Public Health Association

AUSTRALIA

PUBLIC HEALTH IN VICTORIA:
TEN SUCCESSES TO GUIDE A HEALTHIER FUTURE

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All Victorians should be able to lead healthy lives in communities and environments that support good health and wellbeing.

Over the past century, important public health reforms and initiatives have helped many Victorians to live long and healthy lives, while also creating safer and healthier Victorian communities.

Victoria's success in these areas has been driven by the collective efforts of Victorian governments, political leaders, public health researchers, advocates and, most importantly, the Victorian community. Our success has prevented millions of Victorians from dying prematurely from accidents and infectious and chronic diseases.

This report highlights 10 initiatives that have contributed to Victoria's public health success:

- Reducing tobacco use
- Improving road safety
- Improving oral health through water fluoridation
- Introducing medically supervised injecting rooms
- Preventing skin cancer
- Providing quality maternal child health services
- Reducing incidence of HIV/AIDS
- Improving workplace safety
- Establishing the Victorian Health Promotion Foundation (VicHealth)
- Progressing towards the elimination of cervical cancer

However, far more work is needed. The COVID-19 pandemic has created new imperatives to increase investment in prevention, address the health inequities experienced by many Victorians, and build an agile, resilient and sustainable health system. We must learn from our past successes in public health to 'build back better' from the pandemic and prepare for future health challenges.

These priority action areas provide a roadmap for governments to invest in public health and act to improve the health of all Victorians. They will help to develop Victorian communities and environments that support good health and wellbeing, and build a sustainable, future-oriented Victorian health system in line with the *National Preventive Health Strategy 2021–2030*.

This report sets out 10 priority areas for public health investment and action:

1. Embed diversity, equity and inclusion
2. Prioritise Victoria's public health workforce
3. Act on climate change and its impact on health
4. Implement mental health system reform
5. Improve the health and wellbeing of Aboriginal and Torres Strait Islander Victorians
6. End family violence in Victoria
7. Deliver health promoting environments that protect Victorians from harmful products
8. Prepare for infectious diseases
9. Provide access to social housing for all Victorians who need it
10. Create a healthy, secure and sustainable food system

CONTENTS

All Victorians have the right to live healthy, happy and fulfilling lives. To make this a reality, Victorian people, children and families need to be supported to be healthy by the communities and environments in which they live.

Investing in public health promotes good health and wellbeing in Victorian communities. It helps by preventing disease before it occurs, while ensuring that no individual or group is left behind.

All Victorians alive today – as well as all future generations – benefit from Victoria's public health successes over past decades. These successes have given millions of Victorians the opportunity to live healthy lives and have created safer and healthier Victorian communities where people, children and families can live, learn, work and thrive.

Among the many Victorian public health successes are innovative and world-leading tobacco use, skin cancer prevention and road safety programs. Investment in these initiatives has led to safer and healthier behaviours and environments, preventing millions of Victorians dying from tobacco-caused illness, skin cancer and road crashes, and also ensuring that current and future generations of Victorian children are far less likely to take up smoking, are safer in the sun, and are safer on our roads.

Victoria has led the world in preventing cervical cancer and we are on track to eliminate it completely within the next decade. We have been global leaders in reducing the incidence of HIV/AIDS and improving quality of life for people living with HIV in Victoria. We have provided safe, supervised injecting facilities to reduce drug-related harm and prevent people from dying from overdoses. Nearly all Victorians now have access to fluoridated water, promoting good oral health for Victorian children and adults. Our long-standing maternal and child health services and programs across the state support Victorian babies, children and families to lead healthy, happy lives. Our WorkSafe campaigns and programs have created safer work environments, preventing many Victorian workers from being killed or injured at work.

Most recently, leadership by Victorian public health advisers and epidemiologists, along with the collective efforts of the Victorian community, has reduced the spread of COVID-19 and saved lives, with Victorians working together to stay home, socially distance, wear masks, get tested and take up COVID-19 vaccinations.

Underpinning these public health successes has been the leadership of Victorian governments, political leaders and decision-makers, who have shown great strength and commitment to the health of Victorians in championing vital public health reforms – often in the face of powerful opposition. It has also involved decades of tireless research, policy development and advocacy by public health researchers, advocates and not-for-profit organisations.

Most importantly, none of these successes would have been possible without the crucial role the Victorian community has played in championing, supporting and taking up these public health initiatives.

Along with saving millions of lives, the Victorian Government's investment in these public health successes has been repaid many times over, by avoiding costs to the healthcare system of caring for people with disease and injuries, and providing substantial benefits for Victorians' health and productivity.

As we look to the future, the need for Victoria to increase its investment in public health has never been more critical. In 2020, the emergence of the COVID-19 pandemic challenged Victoria's health system in unprecedented ways and required a massive public health response. Specifically, it highlighted the need for Victoria to have an agile health system that is focused on chronic disease prevention and infectious disease preparedness. The vulnerability of people with preventable chronic conditions and risk factors to severe illness and death from COVID-19 has created new imperatives to reorient the health system towards prevention, and to address the health inequities experienced by many Victorians.

PURPOSE AND APPROACH

The purpose of this report is to highlight 10 of Victoria's top successes in improving the health and wellbeing of Victorians over past decades, and to set out 10 priority areas for public health investment and action into the future.

These successes show what can be achieved through sustained investment and commitment to innovative, evidence-based public health policies and programs, and provide important lessons for the future. The priority action areas provide a roadmap for governments to prioritise investment in public health and implement policies, strategies and actions to improve the health and wellbeing of all Victorians over the coming decades.

To arrive at the public health success and priority action areas highlighted in this report, the Victorian Branch of the Public Health Association of Australia conducted a survey of its members in October 2021, asking them to complete 2 ranking forms: the first to select 10 evidence-based Victorian health prevention successes and the second to select 10 health prevention priority action areas.

Selection of the success areas was based on the following criteria:

1. Victorian leadership

The success area must:

a. be unique or specific to Victoria, or

b. be part of a national Australian success in which Victoria provided fundamental contributions and/or demonstrated strong leadership.

2. Evidence, impact and recognition

The success area must:

a. be evidence-informed, supported by scientific evidence

b. have had demonstrable positive impact on public health outcomes

c. where relevant, have influenced practice in other Australian jurisdictions, or other countries, and/or recognised as a 'world-leading' innovation.

3. Specific change or action

The health prevention success must be linked to specific change in a program, policy, legislation and/or funding.

Selection of the priority action areas was based on the following criteria:

1. Importance of or need for action

The priority action area must address:

a. high/increasing morbidity and mortality, or

b. a significant cause of health inequity.

Additionally, the priority action area must be amenable to interventions that could be feasibly and successfully implemented in the Victorian context.

2. Impact of action

Actions in the priority area must involve implementation of equitable, targeted interventions with clear theory and rationale for significant impact on the public health issue.

3. Evidence for action

There must be a clear rationale in theory or evidence that actions in the priority area will lead to significant and cost-effective public health outcomes.

It is important to note that the report sets out 10 successes in public health in Victoria, and 10 priority areas for action into the future – but these are not ranked or listed in any particular order. All the successes have made significant and important gains in improving the health of Victorians over past decades, and all the priority action areas are vital for ensuring a healthy and well Victorian community.

PART 1: OUR PUBLIC HEALTH SUCCESSES

Reducing tobacco use

Improving road safety

Improving oral health through water fluoridation

Introducing medically supervised injecting rooms

Preventing skin cancer

Providing quality maternal child health services

Reducing incidence of HIV/AIDS

Improving workplace safety
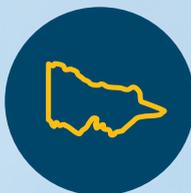
Establishing the Victorian Health Promotion Foundation (VicHealth)

Progressing towards the elimination of cervical cancer

REDUCING TOBACCO USE

We led the world in reducing tobacco use and saving lives

Few public health success stories rival that of Victoria's world-leading approach to reducing tobacco use.

In 2019, the adult daily smoking rate in Victoria was 10.6 per cent.[1] This is a steep decline from 1985, when the adult smoking rate was 32 per cent,[2] and is the result of decades of anti-smoking campaigns and advocacy for policy changes.

Had the smoking rate remained at 32 per cent in Victoria, well over a million Victorians would be regular smokers. This means that more than half a million Victorian lives have been, or will be, saved by the collective efforts of organisations like Quit Victoria and its partners and funders, and the commitment of Victorian and Australian governments to create brave and meaningful change to reduce the devastating harms of tobacco.[3]

The proportion of Victorians who report to have never smoked grows annually. In 2007, just over 50 per cent of the Victorian population had never smoked (53.5 per cent), while in 2019, almost two-thirds of the population (63.8 per cent) had never smoked.[4] Smoking rates among teenagers aged 12–17 years have fallen to just 4 per cent.[5]

Victoria's success in reducing tobacco use is the result of long-term research, work and programs by organisations including Quit Victoria, Cancer Council Victoria and VicHealth, and commitments by the Victorian Government to the following comprehensive, evidence-based tobacco control measures:

- Victorian and Commonwealth bans on tobacco advertising[6]
- the introduction of plain packaging and enlarged graphic health warnings for tobacco products under Commonwealth legislation[7]
- Victorian legislation to ensure smoke-free public places, including outdoor dining areas[8]
- regular increases in Victorian tobacco fees until 1997 and then federal taxes on tobacco products
- Quitline counselling to support smoking cessation
- Victorian and national public awareness campaigns that deter initiation of smoking and motivate people who smoke to attempt to quit.

Data that matter

Every dollar invested returned an estimated

$1.24

IN HEALTHCARE COST SAVINGS

A 2018 economic evaluation of the Victorian Quitline service found that every dollar invested by Cancer Council Victoria, VicHealth and the Victorian Government Department of Health in Quitline returns an estimated $1.24 in healthcare cost savings for the Victorian Government.[9]

Smoking still causes around 4,400 Victorians to die each year,[10] and is responsible for one in every seven deaths (13.3 per cent) in Australia.[11] Evidence shows that use of e-cigarettes by young people significantly increases the risk that they will later take up tobacco use.[12]

The Victorian Government's continued support for programs and policies to reduce tobacco use is critical to diminishing the toll of tobacco on the Victorian community.

CASE STUDY: Tobacco plain packaging

One of the most high-profile interventions to reduce tobacco use in the last decade has been the national introduction of plain packaging on tobacco products, with scores of young people now only ever having seen tobacco in drab olive-brown boxes, with yellow warning labels and photographs of gangrenous toes, mouth cancer and other graphic images.

Pivotal research by Cancer Council Victoria's Centre for Behavioural Research in Cancer provided important evidence on the likely success of the plain packaging, demonstrating a strong link between plainer cigarette packaging and more negative perceptions of cigarettes and smoking.[13]

In 2011, Australia was the first country globally to introduce plain packaging of tobacco under the *Tobacco Plain Packaging Act 2011* (Cth), following the Rudd Government-appointed National Preventive Health Taskforce's bold 2009 recommendation that tobacco plain packaging should be introduced.

In 2012, the High Court of Australia upheld plain packaging legislation as constitutionally valid, following a constitutional challenge by 4 big tobacco companies. Plain packaging has had measurable impact in reducing the prevalence of smoking in Australia, including among young people, according to Professor Melanie Wakefield, Director of Cancer Council Victoria's Centre for Behavioural Research in Cancer and member of the advisory group to government on plain packaging implementation.

"In the three years after its introduction, plain packaging accounted for about a quarter of the total decline in smoking prevalence, equating to about 100,000 fewer smokers in Australia," said Professor Wakefield.

"In the last national survey, only 5 per cent of secondary school students had smoked in the last week, and that was down by a third from before plain packaging."[14]

IMPROVING ROAD SAFETY

We led the world in making our roads safer

We are all much safer on Victorian roads than in previous decades. The number of people dying on Victorian roads each year is less than a quarter of the number in 1970.[15] This is thanks to the leadership of successive Victorian governments, the Transport Accident Commission (TAC) and other stakeholders involved in developing innovative road safety policies and campaigns.

Victoria has been a world leader in legislating to introduce road safety policies. We were the first jurisdiction in the world to introduce compulsory helmets for motorcyclists in 1960, compulsory seatbelts in 1970 and random breath testing in 1976. We were also among the first jurisdictions to introduce red light cameras in 1983 and speed cameras in 1986.

In 1986, the Victorian Parliament passed the *Transport Accident Act 1986*, with support from both major parties. The Act established Victoria's TAC from 1 January 1987, as well as a 'no fault' accident compensation scheme for people who are injured or die because of road accidents. The TAC operates as a commercial insurer and is funded through the TAC charge (a component of vehicle registration charges) and government reserves.

Over the past 3 decades, the TAC, working with Victoria Police, VicRoads and the Victorian Government, has delivered effective, innovative and sustained campaigns that have increased awareness of road safety issues, changed road user behaviour and saved lives.[16]

These policy reforms and campaigns, along with enforcement programs, safer vehicles and infrastructure innovations and improvements, have been effective in reducing fatal crashes, preventing thousands of people from dying on Victorian roads.[17]

Data that matter

1061
LIVES LOST

548
LIVES LOST

266
LIVES LOST

1970   **1990**   **2019**
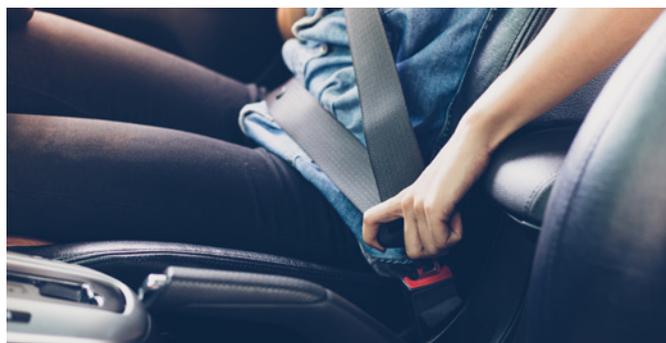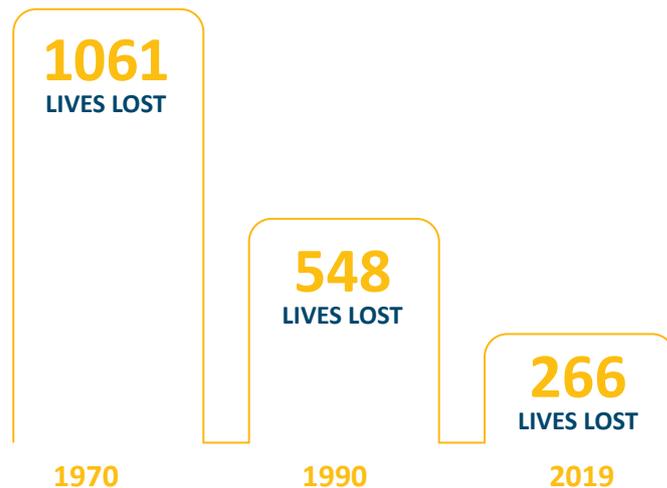
There have been significant step-change reductions in the number of lives lost on Victorian roads as these changes have been introduced – from 1061 lives lost in 1970,[18] 548 in 1990, to 266 in 2019[19] (with a 5-year average of 256 deaths between 2015 and 2019[20]). Over the same period, the Victorian population nearly doubled and the number of cars on Victorian roads more than tripled.[21]

Despite these significant road safety gains, too many people are still injured and killed in Victorian road crashes. In 2019, 266 people died on our roads, around 8,000 people were hospitalised with serious injuries, and a further 12,000 were injured. Although road deaths have been declining, serious injuries have been increasing. Data indicate that for every death on our roads, around 30 people are seriously injured.[22]

The Victorian Government has committed to further improving the safety of our roads and preventing people from being injured or dying. The *Victorian Road Safety Strategy 2021–2030* aims to halve deaths and progressively reduce serious injuries on our roads by 2030, and eliminate road deaths by 2050, with an investment of $1.4 billion.

We improved the oral health of Victorian children and adults

Oral health is fundamental to a person's overall health, wellbeing and quality of life. The introduction of water fluoridation in Victoria in the 1960s and 1970s has improved the oral health of generations of Victorian children and adults by helping to prevent tooth decay.

The first water fluoridation scheme in Victoria was implemented in Bacchus Marsh in 1962, with Melbourne commencing water fluoridation in 1977. Today, around 96 per cent of Victorians have access to fluoridated water and benefit from the protective effect of fluoride. This comprises 99 per cent of people in metropolitan Melbourne and 87 per cent in rural and regional areas.[23]

Figure 1 (on the following page), depicts a decrease in Potentially Preventable Dental Hospitalisation (PPDH) rates among children (0-9 years), especially in rural areas, over the period of 2001-02 to 2020-21. This may be attributable to a rise in the number of children with access to dental care, as well as a decrease in the prevalence of tooth decay. It appears that the decline in the rates of tooth decay is greater in rural compared to metropolitan areas, which may be due to the extension of community water fluoridation in rural areas since 2006.

Research on the effects of water fluoridation in Victoria, Queensland, Tasmania and South Australia found that children aged 5 and 6 years who had lived more than half their lives in fluoridated areas had 50 per cent less tooth decay in their baby teeth, compared to children who have not lived in fluoridated areas. Children aged 12 and 13 years who had lived more than half their lives in fluoridated areas had 38 per cent less tooth decay in their adult teeth than children who have not lived in fluoridated areas.[24]

In addition to improving Victorians' oral health, water fluoridation supports a sustainable health system in Victoria and a healthier, more productive community. In Australia, for every dollar that is spent on fluoridation, the health system saves between $7 and $18 in avoided dental treatment costs for dental caries.[25]

Data that matter

The Victorian community saved about

$1 billion

OVER A 25-YEAR PERIOD

Following the introduction of water fluoridation in Victoria, it is estimated that the community saved about $1 billion over a 25-year period in costs from dental treatment and days absent from work or school.[26]

Extending water fluoridation to all communities to the Australians populations of at least 1000 people is 100% cost-effective[27], and targeted topical fluoride programs where water fluoridation may not be feasible. Although significant achievements have been made through water fluoridation, greater health impacts can be optimised by working with local government areas to support water fluoridation where naturally occurring fluoride is not at optimal levels.

Figure 1: Potentially Preventable Dental Hospitalisations, Children aged 0-9 years, 2001-02 to 2020-21

Between 2004 and 2010 an investment of $23M contructed 30 fluoride plants to provide water to 700,000 Victorians. This included Geelong and Ballarat in 2009.
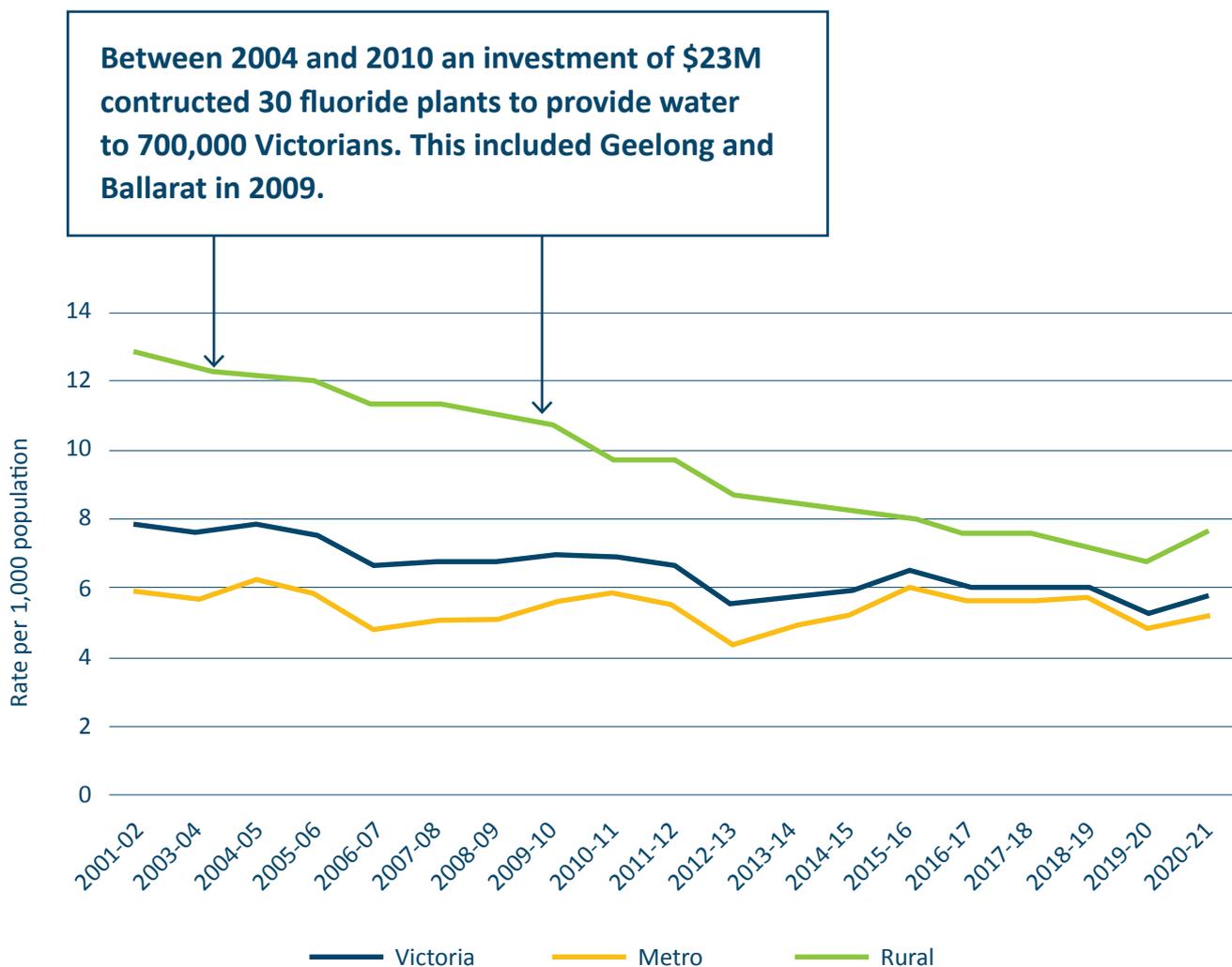
Source: Figure provided by the Victorian Department of Health, personal communication, July 15, 2022.

We are leaders in trialling medically supervised injecting rooms to keep people safe

People experiencing drug dependence need access to facilities where they can inject drugs safely in a medically supervised environment. This avoids people injecting at home or in public, where they are more likely to die or experience harm and may pose risks for other people in their home or the community. Medically supervised injecting rooms (MSIRs) are a safety-first, medical approach that is focused on harm reduction.

The Victorian Government introduced a trial MSIR in North Richmond in 2018, only the second to be introduced in the country. This followed concerns about the increasing number of people dying from heroin, and 2 parliamentary inquiries and coronial findings that showed that a MSIR would prevent people dying from heroin overdose. The City of Yarra, which includes the suburb of North Richmond, had the highest frequency of heroin-related deaths over the 9 years from 2009 to 2018. In 2015, 35 people died from overdoses from heroin purchased or used in the City of Yarra.[28]

In addition to providing supervised injecting services for up to 20 people at a time, the MSIR provides people with on-site health and social support services, including alcohol and other drug treatment, primary care, oral health, blood-borne virus treatment, mental health support, housing and homelessness services and legal support.

An independent panel, chaired by Professor Margaret Hamilton AO, was appointed to review the initial 2-year trial of the North Richmond MSIR.

Data that matter

MSIR had more than
119,000
VISITS

Supervised more than
116,000
INJECTIONS

Successfully managed
3,200
OVERDOSES

Saved more than
21
PEOPLE FROM DYING

Over the first 18 months of the MSIR's operation, it was estimated to have had more than 119,000 visits, supervised more than 116,000 injections, successfully managed 3,200 overdoses and saved more than 21 people from dying.

In addition, it provided screening, assessment, treatment initiation and monitoring of blood-borne viruses for approximately 300 people. It has also reduced ambulance attendances for overdoses and reports of public injecting.[29]

In 2020, the independent panel recommended that the MSIR trial be expanded to another MSIR in the City of Melbourne, where there were 51 deaths caused by heroin between 2015 and 2019. The Victorian Government accepted this recommendation and has commenced work to establish a second trial MSIR in the City of Melbourne.

PREVENTING SKIN CANCER

We led the world in making the Victorian community safer in the sun

Many Victorians would be familiar with Cancer Council Victoria's iconic *Slip! Slop! Slap!* campaign, first launched in the summer of 1980–81, and in 2008 expanded to *Slip, Slop, Slap, Seek, Slide. Slip! Slop! Slap!* and SunSmart were jointly funded by VicHealth and Cancer Council Victoria until 2019. SunSmart is now funded by the Victorian Government in partnership with Cancer Council Victoria.

The success of SunSmart has been the result of this sustained investment, along with SunSmart's innovative multi-component approach, which involves research and evidence-based mass media campaigns, advocacy and community programs.

SunSmart community programs include the SunSmart Schools and Early Childhood Membership Program developed in the early 1990s. These and other SunSmart campaigns have led to significant improvements in sun-protective behaviours in the Victorian community, including sunscreen use and hat wearing.[30]

Data that matter

Skin cancer costs

30 times

MORE TO TREAT THAN TO PREVENT

Every dollar invested in SunSmart saves

$2.22

IN COSTS OF TREATING SKIN CANCER

SunSmart is highly cost-effective. Skin cancer costs 30 times more to treat than to prevent. Every dollar invested in SunSmart saves the Victorian health system $2.22 in costs of treating skin cancer, helping to maintain a sustainable health system for all Victorians.[31]

SunSmart campaigns and programs are estimated to have prevented more than 43,000 cases of skin cancer and saved the lives of 1,400 Victorians between 1988 and 2011.[32] Although the rate of melanoma incidence continues to increase overall in Victoria, the increase has slowed since the mid-1990s. In women, the rate has plateaued.[33]

SunSmart has had a national and global impact. SunSmart programs now exist in every Australian state and territory, and many countries, including New Zealand, United States, United Kingdom, Ireland and Denmark have applied learnings from the SunSmart program, and adopted SunSmart and *Slip! Slop! Slap!* slogans. In 2004, Cancer Council Victoria was made a WHO Collaborating Centre for UV Radiation in recognition of the work of SunSmart.

The Andrews Labor Government announced in 2015 that it would provide $15.1 million for the prevention and early detection of skin cancer, including $5 million in campaigns and $10 million to its Shade Grants Program over 2019 to 2023. This program, administered by the Victorian Department of Health, aims to increase shade in public places across Victoria and promote sun-protective practices.

By continuing to invest in SunSmart and skin cancer prevention, the Victorian Government can further drive down skin cancer rates and save many more Victorians from deadly skin cancer.

Figure 2: Trend in incidence and mortality of melanoma for the period 1982 to 2020 by sex[34]

Average annual change (Males):
Incidence 1.6%, Mortality -0.3%

Average annual change (Females):
Incidence 0.6%, Mortality -1.6%

Y-axis: Age standardised rate (per 100,000)

Legend: Male, Incidence — Male, Mortality — Female, Incidence — Female, Mortality
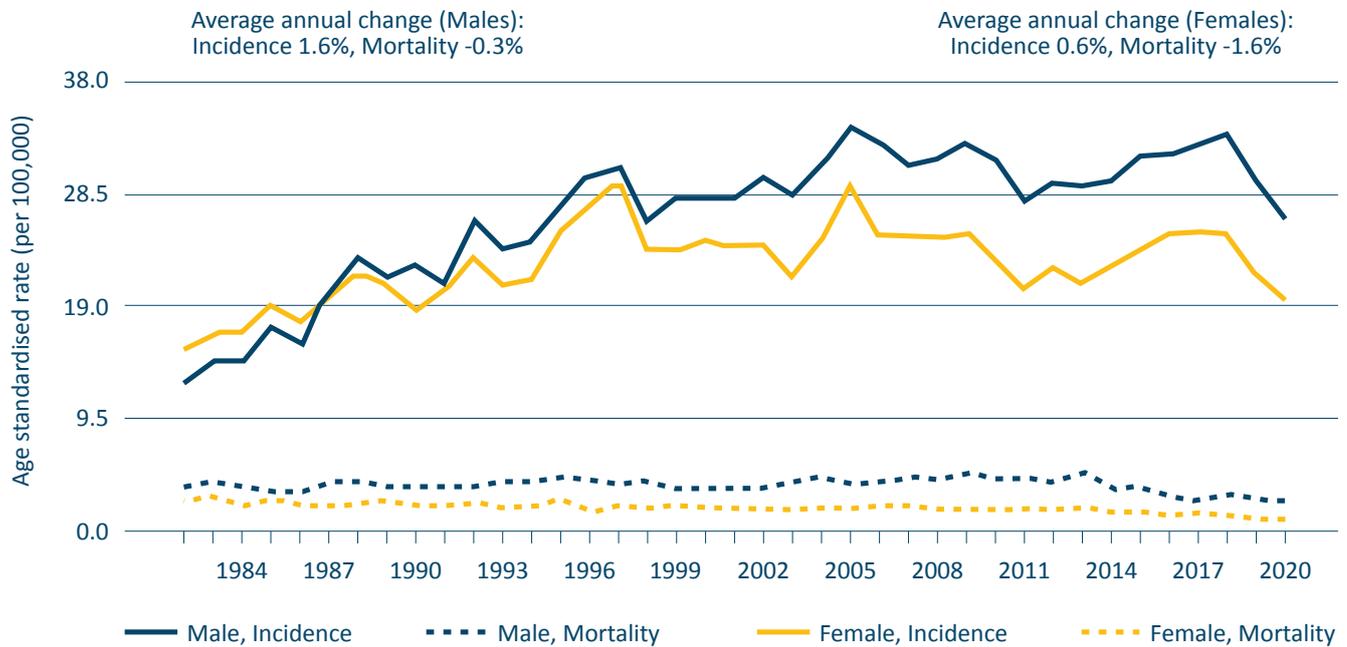
Source: Victorian Cancer Registry, Cancer Council Victoria 2022

CASE STUDY: Clare Oliver and SunSmart's campaign for a Victorian solarium ban

In 2007, Victorian woman Clare Oliver died from melanoma at only 26 years of age. Clare had used a solarium 20 times in her early 20s, and believed this, combined with excessive sun exposure, contributed to her melanoma diagnosis. Just weeks before her death, Clare bravely shared her story to warn others of the dangers of solarium use and to call for a solarium ban.

Clare's story was central to SunSmart's 'No tan is worth dying for' campaign, which was instrumental in the Victorian Government's decision to lead the country by introducing stronger solarium regulation in 2009, including a ban on solarium use for people younger than 18 or with very fair skin.

In 2011, Cancer Council Victoria's Centre for Behavioural Research in Cancer released research finding that 90 per cent of Melbourne solarium operators were not complying with one or more Victorian solarium regulations, with 80 per cent of operators allowing minors younger than 18 to use solariums.[35] This research contributed to the Victorian Government's decision to ban commercial solarium use altogether in 2012.
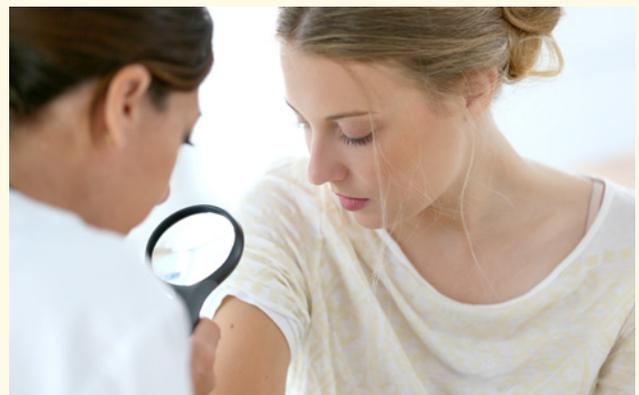
The Victorian ban came into effect in 2015, along with bans in most other Australian states and territories.

It is projected that for young Australians over their remaining lives, commercial solarium bans will prevent 31,009 melanomas and 468,249 non-melanoma skin cancers. This will save many Australian lives. It will also save the Australian health system more than $64 million in healthcare costs.[36]

PROVIDING QUALITY MATERNAL CHILD HEALTH SERVICES

We provided quality maternal and child health services for babies, children and families

Victorian babies, children and families are healthier, happier and better supported than in previous generations, thanks to Victoria's long-standing Maternal and Child Health (MCH) Service.

The Victorian MCH Service is a free, universal primary health service available to all Victorian families with children from birth to school age. The service provides free, practical support and advice at centres across the state. It consists of 3 components: the Universal MCH program, the Enhanced MCH program and the 24-hour MCH Line.

Victoria's MCH services were pioneered by a group of determined and committed health professionals who set out to reduce the high death rate of babies in the early 20th century. In 1916, a committee of Melbourne medical practitioners recommended that baby health clinics be established in Victoria, and in 1917 the first clinic opened in North Richmond.

By 1918, 9 centres had opened across inner Melbourne and Geelong. By 1926, after the baby health clinics had been established for a decade, the death rate of babies had reduced by half. Better access to support and education through the centres is likely to have contributed to this decline, along with factors such as improved sanitation (particularly the removal of nightsoil), improvements in the quality of water and milk supplies, increases in breastfeeding and women having fewer births.[37]

Due to the voluntary work of hundreds of Victorian women, and the commitment of successive Victorian governments, baby health centres have expanded across Victoria. Mobile services have been provided to rural families, and the MCH Line provides 24-hour support to parents. From 2000, the Enhanced MCH program provided intensive support to vulnerable families experiencing parenting difficulties and to children at risk of harm. There are now 662 MCH centres across Victoria and over 1,100 MCH nurses.

Data that matter

Victoria's adjusted perinatal mortality rate was

10.1
PER 1000 BIRTHS
AMONG SMOKERS

Victoria's adjusted perinatal mortality rate was

8.8
PER 1000 BIRTHS
AMONG NON-SMOKERS

From 2018–2020, Victoria's adjusted perinatal mortality rate was 10.1 per 1,000 births among smokers compared to 8.8 per 1,000 births among non-smokers.[38]

The Victorian Government continues to support maternal and child health programs, including the MCH Service and parenting support reforms to help families prepare their children for kindergarten and school. The Victorian Government is also committed to expanding the Enhanced MCH program to support the 15 per cent of Victorian families with babies and children younger than 3 years old.
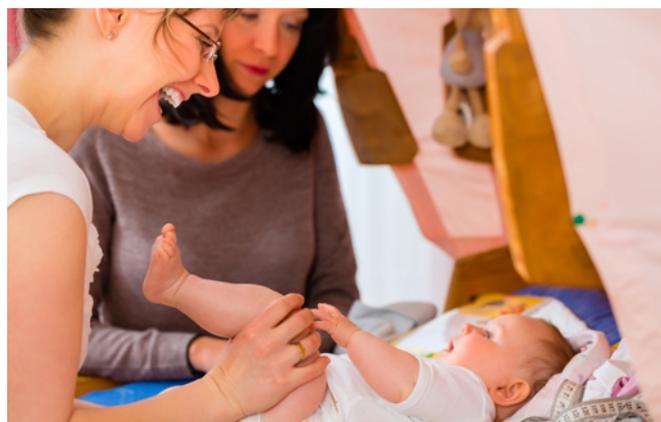
CASE STUDY: INFANT program

The INFANT program supports parents and families with healthy eating, active play and reducing screen time over the first 2 years of their child's life, to build the foundations for a healthy and active childhood and adulthood. Under the program, parents or caregivers attend 4 face-to-face group sessions led by a nurse or other practitioner, with content reinforced via a mobile app. The sessions are underpinned by the principles of anticipatory guidance and social support.

The program is based on more than 10 years of research by the Institute for Physical Activity and Nutrition (IPAN) at Deakin University. The program was first undertaken as the Infant Feeding Activity and Nutrition Trial (INFANT) research trial in 2008, involving first time parents across 14 local government areas. The research trial achieved positive outcomes for the eating and activity behaviours of children and families.

Children watched 25 per cent less television, consumed 25 per cent fewer sweet snacks and had improved dietary quality. Children of younger or less educated mothers drank more water and ate more vegetables. Outcomes for mothers included eating less high-energy processed foods and less high-fat foods, along with significant improvements in their knowledge of child feeding and healthy eating messages. The program produced improved health outcomes for children from birth through to 5 years of age.[39]

In 2013, INFANT was implemented at the community level as part of the Victorian and Australian governments' Healthy Together Victoria initiative. The INFANT program is led by IPAN, and supported by a multidisciplinary international team, including universities and researchers, health promotion professionals, local government, VicHealth and the Victorian Department of Health.

REDUCING INCIDENCE OF HIV/AIDS

We are leaders in reducing HIV/AIDs and improving the lives of people living with HIV

Victoria's world-leading HIV response has been defined by achievements across a broad range of areas, with health promotion, prevention, testing, treatment, workforce development and surveillance at the forefront. In 3 decades, an HIV diagnosis has transformed from being a universal death sentence to a manageable chronic disease. An end to the transmission of the virus in Victoria is a realistic possibility in the years ahead.

Victoria's world-leading HIV response has been defined by achievements across a broad range of areas, with health promotion, prevention, testing, treatment, workforce development and surveillance at the forefront.

The success of Victorian efforts to reduce the incidence of HIV/AIDs and improve the quality of life for people living with HIV is the result of actions including listing the breakthrough preventive drug treatment pre-exposure prophylaxis (PrEP) on the Pharmaceutical Benefits Scheme (PBS), increased testing, effective antiretroviral drugs and safe-sex messaging.

The availability and uptake of PrEP has been transformative in the management of HIV transmission, and Victoria was an instrumental jurisdiction on the global stage for research demonstrating the success and value of PrEP.

A partnership between the Victorian Government, the Victorian AIDS Council (now Thorne Harbour Health) and Alfred Health, provided funding to the PrEP study, PrEPX, between 2016 and 2018. This landmark study enabled 4,258 at-risk Victorians to access PrEP, tripled sexual health testing, and contributed a robust body of evidence that supported the case to have PrEP listed on the PBS.

The Victoria Government commitment, underscored by the *Victorian HIV Strategy 2017–2020* and a $1.2 million funding boost for HIV cure and vaccine research, demonstrates the vital role of political engagement and investment in reducing incidence of HIV/AIDs and improving the quality of life for people living with HIV.

Victoria has continued to lead the way with initiatives including the PRONTO! rapid testing service, the PozQoL quality-of-life measure for people living with HIV (which was led by Victoria and is now used across Australia), and the establishment of Victoria's first HIV peer navigator service.

Data that matter

93%

OF HIV POSITIVE MEN UNDERGOING TREATMENT HAVE AN UNDETECTABLE VIRAL LOAD
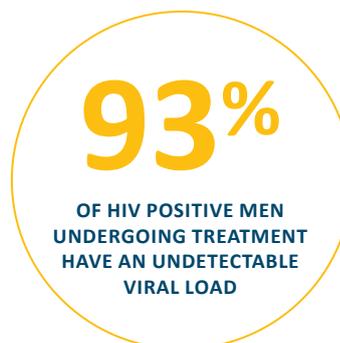
In the 2020 Melbourne Gay Community Periodic Survey, nearly all HIV-positive men (92 per cent) reported being on HIV treatment and 93% of HIV positive men undergoing treatment have an undetectable viral load.[40]

CASE STUDY: Melbourne – Australia's first Fast-Track City

In 2015, the Victorian Government, in partnership with the City of Melbourne, committed to a global initiative to fast-track local responses to HIV and AIDS.

The Fast-Track Cities initiative asked cities to commit to the following targets by 2020:

- Ninety per cent of people living with HIV know their HIV status (that is, 90 per cent of the estimated number of people with HIV have had confirmed diagnoses).
- Ninety per cent of people who know their HIV status are on antiretroviral therapy.
- Ninety per cent of people on antiretroviral therapy achieve viral suppression or undetectable viral load.
- Zero stigma and discrimination.

Melbourne is among the most successful Fast-Track Cities participants to date. Along with Amsterdam, San Francisco and Denver, Melbourne has already achieved its diagnosis target and has some of the highest rates of treatment and undetectable viral load in the world.

Under the *Victorian HIV Strategy 2017–2020*, Victoria further committed to 95–95–95 targets for testing, treatment and undetectable viral load by 2030, and the elimination of stigma and discrimination.

IMPROVING WORKPLACE SAFETY

We led Australia in reducing workplace accidents

One of the most significant public health success stories in Victoria is the improvement of workplace health and safety. This has been achieved through continual advancements since the introduction of Victoria's landmark safety and compensation scheme by the Cain Labor Government in 1985.

The *Accident Compensation Act 1985* established a single government insurance scheme known as WorkCare, which replaced more than 50 insurers. The scheme introduced a hybridised workers compensation system for injured workers and performance-based safety legislation.

Together, the compensation and safety regimes improved the welfare of Victorians by reducing the number of workplace accidents and illnesses, and reducing the cost to the community of compensating workers for their injuries.

In 1992, the Kennett Coalition Government set up the Victorian WorkCover Authority (VWA) to manage the compensation scheme. Four years later, the VWA was expanded to be the agency responsible for the complete cycle of compensation and safety across the state.

WorkSafe – the prevention arm of the VWA – was given its own identity in 2001. WorkSafe is Victoria's health and safety regulator under the *Occupational Health and Safety Act 2004*. It is also responsible for workers compensation and the rehabilitation of injured workers under the *Accident Compensation Act 1985* and the *Workplace Injury Rehabilitation and Compensation Act 2013*.

WorkSafe has become one of most effective occupational health and safety regulators in the country and the world. Known for its powerful and emotional advertising designed to encourage behaviour change, WorkSafe has released more than 70 major campaigns over the past 30 years.

Data that matter

58,700
1985

INJURIES HALVED
over three decades
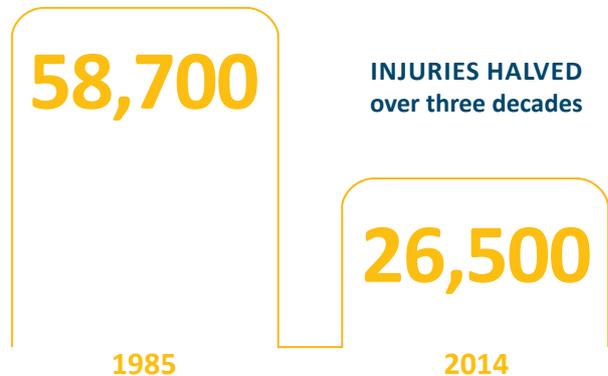
26,500
2014

An analysis of 30 years of claims in 2015 demonstrated several significant changes in Victorian workplaces:

- **Injuries halved over three decades, from 58,700 in 1985 to 26,500 in 2014.**
- **Injuries to young workers aged 15–24 made up more than 18 per cent of all claims in 1985. This had fallen to 8.6 per cent by 2014.**
- **Almost 39 per cent of injury claims came from the manufacturing sector in 1986. In 2014, this had fallen to 17 per cent of all claims.**

Although workplace accidents have reduced, and approaches to workplace health and safety have improved significantly over the past 30 years, aided by the modernisation of many workplaces, it is critical that workplace safety remains a public health focus in Victoria. The progress in injury prevention has stalled in recent years.

Mental injury claims, which in 1985 accounted for just 2.8 per cent of all injuries, now account for 11.4 per cent of all workplace injuries investigated, indicating a need to pay more attention to issues such as stress, workload and bullying in the workplace.[41]

We established the world's first health promotion foundation

In 1987, the Victorian Health Promotion Foundation (VicHealth) was established with bipartisan support under the Victorian *Tobacco Act 1987* (Tobacco Act).[42] The key political leader and advocate for the Tobacco Act was then Health Minister, David White, whose father had died from a smoking-related illness.[43] In a world-first model, VicHealth was funded through hypothecated tobacco fees imposed under the Tobacco Act until 1997, when the High Court of Australia held that state tobacco fees were excise duties and therefore invalid.[44] Since then, the Tobacco Act has provided for VicHealth to be funded from consolidated revenue.[45]

The Tobacco Act sets out VicHealth's statutory objectives, which include funding activity related to the promotion of good health, safety or the prevention and early detection of disease, and encouraging healthy lifestyles and pursuits in the community.[46]

As the world's first health promotion foundation, VicHealth has facilitated many of Victoria's public health successes.

From its replacement of tobacco billboard advertising with 200 VicHealth billboard advertisements in 1989, VicHealth has paved the way for innovative new approaches to health, making a positive impact on the lives of many Victorians.

VicHealth continues to implement and fund a wide range of innovative and effective health promotion programs to support good health and wellbeing in Victoria, including across our priority areas for future preventive health action.

Violence against Women

In 2004 VicHealth released its seminal report *The Health Costs of Violence Against Women* 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. 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 today. It was another decade before the Victorian Government's Royal Commission into Family Violence embarked on a public examination of the problem in 2015.

VicHealth has been a key funder and supporter of programs including the world-leading Quit and SunSmart programs, the Centre for the Study of Mothers' and Children's Health, the first Victorian breast screening program, and the first community-based cervical screening program.

This Girl Can

VicHealth launched This Girl Can Victoria in 2018 to motivate and empower women to get active. Specifically, it's about challenging traditional gender roles and stereotypes in sport by celebrating and empowering women to feel comfortable in their bodies and public spaces. In 2021 it inspired over 340,000 women to get active in their home or in their neighbourhood during the pandemic.

Future Healthy

In 2021 VicHealth launched its Future Healthy Campaign – to envisage a Victoria where no young person is denied a future that is healthy. The campaign sees a future with vibrant communities, where young people are connected, active, enjoy wholesome food and feel great. It is an investment in locally led solutions, right across the state, to elevate and act upon the voices of young Victorians.

PROGRESSING TOWARDS THE ELIMINATION OF CERVICAL CANCER

We led the world in moving towards eliminating cervical cancer

Victoria continues to move towards a future free of cervical cancer, with progress over the last decade suggesting the state will be one of the first jurisdictions globally to eliminate the disease.

Data that matter

Invasive cervical cancer has declined

48%

OVER THE LAST 38 YEARS
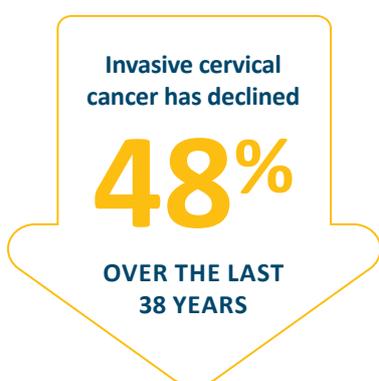
The incidence of cervical cancer in Victoria continues to drop significantly, with most recent Victorian statistics revealing the age-standardised rate of invasive cervical cancer has declined 48 per cent over the last 38 years.

With a rate of 4.8 new cases per 100,000 people, cervical cancer is now considered a rare disease in Victoria.[47]

The World Health Organization has called for global elimination of cervical cancer by 2030. To achieve this goal a target of 4 cases per 100,000 has been set.

As demonstrated in Figure 3, Victoria is well placed to meet this target.

The success of the program to eliminate cervical cancer in Victoria highlights the need to prioritise robust public health measures in the community.

Victoria is now seeing the benefits of the world-leading National Human Papillomavirus (HPV) Vaccination Program, with a recent decline in pre-cancer and invasive cervical cancer in young women demonstrating the effectiveness of HPV vaccination in preventing cervical cancer (which is almost entirely caused by HPV).

In addition, the National Cervical Screening Program, which commenced in December 2017, is already showing promising results, with a significant increase in pre-cancers detected. It is estimated the new program, with a cervical screening test every 5 years instead of a Pap test every 2 years, will reduce cervical cancer rates and deaths in Australia by at least another 20 per cent.[48]

Victorian organisations including Cancer Council Victoria, in partnership with the Victorian Government, have been at the forefront of motivating parents and guardians to consent to their children receiving the HPV vaccine and encouraging women and people with a cervix to take part in cervical screening, with an emphasis on unscreened and under-screened populations.

Figure 3: Trend in incidence and mortality of cervical cancer incidence of pre-cancers, for the period 1982–2020

Figure 3 shows that since 1982 incidence of invasive cervical cancer has decreased by an average of 2.7% per year in females. Over the past 38 years, mortality from invasive cervical cancer has decreased by 4.9% per year in females. For the same period, the incidence of pre-cancer (HSIL/AIS) has increased by an average of 1.9% in females.

Average annual change (Invasive):
Incidence -2.7%, Mortality -4.9%

Average annual change (HSIL/AIS):
Incidence -1.9%

Y-axis: Age standardised rate (per 100,000) — 114.0, 85.5, 57.0, 28.5, 0.0
X-axis: 1984, 1987, 1990, 1993, 1996, 1999, 2002, 2005, 2008, 2011, 2014, 2017, 2020

Legend: High-grade Squamous Intraepithelial Lesion (HSIL)/ — Invasive, Incidence — Invasive, Mortality
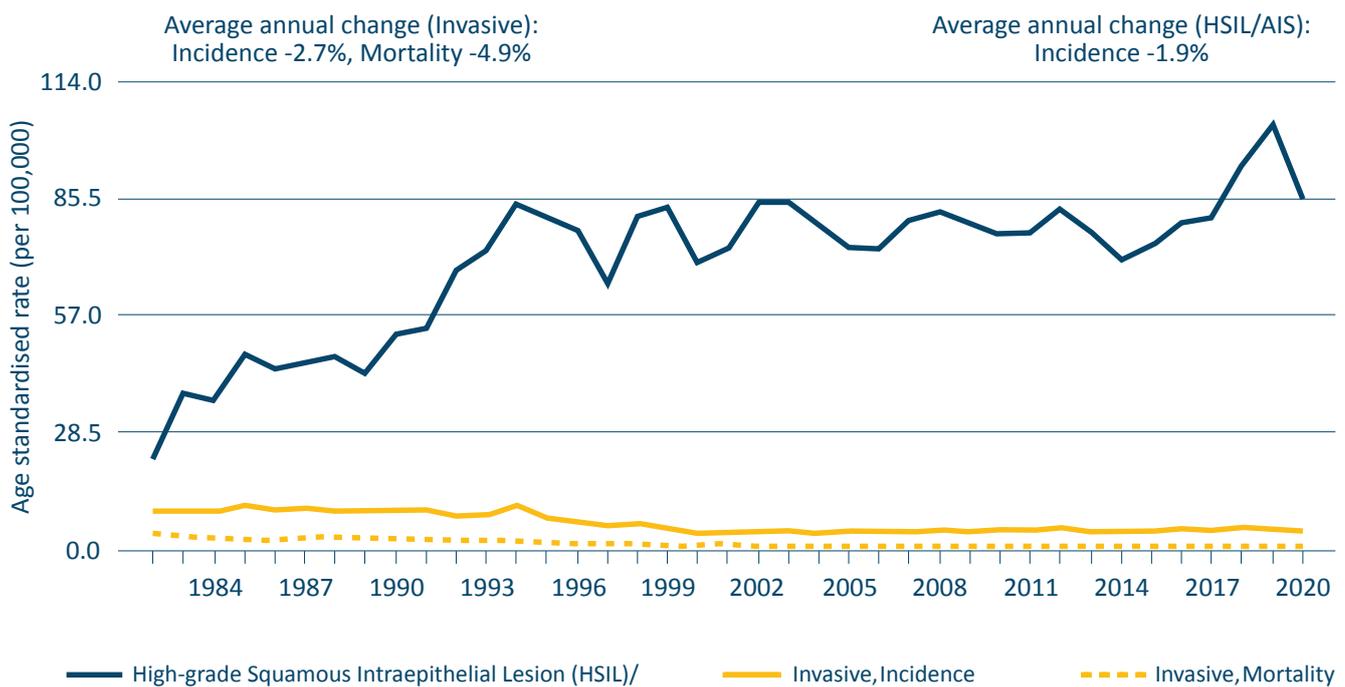
Source: Victorian Cancer Registry, Cancer Council Victoria 2022

Moving towards eliminating cervical cancer is a priority of the Victorian Government, with the *Victorian Cancer Plan 2020–2024* setting out a range of actions to reach unscreened and under-screened populations, including Aboriginal and Torres Strait Islander women, women from diverse cultural backgrounds, women with disabilities and those who identify as LGBTIQ+.

Victoria's considerable progress towards eliminating cervical cancer is one of its brightest public health successes, achieved through collaborative efforts to encourage women to take part in cervical screening, increasing HPV vaccinations among vulnerable groups, mass media campaigns and an extensive program of community engagement work.

PART 2: LOOKING TO THE FUTURE

1 Embed diversity, equity and inclusion

2 Prioritise Victoria's public health workforce

3 Act on climate change and its impact on health

4 Implement mental health system reform

5 Improve the health and wellbeing of Aboriginal and Torres Strait Islander Victorians

6 End family violence in Victoria

7 Deliver health promoting environments that protect Victorians from harmful products

8 Prepare for infectious diseases

9 Provide access to social housing for all Victorians who need it

10 Create a healthy, secure and sustainable food system

While we have made great public health gains, the work is far from over.

In 2020, the emergence of COVID-19 challenged Victoria's health system like never before and required a massive public health response, highlighting the need for Victoria to have an agile health system, a skilled workforce with surge capacity, a focus on chronic disease prevention and a preparedness for infectious disease and future threats.

It is not acceptable that people living in lower socio-economic areas of Victoria live, learn and work in less healthy environments, with easier access to alcohol, gambling and unhealthy food and less access to quality education and active living, when compared to people in higher socio-economic areas. Addressing these determinants is vital for promoting healthy Victorian people, families and communities.

We know what to do to create the conditions for *all* Victorians to live happy and healthy lives.

Victoria's investment in public health is only about 2 per cent of the health budget, with no overall growth over time.[49] At the same time, Victoria's total health expenditure is trending up in an unsustainable manner.[49] For example, there is currently a critical need for acute healthcare in Victoria, which in turn is resulting in longer wait times for elective surgery, preventable hospital admissions, overloading of emergency departments and ambulance ramping.

It is not too late to reverse these trends. Most importantly, we must shift the health system and health budget towards prevention, and increase investment in preventive health to 5 per cent of total health expenditure by 2030, in line with the National Preventive Health Strategy 2021–2030.[50] This includes investment in the public health workforce, strategies that focus on preventing illness and that benefit people at highest risk of ill health, and systems for health surveillance and evaluation. Sustained investment in all three pillars (workforce, strategies and surveillance) is required to reduce preventable disease and to demonstrate social and economic return on investment.

Further to investing into public health workforce and health surveillance, a more sustainable and wellbeing-oriented health budget means investing more into strategies that prevent mental health issues and end family violence. It means strengthening health and wellbeing initiatives for Aboriginal and Torres Strait Islander Australians, reducing the impact of harmful products on children, and ensuring all Victorians have access to affordable, healthy food.

The priority action areas outlined in this section provide a roadmap for governments to invest in public health and to deliver a safer, healthier, and happier community for all.

1 Embed diversity, equity and inclusion

2 Prioritise Victoria's public health workforce

Access to decent health care and enjoyment of the conditions for good health are universal human rights. In Victoria, postcodes determine an individual's life expectancy.[51] Other personal circumstances also impact upon health. It is unfair and wrong that some people cannot access local, culturally safe, and affordable services that are essential for wellbeing. Examples of groups facing discrimination, marginalisation and subsequent health risks include Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people, LGBTIQ+ people, people living with a disability or mental illness, survivors of family violence, people who are long-term unemployed and people seeking asylum. For a more equitable and inclusive health system, PHAA recommends the Victorian Government:

- ensures universal access to high quality, accessible, culturally safe health care
- addresses the excessive risk exposures and causes of health inequities
- adopts a multisectoral approach to policy development
- collects, analyses and reports data from Victorian Government datasets taking into account the diversity, needs and intersectionality of all Victorians
- ensures that people who experience inequities maintain involvement in the planning, development, governance and evaluation of policies, programs and services.

COVID-19 highlighted the importance of a strong, scalable and multidisciplinary public health workforce for health protection and disease control in Victoria.

A more resilient, high-functioning public health workforce will help all Victorians in the long term. PHAA recommends the Victorian Government:

- delivers a long-term budget commitment to Local Public Health Units, with an expanded remit to deliver on priorities outlined in the Victorian Public Health and Wellbeing Plan
- delivers structured training opportunities for medically and non-medically trained staff
- develops career pathways that build competencies in policy and service delivery settings for a pipeline of senior and highly trained public health leaders in Victoria.

3   Act on climate change and its impact on health

Action to ensure a safe environment and climate is a critical and urgent public health priority. Climate change is acknowledged to be the greatest global threat of the 21st century. In Victoria, natural disasters such as the heatwaves of 2009 and 2014 contributed to 374 and 167 excess deaths respectively,[52] and the 2016 thunderstorm asthma event contributed to the deaths of 9 people and a 3,000 per cent increase in asthma-related intensive care unit admissions[53].

PHAA recommends the Victorian Government:

- implements policies that reduce emissions and support renewable energy infrastructure
- delivers policies and actions to support sustainable, healthy urban design and transport
- takes action to support a sustainable and resilient healthcare sector, including through mitigation of health-care related greenhouse gas emissions.[51]

4   Implement mental health system reform

Around one in five Victorians experience an episode of mental illness each year and nearly half of all Victorians will experience mental illness at some stage in their lifetime. The demand for mental health care has been exacerbated by the COVID-19 pandemic and the impacts of ongoing climate change events, including the severe 2019–20 bushfire season. The recent Royal Commission into Victoria's Mental Health System found the system to be underfunded, overstretched and crisis-driven.[54] More needs to be done to keep people mentally healthy and prevent mental health conditions from occurring in the first place, wherever possible.

PHAA recommends the Victorian Government:

- acts to reduce the negative impacts of social determinants of health and to reduce mental and physical health inequities
- invests in initiatives that promote mental health and wellbeing and primary prevention
- provides universal access to mental health care, including for people who experience marginalisation or discrimination
- ensures people with mental illness receive appropriate, affordable, non-stigmatising and effective care for both their mental and physical health.

5 **Improve the health and wellbeing of Aboriginal and Torres Strait Islander Victorians**

Aboriginal and Torres Strait Islander Victorians should experience the same health outcomes, quality of life and life expectancy as non-Indigenous Victorians. However, due to a range of complex historical, political and social factors, including the ongoing impacts of colonisation and intergenerational trauma and unfair incarceration rates, Aboriginal and Torres Strait Islander Victorians continue to have a life expectancy around 10 years lower and experience more disease and disability than non-Indigenous Victorians. A culturally responsive and whole-of-lifespan approach is necessary to close the gap in health and wellbeing outcomes.

PHAA recommends the Victorian Government:

- provide greater investment in prevention strategies and approaches that address the social and cultural determinants of health, including colonisation, intergenerational trauma, structural racism, self-determination, cultural identity, connection to Country and history
- provide funding and prioritisation of Aboriginal Community Controlled Health Organisations
- improve the collection, use, reporting and sharing of Aboriginal and Torres Strait Islander data across Victorian Government datasets to ensure this is done in a way that is transparent, culturally safe and equitable
- undertake actions to grow the Aboriginal and Torres Strait Islander public health workforce.

6 **End family violence in Victoria**

All Victorians deserve to be safe, equal and respected. However, approximately one-quarter of women in Australia have experienced at least one incident of violence by an intimate partner and intimate partner violence is the leading preventable contributor to ill health, injury and death of Australian women aged 15 to 44 years.[55,56] Family violence was significantly exacerbated during the COVID-19 pandemic. Prioritising gender equity and inclusion is essential to ending family violence in Victoria.

PHAA recommends the Victorian Government:

- fund and implement primary prevention activities for gender equity in all settings, including government and community agencies
- undertake rigorous research, evaluation and monitoring that is inclusive of a diversity of experiences
- translate public services into modes that are more accessible to a geographically, culturally and linguistically diverse community.

7 Deliver health promoting environments that protect Victorians from harmful products

All Victorians should have the opportunity to lead long, healthy and productive lives, free of chronic diseases, in environments that support health and wellbeing. More than half (51 per cent) of Victorian adults are overweight (30 per cent) or obese (21 per cent) and more than half (51 per cent) do not meet physical activity guidelines.[57,58] Many Victorians, including our children and young people, experience one or more risk factors for chronic diseases, such as overweight or obese, poor nutrition or physical activity, tobacco use, or unsafe alcohol consumption. Only through a strong commitment to environments that reduce exposure to harmful products and promote good health and wellbeing for all Victorians will we see an improvement.

PHAA recommends the Victorian Government:

- protect vulnerable Victorians through controls on availability and promotion of unhealthy products and services
- prioritise the protection of children and adolescents from the influence of the marketing of unhealthy, energy-dense, nutrient-poor food and beverages
- plans for safe, inclusive and accessible communities that consider walkability, public transport, public open spaces, housing affordability, employment and the food and alcohol environment.

8 Prepare for infectious diseases

Lessons from the responses by different jurisdictions to the COVID-19 pandemic have demonstrated the need to prepare for future outbreaks of infectious diseases in Victoria. Implementing a decentralised public health system with expert-driven leadership, as one part of a coordinated approach to disease control, is a priority for infectious disease management and pandemic readiness.

PHAA recommends the Victorian Government:

- prepares Victoria's public health workforce, processes and systems for future pandemics
- integrates equity considerations into the full range of infectious disease regulation, community engagement, communications, testing, vaccination, contact tracing, outbreak management and surveillance activities.

9 Provide access to social housing for all Victorians who need it

All Victorians should have access to suitable, affordable and secure housing to improve stability and safety while also enabling community participation and ensuring autonomy. Victoria has the lowest proportion of social housing in Australia. As a result, over 100,000 Victorians are on a waitlist for housing.[59]

PHAA recommends the Victorian Government:

- continues to invest in social and public housing for people who cannot afford rent
- increases affordable housing options through rental subsidies and initiatives that meet the needs of the most disadvantaged members of our community.

10 Create a healthy, secure and sustainable food system

All Victorians must have reliable access to healthy and culturally appropriate food and be supported to eat well by a healthy, equitable, resilient and sustainable food system. In Victoria, only 6% of adults meet guidelines for vegetable consumption.[60] The global and local challenges of poor nutrition are intrinsically linked with climate change and therefore need to be addressed together.

PHAA recommends the Victorian Government:

- acts to ensure effective food relief efforts at a state level, including emergency relief coordination and frameworks to map and plan food demand
- acts to ensure sustainable and resilient food systems in Victoria
- introduces food waste reduction measures
- strengthens labelling and information measures that support consumption of healthy and ecologically sustainable diets.

The public health success stories outlined in this report have saved many Victorian lives, and will continue to do so into the future. They also help Victorians, including future generations, to lead happier, healthier lives. While these successes deserve to be recognised and celebrated, work in these areas is far from over.

Ongoing commitment, investment and innovation is needed to continue to support Victorians to quit smoking and protect young Victorians from the insidious strategies of the tobacco industry, encourage Victorians to be safe when in the sun, on our roads and at work, improve the oral health of all Victorians, and provide Victorian babies and children with the best start to life. By continuing our efforts and maintaining our focus, we can be among the first jurisdictions globally to eliminate cervical cancer, the transmission of HIV, and road deaths within the next decades.

However, as we recover from the COVID-19 pandemic, attention must also turn to addressing the health inequities and vulnerabilities still experienced by too many Victorians. We must also focus on Victoria's future health priorities and challenges, and build the foundations we need to tackle them.

To ensure Victoria is positioned to do this, the health system and its budget must be reoriented to prevention, with Victoria and Australia's investment in prevention increasing to 5 per cent of total health expenditure by 2030 in line with the *National Preventive Health Strategy 2021–2030*. We must build a strong public health workforce, and a sustainable health system.

The Victorian Government must be bold in its approach to public health reform if it is serious about taking pressure off the healthcare system. This means further investment in those initiatives described above, as well as mental health and ending family violence. It means strengthening health and wellbeing initiatives for Aboriginal and Torres Strait Islander Peoples, reducing the impact of harmful products on children, and ensuring all Victorians have access to affordable, healthy food. Additionally, Victorians deserve more investment in the development of their public health workforce, public health units, and the prevention activities that keep them healthy.

If we invest more now, especially in key priority areas, all individuals in Victoria will benefit now, and the next generation will enjoy a healthier, happier, more equitable future.

1   Australian Institute of Health and Welfare, *National Drug Strategy Household Survey 2019*, Australian Institute of Health and Welfare, Canberra, 2020, https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/summary, accessed 16 November 2021.

2   Quit Victoria, Cancer Council Victoria, '30 years of Quit saves half a million Victorians' [media release], https://www.vichealth.vic.gov.au/-/media/ResourceCentre/MediaCentre/Media-Releases/2015/QUIT30MR-final_21-5-15.pdf?la=en&hash=D3B77102720C4364B24 C97BE13D6ECDC291BC768, VicHealth, 21 May 2015, accessed 16 November 2021.

3   Quit Victoria, Cancer Council Victoria, '30 years of Quit saves half a million Victorians'.

4   Australian Institute of Health and Welfare, *National Drug Strategy Household Survey 2019*.

5   Victorian Department of Health, *Tobacco-free living*, Department of Health website, n.d., https://www.health.vic.gov.au/chief-health-officer/tobacco-free-living, accessed 3 December 2021.

6   *Tobacco Act 1987* (Vic), ss 6–15D; Tobacco Advertising Prohibition Act 1992 (Cth).

7   *Tobacco Plain Packaging Act 2011* (Cth); *Competition and Consumer Act 2010* (Cth), Schedule 2, s 134; Competition and Consumer (Tobacco) Information Standard 2011.

8   *Tobacco Act 1987* (Vic), ss 5J–5RI.

9   N McCaffrey and R Carter, *Economic evaluation of the Victorian Quitline service*, Deakin University and Cancer Council Victoria, 2018, https://www.quit.org.au/documents/245/Economic_evaluation_of_the_Victorian_Quitline_service.pdf, accessed 15 November 2021.

10 Victorian Department of Health, *Tobacco free living*, Department of Health website, n.d., https://www.health.vic.gov.au/chief-health-officer/tobacco-free-living, accessed 15 July 2022.

11 MH Winstanley and EM Greenhalgh, '3.0 Introduction' in MM Scollo and MH Winstanley (eds), *Tobacco in Australia: facts and issues*, Cancer Council Victoria, 2019, http://www.tobaccoinaustralia.org.au/chapter-3-health-effects/3-0-background, accessed 15 November 2021.

12 S Byrne, E Brindal, G Williams, K Anastasiou, A Tonkin, et al., *E-cigarettes, smoking and health: a literature review update*, CSIRO, 2018, https://www.csiro.au/en/research/health-medical/diseases/health-impacts-of-electronic-cigarettes, accessed 15 November 2021; T Asher, JL Belden, G Kelsberg and S Safranek, 'Does using e-cigarettes increase cigarette smoking in adolescents?', *Journal of Family Practice*, 2019, 68(10):E12–E3.

13 MA Wakefield MA, D Germain D and SJ Durkin SJ, (2008) 'How does increasingly plainer cigarette packaging influence adult smokers' perceptions about brand image? An experimental study', Tobacco Control, 2018, 17:416–21.

14 R Clun, 'A decade on from plain packaging, what is the result?' *Sydney Morning Herald*, 12 July 2021, https://www.smh.com.au/politics/federal/a-decade-on-from-plain-packaging-what-is-the-result-20210709-p588e7.html, accessed 3 December 2021.

15 Transport Accident Commission (TAC), *Road safety monitor 2019*, TAC, 2020, https://www.tac.vic.gov.au/__data/assets/pdf_file/0011/445781/Road-Safety-Monitor-2019-Final-19.05.20.pdf, accessed 16 November 2021.

16 MH Cameron, N Haworth, J Oxley, S Newstead and T Le, *Evaluation of Transport Accident Commission road safety television advertising*, Monash University Accident Research Centre, 1993, https://www.monash.edu/muarc/archive/our-publications/reports/muarc052, accessed 14 November 2021.

17 See for example: Cameron, Haworth, Oxley, Newstead and Le T, *Evaluation of Transport Accident Commission road safety television advertising* https://www.monash.edu/muarc/archive/our-publications/reports/muarc052; A D'Elia, S Newstead and MH Cameron, *Overall impact during 2001–2004 of Victorian speed-related package*, Monash University Accident Research Centre, 2007, https://www.monash.edu/__data/assets/pdf_file/0003/217335/ Overall-impact-during-2001-2004-of-Victorian-speed-related-package.pdf, accessed 15 November 2021; N Candappa, A D'Elia, B Corben and S Newstead, *Evaluation of the effectiveness of flexible barriers along Victorian Roads*, Monash University Accident Research Centre, 2009, https://www.monash.edu/__data/assets/pdf_file/0005/216851/Evaluation-of-the-effectiveness-of-flexible-barriers-along-Victorian-roads.pdf, accessed 15 November 2021; S Newstead, K Diamantopoulou, M Cameron and N Candappa, *Evaluation of the crash effects of Victoria's fixed freeway speed cameras*, Monash University Accident Research Centre, 2019, https://www.monash.edu/__data/assets/pdf_file/0004/2506909/MUARC-Baseline-Fixed-Speed-Camera-Evaluation-MUARC-Report-350.pdf, accessed 15 November 2021.

18 TAC, *Road safety monitor* 2019.

19 Victorian Department of Transport, *Victorian Road Safety Strategy 2021–2030*, State of Victoria, 2020, https://transport.vic.gov.au/getting-around/roads/safer-roads-in-our-hands, accessed 15 November 2021.

20 Transport Accident Commission (TAC), *Lives lost – annual*, TAC website, n.d., https://www.tac.vic.gov.au/road-safety/statistics/lives-lost-annual, accessed 2 December 2021.

21 Royal Automobile Club of Victoria (RACV), *Submission to Inquiry into the Increase in Victoria's Road Toll*, Victorian Parliament, 2020, https://www.parliament.vic.gov.au/images/stories/committees/SCEI/Inquiry_into_the_Increase_in_Victorias_Road_Toll_/Submissions/S53_-_RACV_Redacted.pdf, accessed 16 November 2021.

22 Victorian Department of Transport, *Victorian Road Safety Strategy 2021–2030*.

23 Victorian Department of Health, *Water fluoridation for healthy teeth*, Victorian Government, 2021, https://www.health.vic.gov.au/water/water-fluoridation-in-victoria, accessed 31 January 2021.

24 J Armfield, A Spencer, K Roberts-Thomson and G Slade, *Lifetime exposure to water fluoridation and child caries experience*, presented at the 86th General Session and Exhibition of the International Association for Dental Research, Toronto, Canada, 2018.

25 Clinical Trials Centre, University of Sydney, *Information paper – water fluoridation: dental and other human health outcomes*, National Health and Medical Research Centre (NHMRC), 2017.

26 National Health and Medical Research Centre (NHMRC), *Water fluoridation and human health in Australia: questions and answers*, NHMRC, 2017, https://www.nhmrc.gov.au/sites/default/files/documents/attachments/water-fluoridationqa.pdf, accessed 16 November 2021.

27 Cobiac LJ, Vos T. Cost-effectiveness of extending the coverage of water supply fluoridation for the prevention of dental caries in Australia. Community Dent Oral Epidemiol. 2012 Aug;40(4):369-76.

28 Victorian Department of Health, *Medically supervised injecting room review panel*, Victorian Government, 2020, https://www.health.vic.gov.au/aod-treatment-services/medically-supervised-injecting-room-independent-review-panel, accessed 15 November 2021.

29 Victorian Department of Health, *Medically supervised injecting room review panel*.

30 SJ Dobbinson, A Volkov and MA Wakefield, 'Continued impact of SunSmart advertising on youth and adults' behaviors', *American Journal of Preventive Medicine*, 2015, 49(1):20–8.

31 STF Shih, R Carter, S Heward and CA Sinclair, 'Skin cancer has a large impact on our public hospitals but prevention programs continue to demonstrate strong economic credentials', *Australian New Zealand Journal of Public Health*, 2017, 41(4):371–376.

32 STF Shih, R Carter, S Heward and CA Sinclair, 'Skin cancer has a large impact on our public hospitals but prevention programs continue to demonstrate strong economic credentials', *Australian New Zealand Journal of Public Health*, 2017, 41(4):371–376.

33 DJ Curchin, VR Harris, CJ McCormack and SD Smith, 'Changing trends in the incidence of invasive melanoma in Victoria, 1985-2015', *Medical Journal of Australia*, 2018, 208(6):265–269.

34 Melanoma: Victorian Cancer Registry, *Cancer Council Victoria: Melanoma statistics and trends*, Cervical Cancer: Victorian Cancer Registry. Cervical cancer statistics and trends, Cancer Council website, https://www.cancervic.org.au/research/vcr/cancer-fact-sheets/melanoma.html, accessed 27 July 2022

35 J Makin, K Hearne and S Dobbinson, 'Compliance with age and skin type restrictions following the introduction of indoor tanning legislation in Melbourne, Australia', *Photodermatology, Photoimmunology and Photomedicine*, 2020, 27(6):286–93.

36 LG Gordon, C Sinclair, N Cleaves, JK Makin, AJ Rodriguez-Acevedo and AC Green, 'Consequences of banning commercial solaria in 2016 in Australia', *Health Policy*, 2020, 124(6):665–670.

37 Australian Nursing and Midwifery Federation (ANMF) Victorian Branch and Victorian Association of Maternal and Child Health Nurses (VAMCHN), *100 years of maternal and child health nursing 1917–2017*, ANMF website, 2017, https://otr.anmfvic.asn.au/articles/100-years-of-maternal-and-child-health-nursing-1917-2017, accessed 16 November 2021.

38 Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM), *Victoria's mothers, babies and children: 2017*, State of Victoria, 2019, https://www.safercare.vic.gov.au/sites/default/files/2019-05/Mother%27s%20Babies%20and%20Children%20Report%202017_FINAL-WEB.pdf, accessed 11 July 2022.

39 Deakin University, *The Infant Feeding and Nutrition (INFANT) program*, Deakin University website, 2021, https://www.deakin.edu.au/ipan/our-research/the-infant-feeding-activity-and-nutrition-infant-program, accessed 3 December 2021.

40 T Broady, C Chan, B Bavinton, L Mao, T McKenzie T, C Batrouney, C Burnett, M West, G Prestage and M Holt, *Gay Community Periodic Survey: Melbourne 2020*, UNSW Centre for Social Research in Health, 2020.

41 WorkSafe Victoria, *Claims statistical report by financial year*, WorkSafe Victoria website, 2019, https://www.worksafe.vic.gov.au/resources/claims-statistical-report-financial-year, accessed 25 January 2022.

42 *Tobacco Act 1987* (Vic), s 16.

43 Cancer Council Victoria, The Victorian *Tobacco Act 1987* – the untold story, VicHealth website, 2007, https://www.vichealth.vic.gov.au/~/media/About%20Us/Story%20of%20Vichealth/Attachments/VictorianTobaccoAct_1987.ashx, accessed 14 November 2021.

44 Ha v New South Wales [1997] HCA 34; (1997) 189 CLR 465; (1997) 146 ALR 355; (1997) 71 ALJR 1080 (5 August 1997).

45 *Tobacco Act 1987* (Vic), s 32.

46 *Tobacco Act 1987* (Vic), s 17.

47 Victorian Cancer Registry, *Cancer in Victoria: statistics & trends 2019*, Cancer Council Victoria, 2019, https://www.cancervic.org.au/downloads/cec/cancer-in-vic/Cancer-in-Victoria-statistics-and-trends-2019.pdf, accessed 3 December 2021.

48 Cancer Council, *A guide to: cervical screening*, Cancer Council website, 2021, https://www.cancer.org.au/cancer-information/causes-and-prevention/early-detection-and-screening/cervical-cancer-screening, accessed 2 December 2021.

49 Australian Institute for Health and Welfare (AIHW), Health Expenditure Australia 2019-20, *Data tables for Health Expenditure*, AIHW, 2021, https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2019-20/data, accessed 13 July 2022.

50 Australian Department of Health, *National Preventive Health Strategy*, Australian Government, 2021, https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030.pdf, accessed 7 July 2022.

51 Australian Bureau of Statistics (ABS), 'ABS life tables, 2018–2020', *2.1 Life tables*, ABS, 4 November 2021, https://www.abs.gov.au/statistics/people/population/life-tables/latest-release, accessed 21 June 2022.

52 Bureau of Meteorology (BOM), *Special Climate Statement 17: The exceptional January-February 2009 heat wave in south-eastern Australia*, BOM, 2009, http://www.bom.gov.au/climate/current/statements/scs17c.pdf, accessed 16 November 2021; Victorian Government Department of Human Services, *January 2009 heatwave in Victoria: An assessment of health impacts*, State of Victoria, 2012, https://www.health.vic.gov.au/publications/january-2009-heatwave-in-victoria-an-assessment-of-health-impacts, accessed 16 November 2021.

53 Victorian Department of Health and Human Services, *The November 2016 Victorian epidemic thunderstorm asthma event: an assessment of the health impacts: the Chief Health Officer's report*, State of Victoria, 27 April 2017, https://content.health.vic.gov.au/sites/default/files/migrated/files/collections/research-and-reports/t/thunderstorm-asthma-health-impact-2017-pdf, accessed 16 November 2021.

54 Royal Commission into Victoria's Mental Health System, *Interim report*, Royal Commission into Victoria's Mental Health System, 2019, http://rcvmhs.archive.royalcommission.vic.gov.au/interim-report.html, accessed 15 November 2021; Royal Commission into Victoria's Mental Health System, *Fact sheet – Promoting mental wellbeing for all Victorians*, Royal Commission into Victoria's Mental Health System, 2019, https://finalreport.rcvmhs.vic.gov.au/wp-content/uploads/2021/01/Fact-Sheet-—-Promoting-mental-wellbeing-for-all-Victorians.pdf, accessed 15 November 2021.

55 Victorian Government, (2020) About family violence in Victoria, Victorian Government website, 2020, https://www.vic.gov.au/about-family-violence-victoria, accessed 15 November 2021.

56 AIHW, 'Australian Burden of Disease Study: Impact and causes of illness and death in Australia', *Australian Burden of Disease Study series no. 3. Cat. no BOD 4*, AIHW, Canberra, 2011.

57 Victorian Agency for Health Information, *Victorian Population Health Survey 2020 dashboard*, Better Safe Care Victoria website, 2021, https://www.bettersafercare.vic.gov.au/reports-and-publications/vphs2020, accessed 15 November 2021.

58 Australian Institute of Health and Welfare (AIHW), *Insufficient physical activity web report*, AIHW website, 2020, https://www.aihw.gov.au/reports/risk-factors/insufficient-physical-activity/contents/insufficient-physical-activity, accessed 7 July 2022.

59 The Housing Peaks Alliance, (2020) *Make social housing work: a framework for Victoria's public and community housing 2020–2030*, Council to Homeless Persons, 2020, https://vpta.org.au/make-social-housing-work, accessed 7 July 2022.

60 Victorian Agency for Health Information, *Victorian Population Health Survey 2019: summary of results*, State of Victoria, Melbourne, 2021.

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