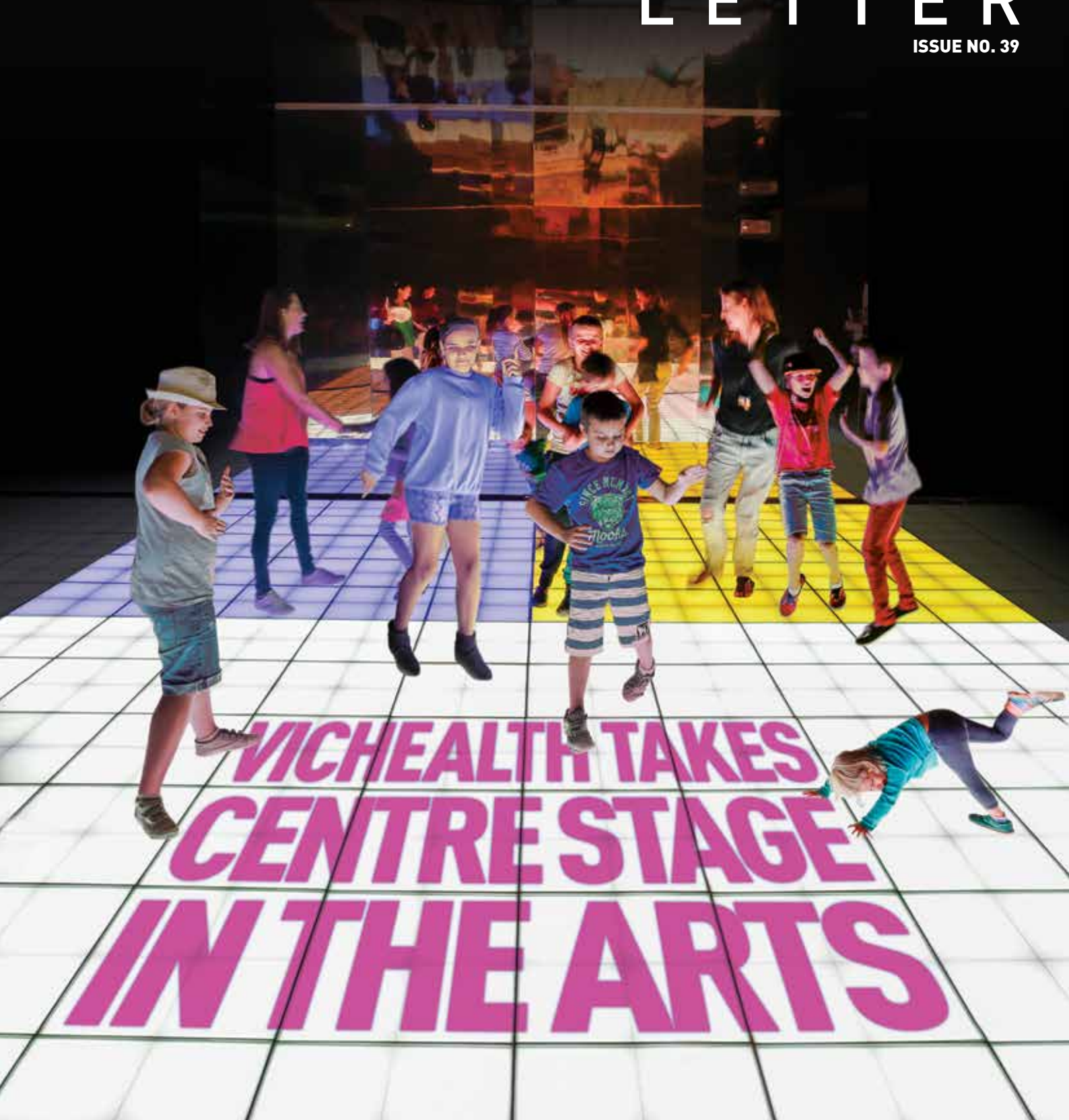


VicHealth

LETTER

ISSUE NO. 39



ALSO IN THIS ISSUE

ALARMING OBESITY PREDICTIONS
- LATEST RESEARCH

LIQUOR LICENCE MAP TO
REDUCE ALCOHOL HARM

PARTNERSHIPS GROW TO CREATE
EQUALITY AND RESPECT FOR WOMEN

Message from the Chair



Our childhood routines often stay with us for life. That's why being active every day is one of the greatest lifetime habits we can develop and pass on to young people.

As Associate Professor Anna Peeters' research on projected demographics of obesity shows (page 8), people who are active in their early years are more likely to be active and healthy teenagers and adults.

With less than a third of Australian adults today getting enough physical activity, sedentary lifestyles are increasing the risks of chronic disease and mental illness, costing the nation almost \$14 billion a year¹.

Our bad habits are catching on. Today, only around one in five boys and girls aged 5–17 years get the recommended national government guidelines for children and teenagers of one hour of physical activity every day².

While the benefits of an active lifestyle are compelling, getting children to move more and sit less is complex. Associate Professor Peeters' research, funded by VicHealth, is helping us understand the nature of these trends and the barriers to being active, so we can prioritise our obesity prevention strategies.

Clearly, we need to shift our thinking and find new ways to integrate movement into children's daily lives to make being more active an easy choice, rather than an 'add on' to their day.

From influencing the design of our children's environments and the way children spend their time at home, school and in the community we can create more opportunities to get active for life.

All of us – as part of schools, workplaces, corporations, the media, governments, sports clubs, arts organisations, and as individuals and parents – can help to promote physical activity and participation in sports, arts, active travel and recreation.

Whether it's by walking to school, taking up a sport, joining a dance class or some other activity, sitting less and moving more has never been more vital.

VicHealth's Action Agenda for Health Promotion outlines our role in reducing the obesity epidemic and the significant burden it places on society.

Our strategic imperatives of promoting healthy eating and encouraging regular physical activity support State Government and partner organisation efforts to build a healthier Victoria.

Mark Birrell | Chair of the Board

Contents

Chair's message	2	Putting Victoria's myriad liquor licences on the map	12
CEO's foreword	3	Creating a society where women are free from violence	14
VicHealth news	4	VicHealth research update	16
Q&A with Hugh Mackay	5	References, further reading and acknowledgements	18
The power of arts on health	6		
Moving against alarming obesity trends	8		

Front cover image: Crowds enjoy Darren's Sylvester's For You dance floor installation in *Melbourne Now* at the National Gallery of Victoria, 2013–14
Supported by VicHealth; assisted by the Australian Government through the Australia Council for the Arts, its arts funding and advisory body (details page 6)
© Darren Sylvester

CEO's Foreword

VicHealth has always invested in the arts to inspire and connect people. Now we better understand its importance in being physically active and reducing anxiety and stress, too.

As a young dancer, I knew instinctively the captivating power of dance. Today, audiences aren't just passively watching the routines of professional dancers, but following their lead.

VicHealth's new Action Agenda supports a range of arts projects, both large and small, to contribute to the physical activity and mental wellbeing of Victorians by getting more people up and moving.

These benefits are described in 'The power of arts on health' piece (page 6). In particular the hugely popular White Night Melbourne's ***I Could Have Danced All Night*** performances and the For You dance floor at the National Gallery of Victoria's ***Melbourne Now*** exhibition – both supported by VicHealth – are examples of the evolution of arts intersecting with health.

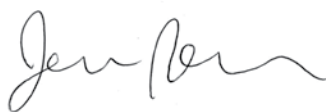
As our story on Associate Professor Anna Peeters' research about obesity (page 8) shows, getting more movement into our daily lives has never been more important. Australian children are more inactive than ever before and obesity is fast becoming the most common preventable risk factor for illness in this country. Physical inactivity is responsible for an estimated 16,000 premature deaths per year in Australia³.

We need more opportunities to get children moving in their daily lives. A new VicHealth resource, *Active for Life*, provides Australian and international research to challenge our current thinking and help decision makers identify changes we can all make to influence how much our children move each day.

Another tool helping to make a healthier future environment is an online interactive map of Victorian liquor licences (page 12). With funding from VicHealth, the Victorian Commission for Gambling and Liquor Regulation is now able to keep track of 19,000 individual liquor licences across the state and support local government with planning decisions in line with the State Government's plan to reduce the alcohol and drug toll.

That same community approach is also needed to promote respectful relationships and ultimately prevent violence against women. VicHealth has overseen substantial programs and partnership activity to make the vision of equal and respectful relationships between men and women a reality. Read more about our ground-breaking work in this area (page 14).

Finally, we are excited with our regular features including VicHealth news on strong national partnerships being formed and other key developments (page 4); Hugh Mackay applies a social researcher's lens to health promotion in a special interview (page 5), and don't miss the comprehensive research update (page 16).



Jerril Rechter
Chief Executive Officer



We need more opportunities to get children moving in their daily lives.





Pictured: (from left to right) VicHealth CEO Jerril Rechter, Victorian Minister for Mental Health the Hon. Mary Wooldridge MP, Chair of the Foundation to Prevent Violence Against Women and their Children Natasha Stott Despoja AM and Foundation Chief Executive Officer Paul Linossier.

Forging national partnerships to prevent violence against women and their children

VicHealth's commitment to improve the health and wellbeing of women and their children across the community and across the country has been advanced by our partnership with the **National Foundation to Prevent Violence Against Women and their Children.**

For over a decade VicHealth has played a pioneering role in building evidence and developing programs and policies to prevent violence against women in Victoria, and we look forward to working with Foundation Chair Natasha Stott Despoja AM and her team to address this significant issue at a national level.

Read more about VicHealth's partnerships and our innovative programs to create a society that is free from violence against women (page 14).

www.preventviolence.org.au

 **VIDEO** | INTERVIEW WITH FOUNDATION CHAIR NATASHA STOTT DESPOJA AM



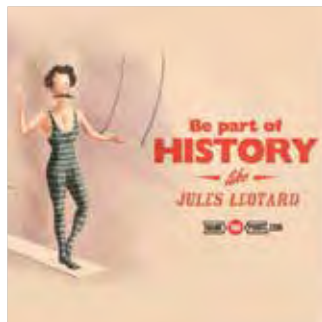
TeamUp adds a twist to the Australian Open

French tennis legend Henri Leconte, VicHealth CEO Jerril Rechter, Hockeyroo Claire Messent and Aussie pro surfer Nikki van Dijk had fun playing Twister at VicHealth's TeamUp marquee at the Australian Open earlier this year.

From the inflatable Twister game at the Australian Open to exciting competitions to win with world surf champions, and other sporting heroes, TeamUp has been creating amazing opportunities to encourage users to get active.

The free TeamUp app, which helps people find sports and activities in their local area, and connects them with others to join in, has had more than 20,000 downloads.

www.teamup.com.au



Name That Point campaign – a conversation starter

Our 'Name That Point' campaign is a partnership with the State Government as part of the alcohol and drug strategy *Reducing the alcohol and drug toll: Victoria's plan 2013–2017*, launched by the Minister for Mental Health, the Hon. Mary Wooldridge MP.

The first phase of this initiative was a competition which resulted in more than 45,000 visitors to the website encouraging discussions about our alcohol culture.

The findings of this initial campaign will be used for a second phase to be launched in August this year.

www.namethatpoint.com.au



Melbourne's White Night festival got us moving

The success of the **White Night** event gathering half a million Victorians to celebrate art, technology and community was a win for our state, but also for health and wellbeing.

The alcohol-free event created safe and inclusive spaces for everyone to enjoy, and connected people through interactive activities and a different way to explore Melbourne.

VicHealth was proud to be part of the spectacle by supporting one of the most popular events of the festival, **I Could Have Danced all Night**, a marathon 12-hour dance session at Federation Square, which got tens of thousands moving.

www.whitenightmelbourne.com.au



Walk to School winners

VicHealth's Walk to School 2013 program continues to break participation records with over 30,000 students from more than 300 Victorian primary schools taking part in the November 2013 event, three times as many as the year before.

Ivanhoe Primary School was one of nine Victorian primary schools to win VicHealth's Walk to School 2013 competition. Students were personally congratulated by Minister for Health the Hon. David Davis MLC, Minister for Education Martin Dixon MP and VicHealth CEO Jerril Rechter, and they were excited to be interviewed by a national news channel.

www.walktoschool.vic.gov.au

Meet Hugh Mackay

Hugh Mackay is a social researcher and the author of 14 books – nine in the field of social psychology and ethics, and five novels. In recognition of his pioneering work in social research, he has been elected a Fellow of the Australian Psychological Society. A newspaper columnist for over 25 years, Hugh is currently an honorary professor of social science at the University of Wollongong. In his latest book *The Good Life* Hugh asks the big question: what makes life worth living?



What are you working on at the moment?

A book called *The Art of Belonging: It's not where you live, it's how you live* which is due out in October. It explores the state of neighbourhoods and communities in Australia, illustrated with stories from the life of a fictional Australian suburb, and argues that we are essentially social creatures, sustained by communities, and that those communities must be nurtured if they are to survive.

What compelled you to write your most recent book *The Good Life*?

Over the last few years of my work as a social researcher, I had become conscious of a widespread feeling of disenchantment and bewilderment in Australian society, and a feeling that our relationships – in marriage, in the family, in the neighbourhood, in the workplace – were not functioning as well as we'd like them to. My diagnosis of the problem: we had fallen for the idea that the good life meant material prosperity or 'feeling good', whereas 'goodness' has more to do with a sense of meaning and purpose.

How have Australians' perceptions of their health and wellbeing changed over time?

In response to huge advances in medicine and biotechnology, we have drifted towards thinking that either medication or surgery will 'fix us up' and so we don't have to be so vigilant about our own health strategies. Hence the epidemic of obesity in a society that knows how bad this is for our long-term health.

What are the main factors influencing our health and wellbeing today?

Negative factors: Sedentary lifestyle, excessive consumption of processed foods, sugar and carbonated soft drinks, binge drinking. **Positive factors:** The falling rates of smoking, increased interest in fitness, the recent dietary trend towards eating less (but still a long way to go!).

What health/wellbeing interventions/strategies do you think have had the most impact on society?

Vaccination; the antibiotic revolution; cardiac surgery; medications for hypertension and mood disorders. In terms of public health education, the anti-smoking and anti-drink-driving campaigns have been our major successes. We still have a long way to go with nutrition education.

What are the main health and wellbeing trends you see in the future?

I hope to see us eating less, drinking less, exercising more and taking more personal responsibility for our health. We need to accept that unhealthy lifestyles are not a private matter: they put pressure on the public purse.

I fear we may rely increasingly on medical intervention – from cosmetic and lap-band surgery to drugs – to correct health problems created by so-called 'lifestyle' factors.

I expect to see a greater emphasis on engagement with the community, with all the social and health benefits that flow from that.



I hope to see us eating less, drinking less, exercising more and taking more responsibility for our health.



the power of arts on health



Half a million people streamed into Melbourne's CBD on a mild evening in February to celebrate music, art, sport and performance, as Melbourne's White Night captured the city's streets – and its imagination. Light overtook the darkness, and music and laughter wafted through the night air as people of all ages walked, mingled, marvelled and, most of all, participated in this all-night festival.

A festival highlight was ***I Could Have Danced All Night***, a dance party held at Federation Square. Every hour from 7 pm to 7 am, professional dancers led the crowd in a different dance style, from salsa to go-go dancing. The event, supported by VicHealth, embodied the evolution of the arts from high-end to accessible: anyone, regardless of age or ability, could participate.

Hilary Glow, the program director in arts and entertainment management at Deakin University, believes the days when audiences would passively spectate are over. "People are curating or co-curating their own creative experiences," she said. "They don't

just go along to concerts, they join choirs. They don't just read books, they review them ... Audiences don't just sit down and listen, they get up and do."

Evidence is increasing about the benefits that participating in the arts bring to people's wellbeing. According to a 2012 paper for the Australian Health Policy Research Institute⁴, for example, involvement in the arts can reduce anxiety, stress, pain and mortality. Positive effects on health come from social interactions in creative pursuits, too.

It is also clear that arts interventions can contribute to and indeed stimulate increased physical activity. **MOTION**, a VicHealth program, is one example of our work in engaging the creative community to develop projects with an emphasis on providing physical activity opportunities.

As understanding of these benefits grows, interest and investment in the arts from non-arts organisations have flourished, as have partnerships that might once have been considered unique – such as that between White Night and VicHealth.

Ms Glow agrees: "Partnerships between arts organisations and non-arts organisations, between business, philanthropists, not-for-profits, communities and health sectors – these are all partnerships that are changing the nature of the arts. The whole world of collaboration is really opening up."

In the past year, VicHealth has supported a range of arts projects and collaborated with arts organisations both large and small. VicHealth has also played a major role in the development of a National Arts and Health Framework, to be released later this year, endorsed by all Australian Governments.

VicHealth CEO, Jerril Rechter, said: "As part of VicHealth's new Action Agenda, a focus on the arts and its contribution to physical activity and mental wellbeing is under way. VicHealth has always invested in the arts and the evidence shows how important engagement in the arts is for keeping people active and socially connected, for improving their skills, confidence and self-expression. What we have found more recently is that the physical arts like dancing also play an important role in contributing to enhanced wellbeing."

Another example of VicHealth's work in this area is its partnership with the **National Gallery of Victoria (NGV)**.

VicHealth funded the hugely popular exhibit, For You, in the gallery's **Melbourne Now** exhibition. In **For You**, artist **Darren Sylvester** has transformed the space into a darkened disco with a dance floor illuminated in colour. At any one moment all sorts of people – from tiny toddlers to young hipsters, daggy dads and older people – can be found shimmying, twirling or energetically bopping to the catchy electronic beats.

Tony Elwood, director of the NGV, said that from day one the partnership between VicHealth and the gallery – although not an immediately obvious one – presented "exciting possibilities."

"The partnership with VicHealth has not only enabled us to produce Darren's work on a much grander scale, it has also assisted the NGV to think creatively about the areas where art and health intersect," Mr Elwood said. "It is extremely innovative of VicHealth to explore opportunities in the arts that encourage healthy living and social connectedness within the community. I truly believe that the arts sector presents creative opportunities for improving the physical and mental health of the community and it is fantastic to see VicHealth leading the way in this area."



VicHealth CEO Jerril Rechter joins in a dance at Darren Sylvester's For You dance floor at NGV.

The Ripple Effect of participation

The joy on the face of Kayla, a 10-year-old member of Ripple Effect's dance and theatre workshops for deaf and hard-of-hearing young people, says much about what it means for her to be able to join in, exercise and meet new people.

"I don't feel left out here because there's a lot of deaf friends that I've met and we can all communicate together," she says. "And I really enjoyed the new dance routines because it's added to my repertoire of what I can already do."

Some four million Australians experience hearing loss, which often brings flow-on effects such as social isolation and mental health problems. A lack of access to community opportunities can compound

these difficulties, leading to a decline in physical health.

Ripple Effect is one of five arts projects VicHealth has invested in as part of **MOTION**, its program focusing on community arts schemes that increase physical activity and social connection. The projects are designed to inspire people who may not believe that they can get involved in physical activity to join in fun, welcoming arts projects.

Ripple Effect resulted from a partnership between VicHealth and **Arts Access**, a leading arts and disability organisation. The organisation's Arts Development Manager, Fiona Cook, said, "Ripple Effect was created in response to a huge gap



VIDEO | GET INSPIRED BY THE RIPPLE EFFECT

for young deaf people to get involved in the arts. Often young deaf people are not included in local community opportunities such as dance, drama and circus, because people assume that because they can't hear music they can't be involved."

The inspiring sight of young people drumming, laughing, clapping and dancing together in a Ripple Effect workshop highlights the many possibilities for participation and inclusion.



Moving against alarming obesity trends

\$14_b

Estimated total annual cost of physical inactivity in Australia in 2008

This represents healthcare, productivity and mortality costs⁵

57%

Australians (>18 years) who aren't sufficiently active to achieve health benefits⁶

Most Victorians will be familiar with health messages encouraging them to eat less, choose healthier foods and be more active. Yet despite the prevalence of such advice, Victorians and Australians generally continue to become heavier and sicker.

Treating and preventing the complex and worsening problem of overweight and obesity is an area of increasing urgency, with associated illnesses such as diabetes, heart disease and stroke affecting all sectors of society.

New research funded by VicHealth on the past trends and future projections of overweight and obesity has found that – by 2025 – around 83 per cent of males and 75 per cent of females aged 20 years and above will be overweight or obese, as well as one-third of 5–19-year-olds. The research, *Past trends and future projections of overweight and obesity*, combines epidemiological analysis with chronic disease modelling techniques to examine the trends in obesity and its related diseases.

The research was led by Head of Obesity and Population Health at the **Baker IDI Heart and Diabetes Institute**, Associate Professor Anna Peeters, and aims to improve understanding of obesity trends, the health risks associated with obesity, and the impact of specific obesity interventions on different social groups. Her paper also projects that for the most disadvantaged groups in society obesity could affect almost one in two.

It was this finding Associate Professor Peeters said most concerns her.

“Obesity is high and increasing in prevalence, and is unequally distributed across society,” she said. “It is important that we identify the most effective and equitable interventions to prevent and manage obesity in order to improve health and wellbeing for all Australia’s adults and children.”

“ Obesity is high and increasing in prevalence, and is unequally distributed across society. ”

While body weight has increased across the entire Australian adult community, Associate Professor Peeters’ research identified that the greatest increases have been at the higher end of the weight spectrum. In other words, the rate of increase in severe obesity is much greater than the rate of increase in mild obesity. This, combined with the social inequalities associated with obesity, means current, simplified monitoring of overall obesity trends may be masking the rapid increases in severe obesity, and associated large social inequalities.

To combat this, Associate Professor Peeters recommends improving the rigour of some of the strategies already being used to

tackle and prevent obesity. For example, current school nutrition guidelines should be made mandatory; government measures that have long been discussed should be introduced, such as removing marketing of unhealthy food and beverages from settings where children and adolescents are exposed, including digital marketing and sports sponsorship; and workplaces should become healthier environments.

But strong leadership will be needed to achieve these changes, Associate Professor Peeters said, making a number of recommendations in her research. The Federal Government must facilitate discussions around food taxation and advertising restrictions in order to promote healthy eating. Occupational health and safety legislation needs updating to better address modern risks to the health of employees, for example sitting for long periods of time. And State and local governments should facilitate partnerships to ensure local environments are conduits for the promotion of physical activity and healthy eating.

A range of efforts are already underway such as the **Healthy Together Victoria** initiative, which incorporates policies and strategies to support good health across Victoria, as well as locally-led Healthy Together Communities. Another example is the forthcoming collaboration between VicHealth, **Superfriend** and **WorkSafe**

63%

Australians (>18 years) who are overweight or obese⁷

\$58b

Estimated total annual cost of obesity in Australia in 2008.

This represents the financial cost and net cost of wellbeing⁸



Considering how to better integrate movement and reduce the convenience of sitting for children in a variety of situations is important.



Victoria to promote workplace health. With most working-age Australians spending about one-third of their waking lives at work, it is logical that workplaces nurture good health with a supportive environment, conditions and culture⁹.

Reducing sedentary behaviour in the workplace is also critical especially with physical inactivity responsible for an estimated 16,000 premature deaths each year in Australia and costing the health system at least \$13.8 billion each year in direct health care cost¹⁰. Barriers to the implementation of such measures must be overcome. But Associate Professor Peeters said a lack of clarity of roles between local, State and Federal governments, the large industry opposition to a number of the potential obesity-tackling measures, and the difficulty in obtaining evidence of effectiveness for any specific intervention were hampering obesity prevention and treatment efforts.

Executive Director of the Centre of Excellence in Intervention and Prevention Science, Dr Alan Shiell, says focusing on children may be society's best bet in addressing an escalating obesity battle.

"We have a huge and powerful food and drink industry that wants to promote the wrong kinds of food, there is a belief that what we eat and drink is purely a personal choice that should have nothing to do with government, and there is a lack of political will behind intervening, getting into people's kitchens and taking on the food industry."

However, those barriers are becoming increasingly hard to justify where children are involved, he said, which meant there might be more opportunities – and political will – to implement change in the environments children most interact with.

Recent physical activity guidelines released by the Federal Government for the first time warn of the health dangers of sedentary behaviour in young Australians¹¹. Updated guidelines state that children and

teenagers should accumulate at least 60 minutes of moderate to vigorous exercise activity every day, including aerobic activities. The guidelines urge parents to encourage their children to do more traditional exercises such as skipping, hopping, running and jumping, playing games such as hopscotch; and to take up structured activities, including dance, gymnastics and martial arts.

Previous research has found that obesity in childhood is linked to a higher chance of obesity in adulthood¹². Therefore, any increase in rates of childhood obesity will contribute to the already alarming rates of adult obesity and related chronic diseases in Australia.

Similarly, an inactive child is likely to continue on a path of inactivity throughout adolescence and into adulthood¹³. However, if people are active as young children, they're more likely to stay active throughout childhood and develop good habits to support becoming healthier adolescents and adults¹⁴.

VicHealth CEO Jerril Rechter agrees that the early years of childhood is a vital period to shape healthier attitudes and behaviours. Unfortunately, Australian children are more inactive than ever before. "The unfortunate consequence of modern life being predominantly sedentary also impacts our younger generations, with many of our children spending too much time sitting each day and not enough time being physically active.

"This is affecting their health and wellbeing, their school performance, their self-confidence, their ability to mix with peers – all with lasting consequences," Ms Rechter said.

Getting children to move more in their daily lives requires understanding the barriers that are preventing this and how to overcome them.

"There are a range of influences shaping how active a child is in their day, from where they live, the school they attend,

the opportunities for physical activity each day, the games they play and of course, their home environment," Ms Rechter said. "Considering how to better integrate movement and reduce the convenience of sitting for children in a variety of situations is important."

Ms Rechter hopes a new VicHealth resource, *Active for Life*, will help decision makers in a position to influence the environments where children live, learn and play. School teachers, community groups, art organisations, sporting associations and clubs, and state and local government officers in the areas of planning, health, education, parks, sport and the arts are encouraged to refer to the resource when considering how to get children to more active.

VicHealth's *Active for Life* brings together Australian and international research to challenge our current thinking and identify the changes we can all make to influence how much our children move each day.

Investing time, effort and resources into policies, programs and infrastructure that support and encourage physical activity among children can bring enormous rewards – including improved physical and mental wellbeing, more social interaction and improved academic performance. This will also result in stronger, more connected communities, higher performing schools, more vibrant sporting clubs, arts organisations and happier, healthier families and communities.



Past trends and future projections of overweight and obesity and Active for Life publications will be released soon.

Our physical activity levels at a glance

Australian Physical Activity Guidelines¹⁵



One hour of moderate to vigorous physical activity a day for children aged 5 to 12 years



No more than two hours a day using electronic media for computer games, surfing the Internet, watching television for children aged 5 to 12 years

Reducing physical activity

10%

A 10% reduction in physical inactivity in Australia could lead to:

- 15% reduction each year in deaths related to physical inactivity
- 14% reduction in years lost due to disability
- 13% reduction each year in new cases of physical inactivity-related diseases¹⁶

\$1.5b

Estimated potential savings in direct health costs in 2006/07 if physical inactivity was eliminated in Australia¹⁷



1 in 5

5 to 17-year-olds getting an hour of activity each day



Less than 1 in 3

5 to 17-year-olds engaged in screen time for less than two hours a day¹⁸

The impact

1960s

1 in 20 children overweight or obese

Today

1 in 4 children overweight or obese

By 2025

1 in 3 children overweight or obese¹⁹



Putting Victoria's myriad liquor licences on the map

Councils throughout the state are now better-placed to improve their planning around liquor licensing since the launch of an online map that provides decision-makers and the community with information about licence density at a glance.

Launched in partnership between the **Victorian Commission for Gambling and Liquor Regulation (VCGLR)**, VicHealth and the **Emergency Services Telecommunications Agency (ESTA)**, the map presents information on the state's 19,000 individual liquor licences in an interactive online tool that geo-codes the data and presents it in an easy-to-use format.

In addition to allowing local councils, government staff, researchers and community members to search the state's liquor licences by name, address or category, VCGLR's data has also been shared with ESTA to improve its response

to emergency calls. "It's common when people call Triple Zero that they will name a local place or reference point," said ESTA CEO Ken Shymanski. "The more of these 'common place names' we have in our mapping, the easier it is to get help on its way."

More than half (57 per cent) of Triple Zero calls in Victoria are placed on mobile phones, a number that is likely to continue growing. "When a person calls from a mobile phone, ESTA gets no location information with the call and it is very likely that customers in these licenced venues will use their mobile to call 000 and use the name of the establishment

instead of the address," said Mr Shymanski. By adding the names of hotels and clubs to ESTA's database, the data contained within the VCGLR map will improve response times to those in need of urgent assistance.

Another goal in developing the tool was to provide better access to data. This enables better council decision-making in relation to licenced venues, which benefits the Victorian community by helping reduce alcohol-related harm.

These developments follow a report tabled by the **State's Auditor-General in June 2012**²⁰, which found that Victoria's liquor licensing regime was not effectively

minimising alcohol-related harms. Among the contributing factors were a lack of transparency in decision-making, lack of engagement from councils, and poor-quality data. The VCGLR map fulfils the regulator's commitment to providing more support for local government when it comes to liquor licensing planning decisions, in line with the State Government's strategy ***Reducing the alcohol and drug toll – Victoria's plan 2013–2017***²¹.

According to Dr Michael Livingston of **Turning Point Drug & Alcohol Centre**, "There's good evidence from Victorian research that increases in the density of alcohol outlets, particularly bottle shops, are associated with increases in alcohol-related harms such as assault, domestic violence and chronic disease."

Since its launch in December 2013, more than three-quarters of Victorian local government areas use the map for regular data download. A similarly high percentage of respondents among local councils agree that it's a useful resource and a powerful tool.

The interactive map has been used extensively by the South East Metro Region Councils Alliance (SEM) in research that addresses the cumulative impact of outlet density and alcohol-related harms. The SEM group consists of Kingston, Casey, Mornington Peninsula, Frankston, Cardinia, Bass Coast and Greater Dandenong.

City of Port Phillip Mayor, Councillor Amanda Stevens, said council officers have found the map extremely useful when demonstrating where there are high densities of licences, and the expected impacts: "For example, areas with a large number of late night venues have different issues and require different management than those with a high number of pre-packaged liquor outlets."

The Whole of Government Alcohol and Drugs Hotspots project is also using the information to improve issues arising from alcohol and drug use in Melbourne, Yarra, Maribyrnong, Brimbank, Stonnington and Port Phillip, which will better target and coordinate services and resources to address these issues.

Developed by the VCGLR and funded by VicHealth, the tool provides a timely illustration of the state's maturing industry. "Fifteen years ago, there were about 9000 liquor licences across the state," said VCGLR Acting CEO Catherine Myers. "Today, that number has more than doubled to 19,000 (the equivalent of almost two new liquor licences each and every day). There are now 14 variations of a liquor licence, from temporary licences to late-night trading and alcohol producers. So as the industry has grown and become more complex, we have had to move with it."

The map has been useful for Claire Wilkinson, a researcher at the Turning Point Drug & Alcohol Centre who is currently studying a particular licensing law that applies to Whitehorse and Boroondara, two local government areas in Melbourne's eastern suburbs. "I've used the map to cut out the actual streets that are governed by this law and looked

“ The project is a great example of interagency cooperation between the VCGLR, VicHealth and ESTA. ”

at the physical locations of those liquor licences," Ms Wilkinson said. "The map has been particularly useful in illustrating the density of liquor licences one side of Burke Road in Camberwell, for example, but not the other side. It has added another way to communicate the story we're telling, so that it's easier for people to understand when the data is presented visually."

"The project is a great example of interagency cooperation between the VCGLR, VicHealth and ESTA," said Ms Myers. "It shows that we can achieve great things when several bodies join together, and pool our collective skills, resources and expertise. The project demonstrates innovative and perceptive minds seeing an opportunity, reaching out for it, and creating something entirely new."

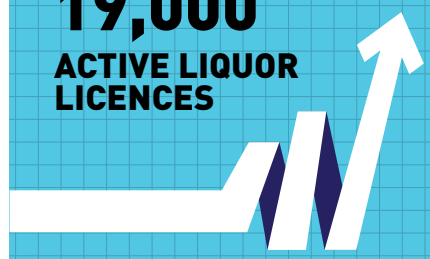
Access the liquor licences map at: www.geomaps.vcglr.vic.gov.au

To find out more about the map watch the video: www.vichealth.vic.gov.au/liquor-licence-map

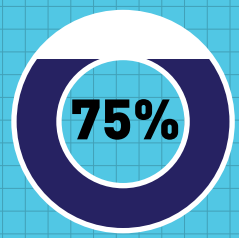
DATA ON
19,000
VICTORIAN
LIQUOR
LICENCES
ONLINE

15 YEARS AGO ABOUT 9000 LIQUOR LICENCES IN VICTORIA - TODAY THERE ARE MORE THAN

19,000 ACTIVE LIQUOR LICENCES



IN 2011 THE VCGLR LIQUOR LICENCES AND APPLICATIONS ONLINE SECTION OF THE WEBSITE RECORDED MORE THAN 11,000 VISITS AND SEARCHES, AND IN 2012 THIS JUMPED TO MORE THAN 27,000 SEARCHES.



MORE THAN 75% OF LGAs IN VICTORIA ARE USING THE VCGLR SITE²²



Creating a society where women are **free from violence**

In Australia one in three women over the age of 15 will experience physical assault and one in five will experience sexual assault²³.

Think about the women in your life, your circle of friends, your daughters, sisters, mother and the women in your workplace and divide that number by three. That is how many women you know, personally, who will be the victims of violence.

In Victoria, male intimate partner violence is found to be the leading contributor to death, disability and illness for women aged 15 to 44 years²⁴.

Given the statistics, violence against women – be it physical, sexual, emotional abuse – is all too common.

But violence against women is preventable and there have been positive changes that challenge attitudes and behaviours which excuse or condone violence against women and their children.

VicHealth CEO Jerril Rechter said the evidence from Australia and abroad gives us hope for working towards a future which is free from violence.

“Research shows that many of the causes of violence against women can be eliminated. We have found that one of the most important themes for action is promoting equal and respectful relationships between men and women.

“If the imbalance of power between men and women is addressed then the evidence suggests that attitudes and behaviours will change, leading to decreased violence against women.

“VicHealth is currently working with communities and governments to prevent violence against women before it ever happens,” said Ms Rechter.

For a decade VicHealth has been working on building the evidence base and the case for primary prevention. Drawing from our longstanding commitment to research, policy and partnership VicHealth is piloting an Australia-first program, **Generating Equality And Respect.**

In partnership with **Monash City Council and MonashLink Community Health Services.** VicHealth’s Generating Equality

And Respect program will deliver tried and tested primary prevention programs in Melbourne’s south-east over a three-year period. This approach effectively ‘saturates’ this community with interventions and activities that address the root causes of violence against women.

Monash Mayor Geoff Lake said the City of Monash is proud to be a Generating Equality And Respect program leader.

“The City of Monash is pleased to take the lead as the first council in Australia to introduce a program of this kind for preventing violence against women. We believe our partnership with VicHealth and MonashLink work will to a more equal, safe and respectful Monash community,” said Cr Lake.

MonashLink CEO Gregg Nicholls said Generating Equality And Respect builds on the strong foundations MonashLink has established working with vulnerable communities to provide high-quality counselling and support services where family violence is being experienced.



The impacts of violence against women

IN 2008-09

VIOLENCE AGAINST WOMEN

COST THE AUSTRALIAN ECONOMY

\$13.6 BILLION²⁵

AND \$3.4 BILLION²⁶

FOR VICTORIA

DOMESTIC VIOLENCE

IS A MAJOR CAUSE OF HOMELESSNESS AMONG WOMEN AND CHILDREN²⁷

ON AVERAGE, 77 WOMEN ARE MURDERED BY THEIR MALE PARTNER EACH YEAR IN AUSTRALIA²⁸

Since partners commenced the program planning phase in 2012 different activities are being delivered in the community, including:

- Baby Makes 3, a first-time parent program being delivered through Clayton's Maternal Child Health Services. The program helps couples explore changes in their relationship since the birth of their baby, negotiate parenting responsibilities and maintain equality and respect in their relationship during the transition to parenthood.
- MonashLink Community Health Service and Monash City Council are undergoing organisational culture change to promote respect and gender equality within the workplace, and then extending this into the broader community through the programs and services they deliver.

- A '**Monash Partners in Prevention Network**' is actively supporting youth practitioners to deliver good practice respectful relationships education and promote equality through their programs and services. Members of the Network include local teachers, police, school nurses, youth services and community organisations.

Other activities, including training and culture change in a male-dominated workplace, will start later in 2014 and 2015.

To read more about the Generating Equality And Respect program visit:

www.vichealth.vic.gov.au/generating-equality-and-respect

www.vichealth.vic.gov.au/guidetoequality

New national partnership shares VicHealth vision

VicHealth is working with its partners to move forward, one step at a time, to a society that is not only aware of the extent of violence against women, but actively working to stop it.

Recently, VicHealth announced a ground-breaking partnership with the **National Foundation to Prevent Violence Against Women and their Children**.

This new partnership with the Foundation is critical to our efforts to integrate the knowledge and learning we have nurtured over the past decade, escalating the work and this critical issue to a national level.

The first priority for the three-year partnership will be the development of a national framework to provide a shared understanding of what it will take to prevent this violence.

The Chair of the Foundation to Prevent Violence Against Women and their Children, Natasha Stott Despoja AM, said the national framework on the primary prevention of violence against women is a first in Australia. It builds on an approach developed by VicHealth which has been a catalyst for action in Victoria.

"The VicHealth framework has galvanised efforts in Victoria, inspiring those working on the frontline, and in local government, media, sporting clubs and associations, faith-based organisations, schools and education organisations, first-time parenting programs and others to see that by focusing on attitudinal and cultural change, violence against women is preventable," Ms Stott Despoja said.

VicHealth is proud to see the pioneering work we undertook more than 10 years ago to achieve a vision where society is safe for women and their children strengthened with this strong partnership.

Find out more about The Foundation to Prevent Violence Against Women and their Children: www.preventviolence.org.au



VIDEO | INTERVIEW WITH FOUNDATION CHAIR NATASHA STOTT DESPOJA AMI

VicHealth invests in research and the promotion of evidence-based interventions to promote the health and wellbeing of Victorians. The Innovation Research Grants enabled new ideas to be trialled or to deepen the evidence base underpinning the theory, policy and practice of health promotion.

Here is a selection of our most recently completed Innovation Research Projects, reports have been published for some and others are due to be released soon. Keep an eye out on our website for more details.

How much junk food and alcohol advertising are kids exposed to through sports?

The impact on young people of advertisements promoting junk food and alcohol that screen on television during sports broadcasts has been the subject of hot debate but little research.

A VicHealth funded study identifies the amount, and classifies the nature of, alcohol and junk food advertising and promotion through sport on broadcast television in Victoria. The impact of the levels of exposure and result in terms of brand recognition and consumption is explored in this research conducted by La Trobe University.

The findings were published in late March and resulted in widespread discussion in the media about closing a loophole allowing alcohol ads on TV during live sport, especially in children's viewing hours.



Read the report: www.vichealth.vic.gov.au/kids-and-ads

When is it okay to let children walk to school alone?

Walking to school assists in the health and wellbeing of children.

The University of Melbourne research recommended techniques for helping children build skills to walk to school by themselves. These include: walking with others, carrying a mobile phone and travelling along busy routes and at busy times to encourage visibility.

The study also recommended that parents establish the pattern of walking to school when children are younger and gradually 'release the tether' over time.

Read more here, www.vichealth.vic.gov.au/stepping-out

A new tool for the tradies

A lack of cooking skills, the cost of fresh food and early morning starts all contribute to the unhealthy diets many young males working in trades consume on the job and at home, research has found.

This study into the diet and attitudes of young male apprentices working in Victoria's building and construction industry, funded by a VicHealth Innovation Research Grant and published in the *American Journal of Men's Health*, found that young men frequently ate foods high in saturated fat, sugar and salt.

The study was conducted by Incolink, a partnership between building industry employer associations and trade unions.

Lead researcher, Dr Karin du Plessis, said most apprentices did not eat a balanced diet.

"Many of these young men are living away from home for the first time and have simply never learned the skills of cooking fresh food. Most start work very early, so fast food for breakfast is a convenient option," Dr du Pleiss said. "A meat pie or bucket of chips is much cheaper than a salad roll."

As a result of this research Incolink worked with nutritionists to prepare a booklet and YouTube video with recipes and tips for making healthy breakfasts and lunches to take to work.

Download the booklet: www.incolink.org.au/Healthy-Eating.aspx



Mobile phones a real support to refugees

The refugee community often have a lack of the social and economic resources that can help support their resettlement and adaptation into a new country.

This study tested an intervention to assist women, who were new arrivals in Melbourne, with their resettlement.

The study, led by Dr Dennis Wollersheim of La Trobe University, will assist in the development of policies targeting female refugees and peer support programs, particularly through the use of mobile phones.

Read more about the study findings in the *Australian Journal of Primary Health* article: www.vichealth.vic.gov.au/constant-connections

We need to talk about racism

Teachers and parents often avoided talk about racism, ethnic and cultural diversity – unless children raised the subject, a study funded by a VicHealth innovations grant has found.

Lead researcher Dr Naomi Priest, of the University of Melbourne, said parents and teachers needed tools to help them initiate positive discussions with young people about racism and cultural diversity.

“There is evidence from our study and others that if you don’t talk about it positively, stereotypes and negative attitudes can be reinforced,” Dr Priest said. She said a whole-of-school approach was needed to address racism, “a critical population health issue”.

Read VicHealth CEO Jerril Rechter’s opinion piece on this topic at: www.vichealth.vic.gov.au/kids-and-racism-letter

Access the full report published by ScienceDirect at: www.vichealth.vic.gov.au/talking-culture

Understanding our culture of drinking

Another research funded by the Innovation Research Grant has drilled into attitudes and beliefs to deepen understanding into why so many Australians regard alcohol as central to their social lives.

Heavy drinking is seen as acceptable at occasions as varied as funerals, work functions and sporting events.

The research, led by RMIT Associate Professor Mike Reid, identified four different types of drinkers and made recommendations regarding how best to target responsible drinking messages to each type.

The study makes other recommendations about how to address Australia’s heavy drinking culture, such as challenging the social acceptability of getting drunk and promoting the social acceptability of not drinking or drinking in moderation.

The research can be found at: www.vichealth.vic.gov.au/drinking-lifestyles

A turning point for understanding chronic health differences

The Turning Point Alcohol and Drug Centre is researching the relationship between chronic health problems and alcohol consumption, and the impact the social determinants of health have on this connection.

The social determinants of health are the conditions in which people are born, grow, live, work and age, which are mostly responsible for the unfair and avoidable differences in health status seen within and between countries.

The research is looking at different trends such as changes in patterns of morbidity and mortality for alcohol-related chronic conditions in Victoria over the past decade.

The research is also analysing self-reported alcohol consumption and self-reported health conditions and how they differ for age and gender over a decade in Victoria. The aim is to fill gaps in the evidence base and to assist in health policy development and promotion in relation to alcohol-related harms.

Full report to be published soon.

References

1. VicHealth 2010, *Building health through sport: VicHealth action plan 2010–13*, Victorian Health Promotion Foundation, Melbourne.
2. ABS (Australian Bureau of Statistics) July 2013, *Australian Health Survey: Physical Activity, 2011–12*, 4364.0.55.004, Australian Bureau of Statistics, Canberra.
3. VicHealth 2010, *Building health through sport: VicHealth action plan 2010–13*, Victorian Health Promotion Foundation, Melbourne.
4. Mills, D. 2011, *Joining the dots: Strengthening the contribution of the arts to individual and community health and wellbeing*, Submission on behalf of The Arts and Health Foundation to the National Cultural Policy discussion paper.
5. Medibank 2008, *The cost of physical inactivity*, Medibank Private, Sydney.
6. ABS (Australian Bureau of Statistics) June 2013a, *Labour Force, Australia: Labour force status and other characteristics of families, June 2012*, 6224.0.55.001, Australian Bureau of Statistics, Canberra.
7. ABS (Australian Bureau of Statistics) 2012, *Australian health survey: First results, 2011–12*, 4364.0.55.001, Australian Bureau of Statistics, Canberra.
8. Access Economics for Diabetes Australia August 2008, *The growing cost of obesity in 2008: three years on*, <http://www.diabetesaustralia.com.au/PageFiles/7830/FULLREPORTGrowingCostOfObesity2008.pdf>
9. VicHealth 2012, *Reducing prolonged sitting in the workplace (An evidence review: summary report)*, Victorian Health Promotion Foundation, Melbourne, Australia.
10. VicHealth 2010, *Building health through sport: VicHealth action plan 2010–13*, Victorian Health Promotion Foundation, Melbourne.
11. The Department of Health 2014, *Australia's Physical Activity and Sedentary Behaviour Guidelines*, Retrieved March 2014, <http://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines>
12. WHO (World Health Organization) 2010, *Physical activity and young people*, Retrieved March 2014, http://www.who.int/dietphysicalactivity/factsheet_young_people/en/
13. Malina, RM 1996, Tracking of physical activity and physical fitness across the lifespan, *Research Quarterly for Exercise and Sport (Supplement)*, 67, 48–57.
14. Department of Health and Ageing 2009, *Get Up & Grow: Healthy eating and physical activity for early childhood*, Director/Coordinator Book, Department of Health and Ageing, Canberra, Retrieved March 2014, [http://www.health.gov.au/internet/main/publishing.nsf/Content/EA1E1000D846FOAFC257BF001DADB3/\\$File/HEPA%20-%20A4%20Book%20-%20Directors%20Book%20-%20LR.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/EA1E1000D846FOAFC257BF001DADB3/$File/HEPA%20-%20A4%20Book%20-%20Directors%20Book%20-%20LR.pdf)
15. The Department of Health 2014, *Australia's Physical Activity and Sedentary Behaviour Guidelines*, Retrieved March 2014, <http://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines>
16. Cadilhac, DA, Cumming, TB, Sheppard, L, Pearce, DC, Carter, R & Magnus, A 2011 'The economic benefits of reducing physical inactivity: an Australian example', *International Journal of Behavioural Nutrition and Physical Activity*, 8:99.
17. Access Economics for Diabetes Australia August 2008, *The growing cost of obesity in 2008: three years on*, <http://www.diabetesaustralia.com.au/PageFiles/7830/FULLREPORTGrowingCostOfObesity2008.pdf>
18. ABS (Australian Bureau of Statistics) June 2013, *Labour Force, Australia: Labour force status and other characteristics of families, June 2012*, 6224.0.55.001, Australian Bureau of Statistics, Canberra.
19. Department of Human Services 2008, *Future prevalence of overweight and obesity in Australian children and adolescents, 2005–2025*, State Government of Victoria, Melbourne.
20. Victorian Auditor-General's Report 2012, *Effectiveness of Justice Strategies in Preventing and Reducing Alcohol-Related Harm*, retrieved March 2014, <http://www.audit.vic.gov.au/publications/20120620-Alcohol/20120620-Alcohol.pdf>
21. The Department of Health 2013, *Reducing the alcohol and drug toll. Victoria's plan 2013–2017*, retrieved March 2014, <http://www.health.vic.gov.au/aod/strategy/>
22. Statistics provided by the Victorian Commission for Gambling and Liquor Regulation, 2014.
23. ABS (Australian Bureau of Statistics) 2012, *Personal Safety Survey*, Cat. No. 4906.0, Australian Bureau of Statistics, Canberra.
24. VicHealth 2004, *The health costs of violence: Measuring the burden of disease caused by intimate partner violence. A summary of findings*, Victorian Health Promotion Foundation, Melbourne.
25. National Council to Reduce Violence against Women and their Children 2009, *The costs of violence against women and their children*, Department of Families, Housing, Community Services and Indigenous Affairs, Commonwealth of Australia, Canberra.
26. Office of Women's Policy 2009, *A right to respect: Victoria's plan to prevent violence against women 2010–2020*, Victorian Government, Melbourne.
27. National Council to Reduce Violence against Women and their Children 2009, *Background paper to Time for Action: the National Council's plan for Australia to reduce violence against women and their children, 2009–2021*, Department of Families, Housing, Community Services and Indigenous Affairs, Commonwealth of Australia, Canberra.
28. Mouzos J & Rushforth C 2003, 'Family homicide in Australia', *Trends and Issues in Crime and Criminal Justice*, no. 255, Australian Institute of Criminology, Canberra.

Further reading

The power of arts on health

Making Art with Communities: A Work Guide
www.artsforhealth.com.au/resources/

VicHealth's social connection, arts and new media publications
www.vichealth.vic.gov.au/Publications/Social-connection

Moving against alarming obesity trends

Healthy Together Victoria www.health.vic.gov.au/prevention/healthytogether.htm

VicHealth's physical activity and healthy eating publications
www.vichealth.vic.gov.au/Publications/Physical-Activity
www.vichealth.vic.gov.au/Publications/Healthy-Eating

Putting Victoria's myriad liquor licences on the map

VicHealth, *Using geocoded liquor licensing data in Victoria – The socioeconomic distribution of alcohol availability in Victoria*, www.vichealth.vic.gov.au/geocoded-data

VicHealth, *Social harms associated with the sale & supply of packaged liquor in Victoria* www.vichealth.vic.gov.au/social-harms-of-packaged-liquor

Creating a society where women are free from violence

VicHealth, *Violence against women in Australia* research summary

www.vichealth.vic.gov.au/PVAW-research

VicHealth, *National Community Attitudes towards Violence Against Women Survey 2009* www.vichealth.vic.gov.au/ncas

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