four companies became partners and worked together during the initial year of planning for the project. They brought together expertise in democratic research, facilitation, design and social technologies.

The Jury's deliberations and results were amplified to the community through a partnership with the *Herald Sun*, which helped promote and report on the event.

They had one remit – to answer this: We have a problem with obesity. How can we make it easier to eat better?

The Jury collectively went through a journey of discovery about their food choices, the way we eat in Australia, recognising the large role food plays in our current culture, and the range of influences on our eating choices that often go unnoticed.

After six weeks of online discussions, the Jury met in Melbourne for two days. The meeting culminated in a presentation of 20 asks to a Steering Group of various experts convened by VicHealth.

The Jury delivered important work, and it revealed something else – how innovative approaches have always been part of VicHealth's practice, as well its experience in building partnerships across sectors, to deliver its health promotion message to governments, communities and individual stakeholders.



STRATEGIC IMPERATIVE PROMOTE HEALTHY EATING

Healthy choices for all Victorians

In Victoria, a high proportion of adults, around 30 per cent, are estimated to be overweight.¹ Yet around 1 in 20 Victorians live in a household experiencing food insecurity – that is, they have limited or uncertain availability of (or ability to acquire) affordable, nutritious, safe and culturally appropriate foods.²

Back in 1995, long before food insecurity was a headline issue, Kellie-Ann Jolly was concerned about the fact that 5 per cent of Australians had run out of food at some stage in the previous few months and had no money to buy more. It's a statistic that still sticks in her mind more than 20 years later.

This research had come from a VicHealth-funded analysis of part of the 1995 National Nutrition Survey³, which laid the problem of food security bare.

By the time Jolly, who was then VicHealth's Healthy Eating Program Manager, embarked on the Food for All program in 2005, the situation was no better. Food for All was a way to improve the availability of fresh food in eight Victorian municipalities where 20 per cent or more of their residents were experiencing socioeconomic disadvantage.⁴

"VicHealth became known for taking on the [food insecurity] issue and raising its profile," says Jolly, now the Victorian CEO of the Heart Foundation. "And it wasn't just about access to food, but access to culturally appropriate and affordable food."

Food For All ran for five years, working with local government to find ways to break down the barriers to food security.

"We wanted local governments, ideally, to work on integrated solutions to the food issue, and that meant

thinking about transport, housing, economic development and land use," Jolly explains.

"During the program, VicHealth analysis revealed that 53 out of 79 local government areas in Victoria had 1 in 20 residents who had run out of food in the past 12 months and could not afford to buy more. But it was a problem with no quick fixes or easy solutions."

Access to healthy food remains a key issue for VicHealth. On the back of Food for All, VicHealth developed new programs and invested in research to look at a range of aspects of food access, from growing food to developing healthier food choices, to tackling the obesity problem. But whatever the program, the heart of the issue has always been to reinforce the value of healthy eating and to increase access to nourishing food for more Victorians.

The Seed Challenge

When the Seed Challenge launched in 2013, the goal was not only to promote the importance of healthy eating, but also to improve fruit and vegetable supply.

The Seed Challenge – the organisation's first-ever innovation challenge – asked nutritionists, the fruit and vegetable industries, researchers, social innovators and digital operators to come up with sustainable ways to make affordable, nutritious foods more available for Victorians.

¹ Department of Health and Human Services (DHHS) 2016, *Victorian Population Health Survey 2014: modifiable risk factors contributing to chronic disease*, Victorian Government, Melbourne.

² VicHealth 2015, *Promoting equity in healthy eating*, Victorian Health Promotion Foundation, Melbourne.

The grant-based program generated a mix of established approaches and new-age innovations. The Open Food Network would connect growers, suppliers and consumers into an online version of farmers markets. The 3000 Acres project identified vacant land across Melbourne that was suitable for growing food and established a team to help make it happen.

Victoria's Citizens' Jury on Obesity

VicHealth's determination to seek answers to the key question, "How can we make it easier for Victorians to eat better?", has been posed in many healthy eating programs and initiatives. However, it was the innovative use of deliberative techniques in Victoria's Citizens' Jury on Obesity in 2015 that is paving the way for future initiatives in this area. The Jury was about asking 100 Victorians from all walks of life to consider a solution to obesity. The jurors ultimately arrived at 20 'asks' they delivered to a VicHealth steering group. (See pages 40–41 for more information on this initiative.)



The Seed Challenge: VicHealth's first ever Innovation Challenge asked nutritionists, the fruit and vegetable industries, researchers, social innovators and digital operators to come up with sustainable ways to make affordable, nutritious foods more available for Victorians.

Fresh vegies to Melbourne's west

The problem was obvious but the solution potentially complex: there were not enough shops in the Braybrook and Maidstone areas in Melbourne's western suburbs that were selling fresh fruit and vegetables. Would it be possible to meet the problem head-on, and start up a local fruit and vegetable outlet, with a delivery service? The answer was the Braystone fruit and vegetable shop, which was funded through a VicHealth grant to Maribyrnong Council and opened its doors in 2003.

Adding another layer of community involvement to this project, the Council gave WestNet – a service that provided pre-job training opportunities for locals with intellectual disabilities – the opportunity to run the shop.

WestNet set up the shop, built a cool room, bought scales and a cash register and staffed it with a full-time employee. It also gave many of its clients the chance to work in the shop. A healthy percentage of the shop's revenue helped meet the project's running costs.

The shop was based at WestNet's office at Braybrook but a mobile market was also established and travelled to a Footscray primary school, a Williamstown high-rise housing estate and other public housing areas in Footscray.

WestNet's then executive director, David Walton, was an unabashed fan. "The great thing about the Braystone Project is that it has positive outcomes for everyone involved," he said.

So was VicHealth's then CEO Rob Moodie: "The Braystone Project has had many positive outcomes: not only have people got a better understanding of how improving their diet impacts on their lives, but there are also social benefits as people have been sharing the produce, the cooking and sometimes eating together. It's all about communities connecting and supporting each other."



A NetSetGo junior netball club is one of the participants in VicHealth and Netball Vic's healthy eating choices 'nudge' trials making healthy choice the easy choice in sport. (Used with permission from Netball Vic).

Targeting junk food in sport

One of VicHealth's newest projects aims to reduce the pervasiveness of junk food sponsorship in sport. Its goal is to increase community debate about the role of junk food sponsorship by building on VicHealth's extensive partnerships with clubs and organisations across all levels of sport. The project will look at the economic, health and other benefits of having alternatives to junk food sponsors.

Three sporting organisations will be identified as champions of junk food-free sponsorships, and research on the costs and health benefits of not choosing a junk food sponsorship will be an integral part of the project.

Ultimately, the project aims to inspire other sporting organisations to think again about junk food sponsorship and help chart the road ahead for VicHealth in dealing with the issue on a broader scale.

VicHealth is using the learnings from the Jury to inform a range of programs, funded work and policy positions. It also continues to bring an innovation lens to the development of new approaches to healthy eating, including four of the Jury's asks.

One of these approaches was building the business case for implementing healthy food and drink policies in a range of community settings such as government-owned facilities. This work demonstrated the viable business case of improving food and drink choices using data collected from successful interventions at the Alfred Hospital, the North Melbourne Recreation Centre and nine YMCA sports facilities across Victoria.

Despite the long-term focus and investment from VicHealth into healthy eating initiatives, it remains a challenging environment. As Jolly found more than a decade ago, food issues span all sectors of business and communities. The key to progress has been finding a way forward among the competing interests and priorities. This remains true today in VicHealth's work in salt reduction (see page 33) and promotion of water as the beverage of choice (see page 37).

"VicHealth is an organisation that has prided itself on building relationships, bringing people together, enabling communities to take action locally and then helping to support it," says Jolly.



VicHealth's work ensures everyone in the community regardless of age, gender, cultural group or ability is able to participate in sport and active recreation (All Abilities Basketball in Doncaster, 2011).

STRATEGIC IMPERATIVE

ENCOURAGE REGULAR PHYSICAL ACTIVITY

Getting Victorians active for health

Victorian primary school students who participated in VicHealth's Walk to School during October 2016 collectively walked more than 1.6 million kilometres – equivalent to walking about 110 times around Australia.¹

It all started with VicKick², a program for Victorian primary school kids designed to foster some footy skills in the game's younger fans. But primary school teachers struggled to find time in the busy week to devote to the program. Victoria's education system battled to resource it; then VicHealth arrived.

Driven by \$500,000 in VicHealth grants, the Victorian Football Development Foundation was established in 1988 and appointed five field officers who crisscrossed Victoria to set up a framework for parents and volunteers to take over the old VicKick program.³

"The primary objective of this program is to encourage increased participation through all Victorian primary schools, youth clubs, other grassroots networks so that more boys and girls will participate in football," Rhonda Galbally, VicHealth's then CEO explained at the time.

From 5000 schoolchildren, the program grew to 7000, then 15,000, to 21,000 and then 28,000. It's now called Auskick and, supported by NAB, is a national program with 170,000 young kids currently taking part.⁴ It is just one VicHealth initiative in the past 30 years that supported Victorians to take part in some form of physical activity.

VicHealth's role in buying back tobacco sponsorships in high-profile sports in its early days meant many people only connected the organisation with sport at an elite level. The reality was different. By 1990, less than 5 per cent of VicHealth's sports sponsorships were directed to elite sport. The bulk of the investment – and research – was

about community participation, getting people active and taking part in club sport or organised games.

VicHealth reached out to local communities to help grassroots sport through programs such as the ongoing Active Club Grants. Since VicHealth was established, it has funded 12,285 grassroots sporting club grants across the state with nearly \$20 million in grants through this particular program.

A priority of the Active Club Grants program is finding ways to support participation and engagement in community sport across age groups and genders, with an emphasis on people who are not currently active. Behind this approach is research that suggests the majority of Australian children and adults are not sufficiently active to enjoy the health benefits of physical activity. Participation rates are lowest among certain groups, including adolescents (particularly female), culturally and linguistically diverse groups, people with a disability and older females.

VicHealth's work in this area helped pioneer the message that regular physical activity has a positive impact on a person's health and wellbeing, reducing the likelihood of heart disease, type 2 diabetes and cancer.

A particularly challenging task was finding ways to reinforce the role of sport in supporting social connection and strengthening communities. This task included figuring out how VicHealth could promote diversity and inclusion among groups that traditionally found it difficult to be part of mainstream organised sport.

¹ VicHealth 2017. VicHealth Walk to School 2016 Campaign evaluation summary. <https://www.vichealth.vic.gov.au/media-and-resources/publications/walk-to-school-2016-evaluation>

² Australian Football Coaches Association, (Vic Inc.), *Coaching Update*, vol. 2, no. 1, April 1989

³ VicHealth 2001. *Annual Report 2000–2001*. www.vichealth.vic.gov.au/about/annual-reports

⁴ AFL 1997. NAB and AFL Auskick. www.aflauskick.com.au/nab-and-afl-auskick/

That was the goal of VicHealth's PICSAR (Participation in Community Sport and Active Recreation) program, which ran from 2002 to 2011. People with disabilities, older women, Indigenous people and individuals facing language and cultural challenges were invited to explore sport and active recreation activities, whether it was a walking group, a social bike ride or an organised soccer program.

The program involved 43 state sporting associations, nine regional sports assemblies and nine peak agencies across the \$20.4 million funding cycle. The key challenge for local sporting organisations was to identify who was missing out on activities and why. Then came the hard part – how to encourage those people to participate and to ensure any barriers to participation were removed.

“We had so much to learn about barriers to participation for newly arrived communities,” says Tim Hatzi, Tennis Victoria's former club and programs coordinator. “It was difficult for us to know where to start.”

But after connecting with the Sudanese Australian Integrated Learning (SAIL) program, tennis became part of a weekly routine for more than 160 Sudanese children.

Cricket Victoria followed a similar path. It provided training and education for staff, coaches and officials about the importance of social inclusion while offering a modified rules game, with batting tees and larger balls to extend the game's appeal to a broader group.

More than just fitness

The link between physical activity and mental wellbeing is widely known, with research showing a direct relationship between being active – in sport, walking or active recreation – and fewer symptoms of depression or anxiety, improved social interactions and feeling of belongingness.⁵

VicHealth, recognising the reach and the role of sporting organisations and clubs in the community, embarked on programs that built on evidence and community preferences for these places to become healthier and more welcoming and inclusive.

One such initiative was the Healthy Sporting Environments Demonstration Project, a \$2 million pioneering work that had 73 clubs implementing changes so that everyone involved in their sport could do so in an enjoyable and inclusive environment (see story page 36).

Other programs equipped state associations to become role models for bystander action against gender discrimination and sexist language.



Waddington Mwayenga, a former Zimbabwean Test cricketer, was part of Cricket Victoria's Cricket4Me project which successfully boosted diverse participation within a traditional sport.

Everyone can join in

It was a small but significant step when Blind Sports Victoria partnered with Tennis Victoria to offer a program for blind or vision-impaired tennis players.

Brought together through VicHealth's PICSAR program, the tailored tennis program initially supported 40 people to join in the game they love and feel the thrill of playing at the home of the Australian Open in Melbourne.

The initiative also involved Tennis Seniors Victoria, as well as students from Victoria University who volunteered for the Friday night program to ensure there was sufficient support for those keen tennis players. The program is still running 10 years later.

This model of inclusion has been rolled out numerous times across VicHealth programs and it is being constantly refined in practice. Hockey Victoria, for example, has pioneered a new social form of the game called J-Ball, which is played on a smaller field and lasts only 40 minutes. It is a perfect way to introduce the game to beginners. And thanks to VicHealth's Active Club Grants, hockey clubs and associations are now tapping into funding to bring this exciting program to their communities.

⁵ VicHealth 2016. *Physical activity and sedentary behaviour, an evidence summary.*
www.vichealth.vic.gov.au/media-and-resources/publications/physical-activity-and-sedentary-behaviour

Getting people active through arts

The push for inclusion has seen VicHealth move into areas beyond sport, linking to arts and cultural activities where physical activity is at the core of the program. In 2013–14, the MOTION program funded five arts and culture groups to create opportunities for people to become more active through participation in an arts program.⁶ More than 27,000 Victorians took part in the program, which included the Dance Republic event at the Big West Festival and The Art of Play program by the Women’s Circus.

In 2016, VicHealth worked with five councils to get nearly 24,000 community members accessing opportunities to be active, including through dance, by transforming unused or underused local spaces. Nine out of ten participants surveyed (94 per cent) felt that the program contributed to feeling socially connected with their community.⁷

Many of these initiatives reinforce how critical cross-sector relationships are to achieving VicHealth’s goals. Without the support of local government, local sports clubs and key individuals on the ground, the drive for increased equity and participation – especially for women – would have faced even greater hurdles.

Building activity into lifestyle

Evidence of just how important regular physical activity is to general wellbeing has only grown since VicHealth was established in 1987. Data supporting the argument that everyone needs to get up and keep moving has become stronger. But another important development is the more holistic approach to physical activity and recreation, which includes shaping the built and social environment to provide more opportunities for physical activities.

Continuing its proven formula of establishing partnerships with cross-sector players, VicHealth teamed up with housing developer Stockland, the Planning Institute of Australia, the then Metropolitan Planning Authority and the City of Casey in Melbourne’s booming south-eastern corridor to look at how healthy urban design in the Selandra Rise development influences the community living in that area. This is an important example to other Local Government Areas and urban planners of how healthy urban design needs to be considered from the start. It is very difficult to retrofit.

The housing development provides opportunities and facilities for physical activity and social interaction through interconnected walking tracks, bike paths and a neighbourhood centre. The project embeds health promotion into the streets and parks of a newly built community, from the planners’ vision to the final construction.

A more flexible delivery

With 30 years direct involvement in sport at an elite and grassroots level, what are the future priorities for VicHealth when it comes to physical activity? We need programs that address the twin goals of equity and participation, as well as addressing the challenge of how best to deliver that in a world where people are time-poor, have varied access to sporting and recreational facilities and limited money to spend on participation when compared to other household costs.

Increasingly, VicHealth is exploring the best way to meet the needs of Victoria’s diverse communities, particularly those who are inactive or somewhat active – and that means providing organised sport or recreational activity at flexible times, in local places and with easy ways to participate.

If you cannot play bowls because it clashes with family, work or other commitments, what are your options? The shift is now towards a model that addresses the needs of those who are less active and provides new ways for people to take part in some form of physical activity that is social, fun, engaging and time-flexible. The impact of this approach is helping to support the growth and development of grassroots sports across Victoria and has boosted participation in sport and exercise across the community.

Promoting physical activity is increasingly important in an era where work and home life has become more sedentary and there is increasing screen use in children’s leisure time. VicHealth’s Physical Activity Framework (2000) identified 11 barriers to participation in physical activity, ranging from a perceived lack of safety, to a lack of confidence, to the more measurable problems of a shortage of facilities.

But the core of the issue was just how accessible and affordable sport and other physical activities were (or were not) for many Victorians.

Ensuring equal access to opportunities for physically activity – whether through sport, active recreation or active transport – for all communities is a key strategy for helping to reduce health inequity across the state. Identifying the hurdles that prevent people from being active, and increasing opportunities for them to get involved, is one of VicHealth’s important roles.

⁶ VicHealth 2015. Motion Program. www.vichealth.vic.gov.au/programs-and-projects/motion-project

⁷ VicHealth 2016. *Community Activation Program – evaluation summary*. www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/Physical-activity/2016-Community-Activation-Report.pdf

Preview Edition



The tobacco fight

Tobacco reform measures in the past 30 years in Victoria mean more than half a million people have been saved from premature death from smoking.¹

– Quit Victoria

The challenge over 30 years ago seemed enormous – to find ways to reduce smoking, the leading cause of preventable death and illness among Victorians. But slowly and carefully the number of people smoking has dropped considerably and in the face of a wealthy and highly organised tobacco industry.

In 1986, the year before VicHealth came into existence, 33 per cent of Victorian men and 29 per cent of women smoked. By 1997, 27 per cent of Victorian men smoked and only 22 per cent of women.² Sixteen years later, only 13.3 per cent of adult Victorians smoked.³

VicHealth has spent 30 years in the battle against smoking. It became part of a strong and broad alliance of governments, NGOs, health professionals, scientists, lawyers and many others who shifted the thinking around the acceptability of smoking and promoted the lethal dangers of tobacco.

Quit Victoria came into existence prior to VicHealth and it was singularly devoted to the task of reducing smoking. Quit Victoria's first sporting sponsorship was the Fitzroy Football Club in 1987, the same year VicHealth arrived with a charter to buy out sporting clubs' tobacco sponsorships.

VicHealth immediately added its support to the Fitzroy Football Club, helping establish an enduring partnership between VicHealth and Quit Victoria. Their shared anti-tobacco goal ensured Victorian sport had a strong anti-smoking message during the early years of the Quit campaign. The partnership between VicHealth and Quit Victoria has gone from strength to strength: VicHealth works with Quit to support a range of tobacco control initiatives to reduce the prevalence of smoking, including helping smokers to quit and working to prevent young people taking up smoking.

Research was integral to helping rid sport of tobacco sponsorship. VicHealth's inaugural CEO Rhonda Galbally prosecuted the case against tobacco sponsorship of sport with compelling data. Test cricket's major sponsor was a tobacco company, and cricket fans who attended every day of a Test were subjected to 60,000 smoking messages across the five days.

"It is a packet of seduction," Galbally said at the time.

VicHealth played a big part in the push for social change. The Winfield Socceroos became simply the Australian Socceroos. In horse racing, the Sterling Manikato Stakes became the Diabetes Australia Manikato Stakes. The change meant the Moonee Valley Racing Club became the first racing club in the country to end tobacco sponsorship.

¹ Cancer Council Victoria's Behavioural Science Division. Banks et al, *BMC Medicine* 2015, Volume 13

² *VicHealth Letter*, Issue No. 14, 2000

³ Cancer Council Victoria <http://www.cancervic.org.au/about/media-releases/2013-media-releases/august-2013/smoking-rates-victoria.html>



Smoke-free dining: By the start of the new millennium, the Victorian Government had legislated for smoke-free dining, a ban on point-of-sale advertising and increased penalties for retailers who sold tobacco to minors.

Sport's role in the tobacco debate came into sharper focus in 1998 when Carlton Football Club President John Elliott was filmed smoking during a nationally televised grand final breakfast. VicHealth had a smoke-free contract with Carlton at the time, which was terminated after the breakfast. The debate that followed created extensive publicity around smoke-free environments and contributed to the emerging discussion about passive smoking.

By the start of the new millennium, the Victorian Government had legislated for smoke-free dining, a ban on point-of-sale advertising and increased penalties for retailers who sold tobacco to minors.

But VicHealth's relationship with sport had changed. Sometimes, there were mixed messages between a team's health sponsor and a commercial stakeholder. As well, big advertisers wanted to be part of a sporting landscape that attracted huge audiences to venues and around TVs in lounge rooms. VicHealth found its sponsorship dollars were being replaced by other advertisers with big cheque books.

Smoke-free opera

A major breakthrough in public acceptance of smoke-free public venues was triggered by the Victorian State Opera (VSO), which abandoned its tobacco sponsorship in 1989. The VSO approached the Victorian Arts Centre about the possibility of the Centre becoming smoke-free. Not surprisingly, the opera's singers wanted the whole venue, from the stage to the foyers, to be smoke-free.

It was a gradual process to slowly eliminate the areas where Arts Centre patrons could smoke, but by 1990 the venue was completely smoke-free. The Centre's former general manager and also a former VicHealth board member, Sue Nattrass, explains: "We were early adopters. There's no doubt about that."

VicHealth worked with the National Heart Foundation (now known as the Heart Foundation) to push the innovation beyond just making the Centre smoke-free, by changing the Centre's menus to have a stronger focus on healthy food. The smoke-free change was an instant hit with the Centre's patrons – in a survey 95 per cent of respondents supported the innovation.

This, however, created a new opportunity for VicHealth, to focus on sports participation and development at a grassroots level. As professional sport prospered at the top of the tree, VicHealth set about helping curate developing the root system, with grants to local sporting clubs.

National initiatives on tobacco control – ranging from banning smoking on aircraft, health warnings on cigarette packs and prohibiting tobacco advertising in the print media – reflected a growing community awareness about tobacco-related deaths. A national anti-tobacco campaign that started in 1997 – followed by a national plan – emphasised the public health importance of reducing smoking.

Confronting advertising campaigns about the dangers of smoking became part of the strategy. But it was a fierce fight with the large tobacco companies. Todd Harper, who ran Quit Victoria before he became VicHealth CEO (and later Cancer Council Victoria CEO), described it as a 'David and Goliath battle'.



Blitz on cigarette advertising: The anti-smoking poster campaign drew attention to the decision by the Victorian Parliament to gradually phase out billboard advertising by cigarette companies. Half of cigarette company billboards had to be removed in 1989, and a further 25% the year after, with the final 25% removed in 1991.

"The unique aspect of tobacco was that you had an industry whose success depended on Quit's failure," he says. "Australia was a world leader in tobacco control, so the tobacco industry wanted to ensure we didn't succeed."

VicHealth led the charge, working with Quit Victoria and the Victorian Cancer Council with funding and research that helped shape the debate. At times, when the battle with big tobacco became intense, Harper knew that then VicHealth CEO Rob Moodie had his back. Moodie understood the problem all too well. "It's never been a fair fight," he says.

However, the gains have been significant. Australia's pre-eminence in anti-smoking policy initiatives continued in 2012 when it legislated for the plain packaging of cigarettes, a world first. Brand names disappeared from packaging, replaced with drab packs and larger graphic warnings about the dangers of smoking.

The trend in smoking is down, with 5 per cent fewer Victorians smoking between 2005 and 2012. But there are higher smoking rates among people experiencing social or economic disadvantage, and VicHealth is now turning its focus to understanding how it can help to continue to drive down smoking rates – so all Victorians can enjoy and benefit from better health.

The next frontier

After 30 years of dedicated action on tobacco control, there are still significant challenges. Many older smokers who want to quit smoking know only too well how hard it is, and they will be a focus for renewed efforts.

A broader problem is trying to overcome the gap in smoking prevalence between the general population and subpopulation groups experiencing disadvantage. Among homeless people the smoking rate is 77 per cent. Among prisoners it is 74 per cent. For Indigenous people the rate is 48 per cent, and for those living with a mental illness 32 per cent.⁴ The disparities are stark.

⁴ VicHealth 2016. VicHealth Tobacco Strategy 2016–2019. www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-tobacco-strategy



Changing drinking cultures

Every year in Victoria, alcohol causes over 1200 deaths and sends nearly 40,000 people to hospitals¹.

The question seemed fair: at what stage of the night when you were out having a few drinks, did you realise enough was enough? When did you come to the fork in the road, with one route offering more alcohol and the other, perhaps less well-travelled road, promising moderation and a safer way home?

More than 45,000 people responded to VicHealth's question via Name That Point², a campaign designed to spark frank and open discussion about alcohol consumption levels, and identified their own point where they started to make wiser decisions about what they drank and how much they consumed in a social situation. But that point, that moment of decision, needed a name and VicHealth asked young Victorians to come up with one.

After 15 weeks of suggestions, all lodged on the Name That Point website, the winning entry was decided – The Chill Point. That was the moment when you decided to chill out and consider how to have a safe and fun night.

The Name That Point campaign was a fun way to get a serious idea into a community of young Victorians, two-thirds of whom drink at levels that put them at risk of injury, according to a VicHealth report³. The data in that report, collected from the public engaging with the Name That Point website, became the base for the No Excuse Needed campaign, which identified the pressure many young people felt to drink – or drink to excess – around other drinkers.

A VicHealth survey in 2013 found almost two-thirds of Victorians aged 16–29 did not drink alcohol with the intention to get drunk. So what was happening at parties, bars, clubs and pubs? How did people respond to the pressure to have more drinks than they planned?

The campaign raised important questions about alcohol cultures that make people feel that they need to make excuses for not drinking too much, rather than simply saying they didn't want another one, and about the pressure they – or others – exerted on those who may choose to drink less.

Contrary to popular belief, there is no single drinking culture in Australia, but a mix of different, overlapping drinking cultures where beliefs, attitudes, social norms and acceptability of drinking vary between groups of people or subpopulation. Thus, VicHealth's approach is to focus efforts at that level – settings which cover the physical or social environment where drinking takes place (a pub or private residence), and subculture or social groups which identify themselves through their shared values or norms (music fan groups or university students).⁴

While there might be dozens of subcultures, there is one thing young Victorians whom VicHealth surveyed in 2013 agreed on – the majority do not believe that drinking with the intention of getting drunk is right.

¹ Gao, C, Ogeil, R & Lloyd, B 2014. *Alcohol's burden of disease in Australia*, FARE and VicHealth in collaboration with Turning Point, Canberra. <http://www.turningpoint.org.au/site/DefaultSite/filesystem/documents/EMBARGO-FARE-Alcohol-Burden-of-disease-Report.pdf>

² VicHealth 2013. Name That Point. www.vichealth.vic.gov.au/programs-and-projects/name-that-point

³ VicHealth 2014. *A snapshot of Victoria's alcohol culture: Selected findings*.

⁴ VicHealth 2016. *Alcohol Cultures Framework background paper. A framework to guide public health action on drinking cultures*, Victorian Health Promotion Foundation, Melbourne, Australia. www.vichealth.vic.gov.au/alcoholculturesframework

Reducing harm from alcohol

VicHealth also has a strong history of investing in programs and research to reduce alcohol harm. From 1992–2000, VicHealth sponsored sports and arts events, including the Next Wave Festival, the Rock Eisteddfod and The Push, that had alcohol-harm reduction messages. And for 20 years it had supported the Good Sports program that has developed a responsible alcohol consumption policy at many of Victoria's sports clubs. VicHealth made it a priority to reduce harmful drinking, and followed it up with a test of text-based messaging to help young people monitor their drinking on a night out.

To build the evidence base for action on harmful drinking, VicHealth worked with the Foundation for Alcohol Research and Education and Turning Point Alcohol and Drug Centre to identify the extent of the problem. The research⁵ found alcohol caused 5554 deaths and more than 157,000 hospitalisations in Australia in 2010. The number of deaths had increased by 62 per cent in a decade. It was, in every sense, a sobering statistic.

The World Health Organization has made its position clear about the dangers of chronic illness and acute injury from sustained over-consumption of alcohol over a number years and has surveyed global trends in alcohol consumption and misuse. Into this difficult environment, VicHealth has shown that by trying to shift formal rules, attitudes, beliefs and social norms around alcohol consumption, there can be changes in community drinking cultures. But it is also true that alcohol has not had the sustained prevention funding that tobacco has had. Changes to alcohol cultures need to sit alongside four crucial strategies: price (the most harmful products need to be the most expensive); place (the number of places to buy alcohol and how late they stay open); promotion (especially directing messages to younger drinkers); and product (alcohol content and packaging, for example, should conform to a standard that doesn't promote risky consumption).

"Such a multi-pronged strategy will need sustained commitment from local, state and federal governments, and the support of community organisations, workplaces, and researchers," former VicHealth CEO Todd Harper said at the time.

In the years since, preventing alcohol misuse and harm has only become more important. The priorities for VicHealth remain on trying to reduce the social acceptability of risky drinking and continuing to change broader cultures around drinking. The VicHealth Alcohol Cultures Framework is the blueprint for the next two years, alongside increasing public support for better alcohol policies and strengthening action across industry and government.

Risky drinking in the regions

Risky drinking is not confined to young, urban Victorians. Rural and regional Victoria has its share, too. In Wodonga, more than 40 per cent of blue-collar workers drink at risky levels, on a daily or weekly basis. The issue is driven, in part, by a misunderstanding of what is safe drinking. As part of VicHealth's 2016–2019 Alcohol Culture Change Initiative, Wodonga City Council is working with Deakin University, community organisations and workplaces to deliver a program for blue collar workers in the region who drink more alcohol than is recommended.

The Who's It Gonna Hurt? program challenges what's seen as acceptable levels of drinking by using a social marketing campaign, a short film featuring locals and a workplace peer support program.

The initiative was one of several new programs that make up a \$3 million investment by VicHealth in driving cultural change around alcohol.

Initial research in Wodonga found that heavy drinking usually occurred at home, and that it was habitual, with many drinkers reaching for alcohol in certain circumstances. The research also showed there were strong incentives for many people to cut back on their drinking, including saving money, being a positive role model for their children and holding down a job.

"[The program] aims to increase social support for low-risk drinking and reduce the impact of alcohol on the health and wellbeing of local residents, which is key to changing the drinking culture in our community," Wodonga Councillor Danny Lowe explains.

That local achievement will be part of VicHealth's broader 10-year goal to see 200,000 Victorians drinking less alcohol by 2023.

⁵ Gao, C, Ogeil, R & Lloyd, B 2014. *Alcohol's burden of disease in Australia*, FARE and VicHealth in collaboration with Turning Point, Canberra. <http://www.turningpoint.org.au/site/DefaultSite/filesystem/documents/EMBARGO-FARE-Alcohol-Burden-of-disease-Report.pdf>

A grand final with no beer

Amid the celebrations and partying that were being prepared for the 2015 AFL grand final, a group of sports fans and families in Melbourne's inner-northern suburbs were making a conscious break from the past.

The Dennis Cricket Club, in tandem with the Northcote Junior Football Club, staged an alcohol-free grand final family day, with footy and cricket matches, a barbecue lunch, and screening of the AFL grand final at its clubrooms. The cricket club president, Chris Haspell, told his local newspaper that the growth in juniors at the club was an appropriate incentive to make the club a welcoming and safe place for everyone.

"We're no longer just a bunch of blokes hiding away from home staying out at all hours," he said. "Many senior members have wives, girlfriends, children who I'm sure would love them to be able to share [their] love of cricket with them."

Dennis Cricket Club is part of the Alcohol and Drug Foundation's Good Sports program, an initiative VicHealth initially piloted and then supported for 20 years as it developed into a national initiative that has attracted funding from a range of other sources. Thousands of sporting clubs across the country are now able to carry the Good Sports endorsement, many of them proudly displaying it on their club websites, as the program has grown and expanded its sponsor base.

"Displaying the Good Sports logo sends an important message to club members and the community," the message reads. "It confirms that the club promotes a responsible attitude towards alcohol and that it provides a safe environment for players, members, families and supporters."

The program focuses on the critical link between sport and alcohol in Australian culture. The evidence is that community sporting clubs are often the scene of risky drinking and alcohol-related harm. But Good Sports is helping to change that, with the ultimate goal of strengthening the club's local community.

The steps are simple – people need to be trained in the responsible service of alcohol, a safe transport policy should be created, alternative sources of non-alcohol driven revenue should be explored and, finally, an alcohol management policy has to be put in place.

Research has shown that Good Sports clubs have a 37 per cent decline in the odds of risky drinking on their premises after joining the programs; a further 42 per cent say they are less likely to experience alcohol-related harm. That data is a powerful incentive to embrace the Good Sports model.



There is no single drinking culture in Australia, but a mix of drinking cultures across different subpopulations.



The Dennis Cricket Club in Melbourne was part of the Good Sports program by the Alcohol and Drug Foundation, supported by VicHealth, which promoted a responsible attitude towards alcohol and a safe environment for players, members, families and supporters. (Photo by Andrew Brownbill / Newspix)



STRATEGIC IMPERATIVE IMPROVE MENTAL WELLBEING

Why mental health and wellbeing is everyone's business

Young Victorians with strong social and support networks have higher levels of happiness, are less vulnerable to depression and better equipped to cope with life's ups and downs.¹

Twelve years after VicHealth was created, it released Victoria's first-ever mental health promotion plan. In 1999, mental health was something that was rarely talked about. When it was, it was often cloaked in the stigma of an illness or disorder with solutions framed only in terms of treatment. VicHealth sought to raise awareness of promoting mental health and wellbeing as being a broader responsibility of all the community. The idea was simple, but it was a pioneering perspective that helped shift attitudes.

Under then CEO Rob Moodie, VicHealth designed a framework that, almost 20 years later, has elements that still guide our approach to improving mental health. That plan sees VicHealth act on evidence, identify the social factors and conditions that can adversely affect a person's mental health, and devise strategies to address those issues before mental health problems develop.

Lyn Walker, the first project officer on the plan, recalls undertaking a 'rigorous' review of evidence, local and international, to look at the factors that contributed to mental disorders, and to identify which of them could be prevented rather than treated.

The process started with an extensive consultation that brought together representatives of more than 100 diverse organisations. The aim was to look at the situation facing particular groups in Victoria's community: older people, young people, Indigenous groups, new arrivals and people living in regional or rural areas.



Vocal Nosh in the early 2000s became a health promotion activity to enhance the mental, physical and social wellbeing of Victorian communities through regular group singing. The initiative also enabled 100 people to be trained as community choir leaders in both Melbourne and regional Victoria.

¹ VicHealth 2015. Community survey of young Victorians' resilience and mental wellbeing, Deakin University's Australian Centre on Quality of Life. www.vichealth.vic.gov.au/young-victorians-survey

This was a new way of doing health promotion business – to explore the role of the non-health sector in improving mental wellbeing. The critical part of the equation was that so many of the broader issues around mental wellbeing were outside the influence of the health sector. The consultation tapped experts in education, employment, housing, the arts, local government and sport to see what impact those areas had on a person’s mental health. All of these sectors would have a stake in the outcome.

Engaging with these different groups meant VicHealth was accessing different expertise and resources. Importantly, it meant responsibility for mental wellbeing was spread across a greater range of the community.

This consultation identified four key areas in which to build mental wellbeing in the community, based on factors that were found to contribute to poor mental health: the prevention of violence against women, reducing race-based discrimination, and supporting social connection and economic participation. They were huge issues to tackle, reflecting a complex set of social issues, economic and political priorities. There would be no quick wins, no easy victories.

As Moodie later admitted, “These programs take a really long run-up... and you need three things: persistence, persistence and persistence.”

But VicHealth’s involvement was vital to the debate. “People appreciated VicHealth would give legitimacy to an agenda that was seen at the time as ‘fringe’,” Walker recalls.

The next step was to work out how VicHealth would best deal with these areas. A combination of research, community strengthening, advocacy and legislative change was at the heart of the plan, which recognised the importance of delivering mutually reinforcing strategies in successful health promotion efforts.

The work generated international interest. Six years after its plan was devised, VicHealth made an important contribution to the World Health Organization’s ground-breaking report on promoting mental health.² Central to VicHealth’s input was the important role the non-health sector could play.

Teenagers in focus

There was nothing simple about the Gatehouse Project when it started in 1996. The research project was pioneering because it was targeted at schoolchildren in an era when adolescent mental wellbeing was barely in the public consciousness.

Twenty years after the Gatehouse Project was initiated, George Patton, professor of adolescent health research at The University of Melbourne, still calls it ‘visionary’.

“VicHealth was so far ahead of every other organisation at that time,” he says.

The Gatehouse Project ran as a trial from 1996–2001 and took a holistic approach to adolescent mental health by involving schools in building a supportive environment for teenagers, through curriculum attending to emotional development, teaching style, classroom management and school policies.

The aim was to promote better health and emotional wellbeing among teenagers and reduce harmful behaviour.

VicHealth was one of the project’s key supporters, and also had an important role in setting up the Centre for Adolescent Health at the Royal Children’s Hospital and University of Melbourne in 1991.

The Gatehouse Project was built on strong evidence and evaluation, but it was not without its difficulties. “It brought health and education people together and that wasn’t always a comfortable mix,” says Patton.

But it worked. The Gatehouse model is so adaptable it has been taken up in Canada, Pakistan, the United Kingdom and, most recently, in the Indian state of Bihar on the Nepalese border, where Patton says the results of the impact evaluation are “stunning”.

² Herrman H, Saxena S, Moodie R & World Health Organization 2005. Promoting mental health: concepts, emerging evidence, practice: a report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne.

What's ahead

Building resilience and mental wellbeing in young people in Victoria is an important focus for VicHealth today, especially as this generation will grow into a world that is changing faster than ever.

VicHealth's current mental wellbeing strategy, unveiled in 2015, recognises the importance of hearing from young Victorians aged 12–25 to gather evidence and gain insights into the best ways to grow resilience.

Young Victorians face complex and challenging issues – national surveys have identified problems of stress, social isolation, anxiety, depression and suicide.

Seeking new ways of developing appropriate solutions, a VicHealth–CSIRO partnership looked to the future to plan for now. The resulting research has outlined five megatrends that will impact on young people in the

next 10–20 years, ranging from the changing nature of employment, positive and negative engagement with technology, the changing make-up of society (both its diversity and age profile), plus an increasing openness about mental health issues and dealing with them.

Partnering with organisations in the arts, sport, workplaces, online environments, education and government will be crucial to put in place the ideas and strategies coming out of the mental wellbeing discussions prompted by the release of the megatrends research.

The aim is to help young people build resilience and social connections for optimal mental wellbeing in a rapidly changing future.

VicHealth continues to keep mental wellbeing at the heart of its operations, building new knowledge about factors that contribute to poor mental health and how to address them. As an example, VicHealth's long-term commitment to the prevention of violence against women was recognised in the Victorian Government's 2015 Royal Commission into Family Violence and then informed the Government's response to the Commission's recommendations.

Since the 1999 *Mental Health Promotion Plan*, many Victorian organisations have been engaged in mental wellbeing initiatives connected to the original plan. VicHealth's offerings have included the *More than tolerance: Embracing diversity for health* research report in 2007 and *Building on our strengths* framework in 2009 that provided the basis for future practice, programs and policies to address race-based discrimination and promote diversity.

In 2003, based on the evidence base built on VicHealth's investment in promoting mental health Moodie was able to say, "We know that having strong social connections, being free from discrimination and violence, and having a good job provides strong protection for our mental health and wellbeing."

It remains a simple formula, but one that demands an ongoing commitment.



The **'rising bar'** megatrend describes a world where entry into the labour market will involve clearing higher educational and skills hurdles. The challenge is to ensure the rising bar doesn't knock out an already disadvantaged sector of the population who want a job and to be productive members of society.



The **'global reach'** megatrend is about the dissolving boundaries around individuals, organisations and countries. The challenge is to ensure young people are equipped with the aptitude and skills to be agile, connected and able to balance the challenges of portfolio and peer-to-peer work.



'Life's richer tapestries' is about a much more diverse world of cultures, peoples and lifestyles, with an explosion of choice for young people. The challenge is to support and promote social cohesion to ensure this new world is rewarding for all young people.



The **'overexposure online'** megatrend is about the new risks and opportunities arising from the quantity and accessibility of online content. The challenge is to improve our understanding of the issues, and support young people to be more 'streetwise' in the online environment.



The **'out of the shadows'** megatrend heralds a potentially brighter future for the treatment and management of youth mental health and wellbeing. The challenge is to harness the rapidly improving measures to prevent and treat mental health issues and improve the mental wellbeing of young people.

Board Chairs

1987 to present



Emeritus Prof. Sir Gustav Nossal AC, CBE
November 1987 to March 1997



Prof. John Funder AO, MD, PhD, FRACP
March 1997 to March 2004



Ms Jane Fenton AM
April 2004 to June 2012



The Hon. Mark Birrell
July 2012 to September 2014



Prof. Emeritus John Catford
September 2014 to September 2016



Ms Fiona McCormack
October 2016 to present

Chief Executive Officers

1987 to present



Inaugural VicHealth CEO Rhonda Galbally (centre) with former Health Minister Rob Knowles and Chair Professor John Funder celebrate 10 years of health promotion achievement in Victoria.



Second CEO Dr Rob Moodie with Education and Training Minister (the late) Hon. Lynne Kosky at the 2005 Walking School Bus symposium.



Third CEO Todd Harper supporting White Ribbon Day's *Not 1 More* event in 2012 with comedian Dave Hughes




Current VicHealth CEO Jerril Rechter with Maddie Garrick (Melbourne Boomers) at the 2017 launch of #ChangeOurGame.



Victorian Health Promotion Foundation
PO Box 154 Carlton South
Victoria 3053 Australia
T +61 3 9667 1333 F +61 3 9667 1375

 vichealth@vichealth.vic.gov.au

 vichealth.vic.gov.au

 twitter.com/vichealth

 facebook.com/vichealth

VicHealth acknowledges the support
of the Victorian Government.

© VicHealth 2017
September 2017 C-499

