Victorian public health and wellbeing outcomes framework

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Measuring our progress

Achieving better health and wellbeing for all Victorians is a shared responsibility. It needs collective and sustained effort from many partners, including government, non-government organisations, businesses, health professionals, communities, families and individuals. However, it is not always easy to measure the combined impact of this effort.

The *Victorian public health and wellbeing outcomes framework* (the outcomes framework) provides a transparent approach to monitoring and reporting progress in our collective efforts to achieve better health and wellbeing.

It aligns with the Department of Health and Human Services' outcomes framework, and reflects the public health and wellbeing priorities and platforms for change identified in the *Victorian public health and wellbeing plan 2015–2019*, and the intent of the *Public Health and Wellbeing Act 2008* (the Act).

The outcomes framework brings together a comprehensive set of indicators drawn from multiple data sources. These indicators can help us track whether our combined efforts are improving the health and wellbeing of Victorians over time.

In particular, the outcomes framework is designed to help us understand to what extent avoidable gaps in health status between different population groups in Victoria are being reduced.

The *Victorian public health and wellbeing plan 2015–2019* proposes a bold vision for the state:

> a Victoria free of the avoidable burden of disease and injury so that all Victorians can enjoy the highest attainable standards of health, wellbeing and participation at every age.

A Victoria free of the avoidable burden of disease and injury so that all Victorians can enjoy the highest attainable standards of health, wellbeing and participation at every age.

The outcomes framework translates this vision into a quantifiable set of outcomes, indicators, measures and targets. Together, these components measure key aspects of the health and wellbeing of the Victorian population. The outcomes framework aims to provide a clear sense of direction for all contributors and stakeholders on what needs to be achieved in the longer-term, better define how we will measure and report on progress, and guide how we calibrate and improve our efforts to achieve change.

Importantly, the outcomes framework provides a mechanism, where data is available, for reporting and monitoring of inequalities between population groups such as Aboriginal and Torres Strait Islander people and culturally and linguistically diverse groups, and geographic areas. This is designed to focus attention on the gaps between the health and wellbeing of those Victorians facing various forms of disadvantage, and the population as a whole. Clearly identifying where these gaps are will help prioritise and support our efforts to ensure that wherever possible no one is left behind in achieving better health and wellbeing.

The outcomes framework includes a number of health and wellbeing targets the Victorian Government has committed to, which will be built on over time, and which are consistent with the priorities of the *Victorian public health and wellbeing plan 2015–2019*. These long-term targets include those set through state policies, such as Education State, as well as targets Victoria has committed to through national agreements, and, where relevant, those developed under international agreements (such as the World Health Organization's non-communicable disease targets). It is anticipated that new targets will also be developed over time.

A long-term focus

The outcomes framework will be used to monitor the progress of longer-range outcomes, so it spans a longer timeframe than the current Victorian public health and wellbeing plan. It can take years, and sometimes decades, to see real improvements in many health conditions at the population level. Diseases caused by smoking are an example of this.

Many of the building blocks for achieving longer-term change have started or are in development, and many of these are captured in key actions summarised in the document that accompanies this outcomes framework: *Implementing the Victorian public health and wellbeing plan 2015–2019: Taking action – the first two years* (the action plan).

The indicators set out in the outcomes framework align with these actions, but focus on the longer term to track changes in health and wellbeing over time.

A whole-of-government approach to outcomes

The outcomes framework aligns with the Victorian Government's overarching outcomes approach.

This allows us to identify and quantify the public value created by departments and agencies across the Victorian Government. By doing so, we can focus on what really matters, and make genuine and lasting change in the prosperity and wellbeing of Victorians.

Tracking progress on outcomes helps us to:

- provide evidence of what works
- support more rigorous testing of public agency strategies
- encourage a culture of continuous learning.

Individual departments develop their outcomes frameworks in keeping with the whole-of-government architecture. The Department of Health and Human Services' outcomes framework provides the domains and outcomes used across the health and human services sectors.

The *Victorian public health and wellbeing outcomes framework* aligns with the Department of Health and Human Services outcomes framework, and includes an additional domain – 'Victoria is liveable' – derived from the Department of Economic Development, Jobs, Transport and Resources outcomes framework. This domain has been included to reflect the wider focus on healthy and liveable environments in the strategic directions of the *Victorian public health and wellbeing plan 2015–2019*.

Overview of the outcomes framework

Outcomes can be defined at different levels, such as the population level, the system level, the program level or the individual level.

This outcomes framework focuses on the population level. It does not include outcomes relating to access to services and facilities, rates of participation in programs or services, or individual client outcomes. These system, program and client level outcomes are measures of shorter term impacts and important information required to establish a clear line of sight between inputs, outputs and longer-term outcomes.

Table 1 provides an overview of the domains, outcomes and indicators of the outcomes framework.

The outcomes framework identifies more than 30 Victorian or Australian data collections to monitor changes over time.

Table 1: Summary of the outcomes framework

Domain 1: Victorians are healthy and well

Outcome
Victorians have good physical health

Indicators
Increase healthy start in life
Reduce premature death
Reduce preventable chronic diseases
Increase self-rated health
Decrease unintentional injury
Increase oral health
Increase sexual and reproductive health

Outcome
Victorians have good mental health

Indicators
Increase mental wellbeing
Decrease suicide

Outcome
Victorians act to protect and promote health

Indicators
Increase healthy eating and active living
Reduce overweight and obesity
Reduce smoking
Reduce harmful alcohol and drug use
Increase immunisation

Domain 2: Victorians are safe and secure

Outcome
Victorians live free from abuse and violence

Indicators
Reduce prevalence and impact of abuse and neglect of children
Reduce prevalence and impact of family violence
Increase community safety

Outcome
Victorians have suitable and stable housing

Indicator
Decrease homelessness

Domain 3: Victorians have the capabilities to participate

Outcome
Victorians participate in learning and education

Indicators
Decrease developmental vulnerability
Increase educational attainment

Outcome
Victorians participate in and contribute to the economy

Indicator
Increase labour market participation

Outcome
Victorians have financial security

Indicator
Decrease financial stress

Domain 4: Victorians are connected to culture and community

Outcome
Victorians are socially engaged and live in inclusive communities

Indicators
Increase connection to culture and communities
Increase access to social support

Outcome
Victorians can safely identify and connect with their culture and identity

Indicator
Increase tolerance of diversity

Domain 5: Victoria is liveable

Outcome
Victorians belong to resilient and liveable communities

Indicators
Increase neighbourhood liveability
Increase adaptation to the impacts of climate change

Outcome
Victorians have access to sustainable built and natural environments

Indicator
Increase environmental sustainability and quality

Purpose and application

As we implement the current public health and wellbeing plan and its successors, the outcomes framework will enable us to monitor our cumulative impact on changes to health and wellbeing.

By providing a systematic mechanism to track and report longer-term changes, the outcomes framework will allow us to identify emerging trends and potential problems.

This may include the positive or negative effects of unanticipated developments in the wider community, such as changes to policy settings at different levels of government, technological and scientific advances or private sector activities.

One of the main purposes of the outcomes framework is to assess inequalities according to specific population groups and geographic areas, where data is available, and thus to identify whether improvements to health and wellbeing are shared equally across Victoria.

Reporting against the measures in the outcomes framework can help answer broad questions such as:

- Are Victorians experiencing improved health and wellbeing?
- Which populations and locations are experiencing the greatest and the least improvements to health and wellbeing?
- Is the rate of premature death due to chronic diseases decreasing, and which diseases and conditions are driving the decrease?
- Is the prevalence of risk factors for chronic disease decreasing and are the differences between advantaged and disadvantaged groups improving?
- Is the prevalence of protective factors for health and wellbeing increasing and for whom?

It can also help to answer more specific questions such as:

- Is the number of overweight and obese people increasing more than population growth, and for which age groups? What is the distribution of overweight and of obesity by gender and socioeconomic status? Is this pattern changing? Are children and adults becoming obese at younger ages?
- Is the smoking rate decreasing? For those who do smoke, is there a delay in the age people start smoking?
- Is social cohesion of Victorian communities improving and for which geographic areas?

One of the main purposes of the outcomes framework is to assess inequalities according to specific population groups and geographic areas, where data is available, and thus to identify whether improvements to health and wellbeing are shared equally across Victoria.

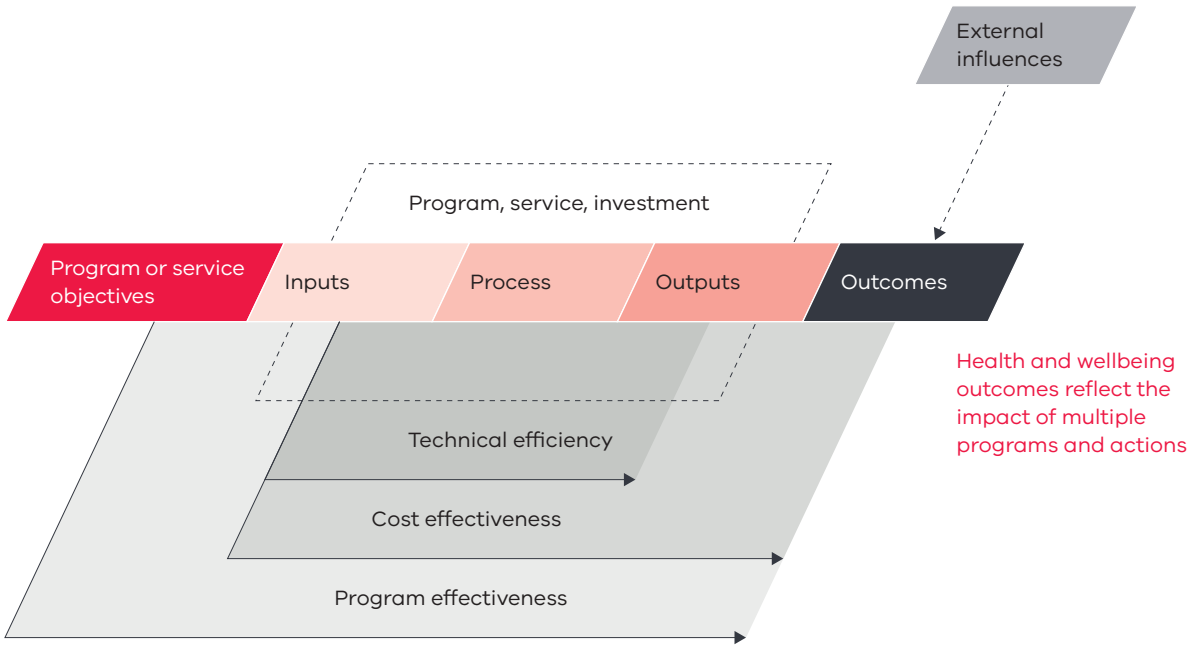
Connecting outcomes to inputs and outputs

By focusing on the end results we seek to achieve, an outcomes approach provides an overview of the collective impact of our efforts over time. This is valuable, but it does not tell us how this impact was achieved.

To enable a comprehensive assessment of the relationship between what we do, the resources we invest and the longer-term results, reports based on the outcomes framework must be complemented by rigorous evaluation of programs and continuous efforts to understand what works in different contexts.

This in turn must be accompanied by a sound understanding of inputs via performance management frameworks and service utilisation reporting. In this way, the outcomes framework also provides a transparent monitoring and accountability mechanism that can cascade down to the area, program and service levels (see Figure 1).

Figure 1: Relationship between inputs, outputs and outcomes



Source: *Adapted from Department of Economic Development, Jobs, Transport and Resources 2016*, Outcomes framework baseline report, *State Government of Victoria, Melbourne*. See *Productivity Commission 2016,* Report on government services 2016, vol. A: approach to performance reporting, *Productivity Commission, Canberra, or Victorian Auditor-General's Office 2014,* Public sector performance measurement and reporting, *State Government of Victoria, Melbourne*.

Currently, much of the data available in national and state level surveys (such as the *Victorian Population Health Survey*) is not reported against indicators or matched against agreed outcomes.

To address this, the outcomes framework connects domains, outcomes, indicators, targets and measures as part of an integrated measurement and monitoring system. This allows aligned and shared measures to be adopted at the regional and local level, and encourages joint accountability for population health across departments and agencies.

Systematically assessing and reporting on progress towards shared outcomes also supports the development of performance and evaluative measures.

For example, if individual initiatives appear to be working well based on short-term measures, but the outcomes do not improve over time, or only improve for certain groups, this should raise questions for program designers and managers. These questions might include assessing the mix of interventions being implemented, whether they are reaching the right people, whether there are gaps in what is being delivered, and the reasons why change is not being sustained.

Monitoring inequalities

The outcomes framework takes a whole-of-population view, but it also seeks to answer the central question of whether improvements in health and wellbeing are shared equally across Victoria.

For many outcomes, the variation within a population group or area may be large; these inequalities can be masked in state reporting.

When considering data sources that could monitor inequalities, we assessed whether measures could be reported at the state level by sociodemographic and population groups, by health and disability status, and for reporting at geographic levels..

Data collection is more complete for some measures than for others. For example there is generally better coverage for age and sex than for culturally and linguistically diverse populations or for sexual orientation.

In addition, data for some breakdowns is of insufficient quality (for example identification of Aboriginal Victorians in the death data) or the sample size is insufficient to robustly report (for example for some measures in local government areas).

The breakdown of population groups and geographic areas is described in Appendix 1. The current availability of data breakdowns for each measure is listed in Appendix 2.

Support for direction setting, leadership and building alliances

Monitoring and reporting on the health and wellbeing status of the population is a dynamic process.

The outcomes framework is a tool to ensure we are transparent about what we aim to achieve and whether we are achieving it. It is intended to inspire and channel collective efforts towards shared goals, establish common directions for change, adjust our practice and implement further reforms where needed.

By setting a vision of success, informed by practical measures, an outcomes approach can engage and mobilise communities, service delivery professionals and leaders across government, non-government organisations, and the private sector.

Who is the outcomes framework for

The outcomes framework is for agencies and organisations with responsibilities aligned with the *Victorian public health and wellbeing plan 2015–2019*. Major users will be state government departments and agencies, and local councils.

The outcomes framework will inform new plans, policies and strategies, and guide performance management, particularly where new evidence emerges of persisting inequalities. It can also be used and adapted at a regional level, and by the non-government sector.

Further work will be undertaken with local government to align local measures under municipal public health and wellbeing plans with the state-level framework.

Researchers can use the outcomes framework to inform investigations on the relationships between health and wellbeing, and the social determinants of health and wellbeing.

The outcomes framework will inform new plans, policies and strategies, and guide performance management, particularly where new evidence emerges of persisting inequalities.

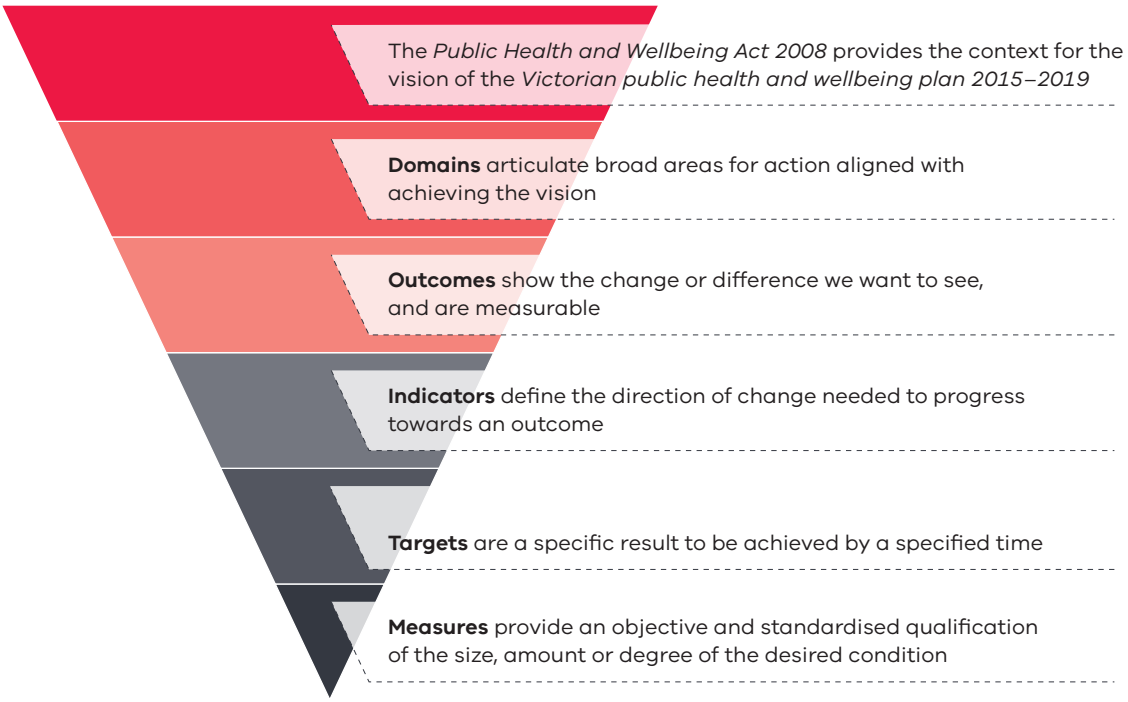
Structure of the outcomes framework

The outcomes framework is organised by the domains and outcomes of the Department of Health and Human Services outcomes framework, and translates various aspects of the Act and the *Victorian public health and wellbeing plan 2015–2019* into defined population-level indicators and measures.

Each component – domain, outcome, indicator, target and measure – provides increased technical detail or specificity.

Figure 2 shows the structure of the outcomes framework.

Figure 2: Structure of the outcomes framework



Domains

Domains are organising principles or 'dimensions' into which the vision of the *Victorian public health and wellbeing plan 2015–2019* is organised.

The domains provide a 'line of sight' from the overall vision to the outcomes, and describe key components of achieving the vision. These are our 'descriptions of success'.

The outcomes framework uses the same domains as the Department of Health and Human Services outcomes framework, with an additional domain – 'Victoria is liveable'. This additional domain reflects the contribution of safe, healthy and liveable environments to public health and wellbeing included in the *Victorian public health and wellbeing plan 2015–2019*, and is derived from the Department of Economic Development, Jobs, Transport and Resources outcomes framework.

Outcomes

Outcomes represent a desired condition of health and wellbeing that is specific enough to be measured. They show the change or difference we want to see for all Victorians. Although not explicitly stated, each desired outcome also includes a reduction in inequality.

The outcomes framework uses the outcomes from the Department of Health and Human Services outcomes framework, together with outcomes relating to healthy and sustainable environments.

Indicators

Indicators define the direction of change needed to progress towards an outcome. Each indicator reflects improvement that is clearly relevant, achievable and meaningful.

Indicators answer the question: how will we know if we are progressing toward the outcome?

Most outcomes have more than one indicator, reflecting contributions from multiple areas.

Targets

A target is a specific result that is to be achieved by a specified time.

The targets included in this outcomes framework represent long-term improvements in major health and wellbeing outcomes and relate to specific measures.

The targets included are those that the Victorian Government has committed to through state policies (such as Education State), national policies, or that Australia has committed to through international agreements. The majority of targets are to be achieved by 2025.

Where there was no alignment between state and other policies or agreements, we used the more ambitious targets:

- we use the Education State target for adolescents to increase physical activity by 20 per cent instead of the World Health Organization's *Global monitoring framework on noncommunicable diseases* target of a 10 per cent increase
- we use a target of a five per cent decrease in the prevalence of overweight and obesity by 2025 based on current trends in Victoria indicating that overweight and obesity may be plateauing, rather than the World Health Organization's *Global monitoring framework on noncommunicable diseases* target which is to halt the rise by 2025.

Measures

Measures provide an objective and standardised quantification of the size, amount or degree of the desired condition.

Measures must be understandable, enable comparison and be robust.

We chose measures according to their capacity to monitor inequalities, with particular attention to the opportunity to report at state level by sociodemographic groups, and by health and disability status; and for reporting at geographic levels.

Measures answer the question: how will we measure that?

There may be more than one measure for some indicators.

Measure details

Some measures have multiple elements (for example, when we measure across age groups).

These are numbered to correspond with the technical specifications of each measure defined in the *Victorian public health and wellbeing outcomes framework: data dictionary*.

Reporting against the outcomes framework

The outcomes framework will remain stable to enable the consistent monitoring of health and wellbeing.

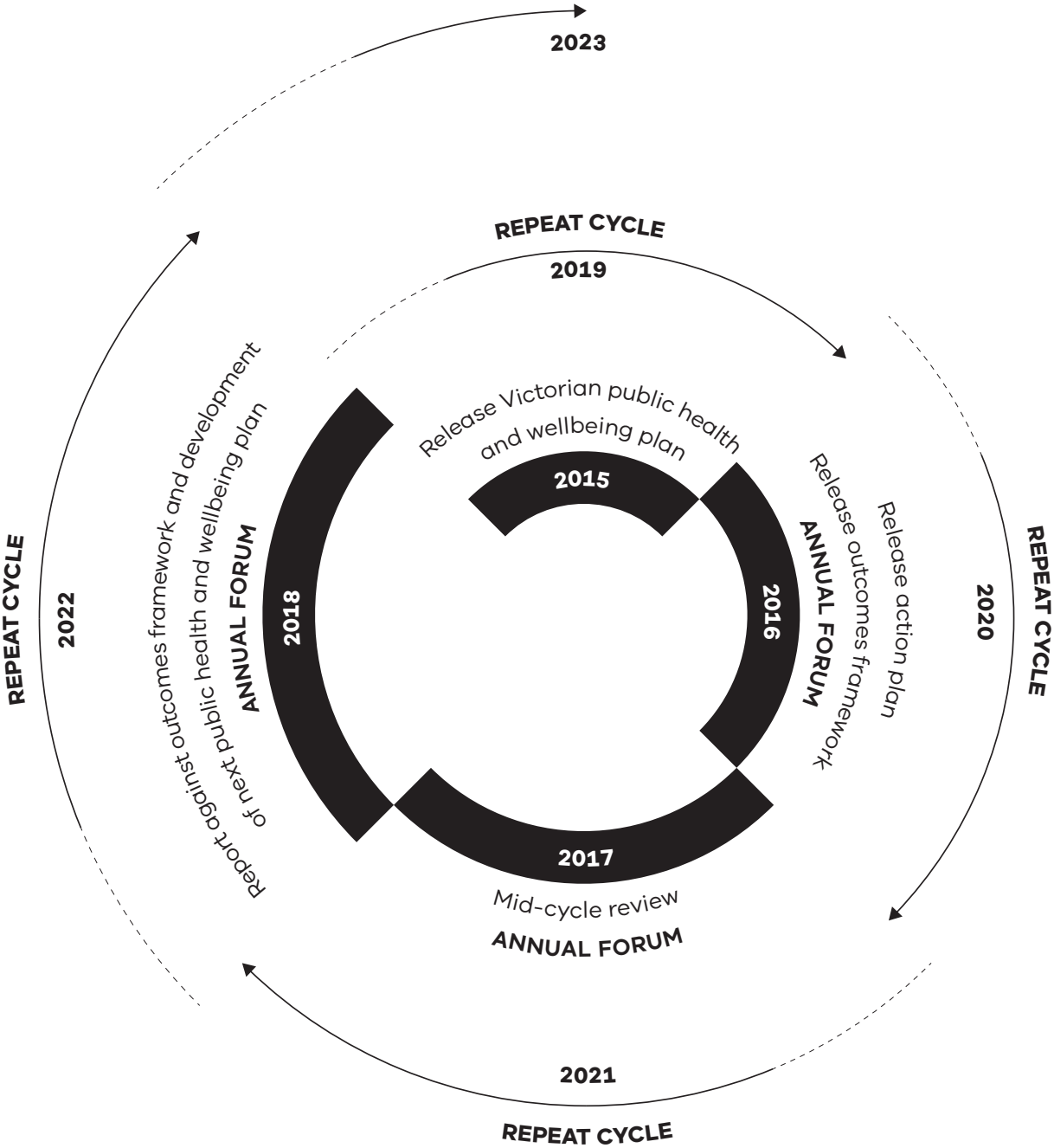
Reporting against the outcomes framework will occur every third year of the four-year public health and wellbeing planning cycle (see Figure 3).

Reporting will include assessment of progress towards identified targets.

Where targets for measures are not identified, the direction of change will be monitored. As new data becomes available it will be included on a dedicated website, designed specifically to report progress on outcomes. This will be coordinated with reporting against other outcomes frameworks across the Department of Health and Human Services and the Victorian Government.

The outcomes framework will be regularly reviewed to include new targets as the government makes commitments; and new population health and wellbeing data sources as they become available.

Figure 3: Cycle of planning, Forum and reporting against outcomes framework



Ambitious targets for our future

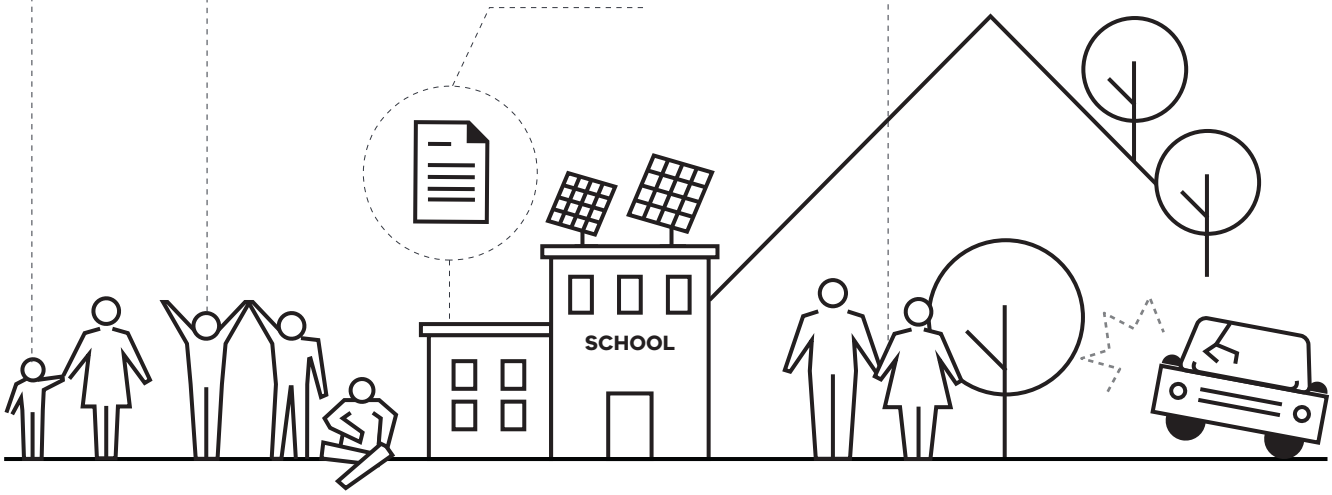
In line with state and national policies and international commitments, the Victorian Government is committed to achieving a number of key long-term targets (mostly by 2025). These initial targets will be built on over time as new targets are developed in areas such as family violence. The targets are included in the *outcomes framework*. The outcomes framework will help us track progress towards these targets, including whether we are achieving improvements among disadvantaged groups and geographic areas.

95 per cent coverage of **school entry immunisation**

20 per cent **increase in resilience of adolescents** by 2025

25 per cent **more Year 9 students will reach the highest levels of achievement in reading and maths** by 2025

Halt the rise in diabetes prevalence by 2025



30 per cent **decrease in smoking by adolescents and adults** by 2025

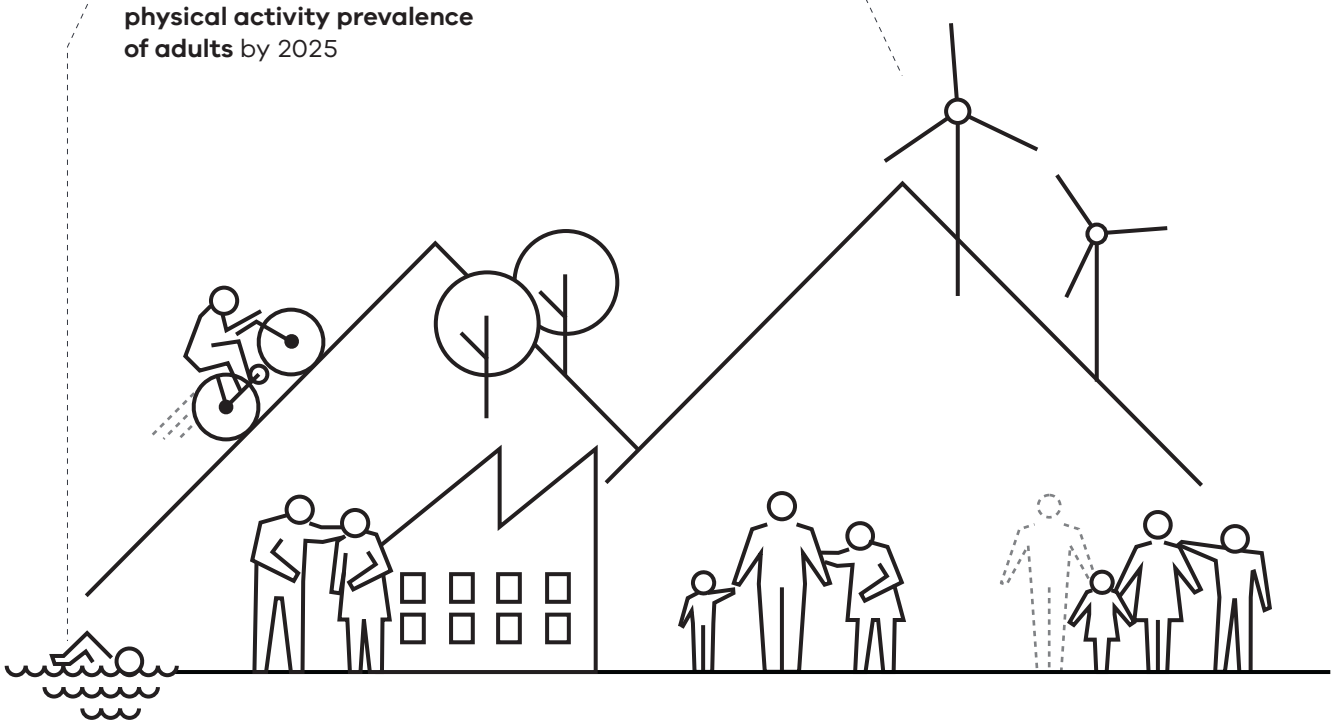
Five per cent **decrease in prevalence of overweight and obesity in children and adults** by 2025

20 per cent **decrease in deaths due to road traffic crashes** by 2020

20 per cent **increase in sufficient physical activity prevalence of adolescents** by 2025

10 per cent **increase in sufficient physical activity prevalence of adults** by 2025

25 per cent of the state's **electricity from Victorian-built renewable generation** by 2020; and 40 per cent by 2025



25 per cent **decrease in premature deaths due to chronic disease** by 2025

10 per cent **decrease in excess alcohol consumption by adolescents and adults** by 2025

Virtual elimination of HIV transmission by 2020

Outcomes framework specifications

See Appendix 1 for more information on how the outcomes framework was developed, including the criteria used to select indicators and measures. The outcomes align with the health and wellbeing priorities and the platforms for change set out in the *Victorian public health and wellbeing plan 2015–2019*.

Domain 1: Victorians are healthy and well

Outcome 1.1: Victorians have good physical health

Indicators	Targets	Measures	Measure detail	Data dictionary reference
Increase healthy start in life		Death rate of children under five years	Death rate of children under 5 years	1.1.1.1
		Proportion of babies born of low birthweight	Proportion of babies born of low birthweight	1.1.1.2
		Proportion of mothers who smoked tobacco in the first 20 weeks of pregnancy	Proportion of mothers who smoked tobacco in the first 20 weeks of pregnancy	1.1.1.3
		Proportion of children exposed to alcohol in utero	Proportion of children exposed to alcohol in utero	1.1.1.4
Reduce premature death	25 per cent decrease in premature deaths due to chronic disease by 2025 from 2010 baseline Source: World Health Organization 2013, *Global monitoring framework on noncommunicable diseases*	Premature death rate	Premature death rate	1.1.2.1
		Premature death rate due to chronic diseases	Premature death rate due to cancer, CVD, diabetes and chronic respiratory disease	1.1.2.2.A
			Premature death rate due to circulatory diseases	1.1.2.2.B
			Premature death rate due to coronary heart disease	1.1.2.2.C
			Premature death rate due to stroke	1.1.2.2.D
			Premature death rate due to cancer	1.1.2.2.E
		Inequality of premature death rates	Rate ratio of premature death between socioeconomic disadvantage quintiles	1.1.2.3.A
			Rate ratio of premature death between Aboriginal and non-Aboriginal Victorians	1.1.2.3.B
			Rate ratio of premature death between local government areas	1.1.2.3.C
		Life expectancy	Life expectancy at birth	1.1.2.4.A
			Median age of death	1.1.2.4.B

Indicators	Targets	Measures	Measure detail	Data dictionary reference
Reduce preventable chronic diseases	Halt the rise in diabetes prevalence by 2025 (0 per cent increase by 2025) from 2011–12 baseline Source: World Health Organization 2013, *Global monitoring framework on noncommunicable diseases*	Prevalence rate of type 2 diabetes in adults	Prevalence rate of type 2 diabetes in adults (self-report)	1.1.3.1
Increase self-rated health		Proportion of adults, adolescents and children with very good or excellent self-rated health	Proportion of adults who self-rate their health as very good or excellent	1.1.4.1.A
			Proportion of adolescents 10–17 years who self-rate their health as very good or excellent	1.1.4.1.B
			Proportion of children 0–12 years whose health is rated as very good or excellent	1.1.4.1.C
Decrease unintentional injury	20 per cent decrease in deaths due to road traffic crashes by 2020 from 2015 baseline Source: State Government of Victoria 2016, *Towards zero 2016–2020 road safety strategy*	Deaths due to road traffic crashes	Deaths due to road traffic crashes	1.1.5.1.A
			Death rate due to road traffic crashes	1.1.5.1.B
		Hospitalisation rate due to falls in older adults	Hospitalisation rate due to falls in adults 65 years and older	1.1.5.2
		Death rate for injury in children and young people	Death rate for injury in children and young people 0–25 years	1.1.5.3
Increase oral health		Rate of potentially preventable dental hospitalisations of children	Rate of potentially preventable dental hospitalisations of children 0–9 years	1.1.6.1
Increase sexual and reproductive health	Virtual elimination of HIV transmission by 2020 Source: Commonwealth Government of Australia 2014, *Seventh national HIV strategy 2014–2017*	Notification rate of newly acquired HIV	Notification rate of newly acquired HIV	1.1.7.1
		Proportion of people testing positive for Chlamydia	Proportion of people testing positive for Chlamydia	1.1.7.2
		Notification rate for gonorrhoea	Notification rate for gonorrhoea	1.1.7.3
		Proportion of adolescents who practice safe sex by using a condom	Proportion of adolescents who practice safe sex by using a condom	1.1.7.4
		Notification rate of newly acquired hepatitis C	Notification rate of newly acquired hepatitis C	1.1.7.5
		Birth rate for young women 15–19 years	Birth rate for young women 15–19 years	1.1.7.6

Outcome 1.2: Victorians have good mental health

Indicators	Targets	Measures	Measure detail	Data dictionary reference
Increase mental wellbeing	20 per cent increase in resilience of adolescents by 2025 from 2014 baseline Source: State Government of Victoria, Education State	Proportion of adults and adolescents with psychological distress	Proportion of adults who report high or very high psychological distress	1.2.1.1.A
			Proportion of adolescents 10–17 years who experience psychological distress	1.2.1.1.B
		Proportion of adolescents with high level of resilience	Proportion of adolescents 10–17 years with high level of resilience	1.2.1.2
		Proportion of children living in families with unhealthy family functioning	Proportion of children living in families with unhealthy family functioning	1.2.1.3
Decrease suicide		Suicide rate	Suicide rate	1.2.2.1

Outcome 1.3: Victorians act to protect and promote health

Indicators	Targets	Measures	Measure detail	Data dictionary reference
Increase healthy eating and active living		Proportion of adults, adolescents and children who consume sufficient fruit and vegetables	Proportion of adults who consume sufficient fruit and vegetables	1.3.1.1.A
			Proportion of adolescents 10–17 years who consume sufficient fruit and vegetables	1.3.1.1.B
			Proportion of children 4–12 years who consume sufficient fruit and vegetables	1.3.1.1.C
		Mean serves of fruit and vegetables for adults, adolescents and children	Mean daily serves of fruit in adults	1.3.1.2.A
			Mean daily serves of fruit in adolescents 10–17 years	1.3.1.2.B
			Mean daily serves of fruit in children 4–12 years	1.3.1.2.C
			Mean daily serves of vegetables in adults	1.3.1.2.D
			Mean daily serves of vegetables in adolescents 10–17 years	1.3.1.2.E
			Mean daily serves of vegetables in children 4–12 years	1.3.1.2.F
		Proportion of adults, adolescents and children who consume sugar-sweetened beverages daily	Proportion of adults who consume sugar-sweetened beverages daily	1.3.1.3.A
			Proportion of adolescents 10–17 years who consume sugar-sweetened beverages daily	1.3.1.3.B
			Proportion of children 5–12 years who consume sugar-sweetened beverages daily	1.3.1.3.C

Indicators	Targets	Measures	Measure detail	Data dictionary reference
Increase healthy eating and active living		Discretionary food consumption of adults, adolescents and children (to be determined)	Discretionary food consumption of adults (to be determined)	1.3.1.4.A
			Discretionary food consumption of adolescents (to be determined)	1.3.1.4.B
			Discretionary food consumption of children (to be determined)	1.3.1.4.C
		Proportion of infants exclusively breastfed to three months of age	Proportion of infants exclusively breastfed to three months of age	1.3.1.5
	10 per cent increase in sufficient physical activity prevalence of adults by 2025 from 2011–12 baseline Source: World Health Organization 2013, *Global monitoring framework on noncommunicable diseases*	Proportion of adults, adolescents and children who are sufficiently physically active	Proportion of adults who are sufficiently physically active	1.3.1.6.A
	20 per cent increase in sufficient physical activity prevalence of adolescents by 2025 from 2014 baseline Source: State Government of Victoria, Education State		Proportion of adolescents 10–17 years who are sufficiently physically active	1.3.1.6.B
			Proportion of children 5–12 years who are sufficiently physically active	1.3.1.6.C
		Proportion of journeys that use active transport	Proportion of journeys that use active transport	1.3.1.7
		Proportion of people participating in organised sport (to be determined)	Proportion of people participating in organised sport (to be determined)	1.3.1.8
		Proportion of adults sitting for seven or more hours on an average weekday	Proportion of adults sitting for seven or more hours on an average weekday	1.3.1.9
		Proportion of adolescents and children who use excess electronic media for recreation	Proportion of adolescents 10–17 years who use electronic media for recreation for more than two hours per day	1.3.1.10.A
			Proportion of children 5–12 years who use electronic media for recreation for more than two hours per day	1.3.1.10.B

Indicators	Targets	Measures	Measure detail	Data dictionary reference
Reduce overweight and obesity	Five per cent decrease in prevalence of overweight and obesity in adults by 2025 from 2011–12 baseline Five per cent decrease in prevalence of overweight and obesity in children by 2025 from 2011–12 baseline Based on: World Health Organization 2013, *Global monitoring framework on noncommunicable diseases*	Proportion of adults, adolescents and children who are overweight and obese	Proportion of adults who are overweight or obese (measured)	1.3.2.1.A
			Proportion of adults who are overweight or obese (self-report)	1.3.2.1.B
			Proportion of adults who are obese (measured)	1.3.2.1.C
			Proportion of adults who are obese (self-report)	1.3.2.1.D
			Proportion of children 5– 17 years who are overweight or obese (measured)	1.3.2.1.E
			Proportion of children 5–17 years who are obese (measured)	1.3.2.1.F
Reduce smoking	30 per cent decrease in smoking by adults by 2025 from 2011–12 baseline Source: World Health Organization 2013, *Global monitoring framework on noncommunicable diseases*	Proportion of adults and adolescents who smoke	Proportion of adults who smoke daily	1.3.3.1.A
	30 per cent decrease in smoking by adolescents by 2025 from 2014 baseline Source: World Health Organization 2013, *Global monitoring framework on noncommunicable diseases*		Proportion of adolescents 12–17 years who currently smoke	1.3.3.1.B
		Age of smoking initiation	Age of smoking initiation	1.3.3.2
		Proportion of children who live with a smoker who smokes inside the home	Proportion of children who live with a smoker who smokes inside the home	1.3.3.3

Indicators	Targets	Measures	Measure detail	Data dictionary reference
Reduce harmful alcohol and drug use	10 per cent decrease in excess alcohol consumption by adults by 2025 from 2014 baseline Source: World Health Organization 2013, *Global monitoring framework on noncommunicable diseases*	Proportion of adults and adolescents who consume excess alcohol	Proportion of adults who consume alcohol at lifetime risk of harm	1.3.4.1.A
			Proportion of adults who consume alcohol at risk of alcohol-related injury on a single occasion at least monthly	1.3.4.1.B
	10 per cent decrease in excess alcohol consumption by adolescents by 2025 from 2014 baseline Source: World Health Organization 2013, *Global monitoring framework on noncommunicable diseases*		Proportion of adolescents 12–17 years who consume alcohol at least monthly	1.3.4.1.C
		Proportion of adults and adolescents using an illicit drug in the past 12 months	Proportion of people 14 years and older using an illicit drug in the past 12 months	1.3.4.2
		Rate of alcohol, prescription drug or illicit drug related ambulance attendances	Rate of alcohol-related ambulance attendances	1.3.4.3.A
			Rate of prescription drug-related ambulance attendances	1.3.4.3.B
			Rate of illicit drug-related ambulance attendances	1.3.4.3.C
Increase immunisation		Notification rate for vaccine preventable diseases	Notification rate for vaccine preventable diseases	1.3.5.1
	95 per cent coverage of school entry immunisation by 2025 from 2014–2015 Source: State Government of Victoria 2016, *Budget paper no. 3*	Immunisation coverage rate at school entry	Immunisation coverage rate at school entry	1.3.5.2
		HPV three-dose vaccination coverage for adolescents turning 15 years of age	HPV three-dose vaccination coverage for adolescents turning 15 years of age	1.3.5.3

Domain 2: Victorians are safe and secure

Outcome 2.1: Victorians live free from abuse and violence

Indicators	Targets	Measures	Measure detail	Data dictionary reference
Reduce prevalence and impact of abuse and neglect of children		Rate of children who were the subject of child abuse and neglect substantiation	Rate of children who were the subject of child abuse and neglect substantiation	2.1.1.1
Reduce prevalence and impact of family violence		Rate of incidents of family violence recorded by police	Rate of incidents of family violence recorded by police	2.1.2.1
		Family violence index (to be determined)	Family violence index (to be determined)	2.1.2.2
Increase community safety		Proportion of adults experiencing at least one incident of sexual violence since the age of 15 years	Proportion of adults experiencing at least one incident of sexual violence since the age of 15 years	2.1.3.1
		Hospitalisation rate due to assault	Hospitalisation rate due to assault	2.1.3.2
		Proportion of adults feeling safe walking in their street at night	Proportion of adults feeling safe walking in their street at night	2.1.3.3
		Proportion of adults experiencing at least one incident of crime in the past 12 months	Proportion of adults experiencing at least one incident of crime in the past 12 months	2.1.3.4
		Rate of victimisation due to crimes recorded by police	Rate of victimisation due to crimes recorded by police	2.1.3.5

Outcome 2.2: Victorians have suitable and stable housing

Indicators	Targets	Measures	Measure detail	Data dictionary reference
Decrease homelessness		Proportion of people who are homeless	Proportion of people who meet the statistical definition of homelessness	2.2.1.1

Domain 3: Victorians have the capabilities to participate

Outcome 3.1: Victorians participate in learning and education

Indicators	Targets	Measures	Measure detail	Data dictionary reference
Decrease developmental vulnerability		Proportion of children at school entry who are developmentally on track	Proportion of children at school entry who are developmentally on track on all five domains of the Australian Early Development Census	3.1.1.1
Increase educational attainment	25 per cent more Year 9 students will reach the highest levels of achievement in reading and maths by 2025 from 2015 baseline Source: State Government of Victoria, Education State	Proportion of Year 9 students at the highest level of achievement in maths and reading	Proportion of Year 9 students at the highest level of achievement in maths	3.1.2.1
			Proportion of Year 9 students at the highest level of achievement in reading	3.1.2.2

Outcome 3.2: Victorians participate in and contribute to the economy

Indicators	Targets	Measures	Measure detail	Data dictionary reference
Increase labour market participation		Unemployment rate	Unemployment rate	3.2.1.1.A
			Long-term unemployment rate	3.2.1.1.B
		Proportion of young people engaged in full time education and/or work	Proportion of young people 17–24 years who are engaged in full time education and/or work	3.2.1.2

Outcome 3.3: Victorians have financial security

Indicators	Targets	Measures	Measure detail	Data dictionary reference
Decrease financial stress		Proportion of adults and children who ran out of food and could not afford to buy more	Proportion of adults who ran out of food and could not afford to buy more	3.3.1.1.A
			Proportion of children 0–12 years living in households that ran out of food and could not afford to buy more	3.3.1.1.B
		Proportion of households with housing costs that represent 30 per cent or more of household gross income	Proportion of households with housing costs that represent 30 per cent or more of household gross income	3.3.1.2
		Proportion of people living in households below the 50 per cent poverty line	Proportion of people living in households below the 50 per cent poverty line	3.3.1.3

Domain 4: Victorians are connected to culture and community

Outcome 4.1: Victorians are socially engaged and live in inclusive communities

Indicators	Targets	Measures	Measure detail	Data dictionary reference
Increase connection to culture and communities		Proportion of adults who belonged to an organised group	Proportion of adults who belonged to an organised group	4.1.1.1
		Proportion of adults who attended or participated in a cultural or arts activity	Proportion of adults who attended an arts activity in the last three months or cultural activity in the last 12 months	4.1.1.2
		Proportion of adults connected to culture and country (to be determined)*	Proportion of adults connected to culture and country (to be determined)	4.1.1.3
Increase access to social support		Proportion of adults who have someone outside their household they can rely on to care for them or their children, in an emergency	Proportion of adults who have someone outside their household they can rely on to care for them or their children, in an emergency	4.1.2.1
		Life satisfaction of adults and adolescents	Average overall life satisfaction of adults	4.1.2.2.A
			Average extent that adults report that their life is worthwhile	4.1.2.2.B
			Proportion of adolescents satisfied with their life	4.1.2.2.C
		Proportion of adults who feel most adults can be trusted	Proportion of adults who feel most adults can be trusted	4.1.2.3
		Proportion of adolescents 10–17 years who have a trusted adult in their lives	Proportion of adolescents 10-17 years who have a trusted adult in their lives	4.1.2.4
		Proportion of adults who feel valued by society	Proportion of adults who feel valued by society	4.1.2.5

*This measure will be specific to Aboriginal and Torres Strait Islander people.

Outcome 4.2: Victorians can safely identify with their culture and identity

Indicators	Targets	Measures	Measure detail	Data dictionary reference
Increase tolerance of diversity		Proportion of adults who thought multiculturalism definitely made life in their area better	Proportion of adults who thought multiculturalism definitely made life in their area better	4.2.1.1

Domain 5: Victoria is liveable

Outcome 5.1: Victorians belong to resilient and liveable communities

Indicators	Targets	Measures	Measure detail	Data dictionary reference
Increase neighbourhood liveability		Liveability (to be determined)	Liveability (to be determined)	5.1.1.1
Increase adaptation to the impacts of climate change		Excess death during extreme heat and heatwaves	Excess death during extreme heat and heatwaves	5.1.2.1
		Community resilience (to be determined)	Community resilience (to be determined)	5.1.2.2

Outcome 5.2: Victorians have access to sustainable built and natural environments

Indicators	Targets	Measures	Measure detail	Data dictionary reference
Increase environmental sustainability and quality	25 per cent of the state's electricity from Victorian-built renewable generation by 2020, and 40 per cent by 2025 from 2013–14 baseline Source: State Government of Victoria, *Victoria's 2016 renewable energy targets*	Renewable energy generation as a proportion of total electricity generation	Renewable energy generation as a proportion of total electricity generation	5.2.1.1
		Per capita greenhouse gas emissions	Per capita greenhouse gas emissions	5.2.1.2
		Number of days where the national objective of PM_{10} was not met	Number of days where the national objective of PM_{10} was not met	5.2.1.3
		Proportion of the population with reticulated drinking water than complies with the *E. coli* water quality standard	Proportion of the population with reticulated drinking water than complies with the *E. coli* water quality standard	5.2.1.4
		Notification rate of salmonellosis	Notification rate of salmonellosis	5.2.1.5
		Biodiversity (to be determined)	Biodiversity (to be determined)	5.2.1.6

Appendix 1: Development process, criteria, and data breakdowns

Development of the outcomes framework

The outcomes framework was developed through research and consultation. This included:

- review of the literature including outcomes frameworks in use or development by the Victorian Government, and in other state, national and international arenas
- review of state, national and international reporting requirements, including national agreements such as the *National healthcare agreement* and *Report on government services*
- consultation and feedback from:
  - key stakeholders from government, non-government organisations and universities as part of the development of the *Victorian public health and wellbeing plan 2015–2019*
  - policy and data experts across Victorian Government departments
  - consultation with non-government organisations with a key role in improving health and wellbeing in Victoria through a workshop led by the Victorian Parliamentary Secretary for Health.

The final outcomes framework was then assessed for:

- coherence, comprehensiveness and a life-course approach to health and wellbeing
- manageability, where indicators and measures should be as few as possible for manageable reporting and focus on monitoring what matters.

Criteria for indicators and measures

The indicator criteria are:

- compelling
  - indicator of population health and wellbeing outcome or closely associated factor
  - major cause of premature mortality or avoidable ill-health
  - improvement in the indicator will improve quality of life (including mental health)
  - improvement in the indicator will help reduce inequalities in health and wellbeing
- achievable
  - amenable to evidence-based intervention (for example, by health practitioners, regional and local authorities and/or state government)
- relevant
  - aligns with the government's directions for improving health, wellbeing and their determinants
- understandable
  - meaningful to, and likely to be perceived as important by, the public and stakeholders.

Measures in the outcomes framework describe how change in indicators will be assessed. The criteria for measures are:

- understandable
  - meaningful to, and likely to be perceived as important by, the public and stakeholders

- comparable
  - data available for sociodemographic and cohort populations, enabling assessment of inequalities and equalities
  - allows national and international comparison
- robust, statistically appropriate and fit for purpose. The fit for purpose criteria are:
  - does it measure what it is intended to measure?
  - will the measure allow change over time to be detected?
  - will data be available (by September 2016) at least every five years, and preferably every three years, to monitor the measure?
  - the measure is not vulnerable to perverse incentives that might lead to negative public health behaviours.

Breakdown of measures: local disaggregation and inequalities

The outcomes framework allows us to determine if changes in health and wellbeing for the population are equally shared by all.

The availability of data for the following groups was assessed:

- age groups
- sex categories
- Aboriginal and Torres Strait Islanders in Victoria
- geographic areas of metropolitan and rural Victoria and for local government areas (LGA)
- socioeconomic status, using measures such as Socioeconomic Indexes for Areas (SEIFA), income category, education level or presence of a health care card
- culturally and linguistically diverse (CALD) people, using measures such as country of birth or language spoken at home
- sexual orientation (for example lesbian, gay, bisexual, transgender and intersex)
- people with a:
  - disability, based on self-reported disability or on assessment that the child or adolescent has a special health care need
  - mental illness, based on self-reported mental illness or high/very high level of psychological distress
  - chronic or long-term condition, based on self-reported prevalence of long-term conditions that had been diagnosed by a doctor.

Data collection is more complete for some measures than for others.

For example there is generally better coverage for age and sex than for culturally and linguistically diverse populations or for sexual orientation.

In addition, for some breakdowns, while data is collected, it is of insufficient quality (for example identification of Aboriginal Victorians in the death data) or the sample size is insufficient to robustly report (for example for some measures in local government areas).

A single explicit indicator of health inequality – 'Inequality of premature death' – can be measured for Aboriginal Victorians and others, and across socioeconomic groups and local government areas.

Assessing inequalities requires selecting a point of comparison for each measure.

The World Health Organization's constitution enshrines '... the highest attainable standard of health as a fundamental right of every human being'. Reflecting the same ambition for the health and wellbeing of all Victorians, and as articulated in the vision of the *Victorian public health and wellbeing plan 2015–2019*, the point of comparison in the outcomes framework is the population/geographic area with the highest standard of health. However, we acknowledge that influences on health inequalities are extremely complex and very broad in scope, and not all factors are modifiable.

Appendix 2: Available population groups and geographic area breakdowns for measures

Key

Y	Currently collected and available
N	Not currently collected
P	Currently collected but unable to be reported for this disaggregation due to validity issues or insufficient cases for robust reporting
TBD	Further work is required to develop the measure and/or data source
N/A	Not applicable to this indicator

Definitions

Cultural and linguistic diversity

Measures can be reported for culturally and linguistically diverse populations using classifications of: main language other than English spoken at home or another language other than English spoken at home; or being born or having one parent born in a country other than Australia

Socioeconomic status

Measures can be reported for socioeconomically diverse populations using classifications of SEIFA, household income or household having a health care card.

Measures (detailed)		State	Equalities and inequalities (state level)									Geographical		
			Age	Sex	Aboriginal and Torres Strait Islander	Cultural and linguistic diversity	Sexual orientation and gender identity (LGBTI)	Socioeconomic status	Disability / special healthcare needs	Mental health / psychological distress	Chronic / long-term condition	Metropolitan/rural	Regional	Local government area
1.1.1.1	Death rate of children under five years	Y	N/A	Y	P	N	N	Y	N	N	N	Y	Y	P
1.1.1.2	Proportion of babies born of low birth weight	Y	P	N/A	P	N	N	P	N	N	N	Y	Y	P
1.1.1.3	Proportion of mothers who smoked tobacco in the first 20 weeks of pregnancy	Y	Y	N/A	P	N	N	P	N	N	N	Y	Y	P
1.1.1.4	Proportion of children exposed to alcohol in utero	Y	Y	Y	Y	N	N	Y	Y	N	N	Y	Y	P
1.1.2.1	Premature death rate	Y	N/A	Y	P	N	N	Y	N	N	N	Y	Y	Y
1.1.2.2.A	Premature death rate due to cancer, cardiovascular disease, diabetes and chronic respiratory disease	Y	Y	Y	P	N	N	Y	N	N	N/A	Y	Y	Y
1.1.2.2.B	Premature death rate due to circulatory diseases	Y	Y	Y	P	N	N	Y	N	N	N	Y	Y	Y
1.1.2.2.C	Premature death rate due to coronary heart disease	Y	Y	Y	P	N	N	Y	N	N	N	Y	Y	P
1.1.2.2.D	Premature death rate due to stroke	Y	Y	Y	P	N	N	Y	N	N	N	Y	Y	P
1.1.2.2.E	Premature death rate due to cancer	Y	Y	Y	P	N	N	Y	N	N	N	Y	Y	Y
1.1.2.3.A	Rate ratio of premature death between socioeconomic disadvantage quintiles	Y	N/A	Y	P	N	N	N/A	N	N	N	Y	Y	P
1.1.2.3.B	Rate ratio of premature death between Aboriginal and non-Aboriginal Victorians	P	N/A	P	N/A	N	N	P	N	N	N	P	P	P
1.1.2.3.C	Rate ratio of premature death between LGAs	Y	N/A	P	P	N	N	P	N	N	N	N/A	N/A	N/A

Measures (detailed)		State	Equalities and inequalities (state level)									Geographical		
			Age	Sex	Aboriginal and Torres Strait Islander	Cultural and linguistic diversity	Sexual orientation and gender identity (LGBTI)	Socioeconomic status	Disability / special healthcare needs	Mental health / psychological distress	Chronic / long-term condition	Metropolitan/rural	Regional	Local government area
1.1.2.4.A	Life expectancy at birth	Y	N/A	Y	Y	N	N	Y	N	N	N	Y	Y	Y
1.1.2.4.B	Median age of death	Y	N/A	Y	P	N	N	Y	N	N	N	Y	Y	Y
1.1.3.1	Prevalence rate of type 2 diabetes in adults (self-report)	Y	Y	Y	P	Y	N	Y	N	Y	N/A	Y	Y	Y
1.1.4.1.A	Proportion of adults who self–rate their health as very good or excellent	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y
1.1.4.1.B	Proportion of adolescents 10–17 years who self-rate their health as very good or excellent	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	P
1.1.4.1.C	Proportion of children 0–12 years whose health is rated as very good or excellent	Y	Y	Y	Y	N	N	Y	Y	N	N	Y	Y	P
1.1.5.1.A	Deaths due to road traffic crashes	Y	Y	Y	P	N	N	Y	N	N	N	Y	Y	P
1.1.5.1.B	Death rate due to road traffic crashes	Y	Y	Y	P	N	N	Y	N	N	N	Y	Y	P
1.1.5.2	Hospitalisation rate due to falls in adults 65 years and older	Y	Y	Y	P	P	N	Y	N	N	N	Y	Y	Y
1.1.5.3	Death rate for injury in children and young people 0–25 years	Y	Y	Y	P	N	N	Y	N	N	N	Y	Y	P
1.1.6.1	Rate of potentially preventable dental hospitalisations of children 0–9 years	Y	Y	Y	Y	Y	N/A	P	N	N	N	Y	Y	P
1.1.7.1	Notification rate of newly acquired HIV	Y	Y	Y	P	N	N	N	N	N	N	P	Y	N
1.1.7.2	Proportion of people testing positive for chlamydia	Y	Y	Y	N	N	N	N	N	N	N	N	N	N

Measures (detailed)		State	Equalities and inequalities (state level)									Geographical		
			Age	Sex	Aboriginal and Torres Strait Islander	Cultural and linguistic diversity	Sexual orientation and gender identity (LGBTI)	Socioeconomic status	Disability / special healthcare needs	Mental health / psychological distress	Chronic / long-term condition	Metropolitan/rural	Regional	Local government area
1.1.7.3	Notification rate for gonorrhoea	Y	Y	Y	N	N	N	N	N	N	N	N	Y	P
1.1.7.4	Proportion of adolescents who practice safe sex by using a condom	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	Y
1.1.7.5	Notification rate of newly acquired hepatitis C	Y	Y	Y	P	N	N	N	N	N	N	P	Y	P
1.1.7.6	Birth rate for young women 15–19 years	Y	N/A	N/A	Y	N	N	Y	N	N	N	Y	Y	P
1.2.1.1.A	Proportion of adults who report high or very high psychological distress	Y	Y	Y	P	Y	N	Y	N	Y	Y	Y	Y	Y
1.2.1.1.B	Proportion of adolescents 10–17 years who experience psychological distress	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	P
1.2.1.2	Proportion of adolescents 10–17 years with a high level of resilience	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	P
1.2.1.3	Proportion of children living in families with unhealthy family functioning	Y	Y	Y	Y	N	N	Y	Y	N	N	Y	Y	P
1.2.2.1	Suicide rate	Y	Y	Y	P	N	N	Y	N	N	N	Y	Y	P
1.3.1.1.A	Proportion of adults who consume sufficient fruit and vegetables	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y
1.3.1.1.B	Proportion of adolescents 10–17 years who consume sufficient fruit and vegetables	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	P
1.3.1.1.C	Proportion of children 4–12 years who consume sufficient fruit and vegetables	Y	Y	Y	Y	N	N	Y	Y	N	N	Y	Y	P

Measures (detailed)		State	Equalities and inequalities (state level)									Geographical		
			Age	Sex	Aboriginal and Torres Strait Islander	Cultural and linguistic diversity	Sexual orientation and gender identity (LGBTI)	Socioeconomic status	Disability / special healthcare needs	Mental health / psychological distress	Chronic / long-term condition	Metropolitan/rural	Regional	Local government area
1.3.1.2.A	Mean daily serves of fruit in adults	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y
1.3.1.2.B	Mean daily serves of fruit in adolescents 10–17 years	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	P
1.3.1.2.C	Mean daily serves of fruit in children 4–12 years	Y	Y	Y	Y	N	N	Y	Y	N	N	Y	Y	P
1.3.1.2.D	Mean daily serves of vegetables in adults	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y
1.3.1.2.E	Mean daily serves of vegetables in adolescents 10–17 years	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	P
1.3.1.2.F	Mean daily serves of vegetables in children 4–12 years	Y	Y	Y	Y	N	N	Y	Y	N	N	Y	Y	P
1.3.1.3.A	Proportion of adults who consume sugar sweetened beverages daily	Y	Y	Y	P	Y	N	Y	N	Y	Y	Y	Y	Y
1.3.1.3.B	Proportion of adolescents 10–17 years who consume sugar sweetened beverages daily	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	P
1.3.1.3.C	Proportion of children 5–12 years who consume sugar sweetened beverages daily	Y	Y	Y	Y	N	N	Y	Y	N	N	Y	Y	P
1.3.1.4.A	Discretionary food consumption of adults (TBD)	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
1.3.1.4.B	Discretionary food consumption of adolescents (TBD)	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
1.3.1.4.C	Discretionary food consumption of children (TBD)	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD

Measures (detailed)		State	Equalities and inequalities (state level)									Geographical		
			Age	Sex	Aboriginal and Torres Strait Islander	Cultural and linguistic diversity	Sexual orientation and gender identity (LGBTI)	Socioeconomic status	Disability / special healthcare needs	Mental health / psychological distress	Chronic / long-term condition	Metropolitan/rural	Regional	Local government area
1.3.1.5	Proportion of infants exclusively breastfed to three months of age	Y	Y	N/A	Y	P	N	P	N	N	N	P	Y	P
1.3.1.6.A	Proportion of adults who are sufficiently physically active	Y	Y	Y	P	Y	N	Y	N	Y	Y	Y	Y	Y
1.3.1.6.B	Proportion of adolescents 10–17 years who are sufficiently physically active	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	P
1.3.1.6.C	Proportion of children 5–12 years who are sufficiently physically active	Y	Y	Y	Y	N	N	Y	Y	N	N	Y	Y	P
1.3.1.7	Proportion of journeys that use active transport	Y	Y	Y	N	N	N	Y	N	N	N	N/A	Y	N/A
1.3.1.8	Proportion of people participating in organised sport (TBD)	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
1.3.1.9	Proportion of adults sitting for seven or more hours on an average weekday	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y
1.3.1.10.A	Proportion of adolescents 10–17 years who use electronic media for recreation for more than two hours per day	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	P
1.3.1.10.B	Proportion of children 5–12 years who use electronic media for recreation for more than two hours per day	Y	Y	Y	Y	N	N	Y	Y	N	N	Y	Y	P
1.3.2.1.A	Proportion of adults who are overweight or obese (measured)	Y	Y	Y	Y	N	N	Y	N	N	N	Y	P	P
1.3.2.1.B	Proportion of adults who are overweight or obese (self–report)	Y	Y	Y	P	Y	N	Y	N	Y	Y	Y	Y	Y
1.3.2.1.C	Proportion of adults who are obese (measured)	Y	Y	Y	Y	N	N	Y	N	N	N	Y	P	P

Measures (detailed)		State	Equalities and inequalities (state level)									Geographical		
			Age	Sex	Aboriginal and Torres Strait Islander	Cultural and linguistic diversity	Sexual orientation and gender identity (LGBTI)	Socioeconomic status	Disability / special healthcare needs	Mental health / psychological distress	Chronic / long-term condition	Metropolitan/rural	Regional	Local government area
1.3.2.1.D	Proportion of adults who are obese (self–report)	Y	Y	Y	P	Y	N	Y	N	Y	Y	Y	Y	Y
1.3.2.1.E	Proportion of children 5–17 years who are overweight or obese (measured)	Y	Y	Y	N	N	N	Y	N	N	N	Y	P	P
1.3.2.1.F	Proportion of children 5–17 years who are obese (measured)	Y	Y	Y	N	N	N	Y	N	N	N	Y	P	P
1.3.3.1.A	Proportion of adults who smoke daily	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y
1.3.3.1.B	Proportion of adolescents 12–17 years who currently smoke	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	P
1.3.3.2	Age of smoking initiation	Y	N/A	Y	P	N	N	Y	N	N	N	Y	P	P
1.3.3.3	Proportion of children who live with a smoker who smokes inside the home	Y	Y	Y	Y	N	N	Y	Y	N	N	Y	Y	P
1.3.4.1.A	Proportion of adults who consume alcohol at lifetime risk of harm	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y
1.3.4.1.B	Proportion of adults who consume alcohol at risk of alcohol-related injury on a single occasion at least monthly	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y
1.3.4.1.C	Proportion of adolescents 12–17 years who consume alcohol at least monthly	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	P
1.3.4.2	Proportion of people 14 years and older using an illicit drug in the past 12 months	Y	Y	Y	P	N	N	Y	N	N	N	Y	P	P

Measures (detailed)		State	Equalities and inequalities (state level)									Geographical		
			Age	Sex	Aboriginal and Torres Strait Islander	Cultural and linguistic diversity	Sexual orientation and gender identity (LGBTI)	Socioeconomic status	Disability / special healthcare needs	Mental health / psychological distress	Chronic / long-term condition	Metropolitan/rural	Regional	Local government area
1.3.4.3.A	Rate of alcohol related ambulance attendances	Y	Y	Y	N	N	N	N	N	N	N	Y	P	Y
1.3.4.3.B	Rate of prescription drug related ambulance attendances	Y	Y	Y	N	N	N	N	N	N	N	Y	P	Y
1.3.4.3.C	Rate of illicit drug related ambulance attendances	Y	Y	Y	N	N	N	N	N	N	N	Y	P	Y
1.3.5.1	Notification rate for vaccine preventable diseases	Y	Y	Y	Y	N	N	N	N	N	N	P	P	Y
1.3.5.2	Immunisation coverage rate at school entry	Y	N/A	Y	Y	N	N	N	N	N	N	P	P	Y
1.3.5.3	HPV three-dose vaccination coverage for adolescents turning 15 years of age	Y	N/A	Y	P	N	N	N	N	N	N	P	P	P

Measures (detailed)		State	Equalities and inequalities (state level)									Geographical		
			Age	Sex	Aboriginal and Torres Strait Islander	Cultural and linguistic diversity	Sexual orientation and gender identity (LGBTI)	Socioeconomic status	Disability / special healthcare needs	Mental health / psychological distress	Chronic / long-term condition	Metropolitan/rural	Regional	Local government area
2.1.1.1	Rate of children who were the subject of child abuse and neglect substantiation	Y	Y	Y	P	P	N	N	N	N	N	N/A	P	Y
2.1.2.1	Rate of incidents of family violence recorded by police	Y	Y	Y	N	N	N	N/A	N	N	N	P	Y	Y
2.1.2.2	Family violence index (to be determined)	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
2.1.3.1	Proportion of adults experiencing at least one incident of sexual violence since the age of 15 years	Y	Y	Y	N	N	N	Y	N	N	N	Y	P	P
2.1.3.2	Rate of hospitalisations due to assault	Y	Y	Y	Y	P	N	Y	N	N	N	Y	Y	P
2.1.3.3	Proportion of adults feeling safe walking in their street at night	Y	Y	Y	P	Y	Y	Y	Y	Y	Y	Y	Y	Y
2.1.3.4	Proportion of adults experiencing at least one incident of crime in the past 12 months	Y	Y	Y	P	Y	Y	Y	Y	Y	Y	Y	P	P
2.1.3.5	Rate of victimisation due to crimes recorded by police	Y	Y	P	N	N	N	N	N	N	N	P	Y	Y
2.2.1.1	Proportion of people who meet the statistical definition of homelessness	Y	Y	Y	Y	N	N	N	N	N	N	Y	Y	P

Measures (detailed)		State	Equalities and inequalities (state level)									Geographical		
			Age	Sex	Aboriginal and Torres Strait Islander	Cultural and linguistic diversity	Sexual orientation and gender identity (LGBTI)	Socioeconomic status	Disability / special healthcare needs	Mental health / psychological distress	Chronic / long-term condition	Metropolitan/rural	Regional	Local government area
3.1.1.1	Proportion of children at school entry who are developmentally vulnerable on one or more domains of the Australian Early Development Census	Y	N/A	Y	Y	N	N/A	N	N	N	N	Y	Y	Y
3.1.2.1	Proportion of Year 9 students at the highest level of achievement in maths	Y	N/A	Y	Y	Y	N	N	N	N	N	P	N/A	Y
3.1.2.2	Proportion of Year 9 students at the highest level of achievement in reading	Y	N/A	Y	Y	Y	N	N	N	N	N	P	N/A	Y
3.2.1.1.A	Unemployment rate	Y	Y	Y	Y	N	N	N	N	N	N	P	P	Y
3.2.1.1.B	Long-term unemployment rate	Y	Y	Y	Y	N	N	N	N	N	N	P	P	Y
3.2.1.2	Proportion of young people 17–24 years who are engaged in full-time education and/or work	Y	Y	Y	Y	Y	N	Y	N	N	N	P	P	Y
3.3.1.1.A	Proportion of adults who ran out of food and could not afford to buy more	Y	Y	Y	P	Y	N	Y	N	Y	Y	Y	Y	Y
3.3.1.1.B	Proportion of children 0–12 years living in households that ran out of food and could not afford to buy more	Y	Y	Y	Y	N	N	Y	Y	N	N	Y	Y	P
3.3.1.2	Proportion of households with housing costs that represent 30 per cent or more of household gross income	Y	N	N/A	N	N	N	N	N	N	N	N	N	Y
3.3.1.3	Proportion of people living in households below the 50 per cent poverty line	Y	Y	Y	N	Y	N	Y	Y	N	N	Y	N	N

Measures (detailed)		State	Equalities and inequalities (state level)									Geographical		
			Age	Sex	Aboriginal and Torres Strait Islander	Cultural and linguistic diversity	Sexual orientation and gender identity (LGBTI)	Socioeconomic status	Disability / special healthcare needs	Mental health / psychological distress	Chronic / long-term condition	Metropolitan/rural	Regional	Local government area
4.1.1.1	Proportion of adults who belonged to an organised group	Y	Y	Y	P	Y	N	Y	N	Y	Y	Y	Y	Y
4.1.1.2	Proportion of adults who attended an arts activity in the last three months or cultural activity in the last 12 months	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	P
4.1.1.3	Proportion of adults connected to culture and country (to be determined)	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
4.1.2.1	Proportion of adults who have someone outside their household they can rely on to care for them or their children in an emergency	Y	Y	Y	P	Y	Y	Y	Y	Y	Y	Y	Y	Y
4.1.2.2.A	Average overall life satisfaction of adults	Y	Y	Y	P	Y	Y	Y	Y	Y	Y	Y	Y	Y
4.1.2.2.B	Average extent that adults report that their life is worthwhile	Y	Y	Y	P	Y	N	Y	N	Y	Y	Y	Y	Y
4.1.2.2.C	Proportion of adolescents satisfied with their life	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	P
4.1.2.3	Proportion of adults who feel most adults can be trusted	Y	Y	Y	P	Y	N	Y	N	Y	Y	Y	Y	Y
4.1.2.4	Proportion of adolescents 10–17 years who have a trusted adult in their lives	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	P
4.1.2.5	Proportion of adults who feel valued by society	Y	Y	Y	P	Y	N	Y	N	Y	Y	Y	Y	Y
4.2.1.1	Proportion of adults who thought multiculturalism definitely made life in their area better	Y	Y	Y	P	Y	N	Y	N	Y	Y	Y	Y	Y

Measures (detailed)		State	Equalities and inequalities (state level)									Geographical		
			Age	Sex	Aboriginal and Torres Strait Islander	Cultural and linguistic diversity	Sexual orientation and gender identity (LGBTI)	Socioeconomic status	Disability / special healthcare needs	Mental health / psychological distress	Chronic / long-term condition	Metropolitan/rural	Regional	Local government area
5.1.1.1	Liveability (to be determined)	TBD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	TBD	TBD	N
5.1.2.1	Excess death during extreme heat and heatwaves	Y	Y	Y	N	N	N	N/A	N	N	N	N/A	N/A	Y
5.1.2.2	Community resilience (to be determined)	TBD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	TBD	TBD	P
5.2.1.1	Renewable energy generation as a proportion of total electricity generation	Y	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	TBD
5.2.1.2	Per capita greenhouse gas emission	Y	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	TBD
5.2.1.3	Number of days where the national objective of PM_{10} was not met	N	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Y	TBD
5.2.1.4	Proportion of the population with reticulated drinking water that complies with the *E. coli* water quality standard	Y	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Y	N/A
5.2.1.5	Notification rate of salmonellosis	Y	P	P	N	N	N	N	N	N	N	N/A	N/A	Y
5.2.1.6	Biodiversity (to be determined)	TBD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A