

ANNUAL REPORT 2002-2003





Young people: A target group for health promoting programs  
Cover Image: During a person's life, participating in healthy environments will encourage good health

Chair's report	Board of governance	CEO's report	Investments at a glance	Case studies	Social connection
04	06	08	10	12	14
Participation	Diversity	Healthy environments	Health inequalities	Funded projects	Financial statements
18	22	26	30	38	63

# CHAIR'S REPORT



“Over the past year VicHealth has seen a range of healthy changes”.



Over the past year VicHealth has seen a range of healthy changes. Some of these have been at the operational level, involving an exhaustive planning and consultative process with all staff members, aligning structure with function. Inevitably, as with all such processes, job descriptions change and people move on: to Yvonne Robinson, Julia Shelley, Sue Murray and Nita Eng I would like to offer the VicHealth Board's thanks for the work they have put in, and the successes that they have brought to the organisation.

In terms of the Board, the changes have been even more marked. Apart from our political party member appointees, the term of office of all VicHealth Board members expired on 31 March 2003. We advertised in late 2002, receiving 90 expressions of interest, from which 11 candidates were interviewed by a panel including departmental and VicHealth representatives. The panel's recommendations were conveyed to the Minister on 3 January.

As noted elsewhere in the annual report, the mills of God ground very slowly, and while an orderly hand-over was completed at the end of March, we were technically inoperative until late July. The retiring members included all three of our political colleagues over many years – Ron Best, who had served since VicHealth's inception; Gerald Ashman; and Jenny Lindell. Our new Members of Parliament, elected at a joint sitting when Parliament resumed early in the year, are Maxine Morand, MLA for Mount Waverley, from the Labor Party; Hugh Delahunty, MLA for Lowan, from the National Party; and Bill Forwood, MLC for Templestowe, from the Liberal Party. To these three new members, who already have made lively and substantial contributions to the VicHealth Board, a very sincere welcome; and to the retiring elected members, our very sincere thanks.

We also farewelled three of our longest-serving appointed members – Robert Burton, upon his resignation as Director of the Cancer Council of Victoria; Helen Herrman, from the Department of Psychological Medicine at St Vincent's Hospital; and Graeme Ryan, formerly Dean of the Faculty of Medicine at Melbourne University, and CEO of the Inner Health Network. All three of these very highly qualified medical practitioners contributed in myriad ways over the years – to the research program and to mental health promotion, in particular. To them, and to the continuing appointed members on the Board – Jane Fenton, Tim Jacobs, Elaine Canty, Belinda Jakiel and Lindsay Gaze – VicHealth owes a considerable debt of thanks.

Though we farewelled three Board members at the changeover, we welcome five new appointments, to include replacements for intercurrent vacancies. David Hill replaces Rob Burton as the Director of the Cancer Council of Victoria; Glenn Bowes, previously Director of the VicHealth Centre for Adolescent Health, and then CEO of the Royal Children's Hospital, now Stevenson Professor of Paediatrics at the University of Melbourne; Leanne Grantham, Telstra Business Woman of the Year 1997 and former CEO of Melbourne 2002 World Masters Games (with Leanne and Lindsay Gaze we're well on the way to becoming a major basketball strength); Judith Slocombe, Telstra Business Woman of the Year 2001, founder of Victorian Veterinary Pathology Services and now a senior manager with Gribbles; and John Howie, Managing Partner of Howie & Maher, Solicitors, and Director of VicSport. A great team, broadly representative and already committed to the things VicHealth stands for.

Though new staff and Board members are the life blood of any organisation, public or private, some degree of corporate memory is also by most accounts a good thing. To this end we have been successful in our representations to the Minister to institute a system of staggered appointments, so that the Board can be refreshed in terms, say, of two new appointments each year. Tim Jacobs and I sought reappointment for one year only, and will thus retire as of 31 March 2004; already there have been over 50 expressions of interest for the two places – in arts, and in health – with interviews scheduled for November 2003. I would thus like to take this opportunity to thank Tim for his outstanding contributions to the organisation, and most particularly for the insights he brought to the Board in terms of internal operations and external networking. I would also like to take this opportunity, in my last report as Chair, to thank Rob Moodie and his staff for the passion, the commitment and the effectiveness which they bring to health promotion in Victoria – and, it must be said, nationally and internationally – and to commend to the Minister and Parliament of Victoria this fantastic initiative, now in the full flight of its maturity.

Professor John Funder Chair

## Some Major Achievements – 2002-2003

**Walking School Bus Program expands**  
*From four local councils and 13 schools to 33 local councils and 145 schools the Walking School Bus Program promoted physical activity and mental health and wellbeing.*

**Campaign to promote mental health and wellbeing**  
*Launch of phase 2 of Together We Do Better campaign promoted participation with a media campaign throughout Victoria that reached 96% of Victorians aged 18 and above during the April – June launch period.*

**Research and Fellowship Program**  
*VicHealth now invests in eight senior research fellows, 10 public health research fellows and eight public health scholarships to investigate health issues and provide more evidence for our program development and training. This is in addition to ten NHMRC Scholarships that receive additional VicHealth funding.*

**Leading the Way**  
*Resource package including training for local government designed to build healthier communities has now been taken up by 70% of Victorian Councils after being launched in 2001-2002.*

**Research symposium**  
*Over 200 people attended VicHealth's two-day Public Health and Health Promotion Research symposium in March 2003.*

**New Board members**  
*The successful orientation of eight new Board members during 2002-2003.*

**Out of School Hours program**  
*The Out of School Hours Pilot Program – a joint initiative between VicHealth and the Australian Sports Commission designed to increase physical activity - was launched in August, 2002. Targeting primary-school-aged children there are already 30 after-school care services running the program in Victoria.*

**Children of parents with a mental illness**  
*VicHealth, the Mental Health Branch of DHS, and beyond blue: the depression initiative partnered to fund two projects that will contribute evidence to the area of supporting children of parents with a mental illness.*

# VICHEALTH BOARD OF GOVERNANCE

## Chairman Professor John Funder

John Funder is a senior fellow at Prince Henry's Institute of Medical Research at Monash Medical Centre and a Professorial Fellow at the Centre for Neuroscience at the University of Melbourne. He was Director of the Baker Medical Research Institute, working in the areas of endocrinology and cardiovascular disease, 1999-2001. He holds a number of national and international positions in the medical research area.

## Ms Jane Fenton

Jane Fenton is the principal of Fenton Communications, a strategic communications consultancy. She is a fellow of the Public Relations Institute of Australia, a Life Governor of Very Special Kids and a Director of the Murdoch Children's Research Institute.

## Professor Glenn Bowes

Glenn Bowes is Stevenson Professor and Head, Department of Paediatrics, The University of Melbourne, and has broad experience in clinical and academic medicine and as a public health researcher.

## Ms Elaine Canty

Elaine Canty is a broadcaster, lawyer and a non-executive director of Athletics Australia, Queen Victoria Market, Women's and Children's Health and Royal Botanic Gardens. She is also a member of the AFL Tribunal and the State Sport Centres Trust.

## Mr Hugh Delahunty

Hugh Delahunty, MLA for Lowan, is a National Party member of State Parliament.

## Hon. Bill Forwood

Bill Forwood, MLC for Templestowe, is a Liberal Party member of State Parliament.

## Mr Lindsay Gaze

Lindsay Gaze is coach of the Melbourne Tigers in Australia's National Basketball League (NBL), a member of the Sport Australia Hall of Fame Board, and one of Australia's most prominent and experienced coaches. He represented Australia in basketball as a player in three Olympics and as a coach in four Olympics.

## Ms Leeanne Grantham

Leeanne Grantham is the former CEO of the Melbourne 2002 World Masters Games and the Women's National Basketball League and was National and State Telstra Business Woman of the Year in 1997.

## Professor David Hill

David Hill is Director of The Cancer Council of Victoria. He is one of Australia's leading public health researchers, and is widely regarded as a leading international expert in social marketing and public health campaigns. In 2001, he was made a Member of the Order of Australia (AM) for 'services to the promotion of community health, particularly in the development of cancer awareness and prevention programs'.

## Mr John Howie

John Howie is a lawyer and the senior partner in the firm of Howie & Maher, Solicitors. He is the Chair of the Victorian Legal Aid Commission, the Chair of the VicSport Board and a member of the Melbourne and Olympic Park Trust.

## Mr Tim Jacobs

Tim Jacobs is the Chief Executive of the Victorian Arts Centre Trust. He has extensive experience in the arts, ranging from eight years as a professional potter, over 17 years in senior management roles in federal and state government cultural portfolios, and including leadership of two of Australia's major cultural institutions, the Sydney Opera House and the Victorian Arts Centre.

## Ms Belinda Jakiel

Belinda Jakiel is a Wotjobaluk woman born and raised in Ballarat. She currently works as business manager at Athlete Development Australia, is a qualified teacher, and an elite athlete. Her professional experience has involved extensive work with young people, Indigenous communities and high-risk groups.

## Ms Maxine Morand

Maxine Morand, MLA for Mount Waverley, is a Labor Party member of State Parliament. Maxine has spent her working life in public health. She spent some years in public hospitals, before taking a research position at the Cancer Council of Victoria, working in behavioural research. Maxine worked for three years as an advisor to the previous Minister for Health before being elected to Parliament in 2002.

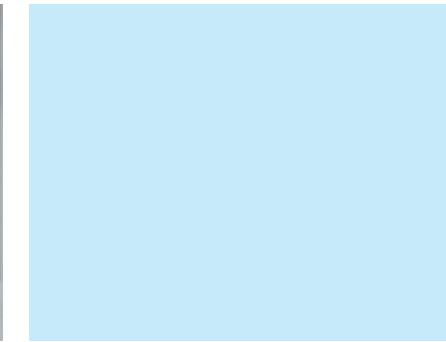
## Dr Judith Slocombe

Judith Slocombe established her veterinary diagnostic business in 1989, sold it to the Gribbles Group and is now General Manager of their Veterinary Division. She is the 2001 Telstra Australian Business Woman of the Year.

## Departing Board Members

VicHealth would like to sincerely thank former Board members Mr Gerald Ashman, Mr Ron Best, Professor Robert Burton, Professor Helen Hermann, Ms Jenny Lindell and Professor Graeme Ryan for their wonderful contribution to VicHealth.

LINE 1 L - R: PROFESSOR JOHN FUNDER, MS JANE FENTON, PROFESSOR GLENN BOWES  
 LINE 2 L - R: MS ELAINE CANTY, MR HUGH DELAHUNTY, HON. BILL FORWOOD  
 LINE 3 L - R: MR LINDSAY GAZE, MS LEEANNE GRANTHAM, PROFESSOR DAVID HILL  
 LINE 4 L - R: MR JOHN HOWIE, MR TIM JACOBS, MS BELINDA JAKIEL  
 LINE 5 L - R: MS MAXINE MORAND, DR JUDITH SLOCOMBE



# CEO'S REPORT



“Victorians’ health and wellbeing is dependent on much more than the health sector alone.”

## Health promotion is a powerful, cost-effective and efficient way to maintain a healthier community

Health promotion and disease prevention are acknowledged as critical components of a comprehensive health policy. Strategies to reduce tobacco use show how health promotion activity can be a powerful saver of both lives and cost. VicHealth's support of the QUIT Program in Victoria has contributed to the reduction in smoking prevalence among adults from 34.2% in 1983 to 20% in 2001. This has proved between 500 and 1000 times more cost effective than treating end-stage lung cancer.

Armed with such knowledge we know that equally powerful solutions can be found to many health issues. High levels of overweight and obesity (60.7% of Victorians) and depression in our community (depression is the fourth leading medical cause of disability in the Australian community) are being recognised as just as threatening to our future health as we realised smoking could be 30 years ago. Success in addressing these issues and others, such as declining physical activity, is dependent on long-term and stable funding for well-designed health promoting activity.

## Improving the health of all Victorians is our objective

There are no easy answers to questions surrounding health, however, and the environment we operate in is fluid, dynamic and evolving. Given the complex set of social, economic, cultural and environmental forces that shape our health, Victorians' health and wellbeing is dependent on much more than the health sector alone. We only have to remember the recent debate around public liability insurance to see how quickly unforeseen developments outside the health sector can threaten a community's health. That particular crisis potentially threatened the very existence of many small sporting and community clubs and activities throughout Australia. The flow-on effect would stifle Victorians' opportunities to connect socially and engage in physical activity – critical factors influencing health.

This example shows how our brief can be, potentially, very broad. However we, as an organisation, are always bringing the issues around us back to one basic tenet – how does what's happening connect to or impact upon community health? Improving health - in both the short and long term - is always our objective.

## It's critical to foster the right skills and relationships to promote health

Given the complex environment, we must ensure that a strong system of investigation, surveillance, monitoring, reporting and evaluation to gather evidence remains the foundation for all our investments and communications. We are therefore continuing to build the infrastructure for public health research throughout Victoria, developing our senior and public health fellowship and scholarship programs (see page 34) and maintaining the centres of research and excellence. One goal, as shown at our Research Symposium in April 2003, is to encourage practitioners, policy makers and researchers to work together.

It is also vital the organisation's strategies and structures are spot-on. To address a health issue properly VicHealth needs to sustain a combination of research, program development, implementation, evaluation, advocacy, and communication activity. We need also to balance known benefit with potential benefit, whole population and specific target population approaches and immediate reward with long-term change.

To ensure we have the right range of skill sets and the appropriate structure to meet these diverse needs we undertook an extensive and rigorous review of progress towards the goals we established with our Strategic Plan 1999-2002. This review involved the Board, advisory panels and all staff, as well as consultation with the Victorian public health community and VicHealth's stakeholders and has led to the Strategic Plan 2003-2006.

We renewed our focus on core health issues: physical activity, promotion of mental health and wellbeing, tobacco control, healthy eating, as well as sun protection, through our partnership with SunSmart, and to address inequalities in health.

## The work of people in sectors other than health to promote health has been outstanding

Partnerships are a key strategy to promote health. Of constant encouragement to us throughout 2002–2003 was the collaboration and skill we saw within programs actively promoting health. VicHealth set the objectives and, based on accumulated evidence, some basic parameters, but it was people in the field making it happen. Local government responded magnificently to the package *Leading the Way: Councils Creating Healthier Communities* and are a key partner in improving health throughout the state. The Partnerships for Health and Participation in Community Sport and Active

Recreation programs saw the sport and community sector work closely with VicHealth to identify ways to increase participation in physical activity and create healthy environments (see case study on page 28).

To promote mental health and wellbeing as part of the Community Arts Participation Scheme, Community Music Victoria's Community Singing Across Victoria program saw around 100 people trained not only to sing, but to become community choir leaders. Each took regular singing groups in their local community, thereby connecting people in regional communities, many of whom were otherwise isolated; this has become a sustainable model for future activity (see case study on page 16). Our relationships with QUIT – we came together in 2003 to reinforce the importance of a smokefree MCG (see page 29) and SunSmart remain strong and productive, while the organisation received great support from parliament and government departments.

During this past year we have welcomed new Board members and thanked departing members who have given great service to VicHealth and the Victorian community (see page 6). We have continued to invest 85% of our total budget in research and programs, launched the second phase of the Together We Do Better campaign, conducted a regional launch of our Sport and Active Recreation program as well as contributed to a variety of state government initiatives such as the Obesity Summit and Alcohol Awareness campaign.

Moving forward, our core strategy will continue to be funding activities designed to increase the capabilities of others to improve health. However, there may be exceptions due to gaps in research, development and/or delivery, where VicHealth undertakes the start-up work.

Looming on the horizon is the 18th World Conference on Health Promotion and Health Education to be held in Melbourne in 2004. The title of the conference is: *Valuing Diversity, Reshaping Power: Exploring Pathways for Health and Wellbeing*. VicHealth is excited to be contributing to this conference, which fits in perfectly with our ambition to maintain strategic alliances with national and global public health interests that aim to strengthen health promotion and advocacy.

It's been a big year. We are confident we have built a solid path on which to walk forward as we tackle the myriad issues confronting us. I'm thankful to our staff, the Board, most particularly our Chair, John Funder, and our advisory panels for their expertise and support during 2002-2003.

Dr Rob Moodie CEO, VicHealth

# INVESTMENTS AT A GLANCE

## Number of funded projects

In 2002–03 VicHealth funded 1,228 projects. There were 496 projects, plus 442 Sport Injury Prevention projects and 290 Sun Shade projects.

The total amount of funding to these projects was \$24,494,120.

## Figure 1: Demonstrable contribution to population health

### Investment in health action areas

Figure 1 demonstrates VicHealth's investment in strategic health action areas. Over 62% of our investment was in tobacco control, mental health and physical activity.

When reading Figure 1, please note there were some changes in measurement methodology between 2001–02 and 2002–03:

- In 2002–03 if the project had a focus on multiple health action areas, the expenditure was split among the areas, based on a rating scale.
- Some investments in sporting organisations focused on mental health aspects. These were reported in mental health expenditure rather than physical activity expenditure.

\*Other health action area includes cancer prevention, communicable disease prevention, and sexual and reproductive health.

\*Miscellaneous includes program support activities.

## Figure 2: Greater Investment in groups most in need

There was a decrease in investments to general community from 57.2% in 2001–02 to 50.6% in 2002–03 and a corresponding increase in investments to specific population groups. The Active Participation Grants presented under the Health through Sport and Active Recreation Program targeted specific population groups to promote physical activity. This, along with the investment in Regional Sports Assemblies, saw a rise in the percentage of investment towards specific groups.

## Figure 3: Investments in statewide and local projects

Figures remained relatively stable between years.

## Figure 4: Investments in metro, regional and rural projects

There was a decrease in investments from 66.2% in 2001–02 to 48.7% in 2002–03 in metropolitan areas, with a corresponding increase in investments in regional and rural areas (from 11.5% in 2001–02 to 17.2% in 2002–03 in regional areas and from 22.3% in 2001–02 to 34% in 2002–03 in rural areas). This is a real increase in investments in regional and rural areas due to increased investments to Regional Sports Assemblies, and targeted investments in Communities Together, and Youth Economic participation projects to geographically disadvantaged areas.

## Figure 5: Investments in disadvantaged areas by SEIFA categories

VicHealth's investments were allocated to SEIFA (Socio-Economic Indexes for Areas) quintiles 1 to 5, based on local government area SEIFA information. SEIFA 1 represents the most disadvantaged socio-economic local government areas.

This figure indicates a relatively stable level of investments (over 40%) in the most disadvantaged socio-economic local government areas, SEIFA 1 and 2). In 2002–03, there was a decrease in investments in areas with a relatively higher level of socio-economic advantage (SEIFA 4 and 5). This shift is consistent with VicHealth's policy of addressing inequalities in health.

Figure 1. Investments in health action areas

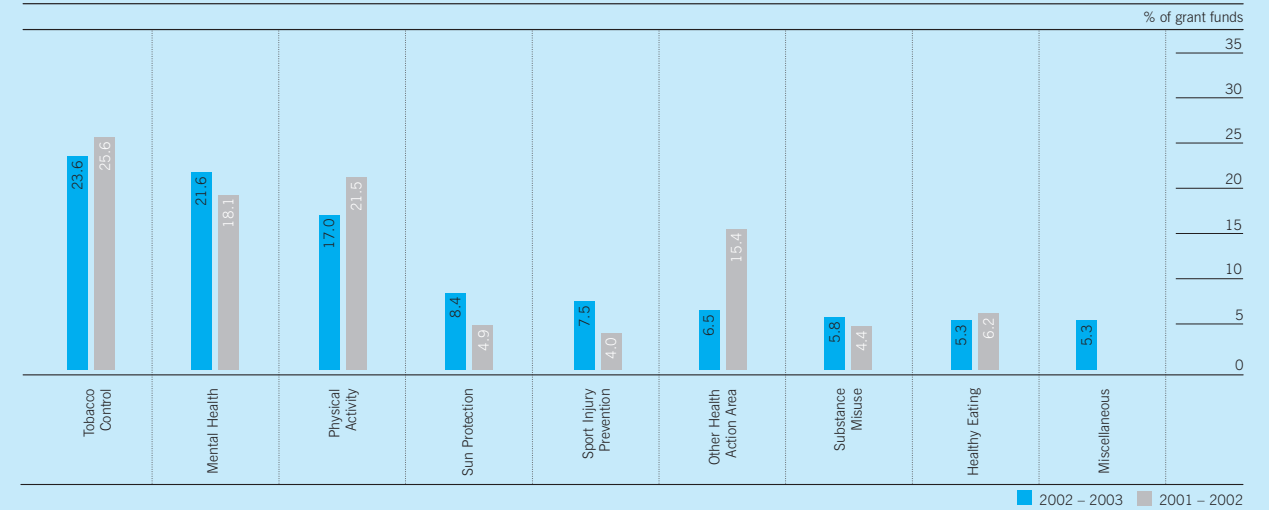


Figure 2. Proportion of Investment in 2002–2003 and 2001–2002

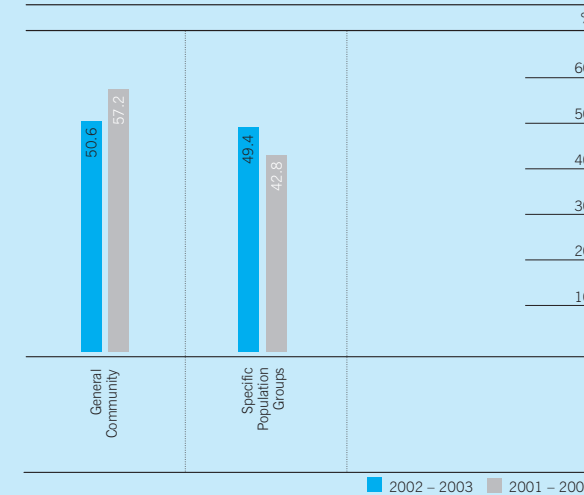


Figure 3. Proportion of projects and investment in statewide and local projects

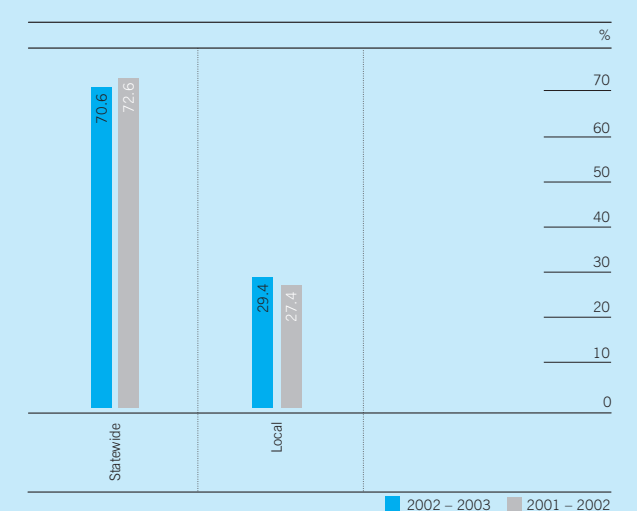


Figure 4. Investment in metro, regional and rural projects (for locally based projects only) in 2002–2003 and 2001–2002

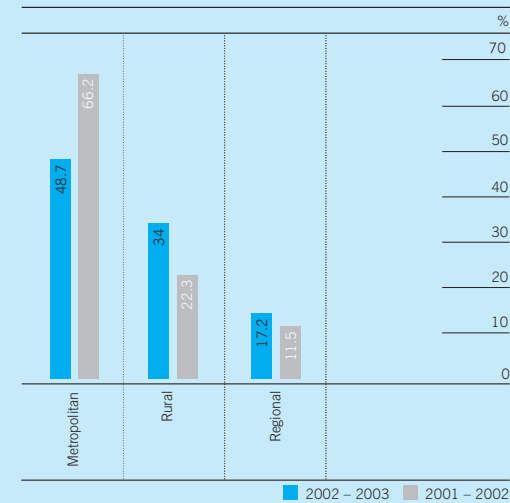
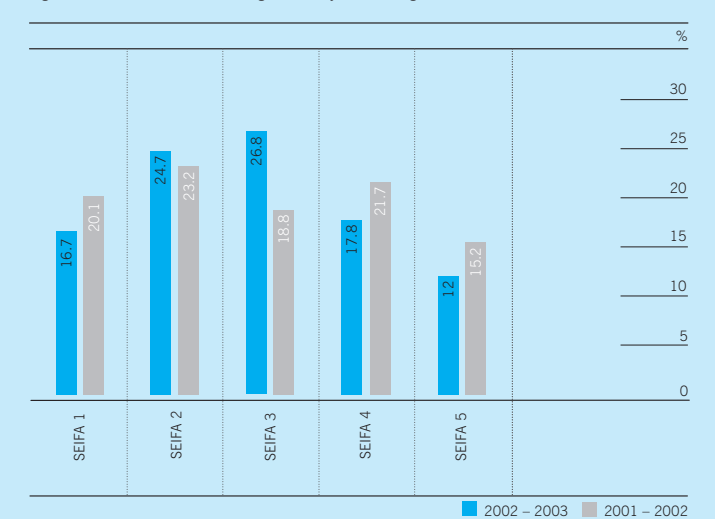


Figure 5. Investments in disadvantaged areas by SEIFA categories



## CASE STUDIES



“Many factors influence health. We must collaborate to address them effectively”.

## SOCIAL FACTORS AND HEALTH

The Victorian Health Promotion Foundation seeks to promote certain characteristics of community life – such as social connectedness, inclusiveness and respect for diversity – that bring about good health and wellbeing. Community-based programs that strengthen these are supported. The basis of our action is simple. A healthy population does not happen by chance. Although there are uncontrollable influences such as age and genetics that do impact upon our health, research has shown that both behaviour and a person's environment impact upon health and wellbeing.

VicHealth acknowledges that, for example, how much each individual participates in physical activity is about much more than individual attitude. Time, cost of gear or membership, being made to feel welcome, the environment in which the activity takes place, or cultural differences are all factors that might impact on each individual decision. A person's capacity to maintain good mental health will be dependent not just on behaviour, but on the person's capacity to participate in civic activities, have a good job, be part of a strong social network, maintain a sense of belonging, be free from discrimination and violence.

The presence or absence of these factors influences the health of all Victorians; hence the importance of each person's family or community environment, or their levels of education, income or housing. Rates of physical activity and mental health and wellbeing may be dependent on forces outside the health sector. Thus, VicHealth works across many sectors with a range of partner organisations to deliver innovative responses to these complex social, economic and environmental forces.

Evidence shows that factors positively influencing health are more common among those in the community who enjoy a better socio-economic status. They are able to participate more often in purposeful activities, are less exposed to negative factors such as violence, isolation or discrimination, often have stronger family and social networks and access to a good job. In turn, they are healthier.

Evidence also shows these factors need to be strengthened in many parts of the community. Our investments are aimed at not only the general population, but young people, older people, those with low socio-economic status, people who live in rural and regional Victoria, new arrivals to Australia, and the indigenous population. The identification of these specific groups recognises that one approach is not suitable for all. Working alongside others in partnership is fundamental to our approach. It is crucial for the solutions to involve the community and be relatively easy to implement.

In the case studies to follow we've highlighted five elements we strive to encourage in order to create a healthy community. They are: **social connection** to provide a sense of belonging and supportive relationships; **participation** (in sport, the arts, the economy, and community life generally) to increase levels of physical activity and improve mental health and wellbeing; respecting **diversity** to minimise social isolation, reduce discrimination, strengthen communities and allow all individuals to flourish; **healthy environments** to ensure participants receive the full health benefits of being involved and encourage participation; and **narrowing health inequalities**, critical to improving population health.



# SOCIAL CONNECTION MANY CONNECTIONS TO HEALTH

We know that having social connections offers protection to our mental health and wellbeing. Being isolated from friends, family and community is detrimental to your health. People who are socially isolated or disconnected from others have between two and five times the risk of dying from all causes as those who maintain strong ties with family, friends and community<sup>1</sup>. Depression, social isolation and lack of social support are significant risk factors for coronary heart disease that are independent of conventional risk factors such as smoking, high cholesterol and hypertension but are of similar magnitude to these<sup>2</sup>.

Social connectedness is one of three significant factors influencing our mental health and wellbeing identified in VicHealth's Mental Health Promotion Plan. Young people reporting poor social connections – who have no-one to talk to, no-one to trust, no-one to depend on and no-one who knows them well – are between two and three times more likely to experience depressive symptoms than their peers<sup>3</sup>.

The health benefits that flow from being socially connected are the reason VicHealth encourages participation in the arts, sport and the economy, as well as civic participation. We also aim, through programs such as the Major Arts Partnerships Scheme, to make activities in the arts and sport accessible to all levels of the community.

#### References

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2. Bunker, Stephen J, Colquhoun, David M, Esler, Murray D, Hickie, Ian B, Hunt, David, Jelinek, V Michael, Oldenburg, Brian F, Peach, Hedley G, Ruth, Denise, Tennant, Christopher C & Tonkin, Andrew M, 'Stress and coronary heart disease: psychosocial risk factors', *Med J Aust*, 2003, 178 (6), pp. 272–6.
3. Glover, S, Burns, J, Butler, H & Patten, G, 'Social environments and the emotional wellbeing of young people', *Family Matters*, 1998, 49, pp. 11–17.

*Loosen Up: The Emerald Community Singing Group supports health by coming together to sing, eat and have fun.*



# SING LIKE NOBODY'S LISTENING

## COMMUNITY SINGING ACROSS VICTORIA

Vicki Pollock, Gillian Roberts and Jill Hyslop sit among friends and strangers each month at the Bellbrae hall, singing their hearts out. Gillian says the creed for the monthly singing session is "Sing like nobody's listening". The trio joined forces last year to start a community singing session along the Surf Coast after hearing about the VicHealth-funded Community Singing Across Victoria project. They wanted to sing, not perform, and most importantly they wanted the monthly sessions to be open to everyone. Almost 18 months down the track the sessions, known as Singing For Fun, attract up to 35 people, who range in age from teens to mid-70s. There's a core of people who come regularly, but others come and go when they can.

Fay White, a doyen of community music, is working throughout Victoria to train leadership teams, like Gillian, Jill and Vicki, to run community singing sessions as part of Community Singing Across Victoria. Community developer Anne-Marie Holly got the idea from an acapella style singing session called 'Vocal Nosh', started by Fay in the small Victorian town of Newstead. The pair developed a training course for group leaders and community support

people wanting to do something similar. In the past two years over 100 people have participated in the training weekends and resource days facilitated by Fay and Anne-Marie as part of the project. At the training weekends participants are assisted to select and teach songs aurally, develop leadership skills and look at ways to establish and sustain their groups. Since the Surf Coast sessions began last June, another two singing leaders, Michele Barnes and Helena Ambrosia, have been trained and support Vicki to lead the singing.

While the community singing groups welcome people who struggle to hold a note as well as those who are confident, the key to sustaining the group is in training at least one person to direct the singing and set the pace and another person to understand community development and support the process. "Singing is a community art, but there also needs to be a level of beauty and joy to feed the soul," says Fay. "But experience has shown us that it is very difficult to sustain a group as a 'lone ranger', hence the emphasis on a team approach."

### A growing chorus

In the past two years 21 groups have started around Victoria, many in country towns including Euroa, Red Cliffs, Orbost, Bellbrae, Warragul, Ballan and Warrambool, as well as in the suburbs of Melbourne. They come together, give themselves a name like Vocal Feast, Singing for Fun or Local Vocals, sing and share a meal. Fay believes these singing sessions are good for people – bringing them together, creating social connections, breaking down a sense of isolation and strengthening communities.

Singing groups are not a growing trend, Fay asserts, but a renaissance. "Singing was once a part of ordinary life. It brought people together and was often a source of community meeting. But this coming together in song has been lost, due in part I think to television. Now people are looking to find that community connection again and they can do it so easily and comfortably through singing," she says.

Fay told participants at a recent National Rural Health Conference that musical therapists have long understood that singing can improve deep breathing, reduce blood pressure, relax muscles and improve cardiac output. Fay says most group leaders can tell stories of people in their group who are gaining a new sense of enjoyment and involvement through community singing. Some say it eases their depression; others talk of an unfamiliar sense of belonging.

“People are looking to find that community connection again and they can do it so easily and comfortably through singing”.



FROM LEFT TO RIGHT: VICHEALTH STAFF, ALANA HULME, PETER RYAN

### Hitting all the right notes

Despite all this evidence and anecdotes, it is the sheer pleasure of singing and passion for community that motivates Fay and group leaders such as Gillian. And it is a pleasure they would like to see more people share. More than 75% of the group participants around the state are women, and in the coming year Fay and Community Music Victoria, which auspices the project, will focus on encouraging more men to participate in community singing.

James Rigby, who leads an all-male weekly community singing session in Castlemaine, says the group is very important for the participants, known as the Acafellas. Some of the men had never sung outside the privacy of their shower before they joined Acafellas; now they make music all over Castlemaine as well as in Melbourne. They don't aim to be the best, just to be as good as they can be. Mostly, they come together to enjoy the singing and each other's company. James finds it hard to pinpoint what bonds the group, but says the chance to express one's self through music offers something that many men can't find at the pub, in an organised service club or at the local footy club.

"One member of our group is a bloke who has lived and worked in the area for 10 years with plenty of professional networks. He used to come into Castlemaine on Saturday mornings, do his shopping and head home. He said the shopping now takes him two and a half hours. His networks have extended to a range of people he may never have encountered before. That's what community singing can do for you," James says.

Word of the community singing project is spreading, through posters, GPs and community health centres, but most importantly through participation. VicHealth project officer Susan Ball says the emphasis on rural and regional Victoria was deliberate in order to support communities that do not have opportunities for musical training.

Fay reckons the community singing project works because the formula is simple. Train two or more people who are interested in leading a group. The singing leader then gives the group musical direction, material and sets the pace, while the community support person helps with practical organisation and connection to the local community. And then word spreads and the songs begin.



# PARTICIPATION ACTIVE, INVOLVED, VALUED ARE GOOD INGREDIENTS FOR HEALTH

Active participation helps people to feel mentally and physically healthy.

There is a growing evidence base to suggest that community participation on various levels is a key element to an individual's sense of wellbeing and to the state of health of the community generally. Well-connected communities with strong social networks are more likely to have lower crime figures, better health, higher educational achievement and better economic growth<sup>1</sup>.

Participation is a key driver of VicHealth's policies and programs. The Community Arts Participation Scheme, Participation in Community Sport and Active Recreation Scheme, and the Youth Economic Participation Scheme literally encourage participation in the arts, sport and active recreation, and the economy. These schemes are designed to promote mental health and wellbeing, and increase physical activity, among the community and individuals within the schemes.

A Minnesota study, which sampled more than 50,000 young teenagers, found that those who participated in a range of social and sporting activities also had significantly higher odds for healthy self-image and significantly lower odds for emotional distress and suicidal behaviour.

Boys who participated in sport and other activities were 40% less likely to have been binge drinking in the past two weeks than boys who were not involved in sport or other activities<sup>2</sup>.

Evidence also shows that civic participation, even more than participation in activities and recreational pursuits, is very powerfully linked with wellbeing. Volunteers stand out from workers in having the highest levels of wellbeing. Mostly aged over 55, they enjoy high levels of satisfaction with their lives, work and leisure, health, sense of community connection and religion and spirituality<sup>3</sup>.

It is vital to our health that our community continues to find ways to strengthen bonds between individuals and groups.

The second stage of the Together We Do Better campaign, launched in April 2003, encourages new and creative ideas that provide greater opportunity for people to connect in the spirit of respect and inclusion while reducing economic, cultural and physical barriers to participation.

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*Table Tennis: It's not competitive, just lively at Keen Ageds*

# PAIR OFF IN THREES PARTICIPATION IN COMMUNITY SPORT AND ACTIVE RECREATION

Opportunities to participate in sport and active recreation should be available to all, regardless of age or background. With innovation, barriers can become mere hurdles; boundaries can become welcome mats; and flexibility can add more layers of potential activity to our sporting and recreation scene. Issues such as cost, transport (or lack thereof), cultural environment, time, lack of available age- or skill-specific opportunities, or even lack of opportunities offered – a particular problem in rural and regional Victoria – might play a role in people's willingness to participate. However, these barriers can be overcome with persistence and a good game plan.

The Chief Executive Officer of VicHealth, Dr Rob Moodie, said a growing body of evidence reinforced the importance of providing opportunities to join in a range of activities and social networks.

"These enable us to build friendships, increase ties to our community, and develop a sense of belonging. The bottom line is, being active improves you physically, psychologically and may even save your life," explained Dr Moodie.

The same skills that help win games and pursue recreational activities are employed in the effort to increase participation. In each case there's a dependence on connections, relationships, partnerships and teamwork. To increase participation, particularly by groups not currently active, VicHealth began the Participation in Community Sport and Active Recreation (PICSAR) scheme. Jason Thompson, Project Officer at Leisure Networks, one of the eight Regional Sports Assemblies (RSAs) critical to the success of the scheme, says PICSAR has filled a gap between the sport and recreation sector and the health care sector. It has brought seemingly diverse, but obvious, partners together to increase physical activity in local communities.

For example:

- a walking program in south-west Victoria called Beyond the Farmgate connects health centres, planners and local governments to get local women walking;
- a footy-fit program in Geelong and Horsham brings old footballers back to the training track to have a run and get involved in a non-competitive manner – increasing physical activity levels and improving mental health and wellbeing;

- the Surf Lifesaving Association collaborates with culturally and linguistically diverse communities in the Geelong area to get young people involved in surf lifesaving, and make them feel safer around water; and

- Keen-Agers, a club offering recreational table tennis for older players in the Gippsland region, is gaining one member every 10 days and has become a progressive model for the sport throughout Victoria.

VicHealth Project Officer Caroline Sheehan says that we need to move past the type of thinking that says "That's the way we've always done it" to consider ways of being active that will involve more people in active participation. "We want sport and active recreation clubs to provide alternative ways for people to get fit and stay involved. This means being flexible in some cases to address barriers to participation. Sports may modify rules to allow different age groups and skill levels to become involved, or reduce costs to participate, or play the sport at less-structured times. At the very least, ensuring that a welcoming environment exists for all will attract participants."

**"When a new person walks in, they're going to be welcome. The group works with an understanding, a humor and a friendly support that money can't buy."**



FROM LEFT TO RIGHT: VICHEALTH STAFF, TRISH MUNDY, KELLIE-ANN JOLLY, XA DINH

## Keen-Agers

Keen-Agers is the name of a table tennis club with a difference. Established in Bairnsdale in 2001, the club is designed specifically to encourage older people to participate. John Gale, the club's secretary, lists the elements that make the club successful more quickly than the wrist flick that turns an average cross-court backhand into a winner: "It's non-competitive, we don't have a handicap, we don't have matches as such; you just turn up, pay the three dollars, pair off with someone, and play doubles or singles if you prefer. Frankly, we're selling fun."

Keen-Agers has quickly grown to 80 members who will participate in 3000 weekly or twice weekly playing sessions between them this year and the model is being exported around Victoria. Lakes Entrance has around 40 members and Sale will have a Keen-Agers club by the end of 2003, while Table Tennis Victoria is working to establish clubs in Horsham and Hamilton shortly. Moves are also afoot to take the concept to Melbourne clubs and Geelong. All that's needed, says Gale, are two or three people with energy, good contact with health support groups, a slice of local media, and then word-of-mouth grows the membership base. "When you open the doors the energy comes through and you immediately have a permanent ongoing committee that looks after it," says Gale.

The impact on the health – both physical and mental – for the over 60s is very real and very tangible. Many have experienced the recuperative benefits of the program after surgery, injury or illness and local hospitals have referred rehabilitation patients to Keen-Agers to get them back in action. It's not just the activity itself, though, that brings the health benefits. With the emphasis squarely on fun and participation, the club is very inclusive. "When a new person walks in, they're going to be welcomed. Most people are

just here to enjoy it. The group works with an understanding, a humour and a friendly support that money can't buy. In fact we've had to buy 30 chairs so that people can sit around beforehand and have a yarn," says Gale.

## The Role of the Regional Sports Assemblies

PICSAR is designed to increase access to sport and recreation and physical activity options for a variety of groups within Victoria. Regional Sports Assemblies are critical to the success of this scheme, playing a vital linking and facilitating role within their region. Because they are working with such a broad spread of groups within their communities, they are able to take a bird's-eye view of what partnerships are needed to develop sustainable sport and recreation options that meet the needs of people within the region.

A simple, yet perfect, example of PICSAR and the RSA in action occurs in Swan Hill. The Mallee Sports Assembly was able to link the Swan Hill Hospital, some older adults, and walking groups with the Swan Hill Leisure Centre. They also collaborated with the local radio station to gain publicity. The centre was able to develop a program that suited the needs of this population group – older people – and now a circuit class runs at the leisure centre every Wednesday.

Examples of sport and recreation providers range from local clubs to regional associations and leagues, to leisure centres, to sport stadiums, all working closely with their RSA to make their services more flexible and responsive to the needs of the targeted groups.

"RSAs can assist sport and recreation providers to develop sustainable programs that are much more suitable to groups who live within their community by facilitating discussions between a variety of organisations. Their role is critical to reversing the decline in participation in physical activity," said Sheehan.

## PICSAR – Targeting Groups

*Women, youth, older adults, Kooris and culturally and linguistically diverse people are being targeted because their current levels of participation in physical activity are low.*

## Walking School Bus: A participation success story

*The Walking School Bus program expanded in 2002-2003. A Walking School Bus encourages groups of children to walk to school along a set route under adult supervision. Adult supervisors are either parents or volunteers. It increases physical activity and social connection for the children and adults – important for physical and mental health. The pilot program funded four local councils in 2001-2002 and had 13 participating schools. It was such a success VicHealth funded 33 local councils to implement phase 2 and 3 of the Program. In Victoria there were 145 primary schools involved.*

*A Walking School Bus network including the Departments of Human Services, Infrastructure, Tourism, Sport and Recreation, Justice and Education and Training; VicRoads; Environment Victoria; VicFit; the National Heart Foundation; and VicHealth was also established to ensure the concept is built on sustainable foundations. For example in some council areas, VicRoads and Victoria Police were involved in identifying safe and walkable routes and councils posted walking school bus signage along the routes.*



# DIVERSITY GUARDING AGAINST ISOLATION

Victoria is a diverse community. However, some individuals experience less favourable treatment than others<sup>1</sup>. Discrimination on the basis of race, gender, sexual preference or age can impact negatively on individual and community mental health and wellbeing, while positive attributes exist in societies that value diversity.

By valuing diversity within the community we also guard against isolation and give people a sense of belonging – important for our mental health and wellbeing.

In addressing issues around discrimination and encouraging diversity, the Foundation works alongside specific population groups within the community. We acknowledge that the members of each group need to develop different strategies to address their own health needs. By supporting specific population groups to improve their health and wellbeing, programs created will be inclusive and sustainable.



#### References

<sup>1</sup> VicHealth: Mental Health Promotion Plan Foundation document: 1999–2000, page 16.

*Positive steps: Koori Leadership Programs impact on the long-term health and wellbeing of both those involved in the projects and those within the community.*

# LEADING TO HEALTH AND WELLBEING KOORI LEADERSHIP PROGRAM



FROM LEFT TO RIGHT: VICHEALTH STAFF, SANDRA BURSTON, RANDALL KENT

Thornbury youth worker Karin Williams used to hang back and hold her tongue at meetings, particularly among Aboriginal elders from her community. Now she steps forward when something needs to be done. Karin, 39, is a graduate of the first Koori Community Leadership Program, which began in 2002 and continues this year. The program gave her confidence, developed her skills and strengthened her determination to improve the lives of the young Kooris she works with each day, who are marginalised and disconnected from the wider community. Applauded by indigenous and non-indigenous agencies, the program was named “Most Innovative Training Program of the Year” at the recent Victorian State Training Awards.

The leadership program, one of five in Victoria supported by VicHealth, is a partnership between the Victorian Aboriginal Community Services Association (VACSAL) and RMIT. In developing VicHealth’s Indigenous Schemes, leadership was identified as critical to the future growth, health and survival of Koori communities. The approach acknowledges the basis of Koori communities as being embedded in extended family networks. That means that strong healthy communities rely

on strong healthy families. Leadership is the key to the process of setting agendas and developing a strategic approach to future community wellbeing.

#### Leadership identified as critical

The Aboriginal and Torres Strait Islander Institute of Studies 1998 report, *Indigenous Leadership: A Concept Study*, has influenced the program’s contents. Program Coordinator Helen Kennedy believes this concept study was a watershed report in Aboriginal affairs because it asked thousands of Aborigines throughout Australia what their community most needed. Leadership issues were considered a priority. “It (the report) clearly demonstrated the need for a range of leadership programs to be developed to meet the particular and unique circumstances of Aboriginal people at national, state and regional levels,” she says.

The program’s also about nurturing the capacity to lead within the Koori community at the grassroots level and for the moment Karin is keen to keep working on the ground. Karin, who joined the Bert Williams Youth Support Service after 18 years in Aboriginal health, spends most days

advocating for young people who are facing court or seeking health services. She also works in partnership with other agencies organising counselling for young people at risk.

The year of leadership training helped Karin develop goals and affirmed her ability to make a positive difference within the Koori community. Karin believes the real benefit is to the Kooris she seeks to support. “I’m not frightened to talk anymore and I am happy to push myself forward. I have come to understand that if you want to see something happen you have to be part of it and sometimes you have to do it. Our community needs leaders and I am stepping up – but I am doing it slowly,” she says.

Helen’s face lights up when she talks about some of the future leaders in the Koori community who she has worked with while coordinating the program. Some are already working in Aboriginal affairs, and the leadership program has refined their skills, particularly their communication skills. As well, she has seen some people develop the confidence to take on the leadership of small but vital community programs and positions within a family.

The program at VACSAL is unique because of the partnership with RMIT, where the participants can develop accredited leadership skills within a culturally appropriate learning environment. The program was developed and delivered by Victorian Kooris in consultation with RMIT staff, and with input from a range of influential indigenous and non-indigenous business and community leaders. The year-long course, for people already active in Melbourne’s Aboriginal affairs, is nurturing an emerging leadership base among Victorian Kooris, using the best of western and indigenous training practices.

There’s a theme to each of the five four-day modules in the program, which is scrutinised and debated. For example, this year in the family violence module participants explored the issues and presented an analysis of Victoria’s strategy in comparison to other states. Helen says the program also deals with the ‘burden’ and demands of leadership within the Koori community. Panel speakers don’t harp on the problems, but they certainly offer ways of coping as well as challenging participants to arrive at new solutions.

Koori leaders have embraced the program, only too aware of the leadership vacuum facing the Aboriginal population, particularly in the 30 and 40 age group, with 57% of the Aboriginal population 25 years and younger. National and state leaders, including Alf Bamblett, Noel Pearson and CEOs of peak Aboriginal agencies, play a mentoring role, speaking to participants and exposing them to a range of leadership styles and approaches.

#### Young people lead the way

Young people are an important group for realising community visions. Although Koori communities have proportionally much higher numbers of young people than the overall population, they currently have limited opportunities in education and vocational training.

Koori leader Paul Briggs has explained the importance of developing leadership within Koori communities: “Developing leaders gives me hope that the future can be much more culturally alert, vibrant, healthy and safe for Aboriginal people in particular and, in general, for all cultures who co-inhabit the traditional lands of Aboriginal nations.”

The program’s success has been confirmed by an independent evaluation conducted by Monash University. It concluded that: “The VACSAL Leadership program has been an outstanding success in developing a statewide leadership cohort, which will have a major impact on Victorian Aboriginal Affairs in the next decade.”<sup>1</sup>

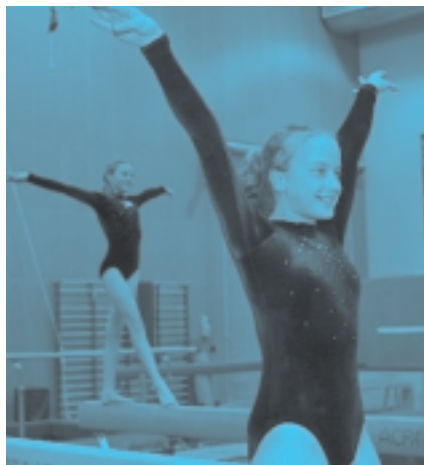
There’s little doubt that the program has changed the lives of participants (who range in age from 18 to 55) and the Koori communities in which they live and work. They have created professional networks and gained a clearer understanding of important debates and community development issues.

The 2002 graduates are seeking to play a bigger role in their communities. One-third of the graduates are enrolled in further studies; one-third nominated for ATSIC elections; some advanced in their employment; two received the Prime Minister’s ‘Commemorative Award Medals’; one was promoted to manager of a large government department and another was appointed Executive Officer of Koori Diabetes Services Victoria.

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“I have come to understand that if you want to see something happen you have to be a part of it and sometimes you have to do it.”



## HEALTHY ENVIRONMENTS WHAT'S A HEALTHY ENVIRONMENT?

VicHealth is interested in pursuing the creation of healthy environments as they maximise the health impact of cultural and sporting activities and increase the appeal of clubs, organisations and activities to a wider range of potential participants. Partnerships are critical to the successful introduction of healthy environments. VicHealth is working with state sporting associations and major arts partners, along with various health agencies such as QUIT, SunSmart Sports Medicine Australia – Victoria, International Diabetes Australia, VicSport and the Australian Drug Foundation to embed the concept of healthy environments within sporting clubs and associations and areas where arts activities take place.

A healthy environment is achieved when an organisation is accessible to all community members, values its volunteers and participants, provides smoke-free areas, adopts injury prevention practices and sun-protection measures, provides healthy food choices and ensures responsible alcohol management practices when conducting events or activities. VicHealth is also concerned to prevent sport-related injury – an estimated 30–50% of all sporting injuries are preventable – by continuing to fund individual clubs through the sports injury prevention program.

We also work with racing clubs and major venue managers such as the MCG to ensure that long-term changes in train continue to benefit the community's health.

*Healthy environments: Gymnastics Victoria have embedded the notion of a healthy environment into their scheme Club 10.*

# A WELCOME CHANGE EMBEDDING HEALTHY ENVIRONMENTS

In the sporting sector, creating healthy environments is not merely an end in itself. It underpins strategies to increase physical activity, ensures that participants receive the full health benefits of engaging in sport, and creates opportunities for social connection.

VicHealth Project Officer Shelley Maher says healthy environments make sporting clubs attractive and inclusive. "If you've got a place where people feel welcome and valued, they will be more likely to join a club, and then to come back the next week, and the week after that."

## Partnerships for Health

VicHealth is partnering State Sporting Associations (SSAs) to develop healthy environments throughout their clubs and associations as part of the Partnerships for Health Scheme. It's a long-term process that is being advanced one step, and in some cases one club, at a time.

Making people feel welcome and included is just one component of a healthy environment. All SSAs are expected, as a condition of their involvement in the scheme, to have affiliated clubs support 100% indoor smoke-free environments. SSAs will also work with their clubs and associations to promote practices that

prevent sport-related injury, encourage responsible alcohol management, provide healthy-eating choices, and promote sun protection.

Maier says that the clubs that are most successful, whether that's on or off the field, tend to have a range of healthy practices in place. "If a club has a good feel, then it will attract members," says Maier. In many cases increased membership has allayed initial fears at club level about possible revenue losses caused by introducing responsible alcohol management or smoke-free policies.

## Gymnastics Victoria supports healthy environments

Jane Farrance, Executive Director of Gymnastics Victoria, backs Maier up on this. "It's important to build a solid club infrastructure. At the well-run clubs people come and people stay. Word of mouth does the work for them. Clubs that are bursting at the seams and can't have any more members are the ones that are well run."

Tanya Johansen, General Manager/Head Coach of Waverley Advanced Gymnastics Club, says having both smoke-free and healthy-eating practices and policies in place at her club is essential to having a good overall program. "I don't think people say,

'Hey, I'm going to go to that gym because they're really well managed', but the overall result is a top-quality program. I think that's the key."

Gymnastics Victoria is well advanced in developing healthy environments. Its Club 10 program, developed nationally in response to declining membership numbers, is an excellent model for sports grappling with the notion of how to work with clubs to improve environments. Club 10 is the club affiliation scheme for gymnastics across Australia. Embedded within this scheme in Victoria is the condition that clubs deliver on smoke-free environments and, over time, depending on their capacity, provide healthy-eating choices at their venues.

Gymnastics Victoria has five accreditation categories that enable clubs, regardless of their size, location or scope of operations, the opportunity and direction to continuously improve. Recognition that each club is different is critical to the program's success. It enables clubs at all stages of development and size to implement practices commensurate with their needs and capabilities, rather than being overwhelmed by a set of expectations placed upon them from above.



FROM LEFT TO RIGHT: VICHEALTH STAFF, SHARON OSMAN, SHELLEY MAHER AND WORLD HEALTH PROMOTION CONFERENCE MANAGER, TOM SEDDON

The accreditation categories in Club 10 range from Star 1 to Star 5. Farrance says picking up a Star 2 rating is not difficult. Between 2001 and 2003, clubs with a Star 2 accreditation must have had a smoke-free policy. To reach the Star 3 accreditation level, clubs must have had a smoke-free and healthy-eating policy, for Star 4 and 5 accreditation clubs must have had a smoke-free and healthy-eating policy and offered at least 50% healthy-eating options at any event for which they cater. Other areas included in the Club 10 System cover welcoming clubs, risk management plans and other injury prevention and safety issues. As the system develops more areas will be added. The aim is to ensure the currency with modern practice in all clubs from the biggest to the smallest.

Waverley Advanced is a Star 5 accredited club with 550 members. It bans smoking anywhere in or outside the club premises, SmokeFree signs are placed throughout the club, each coach's job description states that they can't smoke while representing the club, and a club booklet to parents explains that they cannot smoke while at the club. "Smoking goes against everything we need for the sport basically," says Johansen. At the canteen healthy-eating options are available alongside other options. Johansen says that for every junk food item there is an equivalent healthy option.

It's not all one-way traffic, though. Benefits are made available from Gymnastics Victoria to the clubs at each level. For instance clubs with Star 2 accreditation receive vouchers to events, two-for-one deals, and discounts for level-one coaching courses. By embedding the healthy environments in an overall program, clubs know they are working within a framework that gives them examples to follow and assistance

if required. Johansen says sample smoke-free and healthy-eating policies were a major assistance to implementing practical changes: "These sample policies mean that any club can do it, even if there's 10 people at the club."

## It's a long-term collaborative process

Farrance admits that, contrary to her initial expectations, the program itself rather than the fringe benefits attached to it, has become the driver. "They can actually see the overall benefit," says Farrance. For such a program to work, though, clubs must have trust and faith in their SSA. Farrance says you've got to work very hard to get that. "It means communicating every step of the way what you are doing, and making sure that people have a sense of ownership. It requires us asking for feedback, for help. If clubs say something doesn't work for them, we say, 'Okay, let's find something that does.'"

This approach is a consistent health promoting philosophy.

Maier says VicHealth understands that implementing healthy environments will take time. Time is needed to build trust, to implement any changes, and for changes to have a positive impact. "We're taking a long-term approach."

## Smoke-Free MCG

*In April 2003, the Herald Sun reported that the Melbourne Cricket Ground, a smoke-free venue since 1999, was considering the reintroduction of smoking areas as part of its Northern Stand redevelopment. In an agreement between the MCC and VicHealth lasting until December 2003, the MCC had committed to maintaining the venue as a smoke-free venue and making it a model health promoting venue. The MCG, has been considered a world leader in health promoting policies and a strong supporter of 100% smoke-free venues. VicHealth, along with QUIT and the state government, vigorously opposed any move to reverse these policies, and the debate received wide publicity. We congratulate the MCC on re-stating its continued commitment to the agreement and ruling out reintroducing smoking areas at the venue.*

*On Sunday April 20, 2003 Optus Oval went smoke-free for its first AFL game of the 2003 AFL season.*

**"If you've got a place where people feel welcome and valued, they will be more likely to join a club, and then to come back the next week, and the week after that."**



## HEALTH INEQUALITIES STRAIGHT TO THE SOURCE

Socio-economic status is a major predictor of health across all societies. Low socio-economic status is associated with higher rates of disease in most systems of the body, and is related to higher rates of death for all leading causes of death.<sup>1</sup>

In Victoria, heart disease, emphysema, diabetes, asthma, sudden infant death syndrome, road traffic accidents, and homicide are the important causes of death where different rates of incidence are associated with large socio-economic differences.<sup>2</sup>

While people in lower socio-economic groups have the worst health status, there is evidence of a gradient effect. Health improves as socio-economic status rises.<sup>3-4</sup>

One conventional approach to health promotion has sought to influence the behaviour of individuals through population-wide promotional campaigns. There is some evidence that in some cases this type of approach may increase, rather than decrease, health inequalities.

In order to produce population-wide health benefits and reduce health inequalities, health promotion activities must engage and work with both people and places. This includes moving beyond solely targeting individual and personal behaviours to addressing social, economic and environmental issues. It also requires engagement with a range of sectors including infrastructure, housing, education and employment.

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*Eating Out: Through the Café Meals project, homeless people can access food options in mainstream cafés.*



# POPPING OUT FOR A BITE ADDRESSING FOOD INSECURITY



FROM LEFT TO RIGHT: VICHEALTH STAFF, BARBARA MOUY, DEE BASINSKI

In the City of Yarra, a 19.5 square kilometre patch sitting north-east of Melbourne's CBD, a significant proportion of the population don't eat well enough to stay healthy. They don't eat regularly, they don't have access to fresh and nutritious food, and they struggle to find environments to cook in. Those who are homeless or at risk of homelessness, and are battling poor physical and mental health, intellectual disabilities, or drug and alcohol issues, are most affected.

Homeless people are at risk of not eating well because they have a limited capacity to buy food (limited money, transport, skills, cooking facilities, time, mobility and social supports), as well as facing, in the inner city, a poor local food supply, with limited food outlets, poor quality and poor variety.

## The Café Meals Program

The Café Meals Program has been designed to redress some of these problems. It is a simple but effective idea, coordinated by the North Yarra Community Health Centre's Katrina Doljjan, and part of the VicHealth Food Insecurity Demonstration project. "Some of the barriers are quite overwhelming when you add them all up," says Doljjan.

Meals from four local cafés and restaurants are provided to participants at a reduced price. A membership card plus \$2 allows them to purchase a meal up to the value of \$8.80 at any one of the four cafés once per day. The program has been well patronised from day one. By December 2002, 41 people were registered to use the program, with 70 people on the waiting list.

## Connecting socially

The beauty of the program from a mental health aspect is that homeless people eat where everyone else eats. "A key component of the program," says Doljjan, "is to make people feel welcome, feel a part of society, and interact with staff owners and even other café patrons."

Doljjan says they focus on the social aspect of the program as much as getting out and eating a meal. Building confidence, as well as physical health, can lead to other issues being tackled.

Sam Conti's café is involved in the program. He observes its value every day. He's seen the changes in some of the participants as they build up an affinity with the staff and rebuild their self-esteem. "Our objective is first to make them feel welcome, and secondly to make them feel part of society. We get them involved, talk to them – all our staff does this," says Conti.

## Many health promoting ingredients

The program has several important health promoting strengths. It improves access for participants to nutritious, affordable and prepared meals, in an environment that connects them to their community. The meals, by being provided in a way that is culturally appropriate, use food as an integrating mechanism – the role food plays for a significant section of the community.

"Half the time you wouldn't know who's who," says Conti.

For the participants in the program, improvements in nutrition and social skills are a strong starting point for them to address other issues in their lives. Those working with the participants said the Café Meals Program encouraged people to get out of their rooming houses into the community and helped them set other goals.

## Part of a bigger picture

Doljjan emphasises that the Café Meals component of the program is part of a more complete package. "We develop skills so people become less reliant on the program," said Doljjan. Smart food market bus trips take people from rooming houses on regular shopping trips to the Victoria and Preston markets. They build their ability to budget shop, to plan a menu based on really cheap food and, in some cases, improve their cooking skills. A guide for how to set up gardens in rooming houses has also been developed. Some of the impetus for these came from the Food Insecurity Pilot Project – which was a partnership between VicHealth and the City of Yarra, developed in consultation with agencies and community stakeholders.

It is pleasing that the North Central Metropolitan Primary Care Partnership is now involved in some aspects of this project.

## Who could possibly experience food insecurity in Victoria?

- People with no, low or inadequate income: pensioners; people with no incomes, such as asylum seekers; people overcommitted financially or 'breached' by Centrelink.
- People with inadequate accommodation: homeless people; people in substandard accommodation, rooming houses and supported residential services.
- People from culturally and linguistically diverse backgrounds: those who have difficulty understanding the 'system' and accessing appropriate food.
- People with health needs: such as chronic addictions, disabilities, acquired brain injury, chronic health conditions, poor dental health.
- People who are isolated: with limited transport, poor mobility and frailty.
- Single people and single-parent households: particularly older people and recently arrived families.
- Young people: don't have the skills and resources to buy and prepare food; parents don't have the resources.

## Inequalities

At VicHealth, addressing health inequalities is one of our core aims (see figure five on page 11). Creating access to healthy food for the homeless or those at risk of homelessness is critical to addressing health inequalities. The fact that such a disparity in access exists in Victoria highlights how environments and circumstances can lead to very real health differentials.

## Partnerships

Two food insecurity demonstration projects were funded by VicHealth and the Department of Human Services to develop, implement and evaluate innovative and sustainable strategies to reduce the prevalence and impact of food insecurity in the City of Maribyrnong, and to address food insecurity for homeless people in the City of Yarra.

The City of Maribyrnong project took place between July 2001 and December 2002. The city worked in partnership with the Western Region Community Health Centre, local agencies, communities and residents.

The City of Yarra project took place between August 2001 and December 2002. North Yarra Community Health worked in partnership with Yarra Community Housing and the City of Yarra.

"A key component of the program is to make people feel welcome, feel part of society, and interact with staff owners and even other café patrons."

# AND ALL OF THIS ACTIVITY DEPENDS ON... RESEARCH

Good research (as well as monitoring and evaluation) has been an essential element of all public health successes to date. VicHealth invested just over \$5 million in research during 2002–2003.

VicHealth is involved with others in building the infrastructure in health promotion and public health research. It's a big change for many, but we are building connections – connections between research and practice, researchers and practitioners and, vitally, research and improved health.

## VicHealth is investing in people and priority-driven research

VicHealth has overhauled its approach to research since 1999. We are now focusing on investing in people and centres of research and practice to support them and their work, rather than just focusing on the research projects themselves. We are also directing investment in research towards our priority areas.

## A strategic research investment

VicHealth has made a significant investment in a senior research fellowship program, a public health research program and a public health scholarship program. We currently have eight Senior Research Fellows, 10 Public Health Research Fellows and eight Public Health Scholarships. This is in addition to another 10 NHMRC scholarships that receive VicHealth supplement funding. Each fellowship supports the researcher for five years of public health and health promotion research within Victoria, and the scholarships are over three years.

These programs support innovative research, are designed to entice researchers working overseas back to Australia, increase the competitiveness of Victorian public health researchers at the national and international level and, importantly, encourage candidates who possess the ability to support other potential researchers in their area of expertise. At the same time, VicHealth is upskilling the recipients of these grants by providing such skills as media training and leadership development to ensure they can maximise use of their knowledge.

The Foundation has continued with the Centres of Research and Practice model to support the growth of expertise and research in specific areas. VicHealth continues at varying levels to invest in the VicHealth Centre for Tobacco Control, the Koori Research and Community Development Unit, the Australian Research Centre in Sex, Health and Society, the Centre for Adolescent Health, the Centre for the Study of Mothers' and Children's Health and the soon-to-be-established Centre for the promotion of Mental Health and Social Wellbeing. Supporting this expertise in this way enables closer connections and greater dialogue to occur between researchers and practitioners.

Directing investments as described is a strong start for public health and health promotion research; however, it is not the end of the matter. Complex questions remain about how to translate research into practice, what balance to strike between investigator-led research, priority-driven research and commissioned research, the value of public health programs and how to ensure that the research investment continues to "translate directly into improvements in the health of the Australian population".

## Fellowships and Scholarships Program

The overall investment by VicHealth in this financial year was just under \$2.5 million.

The program, which began four years ago, is designed to grow research in VicHealth's priority areas – tobacco control, mental health, healthy eating, physical activity and substance misuse – while promoting innovative public health/health promotion research in non-traditional areas such as the arts, sport, education, transport and the built environment.

Each year, funding for up to two Senior Research Fellowships, up to three Public Health Research Fellowships, and up to six PhD Research Scholarships is available to public health researchers who have distinguished themselves in their respective fields.

Applicants must be working in, or be sponsored by, institutions that have a focus on public health research and can provide the appropriate facilities. They must also apply for a concurrent nationally competitive award through the National Health and Medical Research Council (NHMRC), the Australian Research Council (ARC) or other funding bodies.



FROM LEFT TO RIGHT: VICHEALTH STAFF, CHRISTINE HUGGINS, MICHELLE CALLANDER, ROBYN THOMPSON

## Research Fellows and Scholars

Programs of Research currently being undertaken by Research Fellows

### Senior Research Fellows

*Integrated, community-based approaches to health promotion for Victorian blue-collar workers*  
Dr Anthony LaMontagne

*Understanding the role of place in health inequalities*

Dr Anne Kavanagh

*Determinants of breast cancer risk*  
Dr Dorota Gertig

*Child health epidemiology and new vaccines in an Asian country*  
Professor Kim Mulholland

*Maternal nutrition in pregnancy and growth in infancy: do they influence outcome in children?*  
Dr Ruth Morley

*Impact of changes in anti-smoking advertising and tobacco portrayal in news, film, television and music media on smoking in adults and school children.*

Dr Melanie Wakefield

*The Social Determinants of Sexual and Reproductive Health*  
A/Professor Anthony Smith

*Measuring the effect of social, cultural and environmental context on health and wellbeing*

Dr Daniel Reidpath

## Public Health Fellowships

*Implementing and evaluating system-level change to improve adolescent health and wellbeing*

Dr Lyndal Bond

*The relationship between the built, social and policy environment and physical activity in families*

Dr Jo Salmon

*Interventions to improve cardiovascular health in Aboriginal people*  
Dr Kevin Rowley

*Promoting long-term health and wellbeing in refugees and asylum seekers: Informing policy and practice*

Dr Pascale Allotey

*Connecting for health: the role of networks and partnerships in improving health and wellbeing*

Dr Jennifer Lewis

*Women's health after childbirth: a prospective cohort study of 1,900 women having a first child*  
Dr Stephanie Brown

*The Outcomes Associated with Non-Fatal Heroin Overdose in Melbourne*  
Dr Paul Dietze

*Long-term implications of the increasing prevalence and duration of obesity for health in Australia: an aid to more effective and targeted prevention.*

Dr Anna Peeters

*Environmental causes of obesity and measurement of the impact of approaches to prevention*

Dr Colin Bell

*Health, development and wellbeing of young children in Victoria*  
Dr Elizabeth Waters

## Public Health Scholarships

*Affirming diversity in health and sexuality education: from research to policy to practice*  
Ms Debbie Ollis

*Social meanings of inhalant misuse in Victoria: implications for the development of policy and intervention*

Ms Sarah MacLean

*A study exploring the cultural basis of drug and alcohol consumption and health outcomes in a rural centre*

Ms Nicky Welch

*The influence of the environment on children's physical activity*  
Ms Clare Hume

*The influence of 'hands on' nature-based activities on the mental health of children*  
Ms Cecily Maller

*Food, fear and self-neglect: repatriation and the health and wellbeing of East Timorese asylum seekers*

Dr Catherine Lazarou

*ABFAB: the effect of breastfeeding education in the middle of pregnancy on the duration of breastfeeding.*  
Della Forster

*The role of nutrition promotion in secondary prevention of chronic diseases in older Victorians*

Sylvia MacKay Pomeroy

# VICHEALTH HEALTH PROMOTION AWARDS

## 2002 VICHEALTH AWARDS

Outstanding achievements in promoting health were announced on Tuesday December 17, 2002, at VicHealth's annual general meeting. The recipients of the 2002 VicHealth Awards were recognised for their contribution to promoting the health of Victorians.

## EXCELLENCE IN HEALTH PROMOTING RESEARCH

**Winner – The Cancer Council of Victoria: Staff exposure to second-hand smoke in hospitality industries**

This study assessed the relationship between exposure to second-hand smoke (SHS) in the workplace and respiratory and sensory symptoms, and measured staff attitudes towards, and experiences of, exposure to SHS in the workplace. The study has shown that exposure to SHS at work is associated with an increased risk of respiratory and sensory symptoms, including wheeze, frequent cough, sore eyes and sore throat. These findings support the introduction of smoke-free policies at work as an effective way to reduce worker exposure to SHS.

## EXCELLENCE IN HEALTH PROMOTION AWARD FOR PROJECTS IN THE \$50,000 TO \$100,00 RANGE

**Winner – Nagle College: Changing Lanes Project**

This program targets at-risk young people between 13 and 24 years of age in East Gippsland. Participants have developed skills in metal fabrication, basic mechanical repairs, market research and negotiation with the business community, and enhanced their employment prospects. By stimulating their interest in a non-threatening, relaxed atmosphere and presenting them with genuine life skill opportunities, Changing Lanes is working to provide new and life-long skills, build self-esteem, improve outlook on life, improve the ability to relate to adults, improve school/work/training retention rates, address antisocial and illegal behaviour, enhance employment prospects and increase community connectedness for marginalised youth.

## EXCELLENCE IN HEALTH PROMOTION AWARD FOR PROJECTS OVER \$100,000 CATEGORY

**Winner – Northern Melbourne Institute of TAFE: Changing Cultures**

The project is working to enhance the mental health and wellbeing of young refugees. Changing Cultures increases access to appropriate education and training, improves health and settlement needs for young refugees and develops community structures that will support young refugees in social and educational environments.

## HEALTH PROMOTION THROUGH COMMUNITY PARTICIPATION AWARD: SECTION 1

**Winner – CERES: Return of the Sacred Kingfisher Festival**

Participation in arts and culture breaks down social isolation, improves people's feelings of belonging, celebrates our diversity, and therefore improves health. The festival brings the community together to participate in a healthy, expressive and natural environment. It connects environmental issues, the Wurundjeri people, and the diverse community to create a festival of environmental, artistic and cultural significance.

## HEALTH PROMOTION THROUGH COMMUNITY PARTICIPATION AWARD: SECTION 2

**Winner – Immigration Museum: VicHealth Cultural Connections**

Research shows that access to the arts is good for our mental health and wellbeing. The program is working to ensure that opportunities exist for all to access, engage with and participate in a range of exhibitions, learning programs, events and activities, creating a vibrant and dynamic living cultural centre.

## HEALTH PROMOTION THROUGH COMMUNITY PARTICIPATION AWARD: COMMENDATION

**Winner – Northeast Support and Action for Youth: SmartArts Music Program**

This program investigates the relationship between cultural expression and social wellbeing. The project provides opportunities for socially isolated young people to develop ways of understanding the art of music making – whether it is through music theory, instrument playing, song writing, arranging, performance, recording or presentation.

# PRESENTATIONS AND ARTICLES

## CONFERENCE PAPERS AND PRESENTATIONS

Ball S. *Masters Students in Youth Health and Education Management*, Melbourne University, May 2003

Ball S. *The Art of Funding for Health*, Art of Difference Conference May 2003

Ball S. *Arts and Health*, Mental Health Conference, Adelaide, September 2002

Barr A., Moodie R. *The Politics-Based reality of Evidence-Based Practice*, Mobilising Public Health 34th Public Health Association of Australia Annual Conference, Adelaide, September 2002.

Jolly K. *Leading the Way*, Disability Ministerial Advisory Group, Department of Human Services Advisory Group membership from disability sector (consumers and agencies), September 2002

Jolly K. *Leading the Way and the link to Mental Health Promotion Plan*, Launch of Municipal Public Health Plan, City of Casey, November 2002

Jolly K. *Leading the Way and how the framework can be used to address mental health*, City of Moonee Valley, December 2002

Jolly K. *VicHealth initiatives to encourage walking – Walking School Bus, Planning and health, built environment*, Statewide Walking Seminar, Department of Infrastructure, December 2002

Jolly K. *Walking School Bus – An Australian Approach to Creating Sustainability and Supportive Environments*, International Conference: Walk21: Health, Equity and the Environment, Portland, Oregon, US, May 2003

Moodie R. *Strictly Ballroom: The Art of Partnerships in Mental Health Promotion*, Auseinet Forum, Putting It All Together – A National Forum on Promotion, Prevention, and Early Intervention for Mental Health, September 2002

Moodie R., *Keith Harbour Address*, Victorian AIDS Council AGM, Melbourne October 2002.

Moodie R., *Helping Children to be Shareholders of Social Capital*, Social Competencies Conference, Melbourne, November 2002.

Moodie R., Jolly K., *Sustainable Transport*, International Council for Local Environmental Initiatives Conference, Melbourne, April, 2003

Moodie R., *Men's Health: The Mature Aged Male – Holding it Together*, A conference for key stakeholders in men's health, September 2002.

Moodie R. *Keynote address, Strengthening of Secure Supportive Relationships that Promote Belonging and Security – What can Public Policy Do?* Department of Human Services and Department of Premier and Cabinet Seminar Series, September 2002

Moodie R. *Keynote address, Promoting a Positive School Climate Program*, DEET and Catholic Education Office, October 2002

Moodie R. *Moving Goods and People Around – Lifestyle*, Melbourne 2030, Making It Happen Forum, November 2002

Moodie R. *Social, Economic, and Environmental Benefits of Promoting and Implementing Active Transport Alternatives*, Victorian Cities for Climate Protection, Local Leaders and Greenhouse in Victoria Conference, April 2003

Moodie R. *How to Engage the Community in School Innovation*, Leadership in the Middle Years Forum, May 2003

Moodie R. *Keynote address, Together We Do Better – Issues of Worker's Wellbeing*, Working Together for Wellness Conference, June 2003

Moodie R. *Relaxation and/or General Healthy Living*, Bali Recovery Strategy, June 2003

Mundy T., Sheehan C. *Keynote address, Developing and Supporting Partnerships*, New Zealand Recreation Association, Recreation Seminar, June 12–13, 2003

Robinson Y. *The Role of Health Promotion Foundations*, WHO Workshop on Capacity Building for Health Promotion, Manila, November 2002

Robinson Y. *VicHealth's Mental Health Promotion Strategy*, Loddon Mallee Regional Women's Health Conference, Responding to the Evidence, March 2003

Van Vugt J. *An Integrated Social Marketing Campaign: Together We Do Better*, Deakin University, School of Health Sciences, September 2002

Van Vugt J. *Getting Victorians to be Physically Active*, Let's Get Physical Forum, Sale – hosted by the East Gippsland Division of General Practice, November 2003

Van Vugt J. *Together We Do Better Campaign*, Queensland Mental Health Promotion State Forum, Brisbane, May 2003

Van Vugt J. *Together We Do Better Campaign*, University of the Third Age Network State Conference, Melbourne, June 2003

Verins I. *Guest lecture for the Grad. Dip. in Mental Health Sciences (Community)* Melbourne and Monash University, September 2002

Verins I. *Promotion of Mental Health and Prevention of Mental and Behavioural Disorders*, World Federation for Mental Health Conference, London, December 2002

Verins I. *Obstacles to Partnership: An Approach by the Victorian Health Promotion Foundation*, World Federation for Mental Health Conference, Melbourne, February 2003

Verins I. *Mental Health and Work*, VECCI, February 2003

Verins I. *VicHealth Mental Health Promotion Framework*, World Consortium for the Promotion of Mental Health and Prevention of Mental and Behavioural Disorders, Washington, April 2003

Verins I. *Mental Health Promotion, Policy and Youth Issues*, RMIT Youth Policy Students, May 2003

## ARTICLES/BOOKS

Moodie R., Verins I. 'To whom does mental health belong?', *Australian e-Journal for the Advancement of Mental Health (AeLAMH)*, vol.1, issue 2, 2002

Verins I. 'Freedom from discrimination and social connectedness: VicHealth's response to the mental health of refugees and new arrivals to Australia', *Children's Rights News* (newsletter of the Australian Section of Defence for Children International) 2002

Verins I. *Work and Mental Health: Issues and Perspectives*, co-edited with Auseinet and Flinders University Auseinet, 2002

# VICHEALTH FUNDED PROJECTS 2002–2003



## INVESTMENT HIGHLIGHTS

In 2002–03 VicHealth funded **1,228** projects. There were 496 grant projects, 442 Sport Injury Prevention Grant projects and 290 Sun Shade Grants. The total amount of funding to these projects was \$24,494,120.

### Walking School Bus Program

The Walking School Bus program expanded to 33 local councils and 145 primary schools. The total distribution for this financial year was \$943,480 (see page [40](#)).

### Active Participation Grants

To encourage participation in community sport and active recreation VicHealth distributed funds through the Active Participation Grants. There were 17 partnerships grants of up to \$30,000, and 68 local grants up to \$3,000 distributed (see page [42](#)).

### Sport Injury Prevention Program

Injury prevention practices are being embedded through the Partnerships for Health Scheme. There was also \$619,926 distributed among 442 sporting clubs in Victoria to purchase First Aid Training or sports safety equipment to prevent injury (see page [46](#)).

### Outdoor Sport Shade Grants

There was \$498,791 distributed among 290 sporting clubs to enable sun protection for participants (see page [47](#)).

### Major Arts Partnership

VicHealth works with ten major arts partners to promote healthy environments, social connection and facilitate access to arts events (see page [49](#)).

### QUIT Campaign

Continued support of the QUIT campaign investing \$2.9 million to reduce the prevalence of smoking in Victoria and to reduce the exposure of non-smokers and smokers to the harmful substances in tobacco smoke (see page [53](#)).

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## PHYSICAL ACTIVITY

### PROGRAMS/SCHEMES

#### Building Local Government Capacity for Pedestrian and Bicycle Friendly Actions-Phase 2

*International Council for Local Environmental Initiatives (ICLEI)*

This project aims to increase the implementation of pedestrian and bicycle-friendly local government greenhouse actions.

■ \$104,840

#### THE WALKING SCHOOL BUS PROGRAM

VicHealth's Walking School Bus Program is a partnership between local government councils/shires and community agencies, who work with local primary schools to establish Walking School Buses in their municipalities. The purpose of the program is to create change in the school travel patterns of Victorian primary school children.

The Walking School Bus Program has the potential to deliver considerable individual and community benefits.

- *Health benefits* – walking to and from school provides children with the opportunity to engage in regular physical activity.
- *Environmental benefits* – every journey made on foot reduces traffic congestion and pollution outside and around schools and helps improve the local environment for all.
- *Safety benefits* – walking helps people become more familiar with their community, increases the number of people on the streets, thereby improving a sense of personal and community safety, and provides children with the chance to develop and improve road safety and pedestrian skills.
- *Mental health benefits* – the Walking School Bus Program relies on the establishment of partnerships in the community for its success. The establishment of co-operative relationships between local government, primary schools, families and the community has the potential to contribute to a more positive sense of community and increase the opportunities for people to access social networks.

#### Walking School Bus

*Banyule City Council*

■ \$30,000

*Bayside City Council*

■ \$30,000

*Shire of Campaspe*

■ \$4,662

*Cardinia Shire Council*

■ \$30,000

*City of Casey*

■ \$30,000

*Colac Otway Shire Council*

■ \$30,000

*City of Greater Dandenong*

■ \$22,000

*Darebin City Council*

■ \$29,020

*Frankston City Council*

■ \$30,000

*City of Greater Geelong*

■ \$30,000

*Horsham Rural City Council*

■ \$29,950

*City of Kingston*

■ \$30,000

*Knox City Council*

■ \$30,000

*Latrobe City*

■ \$30,000

*Maribyrnong City Council*

■ \$30,000

*Maroondah City Council*

■ \$30,000

*Moonee Valley City Council*

■ \$30,000

*Manningham City Council*

■ \$30,000

*City of Melbourne*

■ \$17,500

*Moreland City Council*

■ \$30,000

*Nillumbik Shire Council*

■ \$30,000

*City of Port Phillip*

■ \$25,000

*Greater Shepparton City Council*

■ \$30,000

*Stonnington City Council*

■ \$30,000

*Surf Coast Shire Council*

■ \$26,084

*Rural City of Wangaratta*

■ \$30,000

*Warrnambool City Council*

■ \$30,000

*Wellington Shire Council*

■ \$30,000

*City of Whitehorse*

■ \$29,430

*City of Whittlesea*

■ \$25,000

*City of Wodonga*

■ \$30,000

*Wyndham City Council*

■ \$29,993

*Shire of Yarra Ranges*

■ \$30,000

*PDF Management Services Pty Ltd*

■ \$15,000

#### PARTNERSHIPS FOR HEALTH

This year was the second of a two-year transition, working with the sports sector to achieve increases in physical activity. Under the Partnerships for Health Scheme, state sporting associations have undertaken a range of activities to increase participation and create welcoming environments within their sports. This has involved the associations in:

- developing sport-wide policies and practices that promote health;
- promoting environments that are conducive to health;
- encouraging communication of the role sport plays in improving the health of Victorians;
- expanding the range of people who participate in sport; and
- contributing to the evidence base on the promotion of health through sport.

#### Partnerships for Health Sport and Recreation Initiatives

*Victorian Amateur Fencing Association*

■ \$8,000

*Athletics Victoria*

■ \$52,800

*Victorian Little Athletics*

■ \$47,300

*Badminton Victoria*

■ \$17,211

*Victorian Baseball Association*

■ \$70,000

*Basketball Victoria*

■ \$180,000

*Royal Victorian Bowls Association*

■ \$15,242

*Bocce Federation of Victoria*

■ \$8,000

*Victorian Ladies' Bowling Association Inc.*

■ \$40,000

*Calisthenics Victoria Inc.*

■ \$51,170

*Victorian Canoe Association*

■ \$39,800

*Victorian Croquet Association*

■ \$8,400

*Football Victoria*

■ \$335,000

*Victorian Gymnastics Association*

■ \$127,920

*Women's Golf Victoria*

■ \$120,000

*Handball Federation of Victoria*

■ \$4,345

*Hockey Victoria*

■ \$38,400

*Indoor Sports Victoria*

■ \$35,000

*Lacrosse Victoria*

■ \$36,272

*Royal Life Saving Society Australia*

■ \$70,776

*Motorcycling Victoria*

■ \$9,900

*Netball Victoria*

■ \$57,200

*Victorian Orienteering Association*

■ \$29,518

*Victorian Petanque League Inc.*

■ \$20,000

*Pony Club Association Victoria*

■ \$14,344

*Roller Sports Victoria*

■ \$13,762

*Rowing Victoria Inc.*

■ \$13,200

*Victorian Rugby League*

■ \$7,000

*Victorian Rugby Union*

■ \$56,000

*School Snowsports Development Foundation*

■ \$47,520

*Victorian Softball Association*

■ \$30,000

*Surf Life Saving Victoria*

■ \$120,000

*Victorian Soccer Federation*

■ \$196,000

*Victorian Squash Federation*

■ \$70,000

*Table Tennis Victoria*

■ \$35,000

*Taekwondo Victoria*

■ \$31,111

*Tennis Victoria*

■ \$180,000

*Victorian Touch Association*

■ \$14,520

*Triathlon Victoria*

■ \$23,727

*Volleyball Victoria*

■ \$42,350

*Victorian Water Polo*

■ \$11,935

*Victorian Weight Lifting Association*

■ \$10,220

*Yachting Victoria*

■ \$50,800

#### Signage/Communication – Health Through Sport and Active Recreation Program

*Sporting Clubs*

Statewide dissemination of the Health Through Sport and Active Recreation Program goals, as well as supporting education resources to state sporting associations and clubs throughout Victoria.

■ \$506,517

#### VicSport Newsletter

*VicSport*

Project to use the VicSport newsletter, *Sportsview*, as a communication mechanism to the sports sector about developing healthy sporting environments.

■ \$20,000

#### VicSport Awards

*VicSport*

Initiative to give profile to the role the sporting industry plays in promoting health within Victoria and to highlight examples of best practice.

■ \$12,000

#### PARTNERSHIPS FOR HEALTH SUPPORT AND DEVELOPMENT PROJECTS

##### Evaluation of the Partnerships for Health Scheme (transitional phase)

*McLeod Nelson & Associates Pty Ltd*

■ \$20,000

##### Partnerships for Health – Support Function – Participation

*VicSport*

■ \$8,000

##### Partnerships for Health – Support Function – Injury Prevention – Creating Healthy Environments in Sporting Clubs and Venues

*Sports Medicine Australia – Victoria*

■ \$85,000

##### Partnerships for Health – Support Function – Healthy Eating – Creating Healthy Environments in Sporting Clubs and Venues

*Diabetes Australia Victoria/International Diabetes Institute*

■ \$85,000

##### Partnerships for Health – Support Function – Healthy Eating – Creating Healthy Environments in Sporting Clubs and Venues

*National Heart Foundation of Aust. – Vic. Division*

■ \$85,000

### Partnerships for Health – Support Function – SmokeFree – Creating Healthy Environments in Sporting Clubs and Venues

*The Cancer Council of Victoria*

■ \$200,000

### Partnerships for Health – Support Function – Responsible Alcohol – Creating Healthy Environments in Sporting Clubs and Venues

*Australian Drug Foundation*

■ \$85,000

### Partnerships for Health – Support Function – SunSmart – Creating Healthy Environments in Sporting Clubs and Venues

*The Cancer Council of Victoria*

■ \$85,000

## PARTICIPATION IN COMMUNITY SPORT AND ACTIVE RECREATION (PICSAR)

PICSAR supports community sport and active recreation projects delivered in a flexible manner to accommodate groups that do not normally participate.

Initiatives that offer sport and active recreation at more flexible times, modify uniform or rule requirements, encourage social participation and specifically target particular sections of the community are the types of initiatives VicHealth supports through the scheme.

The key organisations involved in the delivery of the PICSAR scheme are Regional Sports Assemblies (RSAs). RSAs are working in rural and regional Victoria to identify opportunities to increase community involvement in physical activity. Under the PICSAR umbrella, VicHealth identified population groups of special interest: people with low participation rates in physical activity; and particularly those with social and economic disadvantage.

Active Participation Grants were made as part of the Participation in Community Sport and Active Recreation Scheme.

#### Short Course in Health Promotion

*Deakin University*

Delivery of five-day health promotion course to staff and Board members of Victorian Regional Sports Assemblies in preparation for the commencement of the Participation in Community Sport Scheme.

■ \$6,730

#### Participation in Community Sport Scheme

*Mallee Sports Assembly*

■ \$82,683

*Wimmera Regional Sports Assembly*

■ \$75,000

*Sports Focus*

■ \$75,000

*Central Highlands Sports Assembly*

■ \$75,000

*Valley Sport*

■ \$75,000

*South West Sports Assembly*

■ \$75,000

*Leisure Networks*

■ \$75,000

*Gippsport*

■ \$75,000

*ValleySport – on behalf of North East Victoria*

■ \$54,830

## PICSAR SUPPORT AND DEVELOPMENT PROJECTS

A range of initiatives that aim to increase the understanding of how to best work with and address barriers faced by Koori groups and women in accessing community sport and active recreation.

#### Participation in Community Sport Scheme – Women’s Support Function

*Womensport and Recreation Victoria Inc.*

■ \$75,200

#### Participation in Community Sport Scheme – Women’s Developmental Project

*Womensport and Recreation Victoria Inc.*

■ \$70,000

#### Participation in Community Sport Scheme – Koori Support Function

*Victorian Aboriginal Youth Sport and Recreation Cooperative (VAYSAR)*

■ \$75,200

#### Participation in Community Sport Scheme – Metropolitan Scoping Project

*Melbourne Sports Network*

■ \$58,640

#### Participation in Community Sport Scheme – Koori Developmental Project Scoping and Capacity Building Initiative

*Victorian Aboriginal Youth Sport and Recreation Cooperative (VAYSAR)*

■ \$106,500

## ACTIVE PARTICIPATION GRANTS

Active Participation Grants were made as part of the Participation in Community Sport and Active Recreation Scheme.

The Active Participation Grants aim to:

- support community sport and active recreation projects that encourage and increase participation in physical activity for population groups that are currently inactive, or may traditionally encounter barriers to participation;
- support community sport and active recreation projects that specifically address the target population groups identified by VicHealth, in a culturally appropriate way and enhance their connection to others;
- support community sport and active recreation projects that facilitate development of partnerships within the community to increase physical activity; and
- evaluate, document and disseminate the outcomes of the funded activity to ensure continued learning in community sport and active recreation regarding health promotion.

There were 17 Partnership Grants and 68 Local Grants

#### Partnership Grants

Grants of up to \$30,000 were made available to these projects. Partnership grants address longer-term barriers to participation in community sport and active recreation faced by the nominated population groups. Partnership grants have a strong emphasis on participation in physical activity; benefit people who are not currently active and benefit those from one or more identified target groups. The target groups were women, youth (aged 12–25), people from culturally and linguistically diverse backgrounds, Kooris and older people.

#### Friends and Fitness

*Swan Hill Rural City Council*

■ \$27,607

#### POW – Participation on Wednesdays

*City of Greater Geelong*

■ \$24,500

#### Keen-Agers Gippsland

*Keen-Agers Inc.*

■ \$29,945

#### Koori Aquatics

*Victorian Aquatic Industry Council*

■ \$30,000

#### Physical Exercises for a Healthier Multicultural Community

*City of Darebin*

■ \$24,760

#### Direct Rec Link

*Moonee Valley City Council*

■ \$30,000

#### Aussie Wheel Hoops

*Victorian Amateur Wheelchair Basketball Association*

■ \$20,500

#### Active Fawkner

*Moreland City Council*

■ \$30,000

#### Starting Blocks

*Maribyrnong City Council*

■ \$30,000

#### Youth and Recreation Project (YARP) – Cranbourne

*Victorian Council of YMCA Inc. (Casey Aquatic and Recreation Centre)*

■ \$29,790

#### Footy Fit Program

*Football Geelong Inc.*

■ \$25,000

#### Older Adults Participation Project

*Yarriambiack Shire Council*

■ \$30,000

#### Plus 50 Participate

*Wodonga City Council*

■ \$30,000

#### Enmaraleek Active Participation

*Enmaraleek Association Incorporated*

■ \$30,000

#### Choices and Changes – A Healthy Lifestyle

*Morwell Leisure Centre*

■ \$30,000

#### Baw Baw Shire Active Communities Project

*Baw Baw Shire – Sport and Recreation Department*

■ \$30,000

#### Creating a Sporting Chance

*Bundoora Netball and Sports Centre*

■ \$25,583

#### Local Grants

Grants of up to \$3,000 were made available to these projects. Local grants have a strong emphasis on participation in physical activity; benefit those not currently active and reach people from one or more identified target groups. The target groups were women, youth (aged 12–25), people from culturally and linguistically diverse backgrounds, Kooris and older people.

#### Club Development

*Heathmont Baseball Club*

■ \$3,000

#### Warragul - Traralgon After-School Team Bowls

*Mid Gippsland Bowling Association – Junior Bowls Committee*

■ \$2,690

#### Keep Exercising Everyone

*Welshpool and District Advisory Group*

■ \$2,760

#### Youth Night

*Ararat YMCA*

■ \$2,607

#### Exercise Equipment for Older Adults Exercise Program

*The BEAT Exercise and Training Group*

■ \$3,000

#### Do Weights

*Kensington Neighbourhood House*

■ \$2,340

#### Youth Footy

*Eltham Football Club*

■ \$3,000

#### Greek Speaking Seniors Walking Group

*Senior Citizens Club Greek Orthodox Community*

■ \$3,000

#### Bellarine Older Adults Strength Training

*Deakin University – Health & Wellbeing Unit*

■ \$1,800

#### Community Weightlifting Development – No Barriers

*Phoenix Weightlifting Club Inc.*

■ \$3,000

#### Teenage Sport & Fitness Program

*Macleod YMCA*

■ \$3,000

#### Active Schools Program

*Goonawarra Golf Club*

■ \$2,790

#### Women In Soccer

*Warrnambool Junior Soccer Club Inc.*

■ \$2,800

#### Women’s Golf Clinics

*Euroa Golf Club*

■ \$500

#### ‘Golf Croquet’ Social Game

*Sale Croquet Club*

■ \$840

#### Fish Creek Youth Participation Project

*South Gippsland Shire Council*

■ \$2,950

#### Community Fitness Development

*Ballarat YMCA Inc.*

■ \$2,800

#### See How She Rides

*Riding for the Disabled Association of Victoria*

■ \$2,950

#### ISCB Skate School

*Ice Skating Club of Bendigo*

■ \$3,000

#### Golf

*Kerang Golf Club*

■ \$2,750

#### Moonah Activities Program

*Moonah Community Group*

■ \$3,000

#### Tai Chi For All

*Brunswick Neighbourhood House*

■ \$2,970

#### Goal Kick Project

*Heidelberg Star Soccer Club*

■ \$3,000

#### Student & Parents Croquet Participation

*Alexandra Croquet Club Inc.*

■ \$1,980

#### Community Fitness

*Stratford Fitness Club Inc.*

■ \$3,000

<b>Swimming Women</b> <i>Hobsons Bay City Council</i> ■ \$3,000
<b>Tai Chi for Seniors</b> <i>Ararat Rural City Council</i> ■ \$3,000
<b>Walking In Whitehorse</b> <i>City of Whitehorse</i> ■ \$3,000
<b>Wangaratta Vintage Club</b> <i>Rural City of Wangaratta</i> ■ \$3,000
<b>Darebin Pram Walkers</b> <i>City of Darebin</i> ■ \$3,000
<b>Exercise Program for Over Fifties</b> <i>Alphington Self Help Exchange (ASHE) Inc.</i> ■ \$2,969
<b>Central Goldfields Walking Strategy</b> <i>Central Goldfields Shire Council</i> ■ \$3,000
<b>That's What I Like About Football</b> <i>Blackburn Football Club</i> ■ \$3,000
<b>Together We Can ...</b> <i>Brunswick Baths</i> ■ \$2,992
<b>Integration of Disabled into Local Cricket Club</b> <i>United Cricket Club</i> ■ \$2,400
<b>Mt Helen Hoopin With Hoopy Ball Skills</b> <i>Ballarat Basketball Association</i> ■ \$3,000
<b>Fire Twirling Group for Youth</b> <i>Castlemaine Community House</i> ■ \$3,000
<b>Golf for Fun – Beginners Program for Women and Older Persons</b> <i>Kyneton Golf Club Inc.</i> ■ \$3,000
<b>Golf Participation Program</b> <i>Skipton Golf Club</i> ■ \$1,500

<b>Junior Tennis</b> <i>Healesville Tennis Club</i> ■ \$2,800
<b>Croquet For Mind, Body &amp; Soul</b> <i>Wimmera Croquet Association</i> ■ \$2,800
<b>Youth Health Through Sport</b> <i>Moyne Shire Council</i> ■ \$3,000
<b>Loch Sport Community House Badminton Group</b> <i>Loch Sport Community House</i> ■ \$2,426
<b>Somali Learn to Swim and Water Awareness Program</b> <i>Banyule City Council</i> ■ \$3,000
<b>Reach Out</b> <i>Vermont Tennis Club</i> ■ \$3,000
<b>Diversifying Membership &amp; Participation Base of Surf Life Saving</b> <i>Ocean Grove Surf Life Saving Club Inc.</i> ■ \$3,000
<b>Young Women – On the Move</b> <i>Central Goldfields Shire Council</i> ■ \$3,000
<b>Development of Women and Youth In Athletics</b> <i>Bendigo YMCA Harriers</i> ■ \$3,000
<b>Establish Junior Badminton In Korumburra</b> <i>Korumburra Badminton Association</i> ■ \$2,990
<b>Active Bellarine</b> <i>Ocean Grove Memorial Recreation Reserve Management Com. Inc.</i> ■ \$2,025
<b>Get Back to Tennis</b> <i>Warrnambool Lawn Tennis Club</i> ■ \$3,000
<b>Stretch and Strengthen for Women</b> <i>Coburg Leisure Centre – YMCA</i> ■ \$2,480

<b>Strength in Training for the Aged</b> <i>Lang Lang Community Centre Inc.</i> ■ \$1,944
<b>Encouraging Healthy Lifestyle</b> <i>St Matthew's Tennis Club</i> ■ \$1,770
<b>Athletics</b> <i>South Bendigo Athletic Club Inc.</i> ■ \$3,000
<b>A over T Acrobatic Tumblers</b> <i>Romsey Gymnastic Club Inc.</i> ■ \$2,924
<b>Bowls For Young and Old</b> <i>Neerim District Bowling Club</i> ■ \$3,000
<b>Toora Football Club Youth Participation</b> <i>Toora Football Club</i> ■ \$3,000
<b>Young Women's Soccer</b> <i>Strathdale Soccer Club/Bendigo Soccer League</i> ■ \$2,730
<b>Funky Move, Come On and Groove Project</b> <i>Indigo Shire Council</i> ■ \$3,000
<b>Carpet Bowls and Minor Games for Older Adults</b> <i>Southern Mallee Older Adults Recreation Network (Mallee Sports Assembly)</i> ■ \$2,100
<b>Everyone Can Dance</b> <i>Belgrave South Community House Inc.</i> ■ \$3,000
<b>Participation Programs</b> <i>Moogji Aboriginal Council East Gippsland Inc.</i> ■ \$3,000
<b>Yarragon Adolescent Active Participation Project</b> <i>Yarragon Football Netball Club Inc.</i> ■ \$2,995
<b>Set Up a Women's Baseball Competition in Bendigo</b> <i>Bendigo Baseball Association</i> ■ \$3,000

<b>Sri Lankan Youth Cricket</b> <i>Dandenong West Cricket Club Inc.</i> ■ \$2,500
<b>Junior Life Guard Club</b> <i>Mildura Waves YMCA</i> ■ \$3,000
<b>Junior Life Guard</b> <i>Echuca &amp; District YMCA</i> ■ \$3,000
<b>Beyond the Farm Gate</b> <i>South West Sports Assembly</i> A walking program that focuses on social interaction and mental and physical wellbeing of rurally isolated women. ■ \$11,800
<b>INNOVATIONS</b> Project work that aims to contribute to the knowledge base of health promotion in the sport and active recreation sectors.
<b>OUT OF SCHOOL HOURS SPORTS PROGRAM</b> A joint initiative between VicHealth and the Australian Sports Commission concerned with providing new sports activity options for primary-school-aged children in the hours out of school time, particularly immediately after school. <i>Australian Sports Commission</i> ■ \$4,320
<i>Victorian Baseball Association</i> ■ \$30,000
<i>Cricket Victoria</i> ■ \$30,000
<i>Football Victoria Development</i> ■ \$30,000
<i>Gymnastics Victoria</i> ■ \$30,000
<i>Out of School Hours Sports Program – Phase 1 – OSHC Services</i> ■ \$7,840
<b>Sports Role Models and Their Impact on Participation in Physical Activity</b> <i>University of Ballarat</i> To review published national and international literature and practice-generated literature to determine the impact of sports role-model programs on sport participation and retention. ■ \$11,000

<b>Eligibility of Sport Bodies for Public Funding</b> <i>Deakin University</i> To scope the variety of constitutional structures within the sports industry and provide policy options in the context of the distribution of public funds. ■ \$10,000
<b>Consumer Views on Sports Clubs</b> <i>Market Access Consulting &amp; Research Pty Ltd</i> To seek parental views and attitudes on the importance of environmental, physical health and mental health policies implemented by sporting clubs, using focus-group methodology. ■ \$13,300
<b>VicSport Business Plan</b> <i>VicSport</i> Capacity-building initiative for VicSport as a peak industry agency – includes organisational development plan. ■ \$15,000
<b>'A Gap in the Calendar' Program</b> <i>Greyhound Racing Victoria</i> One of three initiatives in VicHealth's Rural Racing-Health Enhancing Clubs and Venues scheme that aims to link family-friendly community race meets with local community groups and organisations. ■ \$50,000
<b>Rural Racing Scheme</b> <i>Harness Racing Victoria</i> One of three initiatives in VicHealth's Rural Racing-Health Enhancing Clubs and Venues scheme that aims to link family-friendly community groups and organisations. ■ \$50,000
<b>Cultural Country Race Days</b> <i>Country Racing Victoria</i> One of three initiatives in VicHealth's Rural Racing Health Enhancing Clubs and Venues scheme that aims to link family-friendly community race meets with local community groups and organisations. ■ \$150,000

<b>SPONSORSHIP OF SPORTING EVENTS</b> This year has been the final year of transition from sponsorship promoting awareness of health messages to a more programmatic approach to working with sports organisations in order to increase Victorians' participation in physical activity. <b>Burramine Gift Sports Carnival</b> <i>Burramine Sports Club</i> Participation in physical activities in a local rural athletic carnival. ■ \$3,500
<b>Wangaratta Athletic Carnival</b> <i>Wangaratta Sports Club Inc.</i> Participation in physical activities by people from local communities in a local rural athletic carnival. ■ \$3,500
<b>Herald Sun Tour</b> <i>Caribou Publications</i> Project to promote and support physical activity, as well as other health promotion outcomes, during this elite cycling race, via the media and within the towns the riders pass through. ■ \$100,000
<b>RESEARCH AND EVALUATION</b> <b>Evaluation of a Community-Based Strength Training Model for Type 2 Diabetes</b> <i>International Diabetes Institute</i> Prof. P. Zimmet. This study investigates the effects of an innovative physical activity maintenance model that combines strength training in the community setting and healthy lifestyle education for people with Type 2 diabetes. ■ \$59,862
<b>The Relationship Between the Built, Social and Policy Environment and Physical Activity in Families</b> <i>Deakin University</i> Dr J. Salmon. This research aims to establish a much-needed evidence base of the relationship between the built, social and policy environment and physical activity in families. The focus is on young families living in low socio-economic areas, and consists of an environmental intervention in collaboration with Parks Victoria. ■ \$100,000

### Children’s Free Play and Independent Mobility: Relationships with the Built and Open Environments

Deakin University

Dr Jo Salmon. Project involves an in-depth qualitative study and development of an instrument to enhance our understanding of younger and older children’s use of public open spaces and the built environment for active free play and independent mobility in a range of socio-economic areas of Melbourne.

■ \$24,978

### The Influence of the Environment on Children’s Physical Activity

Deakin University

Ms C. Hume. Research that assesses the influence of the environment on physical activity among 10-year-old children living in low socio-economic status areas.

■ \$19,998

### The Influence of the Family Environment on Children’s Eating and Physical Activity

Deakin University

Dr D. Crawford. A study examining how different factors in the family environment affect 5–6-year-old children’s eating behaviours and physical activity habits.

■ \$74,938

### ARC Linkage Grant: The Adoption and Maintenance of Physical Activity for Sedentary Females in Young Adulthood

Victoria University of Technology

Prof. Tony Morris. This research project will investigate interventions based on proven elements of theories on the adoption and maintenance of increased physical activity and psychological wellbeing in sedentary women aged 25–45 years, who are at risk of becoming inactive. A longitudinal study will examine the efficacy of adoption and maintenance interventions that combine effective constructs identified in analysis of theories. Effective intervention will promote current life experience, healthy lifestyle in later life, and decrease risk of chronic ill health.

■ \$5,000

### Environmental and Individual Determinants of Physical Activity and Dietary Behaviour

La Trobe University

Dr A. Kavanagh. A project that aims to determine why socio-economic groups differ in their physical activity participation and food-purchasing behaviours, by estimating the contributions of environmental, interpersonal and intrapersonal factors.

■ \$193,083

### Access to Sport and Recreation for Newly Arrived At-Risk Youth

Centre for Multicultural Youth Issues

Project to increase access to sport and recreational opportunities for newly arrived and at-risk young people, in recognition of the mental and emotional health issues faced by this group.

■ \$46,000

### Research: Physical Inactivity Amongst Children In Victoria

Deakin University

A/P David Crawford & Dr Jo Salmon. The project involves the secondary analysis of data sets collected as part of a range of projects examining physical activity among children in Victoria.

■ \$24,441

### Reducing Sedentary Behaviour in 10-Year-Old Children: An RCT

Deakin University

Dr J. Salmon. A study using a fundamental motor skills intervention and behavioural modification intervention to reduce sedentary behaviour, increase physical activity and prevent obesity among 10-year-old children.

■ \$78,438

### Sport & Rec. Vic: A C Nielsen – Exercise, Recreation and Sport Survey

Department of Tourism, Sport and the Commonwealth Games

The Victorian oversample of the Exercise, Recreation and Sport Survey is a joint initiative between VicHealth and the Department of Tourism, Sport and the Commonwealth Games collecting data to plan, evaluate and monitor interventions to increase community participation in physical activity.

■ \$37,730

### Promoting Health Through Sport Program – Evaluation Framework

University of Ballarat

Development of an evaluation framework and action plan for VicHealth’s Health Through Sport and Active Recreation Program.

■ \$45,000

### Sport Program Evaluation Mentor

RMIT University – C.I.R.C.L.E

Investment in evaluation expertise and advice for the developmental phase of the Health Through Sport and Active Recreation Program evaluation framework.

■ \$12,000

### Community Participation in Sport and Recreation – A Developmental Initiative

Victoria University

A joint initiative between VicHealth and Victoria University with three components – program implementation, provision of a support function role and the completion of an action research study.

■ \$57,439

### Multi-Site Evaluation – Recreation

Victoria University

Multi-site evaluation of 27 projects funded under an Active Recreation Scheme with a particular focus on the role of organisational partnership.

■ \$10,566

## ADDRESSING BARRIERS TO PHYSICAL ACTIVITY

### PROGRAMS/SCHEMES

#### SPORT INJURY PREVENTION PROGRAM

It is estimated that 30–50% of all sporting injuries are preventable. The risk of injury can interfere with the enjoyment of participating in sport and active recreation. Injury as a result of sport can be a barrier to participation. The program aims to improve the safety of sporting environments and reduce the likelihood of injury while promoting healthy participation.

#### Sporting Clubs

Program to enable sports clubs to purchase First Aid training and/or sports safety equipment as a means of improving the safety of sporting environments. The investment was distributed among 442 Sporting Clubs in Victoria.

■ \$619,926

#### SIPS Workshops 2003

Leisure Networks

■ \$840

#### SIPS Workshops 2003

Gippsport

■ \$2,400

#### SIPS Workshops 2003

Central Highlands Sports Assembly

■ \$840

#### SIPS Workshops 2003

ValleySport

■ \$2,820

#### SIPS Workshops 2003

Sports Focus

■ \$840

#### SIPS Workshops 2003

Mallee Sports Assembly

■ \$1,260

#### SIPS Workshops 2003

South West Sports Assembly

■ \$840

#### SIPS Workshops 2003

Wimmera Regional Sports Assembly

■ \$1,260

#### SIPS Workshops 2003

Melbourne Sports Network

■ \$7,140

#### Sport Related Injury Review – 2001–2002

Monash University Accident Research Centre

Project to review the literature and scope approaches to prevent sport and active recreation injuries

■ \$22,000

#### Smartplay Program

Department for Victorian Communities on behalf of Sports Medicine Australia–Victoria

Program to support sports injury prevention through a range of communication, educative and advocacy approaches in recognition of injury being a major barrier to participation.

■ \$45,000

#### OUTDOOR SPORT SHADE GRANTS PROGRAM

Participants and spectators involved in outdoor sports and team activities can be exposed to ultraviolet (UV) radiation, placing them at risk of sunburn, a key factor in the development of skin cancer. Providing shade is one way to reduce this risk and make participation more comfortable and enjoyable, particularly in the summer months. The program aims to encourage participation in sporting activities through contributing to the provision of healthier sporting environments. The investment was distributed among 290 sporting clubs throughout Victoria.

■ \$498,791

## RESEARCH

### Victorian Injury Surveillance & Applied Research Program (VISAR) 2001–2003

Monash University

Dr M. Stokes. Injury surveillance data is collected with a view to injury prevention and harm reduction in Victoria.

■ \$330,000

## HEALTHY EATING

### PROGRAMS/SCHEMES

#### Food Insecurity – Community Demonstration Project

Maribyrnong City Council

Project to develop a range of long- and short-term strategies to better meet the healthy eating needs of people within the Maribyrnong community who are homeless or at risk of homelessness or who lack the facilities, skills or finances to prepare their own food at home.

Additional funding enables the project to:

- undertake a follow-up evaluation of the Braystone Fruit & Vegetable Supply project and to determine its impact and sustainability 12 months after the cessation of VicHealth’s funding;
- support develop case studies and an article for a peer-reviewed journal to disseminate lessons learned across sectors.

■ \$30,000

#### Food Insecurity: Community Demonstration Project

North Yarra Community Health

Project to examine the contributing factors to food insecurity among the homeless and at-risk of homeless population in the City of Yarra and ways to address the issue by:

(i) involving representatives of relevant key agencies to develop broad strategies, highlighting food security as a priority community work issue; and

(ii) engaging clients and café owners in the development and delivery of the subsidised café meal and cooking-class group programs.

Additional funding enables the project to:

- undertake a follow-up evaluation of the Café Meal project and to determine its impact and sustainability 12 months after the cessation of VicHealth’s funding; and

- develop case studies and an article for a peer-reviewed journal to disseminate lessons learned across sectors.

■ \$29,000

## RESEARCH

### The Role of Nutrition Promotion in Secondary Prevention of Chronic Diseases in Older Victorians

Deakin University

Mrs S. MacKay Pomeroy. The aim of this research program is to improve the quality of care for older Australians by evaluating strategies utilised by general practitioners (GPs) when promoting healthy eating in adults who have experienced a major event (cardiovascular or diabetes mellitus) and to identify barriers to undertaking this promotion. With the increasing number of older Australians, many will suffer disability as a result of cardiovascular disease and diabetes mellitus. By increasing healthy eating promotion and lifestyle information it is possible to reduce the burden on the health care system.

■ \$19,659

## MENTAL HEALTH AND WELLBEING

### PROGRAMS/SCHEMES

#### COMMUNITY ARTS PARTICIPATION

The Community Arts Participation Scheme supports a range of projects valued at up to \$30,000 per year. Through collaborative and inclusive processes, community arts projects improve people’s mental health and wellbeing by connecting people with one another and enabling them to express ideas about themselves and their communities in ways that celebrate and reflect their experience and identity.

The key aims of the scheme are to:

- achieve participation in creative activity for people living in rural Victoria, those who are socially or economically disadvantaged and young people;
- facilitate community development and contribute to sustainable community cultural activity;
- encourage partnerships between arts and non-arts organisations; and
- identify models of good practice in health promotion within the Arts setting.

Organisations receiving up to \$30,000 under this scheme during 2003 include:

#### Leading Singing Groups in Community Settings

Grapevine Music

■ \$8,000

#### Y-Glam Project

Moreland Community Health Service

■ \$15,000



#### Open House at the Famous Spiegel Tent

Melbourne Festival

■ \$15,000

#### Heart Songs in the Key of C

Heart Songs in the Key of C Steering Committee

■ \$10,000

#### Re-igniting Communities 2003

The Torch – Brotherhood of St Laurence

■ \$30,000

#### Atherton Gardens Foyerscapes Installations

Belgium Ave Neighbourhood House

■ \$30,000

#### Youth Dimensions

Mildura Rural City Council

■ \$20,000

#### Voicing the Community

The Brunswick Women's Theatre (BWT)

■ \$10,000

#### Cream of the Country

Terang Resources Inc.

■ \$30,000

#### High Water Theatre – Rural Youth

Somebody's Daughter Theatre

■ \$30,000

#### FOOTPRINTS – Youth Circus Project

Westside Circus Inc.

■ \$30,000

#### Yaill Wannik

Moartz Inc.

■ \$30,000

#### Seven Chapters from a Shattered World

St Martin's Youth Arts Centre -

■ \$15,000

#### Dream Out Loud

Goulburn Murray Local Learning & Employment Network

■ \$5,000

#### Express Yourself

St Laurence Community Service

■ \$30,000

#### Living in Park Towers: African Women's Ceramic Project

Port Phillip Community Group

■ \$12,220

#### Side Show

Theatretworks

■ \$15,000

#### Roomers on Show

Roomers Magazine Centre

■ \$28,230

#### Telling Stories, Building Communities

Australian Centre For Moving Image

■ \$25,000

#### Platform Theatre: Workshop Program

Platform Youth Theatre Inc.

■ \$30,000

#### Spank and Inside the Angel House

Back to Back Theatre

■ \$30,000

#### Hidden

The Courthouse Project Inc.

■ \$30,000

#### Bushfire Tour

Regional Arts Victoria

■ \$5,000

#### Arabic Youth Performance Group

Victorian Arabic Social Services

■ \$20,000

#### 'Act Up' – Youth Drama Programme

Portland CEMA Inc.

■ \$7,000

#### Hip Hop Happenins

Western District Health Service

■ \$18,000

#### Emerging

Dandenong Ranges Music Council

■ \$25,000

#### The Sheep's Back

Arts Access

■ \$60,000

#### Making Waves Theatre Program

Inner East Mental Health Services Assoc.

■ \$8,000

#### Public Art Public Housing

North Richmond Community Health Centre

■ \$25,000

#### Random Radio

Rocket Program – Doutta Galla Community Health Service

■ \$3,000

#### Healthy Spirit Pathways

Dhaurwurd-Wurrung Elderly Citizens Assoc.

■ \$12,000

#### The Production Company – Productions 2003

The Production Company

■ \$15,000

#### Theatre Mentorship Program

La Mama Inc.

■ \$30,000

#### Hidden Lives

Westernport Speaking Out

■ \$20,000

#### Chamber Music In The City

Melbourne International Chamber Music Competition

■ \$15,000

#### Community Arts Participation Scheme – Evaluation

Effective Change Pty Ltd

■ \$65,000

### ART AND ENVIRONMENT

The Art and Environment Scheme supports creative and participatory approaches to the design and management of the physical environment as a key strategy for councils and shires seeking to improve mental health and wellbeing.

#### Margins, Memories and Markers

City of Port Phillip

■ \$5,727

#### The Yarra Junction – Rail Trail Project

Shire of Yarra Ranges

■ \$79,456

#### The Art of Gardening: Braybrook Community Art and Garden Project

Maribyrnong City Council

■ \$80,000

#### The Phoenix Mall Project

City Of Ballarat

■ \$55,000

#### Dallas Shopping Centre Urban Renewal Project

Hume City Council

■ \$80,000

#### Celebrating Croydon's HeART

Maroondah City Council

■ \$80,000

#### Building Community Cohesion and Mental Health in Carisbrook

Central Goldfields Shire

■ \$80,000

#### Outdoor Life – Embrace Community Living

Indigo Shire Council

■ \$80,000

#### Destination 109

City of Whitehorse

■ \$79,930

#### Evaluation of Mental Health & Wellbeing Art and Environment Scheme

McLeod Nelson & Associates Pty Ltd

■ \$80,000

### MAJOR ARTS PARTNERSHIP

The Major Arts Partnership Scheme works with 10 cultural organisations to:

- facilitate access to arts events by people who experience high levels of social or economic disadvantage;
- enable people to become socially connected;
- value diversity and work against discrimination;
- ensure arts activities take place in healthy environments; and
- build the capacity of arts organisations to promote health.

This sustainable program to make arts events accessible, encourage participation and value diversity improves the mental health and wellbeing of the community and individuals who interact with the major partners.

Organisations receiving \$50,000 during 2003–2004 include:

Footscray Community Arts Centre

■ \$50,000

Geelong Performing Arts Centre

■ \$50,000

Hothouse Theatre

■ \$50,000

Immigration Museum

■ \$50,000

Koorie Heritage Trust Inc.

■ \$50,000

Melbourne Festival

■ \$50,000

Mildura Arts Festival

■ \$50,000

Playbox Theatre Co.

■ \$50,000

Regional Arts Victoria

■ \$50,000

Victorian Arts Centre

■ \$50,000

McLeod Nelson & Associates Pty Ltd

■ \$70,000

### COMMUNITIES TOGETHER

The Communities Together Scheme supports the development and staging of community-based festivals and celebrations. The primary focus of this scheme is on the role of festivals and celebrations in strengthening local communities and the overall health and wellbeing of community members.

The following projects received funding up to \$10,000 under this scheme:

#### 'Health & Culture' Australian Arabic Women's Festival

Victorian Arabic Social Services

■ \$8,000

#### Buchan Foothills Festival 2003

Buchan Arts Council

■ \$7,000

#### Boolarra Folk Festival

Boolarra Community Development Group

■ \$5,000

#### Collingwood Harvest Festival

Good Shepherd Youth & Family Service

■ \$7,500

#### Mt Evelyn Community Festival

METIC

■ \$8,000

#### Raising Dreams

Shepparton Arts Festival

■ \$5,000

#### Flying Feathers Festival

Shire of Strathbogie

■ \$10,000

#### Loddon's Celebration of Health and Wellbeing

CORE The Public Correctional Enterprise

■ \$3,520

#### Big West Festival

Big West (Maribyrnong Festival Ltd)

■ \$10,000

#### Grassroots Celebration of Community Successes Benalla Stories: Building Inclusion

Delatite Community Health Service

■ \$10,000

#### Autumn Equinox Harvest Festival

CERES

■ \$10,000

#### Pako Festa

Geelong Ethnic Communities Council Inc.

■ \$5,000

#### Shakespeare on the River

Stratford on Avon Shakespeare Association Inc.

■ \$6,000

#### Easter Arts Festival

Mallacoota Arts Council

■ \$8,000

#### Fun 4 Kids Festival

Warrnambool City Council

■ \$5,500

#### Multicultural Day

Hume City Council

■ \$4,000

#### The Buninyong Gold King Festival

The Buninyong Gold King Festival

■ \$5,000

#### Welcome Platypus Festival

Allwood Neighbourhood House Inc.

■ \$5,000

#### A Celebration of Our Global Village

Bendigo Festival of Cultures Inc.

■ \$10,000

#### Tarerer Festival 2003

Tarerer-Gunditj Project

■ \$10,000

### TET Festival

North Richmond Community Health Centre Inc.

■ \$7,500

### Bruthen Blues Bash

Bruthen Events & Arts Council – Sub Committee of Bruthen Citizens Assoc.

■ \$4,500

### CSF's Free Outdoors Community Program

Castlemaine State Festival Ltd

■ \$5,000

### Beechworth Community Lantern Festival

Indigo Shire Council

■ \$6,000

### Art Is ... Freedom

Art Is Festival

■ \$10,000

### Building Community Through Music

Yackandandah Folk Festival

■ \$2,500

### Ouyen Rain Dance

Ouyen Inc.

■ \$7,000

### Mixed Blessings Elders and Seniors Festival

Rumbalara Aboriginal Co-operative

■ \$5,000

### NAIDOC Week (Community Healthy Lifestyles Day)

Ballarat and District Aboriginal Co-operative

■ \$8,000

### Awakenings Festival

Wimmera Uniting Care

■ \$6,000

### Berringama Lucyvale Wabba Bash

Lucyvale Tennis Club Inc.

■ \$1,500

### Birregurra Weekend Festival

Birregurra & District Action Group

■ \$8,000

### Thong on the Roof

Lead on Mildura

■ \$3,000

### Links

NorthWest Melbourne Neighbourhood Centre

■ \$8,000

### Club Wild in East Gippsland

St Laurence Community Service

■ \$7,000

### Kids Stuff Winter Festival

Baw Baw Shire Council

■ \$5,000

### High Tide Festival

Surf Coast Shire

■ \$7,000

### CRACAS Spectacular Family Fun Day

CRACAS

■ \$5,000

### Natimuk Fringe Festival

Arapiles Community Theatre

■ \$10,000

### Chiltern Iron Bark Festival

Chiltern Tourism

■ \$8,000

### Celebrating Difference

Broadmeadows Health Service

■ \$10,000

### Party in the Parks

Central Goldfields Shire

■ \$10,000

### Atherton Goes Fringe/Fringe Feast

Melbourne Fringe

■ \$8,000

### Building Wickid

Gasworks Arts Park

■ \$8,000

### International Volunteers Day 2003

Australian Volunteers International

■ \$10,000

### Celebration of Diversity, Age and Culture

Migrant Resource Centre

■ \$5,000

### Communities Together – VicHealth Community Festivals and Celebrations Scheme – Research & Evaluation Grant

Centre for Popular Education, University of Technology, Sydney

■ \$47,500

### OTHER MENTAL HEALTH PROJECTS

#### Role of Schools as Core Social Centres

Catholic Education Office

In partnership with the Catholic Education Office to consolidate the work undertaken over the last 12 months and further develop a model to promote mental health and wellbeing as a core function of schools. The program applies a whole -of-school generalist approach (including the establishment of partnerships with community-based agencies) rather than a specialist intervention.

■ \$97,000

#### Changing Cultures Project

Northern Melbourne Institute of TAFE (NMIT)

Project to build partnerships across secondary education, TAFE and training sectors, which co-ordinate and enhance the educational and training experiences of young people who are new arrivals to Australia.

■ \$120,000

#### Cultural Development Network (Victoria)

Cultural Development Network

The project is designed to build the capacity of local governments across Victoria to develop and implement effective policy and practice relevant to community cultural development. The work of the Cultural Development Network supports VicHealth's desire to build the capacity of the sector, and to understand and advocate for the importance of cultural activity to the promotion of mental health and wellbeing.

■ \$30,000

#### Partnerships for Rural Mental Health and Wellbeing Program

Ovens and King Community Health Service

Project conducted in partnership with secondary colleges, health and welfare agencies to develop an integrated online youth information/health advice service for all young people in Wangaratta and district. Project provides a safe and inclusive environment for same-sex-attracted young people and their families.

■ \$22,500

#### Community Participation, Pathways to Health, Wealth and Success – Economic Participation for Mental Health Program for New Arrivals to Australia

Ethnic Council of Shepparton and District Inc.

Project to enhance the mental health of people from newly arrived communities through economic participation in employment and training areas available in the Shepparton district.

■ \$50,000

#### AMES – Strengthening Communities Project

Adult Migrant Education Services

Evaluation of a Mental Health promotion project designed to decrease isolation experienced by older people who are new arrivals to Australia and to increase skills that are then applied to economic participation activities.

■ \$30,000

#### Children of Parents with a Mental Illness

Murdoch Children's Research Institute/Centre for Adolescent Health

Mental Health Promotion Project to implement, evaluate and document a model of cross-sectoral collaboration in five sites across Victoria, which will engage and support young people (12–18 years) of parents who have a mental illness.

■ \$150,000

#### Whitelion Capacity Building Project

Whitelion Inc.

Project to promote young offenders' mental health through linking these young people with role models and supported employment prior to and upon release from a juvenile justice facility.

■ \$120,000

#### Vic Champs – Children of Parents with a Mental Illness

Eastern Health

Project to implement, evaluate and document a model of good practice which promotes the health and wellbeing of children (5–12 years) who have a parent with a mental illness by:

(i) providing direct support to children;

(ii) supporting families/carers; and

(iii) developing awareness of and responsiveness to these children and their families by the community and existing services.

The project builds on work in the metropolitan eastern region as well as the rural areas of Wodonga/Wangaratta.

■ \$235,000

#### Healthy Lifestyles Program and Management

Rumbalara Football and Netball Club

Project to support Rumbalara Football and Netball Club in the continuation of the Healthy Lifestyles Program, which promotes and supports healthy environmental and behavioural choices.

■ \$150,000

#### DHS/VicHealth Mental Health Promotion Resource

Deakin University

This partnership project (between VicHealth and Department of Human Services) developed a mental health promotion resource to enhance the ability of workers to adapt an evidence-based approach to their work.

■ \$75,000

#### Mental Health Promotion Short Course

Deakin University

Project to develop a two-day course on mental health promotion that will build the capacity of workforces across a range of sectors.

■ \$20,000

#### KOORI LEADERSHIP

This program addresses the challenges for the future survival and growth of Koori culture, community and self-determination, by integrating the promotion of emotional and spiritual wellbeing with the future of leadership in communities.

Projects funded under this program provide opportunities for young Kooris to increase leadership skills and undertake leadership activities in their local community and between Aboriginal communities and the mainstream community. Those still in receipt of funding in 2002–03 include:

#### Promotion of Emotional and Spiritual Wellbeing in Koori Communities Program – The Victorian Koori Community Leadership Project

Winda Mara Aboriginal Corporation

■ \$15,000

#### The Victorian Koori Community Leadership Project

Victorian Aboriginal Community Services Association

■ \$65,000

#### The Victorian Koori Community Leadership Project

Ballarat and District Aboriginal Cooperative (BASAC)

■ \$50,000

#### Developing Young Leaders from Within our Community – Koori Community Leadership Project

Rumbalara Football Netball Club

■ \$50,000

#### Indigenous Arts Resource Project

Ilbjerri Theatre Co-op

■ \$42,583

#### Koori Suicide Prevention Task Group Workforce Development

Victorian Aboriginal Community Controlled Health Organisations Inc.

■ \$5,000

#### CONFERENCE SUPPORT

Through the Conference Support Scheme, VicHealth provides limited support to conferences conducted by other providers to facilitate knowledge transfer in the field of health promotion.

#### Family Violence in Rural Communities

Grampians Community Health Centre

Forum will:

(i) encourage men in the community to reflect on their role in the family and promote positive and non-violent images of maleness;

(ii) discuss the incidence and effects of family violence affecting the mental health of women and children in rural communities;

(iii) aim to achieve a better co-ordinated and more effective health and social network for men, women and children; and

(iv) strengthen community responses to family violence, particularly for those in isolated communities with limited access to services.

■ \$2,100

#### Responding to Violence against Women: Policy Issues Confronting Health Provider Organisations

Centre for the Study of Mothers' and Children's Health, La Trobe University

A forum for health provider organisations to:

(i) share the challenges and experiences of developing and implementing health policy to respond to violence against women;

(ii) provide an opportunity to learn from each other and international experience;

(iii) resource participants to be catalysts for change; and

(iv) develop enhanced strategies and support to agencies seeking to respond individually and collectively.

■ \$5,000

### Best Practice in Health Promotion to Address Emotional Health Issues for Marginalised Women

*Women's Health East*

Conference to:

- (i) educate participants on good practice, gender-specific, integrated health promotion models of working with marginalised women;
- (ii) raise awareness of issues of access and equity for marginalised women; and
- (iii) enhance organisational capacity building within the sector.

■ \$2,000

### Keeping Connected – the Social Dimension

*U3A Network – Victoria Inc.*

Conference to provide information to U3A members on the importance of social connections and their link with health. The conference will engage local government in discussing the significance of community wellbeing to health.

■ \$3,000

### Mental Health and Wellbeing in Rural Communities

*Aspire a Pathway to Mental Health Inc.*

Conference to bring together three themes presented in the context of rural service provision: rehabilitation and support for people with mental illness and their carers, mental health promotion and organisational change.

■ \$4,000

### Stop the Traffic 2

*Project Respect*

Conference to:

- (i) facilitate the transfer of new and existing knowledge about trafficking for prostitution;
- (ii) identify strategic health, legal and policing approaches; and
- (iii) promote discussion and debate in a health environment.

■ \$3,000

## RESEARCH

### Social Connectedness in Victoria: Is It Related to Wellbeing?

*Deakin University*

Dr Ken Reed. Project to study how the relationship between an individual's social relationships (social connectedness) and individual wellbeing is mediated by characteristics of the community in which they live.

■ \$22,075

### Exploring the Relationship Between Social Value, Social Connection and Health

*Deakin University*

Dr Daniel Reidpath. Project to examine the dynamics of factors that prevent social connectedness and create social inclusion.

■ \$24,959

### Arabic Communities and Wellbeing: Supports and Barriers to Social Connectedness

*Deakin University*

A/Prof Sue Kenny. Project to explore social connectedness between Arabic and non-Arabic communities. In particular it examines how bonding and bridging social capital are manifest in Arabic communities and investigates correlations between types of social capital identified and indicators of wellbeing.

■ \$24,806

### Social Connectedness and Common Serious Pregnancy Disorders: Pilot Study

*The University of Melbourne*

Prof. Lenore Manderson. Project aims to identify and describe the forms of social connectedness among women across socio-demographic and regional groups in Victoria, and to explore how this operates and translates practically to support women with pregnancy disorders at times of crisis (e.g. with hospitalisation) and subsequent to delivery.

■ \$24,987

### A Tale of Two Cities: Structures for Social Connection in Two Melbourne Locales

*The University of Melbourne*

Dr Deborah Warr. The project is a community infrastructure audit of socio-physical environments that offer potential sites for social connectedness in two Melbourne metropolitan local government areas that have contrasting health outcomes. The project will develop descriptive maps using systematic social analysis, secondary data sources and key informant interviews.

■ \$24,990

### Social Connectedness and Policy Development: Modelling Strategies and Measures

*The University of Melbourne*

Dr Jennifer Lewis. Project to build alternative models of connectedness to link together community engagement, policy development and health.

■ \$22,640

### Responding to the Impacts of Globalisation on Social Connectedness in Victorian Communities

*RMIT University*

Prof. Paul James. Project to review and critically assess work being done to enhance a 'sense of place' in order to counter some of the more detrimental effects of globalisation on social connectedness. The project will consider the positive and detrimental impacts of different forms of social connection.

■ \$24,972

### Connecting for Health: The Role of Networks and Partnerships in Improving Health and Well Being (Public Health Fellowship)

*The University of Melbourne*

Dr Jenny Lewis. (This fellowship is a joint VicHealth & DHS Public Health Fellowship). Research that analyses the role of collaborative arrangements in improving health and wellbeing in Victoria, by examining public networks and policy development and investigating case studies of partnerships.

■ \$100,000

### Promoting Long-term Health and Well Being in Refugees and Asylum Seekers: Informing Policy and Practice (Public Health Fellowship)

*The University of Melbourne*

Dr Pascale Allotey. Research examining the mental and physical health outcomes of refugees and humanitarian settlers in Australia through programs such as Women at Risk, Community Refugee Settlement Scheme, special humanitarian programs and mandatory detention followed by temporary protection visas.

■ \$100,000

### Evidence Review – Mental Health Promotion Framework

*The University of Sydney*

Project to review contemporary research on the social and economic determinants of mental health and successful practice across sectors.

■ \$22,616

### The Influence of 'Hands-on' Nature-based Activities on the Mental Health of Children

*Deakin University*

Ms Cecily Maller. To explore the effect of 'hands-on' contact with nature via nature-based activities encountered during primary schooling on the mental health and wellbeing of children aged 8 to 12. This study will provide validation and evaluation of nature-based activities that are increasingly becoming part of the Australian primary school curriculum, contribute further evidence on the health and wellbeing benefits of contact with nature, and demonstrate the effectiveness of contact with nature via 'hands-on' activities as a mental health promotion tool for primary school children.

■ \$19,659

## TOBACCO CONTROL

### PROGRAMS/SCHEMES

#### Quit Campaign Program (Health) 2002–2004

*The Cancer Council of Victoria*

The Quit Program aims to reduce the prevalence of smoking in Victoria and to reduce the exposure of non-smokers and smokers to the harmful substances in tobacco smoke. A broad range of policy and program initiatives is used to achieve objectives adding up to a comprehensive program on tobacco, addressing cessation, prevention, exposure reduction and policy advancement.

■ \$2,900,000

#### Tobacco Control Signage

Promotion of the SmokeFree message through signage.

*South Melbourne Hellas Soccer Club*

■ \$25,000

*Melbourne Knights Soccer Club*

■ \$20,000

*Dandenong Basketball Association*

■ \$14,500

*Brand New Media – MCG and Telstra Dome*

■ \$364,000

*Geelong Football Club*

■ \$27,000

*Carlton Football Club*

■ \$25,000

#### A Model Health Promoting Venue

*Melbourne Cricket Club*

A partnership initiative between VicHealth and the Melbourne Cricket Club to create a healthy environment at the Melbourne Cricket Ground.

■ \$100,000

#### Healthy Sporting Venue Project

*Iconica Pty Ltd*

Provision of support to the Melbourne Cricket Club about the creation of the Melbourne Cricket Ground as a model health promoting venue.

■ \$54,454

#### Quit Program Sponsorship

*The Cancer Council of Victoria*

To provide sponsorship support and expert advice to a group of Australian Rules football associations promoting the SmokeFree message as part of their sport sponsorship.

■ \$74,300

#### Health Promoting Sponsorship Package

Sponsorships to promote and support SmokeFree environments and behaviours as well as other health promotion activities through the football clubs and events.

*WorkSafe Victorian Country Football League*

■ \$100,000

*Victorian Amateur Football Association*

■ \$30,000

*Victorian Football Development Foundation*

■ \$248,000

### CONFERENCE SUPPORT

#### The Australian Tobacco Control Conference

*The Cancer Council of Victoria*

Conference to provide an opportunity to strengthen:

(i) involvement of groups, particularly in the health sector, on issues related to tobacco control in Australia; and

(ii) partnerships that exist by involving representatives from a diverse range of tobacco-related fields, such as tobacco control advocates, researchers and program staff.

■ \$10,000

## RESEARCH

### VicHealth Centre for Tobacco Control

*The Cancer Council of Victoria*

Dr R. Borland and Ms M. Scollo. The aim of the VicHealth Centre for Tobacco Control is to contribute to the decline in smoking levels by carrying out research and development to identify and promote innovative ways of reducing exposure to tobacco, thus reducing the adverse health and social effects of tobacco use in Australia.

■ \$500,000

### Impact of Changes in Anti-Smoking Advertising – Effects on Adults and Children (Senior Fellowship)

*The Cancer Council of Victoria*

Dr M. Wakefield. This project aims to better describe and understand the influence of the media (i.e. anti-smoking advertising, news coverage about tobacco on television, radio and in newspapers; and film, television and music video clip portrayal of tobacco) on tobacco smoking in Australia.

■ \$165,000

### Refining Stages of Change for Smoking Cessation

*The Cancer Council of Victoria*

Mr James Balmford. The aims of this study are to:

(i) empirically identify valid and meaningful perspectives on change throughout the process of smoking cessation, extending recent work questioning the validity of Transtheoretical Model (TTM) stages of change; and

(ii) identify variables which predict successful perspective transition.

■ \$3,000

## SUBSTANCE MISUSE

### PROGRAMS/SCHEMES

#### Good Sports Program 2003–2005

*Australian Drug Foundation*

Program to assist sporting clubs to develop and implement policies to promote responsible alcohol usage and serving practices within the club environment.

■ \$200,000

### Galiamble/Enmaraleek Health Video

*Enmaraleek Association Inc./Galiamble Rehabilitation Centre*

Project involving community members in the production of a video to promote awareness of the different ways of tackling alcohol and drug abuse in the Aboriginal community.

■ \$3,000

### CONFERENCE SUPPORT

#### 2003 Rural Victorian Alcohol & Drugs Forum

*Warrnambool Alcohol and Drug Advisory Committee (WADAC)*

Forum to:

(i) update, motivate, stimulate and educate country-based workers and their communities on alcohol and drug-related health promotion, community development, project development and research; and

(ii) focus on alcohol and drug issues affecting young people, indigenous communities and the socially isolated.

■ \$5,500

#### Anex Harm Reduction Conference: Practice, Politics, Policy.

*Anex*

Conference to discuss harm-reduction strategies associated with injecting drug use that have been initiated by workers in the field, researchers, government and the police.

■ \$3,000

### RESEARCH

#### Environmental Determinants of Alcohol Use

*La Trobe University*

Dr A. Kavanagh. A project that describes the contribution of characteristics of the local environment (density of alcohol outlets, sales and price of alcohol) in explaining socio-economic variations in acute and chronic alcohol misuse.

■ \$36,308

#### Research: Wangaratta Accord Development & Evaluation Project

*Australian Drug Foundation*

To examine the question, "What can licensed venues do to reduce alcohol-related harm in their local communities?" The aim of the project is to create safer environments in and around licensed premises in the Rural City of Wangaratta.

■ \$24,27

#### The Outcomes Associated with Non-fatal Heroin Overdose in Melbourne (Public Health Fellowship)

*Turning Point Alcohol and Drug Centre*

Dr P. Dietze. Research designed to provide a more complete understanding of non-fatal heroin overdose and its long-term consequences.

■ \$100,000

#### Social Meanings of Inhalant Misuse in Victoria: Implications for the Development of Policy and Intervention

*The University of Melbourne*

Ms S. MacLean. This research aims to document inhalant misuse prevalence and to critically analyse the social meanings around inhalant misuse in Victoria, and to relate this analysis to the development of policy and effective intervention.

■ \$9,830

#### A Study Exploring the Cultural Basis of Drug and Alcohol Consumption and Health Outcomes in a Rural Centre

*The University of Melbourne*

Ms N. Welch. Research examining the cultural basis of drug and alcohol consumption and health outcomes in a rural centre (Bendigo), using a number of qualitative tools.

■ \$19,659

### SUN PROTECTION

### PROGRAMS/SCHEMES

#### SunSmart Campaign 1999–2003

*The Cancer Council of Victoria*

Major state-wide skin cancer prevention program using media and community-based strategies to promote behaviour change, and to influence structural barriers and social factors which affect skin cancer risk.

■ \$400,000

#### SunSmart: Social Marketing in Sport

*The Cancer Council of Victoria*

SunSmart signage in a range of outdoor sporting environments.

■ \$100,000

#### SunSmart Program Agency Support

*The Cancer Council of Victoria*

To provide sponsorship support and expert advice to a group of state sporting associations, promoting the SunSmart message as part of their sport sponsorship.

■ \$86,775

#### Health Promoting Sponsorship Package

Sponsorships to promote and support SunSmart environments, policies and behaviours as well as other health promotion activities through Clubs and events.

*Victorian Diving Association*

■ \$15,000

*Tennis Victoria*

■ \$100,000

*Surfing Victoria*

■ \$50,000

*Victorian Cricket Association*

■ \$209,000

*Victorian Women's Cricket Association*

■ \$15,000

### MULTIPLE FOCUS

### PROGRAMS/SCHEMES

#### Planning for Health

*Planning Institute Australia (Victoria Branch)*

To form a strategic partnership with the Planning Institute Australia (PIA) and build the capacity of planners to consider the health and wellbeing implications of their planning activity.

■ \$60,000

#### Leading the Way – Councils Creating Healthier Communities

*PDF Management Services Pty Ltd*

In partnership with DHS, continue to promote the distribution and use of the resource package, *Leading the Way*, among councillors and senior managers in Victorian councils.

■ \$63,000

#### VicHealth and VECCI Organisational Health Alliance

*Victorian Employers' Chamber of Commerce and Industry*

Alliance to establish a co-operative relationship for the purposes of organising and conducting the Partnerships with Healthy Industry Calendar of Events; and considering opportunities for VicHealth and VECCI to collaborate on other workplace health initiatives.

■ \$25,000

### CONFERENCE SUPPORT

#### The Social Determinants of Health: We Make an Impact?

*Eastern Access Community Health*

Conference to:

(i) focus on building on the understanding of the social determinants of health and their possible contribution to health inequalities in the Eastern Metropolitan Region; and

(ii) demonstrate how services within a community health setting can effectively address the determinants of health at a local level.

■ \$1,000

#### Victorian Maccabi Sports Symposium

*Victorian Maccabi and Melbourne Sports Network*

Symposium to:

(i) promote a healthy lifestyle through participation in sport;

(ii) support and enhance effective management of sporting organisations;

(iii) offer a range of educational and skill-focused workshops for not-for-profit sporting clubs, their members and the wider community; and

(iv) encourage participation of young people in sport outside of the school.

■ \$2,500

#### The Mature Aged Males Holding It Together Conference

*Western Melbourne Division of General Practice*

Conference to:

(i) address men's health issues by bringing together key stakeholders in men's health;

(ii) discuss successful and innovative health promotion strategies;

(iii) enhance health promotion skills; and

(iv) provide a broader knowledge of services available to men.

■ \$2,000

#### 'Forging the Links': XVI World Congress

*International Association of Youth and Family Judges and Magistrates*

The conference will provide the opportunity to establish links:

(i) between courts of many nations making judicial decisions on the same issues;

(ii) between courts and the communities in which they serve; and

(iii) between agencies working in and around the courts.

■ \$10,000

#### Loddon Mallee Regional Women's Health Conference 2002 – Responding to the Evidence

*Loddon Mallee Women's Health*

Conference to:

(i) enable an open examination of evidence-based practice in relation to gender and the particular needs of rural and regional women; and

(ii) inform health professionals of information sources for evidence-based service planning, program design, health policy development and community needs identification.

■ \$5,000

#### Third Victorian Community Hepatitis C Conference

*Hepatitis C Council of Victoria*

The conference will:

(i) promote the transfer of knowledge, education and information about the social, economic and physical dimensions of hepatitis C;

(ii) provide a forum for professionals and service consumers to discuss issues in order to advocate for improved outcomes; and

(iii) build on previous conferences and generate an action plan for the hepatitis C sector.

■ \$2,000

#### Valuing Those Who Care for Our Community – A Conference for Paid and Unpaid Carers of People with Additional Needs and Older Adults

*Kingston City Council*

Conference to provide training, support and information for professional allied staff caring for people in the home and workplace as well as unpaid carers in the community to:

(i) improve physical and emotional wellbeing;

(ii) create and consolidate partnerships between agencies and communities to improve service co-ordination;

(iii) increase health promotion capacity building;

(iv) increase community and council recognition of carers' role; and

(v) enhance carers' self-acceptance of the value of their role in the community.

■ \$5,000

#### XVIIIth World Conference on Health Promotion and Health Education

*Melbourne 2004 World Conference Company Ltd*

A four-day international conference in association with national and regional partners to assess the current status of health promotion across the world and identify practical ways to move forward.

■ \$60,000

### RESEARCH

#### CBRC: Pilot Study of Shade Intervention for Secondary Schools

*Centre for Behavioural Research in Cancer*

The grant will be used to conduct a pre/post-test shade intervention study in one lower socio-economic status secondary school in Melbourne. Data will be used to assess feasibility of a grant funding round for NHMRC.

■ \$20,000

#### Research: Skin Cancer Prevention Monitoring Data Sets

*Centre for Behavioural Research in Cancer*

This project will analyse skin cancer prevention monitoring data sets that have been collected over the last 10 years. Many of these data sets are unique due to the length of time of collection, and the innovative methods of collection. Their analysis will permit the relation of policies and programs to outcomes over time.

■ \$25,000

#### VicHealth Professor of Adolescent Health Research: Centre for Adolescent Health 2002–2006

*Murdoch Children's Research Institute*

Prof G. Patton. The Centre for Adolescent Health's mission is to improve the health of young people through research, health promotion, education, training, advocacy and clinical services. This funding provides support for the creation of a VicHealth Professor in Research at the Centre for the period 2002 to 2006.

■ \$100,000

#### Implementing and Evaluating System-level Change to Improve Adolescent Health and Wellbeing

*The University of Melbourne*

Dr L. Bond. (This Fellowship is a joint VicHealth & DHS Public Health Fellowship). A project developing and refining research and evaluation methods to assess social systems (such as schools) for population-based interventions.

■ \$100,000

#### Affirming Diversity in Health and Sexuality Education: From Research to Policy to Practice

*La Trobe University*

Ms D. Ollis. A project evaluating:

(i) the ability of professional development to translate research into policy and practice in health and sexuality education; and

(ii) the effectiveness of a framework for bringing about change that leads to better health outcomes for same-sex-attracted young people.

■ \$20,519

### Centre for the Study of Mothers' and Children's Health

*La Trobe University*

Prof. J. Lumley. The centre is a multidisciplinary research centre which aims to undertake and interpret research on mothers' and children's health, to contribute to policy development and provide advice and resources to researchers in related fields.

■ \$325,000

### Koori Health Research and Community Development Unit

*University of Melbourne*

A/Prof. I. Anderson. The Koori Health Research and Community Development Unit's key goal is to integrate high-quality health services research with a community development program focusing on Koori issues throughout south-east Australia.

■ \$160,000

### Koori Health Unit-Capacity Development Program

*The University of Melbourne*

The Community Development Program provides a critical link between the research activities of the VicHealth Koori Health Research Centre and Community Development Unit (VKHRCCDU) and the Aboriginal community-controlled health sector by: supporting and resourcing community activities; providing advice and guidance to mainstream health researchers and services; developing and facilitating community forums and seminars; producing community publications on health issues; and maintaining community links through regular liaison with Koori communities across Victoria.

■ \$101,548

### How Research Methods Shape Public Health Knowledge and Practice

*La Trobe University*

Dr A. Kavanagh. This study describes the use of research methods across a range of health issues and settings. Through interviews with opinion-shapers in public health research, the research team is identifying ways to reorientate public health research to use a broader range of methods.

■ \$14,159

### Cochrane Collaboration Health Promotion – Public Health Field

*Murdoch Children's Research Institute*

Dr E. Waters. Funding for the financial and administrative support for the relocation of the Health Promotion - Public Health Field of the International Cochrane Collaboration from Canada to Victoria, and for the further development of the field.

■ \$120,000

### Trial of a Sustainable School-community Child Health Promotion and Obesity Prevention Intervention

*Royal Children's Hospital*

The project aims to determine whether an 18-month school-community-based intervention can improve dietary intake, increase physical activity, improve child health and wellbeing and be sustainable. The project aims to evaluate the impact and cost effectiveness of the intervention using a randomised control trial methodology, across rural and metropolitan Victoria, on both the school as an environment and the children who pass through it.

■ \$25,000

### Off to a Healthy Start: A Longitudinal Ethnography of the Social Contexts and Determinants of Health and Wellbeing Among Newly Arrived Refugee Youth

*Deakin University*

The aim of this ethnographic study is to describe the social contexts and determinants that promote mental and social wellbeing for newly arrived refugee youth and their families during the settlement process. The study will recruit 200 newly arrived young people from refugee backgrounds, aged 12–17 years, and follow those youth over a five-year period. VicHealth funded a pilot study in 2000 and in 2003 approved an additional \$15,000 for further developmental work.

■ \$15,000

### Taking It to the Streets: Health Impact Assessment as a Health Promoting Activity to Reduce Inequalities Within the Community

*Deakin University*

The aims of the project are to develop an understanding of the role of Health Impact Assessment (HIA) at community level as a tool for promoting health and reducing inequalities in health, focusing on ways in which it is being used, the scope of possible applications, the practical lessons that can be learnt, the ways in which inequality issues are incorporated within HIAs, the methods used and identification of possible future applications in Victoria. The funding sought is a supplement to a PHERP-funded study currently in its second phase.

■ \$21,240

### Scoping and Pilot Study for a Victorian Survey of Child Health, Development, Wellbeing and Service Utilisation

*Murdoch Children's Research Institute*

This pilot/scoping study will develop and test the feasibility of an epidemiological study of children's health, development, wellbeing and service utilisation in Victoria. It will provide significant leverage for a major study in Victoria describing health issues and their associations for children aged 0–12 years. This would contribute to children's policy directions and to understanding of inequalities in child health. It has the potential to stimulate program development in relation to local health issues, and to value-add to the federally funded, nation-wide Longitudinal Study of Australian Children.

■ \$50,000

### Research: Trust, Reciprocity and Health

*Deakin University*

Dr Daniel Reidpath. Project to review literature on the relationship between reciprocity, trust and health; and a secondary analysis of the trust, inequality and health aspects of the Victorian wellbeing data.

■ \$23,000

### Understanding the Importance of Place in Health Inequalities

*La Trobe University*

Dr A. Kavanagh. This study will investigate whether living in socio-economically deprived areas is associated with poorer health status and will document variations in the social and physical environments of places (e.g. public transport and housing).

■ \$165,000

### Interventions to Improve Cardiovascular Health in Aboriginal People

*The University of Melbourne*

Dr K. Rowley. This project evaluates the effectiveness of programs run by Aboriginal communities that aim to improve opportunities for better diet and exercise.

■ \$100,000

### Integrated, Community-based Approaches to Health Promotion for Victorian Blue-Collar Workers

*The University of Melbourne*

Dr A. LaMontagne. This research is developing new intervention approaches to address the parallel patterns of high health related behavioural risks and adverse working conditions among low-status workers.

■ \$165,000

### Environmental Causes of Obesity and Measurement of the Impact of Approaches to Prevention

*Deakin University*

Dr Colin Bell. This research program will contribute to our understanding of environmental causes of obesity and measure the impact of innovative approaches to prevention.

■ \$80,000

### Measuring the Effect of Social, Cultural and Environmental Context on Health and Wellbeing

*Deakin University*

Dr Daniel Reidpath. It is increasingly being recognised that context and not just individual factors affect health and wellbeing, but how this occurs is less well understood. The relationship between the contextual factors and health will be the focus of the research.

■ \$100,000

### Health, Development and Wellbeing of Young Children in Victoria

*Royal Children's Hospital*

Dr Elizabeth Waters. Collection of epidemiological data on the health, development and wellbeing of young children in Victoria, review of the evidence base for characteristics and factors associated with effective public health interventions in childhood; and development of evidence-based public health and health promotion strategies to address child health inequalities.

■ \$100,000

### Predictors of Functional Outcome Following Major Road Trauma in Victoria

*Monash University*

Ms Fiona Clay. The primary aim of this project is to examine the incidence and predictors of functional outcomes in major road trauma patients across the state of Victoria over a three-year period. Outcome measures will be defined not just in terms of morbidity and mortality but in terms of return to pre-trauma lifestyle (work status, quality of life) and level of functional independence (physical, mental and social).

■ \$3,000

### Economic Evaluation of New Public Health Interventions

*La Trobe University*

Ms Lisa Gold. This research program examines the extent to which current economic evaluation techniques are capable of capturing the full range of costs and consequences that result from new public health interventions. This research will inform debates over the potential bias of evidence-based medicine against new public health interventions.

■ \$3,000

### Effectiveness of Headgear and Mouthguards in Preventing Head/Neck/Dental Injuries in Australian Football Players

*Monash University*

Miss Rebecca Braham. This study will determine the effectiveness of mouthguards, headgear or a combination of the two for preventing head/neck/maxillo-facial injuries in football players.

■ \$3,000

### A Prospective Study of Cumulative Brain Injury in Boxers

*Monash University*

Miss Tsharni Zazryn. The overall aim of this project is to describe the incidence of injury in Australian boxers and to identify risk factors for these injuries. There will be a major focus on head injury and evidence for chronic brain injury. This study will provide recent and relevant data for improved injury surveillance.

■ \$3,000

### Assessing Change in Public Health Research: The Impact of the Indigenous Research Reform Agenda

*The University of Melbourne*

Dr Emma Kowal. To assess the impact of various structural reforms of indigenous public health research. This research will critique the rationale of shifting control to indigenous people, and assess the ability of organisational reform to produce changed research practices using a multidisciplinary evaluative framework.

■ \$3,000

### Policy Networks and Research to Policy Transfer in Aboriginal Health

*The University of Melbourne*

Mr Mark Lutschini. To determine and describe the network structure of Aboriginal health policy in Australia; to analyse this network structure in order to identify the barriers affecting access to and utilisation of key people and research. This project will bring to Victoria a unique knowledge base that will assist in promoting more effective strategic alliances to create environments for sustainable improvements to Aboriginal health.

■ \$3,000

### Comparison of Health and Settlement Experiences of Unauthorised Refugees in Australia and New Zealand

*The University of Melbourne*

Dr Vanessa Johnston. The aims of the project are:

(i) to identify and compare the pre-and post-migration experiences that impact upon the health of unauthorised refugees in Australia and New Zealand;

(ii) to compare the impact of current migration policy as it relates to onshore arrivals on the health of unauthorised refugees who enter Australia and New Zealand;

(iii) to identify and compare positive and negative predictors of healthy settlement for unauthorised refugees in Australia and New Zealand; and

(iv) to compare the actual and perceived need for health care utilisation of unauthorised refugees in Australia and New Zealand.

■ \$3,000

### Cochrane Review: Effectiveness of Sporting Programs to Improve Health Outcomes

*Cochrane Health Promotion and Public Health Field*

The Cochrane Health Promotion and Public Health Field will conduct two systematic reviews of the effectiveness of programs organised by sporting organisations to improve health outcomes.

■ \$50,000

## OTHER HEALTH ISSUES

### RESEARCH

#### REPRODUCTIVE AND SEXUAL HEALTH

##### Australian Research Centre in Sex, Health and Society

*La Trobe University*

Prof. M. Pitts. A Centre for Research and Practice undertaking social research and training into the areas of sex, sexuality, their place in society and their relationships to health.

■ \$100,000

# VICHEALTH REPORT OF OPERATIONS 2002–2003

## **Epidemiology & Control of Genital Chlamydial Infection in Victoria**

*Macfarlane Burnet Centre for Medical Research*

Dr N. Crofts. A project that examines genital chlamydial infection in Victoria in order to address major gaps in data currently available to inform control strategies. Project includes the estimation of the population-based prevalence, collection of testing activity and behavioural data, and evaluation of GP diagnostic and treatment practices.

■ \$150,000

## **Does Lemon Juice Inhibit HIV Replication?**

*Burnet Institute*

There is abundant historical evidence to demonstrate that lemon juice in the vagina was widely used in the Mediterranean region as a contraceptive. It is also known that HIV is killed by low pH. It is possible that the insertion of lemon or lime juice may not only prevent pregnancy but could also protect against the HIV virus. This dual spermicidal and virucidal effect of lemon juice cannot be patented and thereby controlled by pharmaceutical companies and, being natural, should be acceptable to many women. It is proposed to carry out a preliminary study to evaluate the contraceptive efficacy of lime juice in a non-human primate.

■ \$86,951

## **PRISM: Program of Resources, Information and Support for Mothers**

*Centre for the Study of Mothers' and Children's Health*

Contribution to a program to reduce the prevalence of depression and physical health problems in mothers up to two years after birth, using an integrated program of community-based and primary care strategies.

■ \$6,040

## **Maternal Nutrition in Pregnancy and Growth in Infancy Outcome in Children**

*The University of Melbourne*

Dr R. Morley. A series of inter-linked projects investigating the role of maternal nutrition and infant growth in determining outcomes for children from twin and singleton pregnancies.

■ \$165,000

## **Women's Health After Childbirth: A Prospective Cohort Study of 1,900 Women Having a First Child**

*La Trobe University*

Dr S. Brown. This study examines the extent to which common health problems affecting women after childbirth occur as new problems in pregnancy, or after childbirth. This involves following women having a first child and measuring their health in pregnancy and the first year after birth.

■ \$100,000

## **The Social Determinants of Sexual and Reproductive Health**

*La Trobe University*

A/Prof. Anthony Smith. Social inequality and socio-economic status are associated with many adverse health outcomes. This study will explore the ways in which they are related to sexual and reproductive health.

■ \$125,000

## **Modelling the Impact of Targeted Changes to Screening Intervals in Australian Breast-screening Programs**

*La Trobe University*

Ms Carolyn Nickson. Aims to:

- (i) develop a model that will assess how varying screen intervals according to density, HRT use and family history would impact on cancer detection;
- (ii) use the model to investigate the impact of making changes to intervals in current Australian breast cancer screening programs, based on the prevalence of risk factors in the Australian population; and
- (iii) assess the cumulative false positive risk for alternative programs identified by aims (i) and (ii). The model will provide guidance to policy-makers in developing a consistent policy for screening of women with a family history of breast cancer.

■ \$3,000

## **ABFAB: The Effect of Breastfeeding Education in the Middle of Pregnancy on the Duration of Breastfeeding**

*La Trobe University*

Ms Della Forster. The principal aim is to study whether breastfeeding education during pregnancy with a focus on either attitudes to breastfeeding, or on technical aspects of breastfeeding, has an effect on the breastfeeding rate at hospital discharge and on the duration of breastfeeding. This project is one of the few large randomised controlled trials aimed at evaluating two interventions that may increase both the initiation and duration of breastfeeding.

■ \$19,659

## **PREVENTION OF CANCER**

### **Determinants of Breast Cancer Risk**

*The University of Melbourne*

Dr D. Gertig. A study of the modifiable risk factors of breast cancer and common genetic factors that may identify sub-groups of younger women at higher risk of breast cancer in order to enable targeted screening.

■ \$165,000

## **COMMUNICABLE DISEASE PREVENTION**

### **Child Health Epidemiology and New Vaccines in an Asian Country (Senior Fellowship)**

*The University of Melbourne*

Prof. K. Mullholland. This project's aims are to:

- describe the epidemiology of childhood illness and injury in an urban and rural Asian community;
- define the burden of disease due to important respiratory and enteric pathogens in the same community; and
- conduct trials of new vaccines and vaccination strategies that have the potential to improve child health in both Australian and Asian societies.

■ \$165,000

### **A Cross-national Longitudinal Study of HCV Risk Practices and Health Outcomes in Homeless Youth**

*La Trobe University*

Mr Paul Myers. This research has two aims:

- (i) to examine differences in correlates of Hepatitis C Virus (HCV) infection and health outcomes, including mental health, among homeless young people in two very different policy and practice environments, namely Australia and the United States;
- (ii) to examine changes in patterns of HCV testing, infection, outcomes and antecedents of risk and safety over time in homeless young people.

■ \$3,000

## 1. ESTABLISHMENT OF THE VICTORIAN HEALTH PROMOTION FOUNDATION

The Victorian Health Promotion Foundation is established by the *Tobacco Act 1987* No. 81.

The relevant Minister is the Minister for Health, Hon Bronwyn Pike MP.

## 2. OBJECTS

The objects of the Foundation, as set out in the *Tobacco Act 1987*, are:

- to fund activity related to the promotion of good health, safety or the prevention and early detection of disease; and
- to increase awareness of programs for promoting good health in the community through the sponsorship of sports, the arts and popular culture; and
- to encourage healthy lifestyles in the community and support activities involving participation in healthy pursuits; and
- to fund research and development activities in support of these objects.

## 3. FUNCTIONS

The functions of the Foundation, as set out in the *Tobacco Act 1987*, are:

- to promote its objects;
- to make grants from the Health Promotion Fund for activities, facilities, projects or research programs in furtherance of the objects of the Foundation;
- to provide sponsorships for sporting or cultural activities;
- to keep statistics and other records relating to the achievement of the objects of the Foundation;
- to provide advice to the Minister on matters related to its objects referred by the Minister to the Foundation and generally in relation to the achievement of its objects;

- to make loans or otherwise provide financial accommodation for activities, facilities, projects or research programs in furtherance of the objects of the Foundation;
- to consult regularly with relevant Government Departments and agencies and to liaise with persons and organisations affected by the operation of this Act; and
- to perform such other functions as are conferred on the Foundation by this or any other Act.

The Foundation performs and manages these functions by:

- developing a strategic plan, including concept, context and operations;
- initiating, facilitating and organising the development of projects and programs to fulfil the strategic plan;
- ensuring an excellent standard of project management for all project and program grants paid by the Foundation;
- developing systems to evaluate the impacts and outcomes of grants; and
- ensuring that such knowledge is transferred to the wider community.

## 4. POWERS

As set out in the *Tobacco Act 1987*, the Foundation has power to do all things necessary to be done in the performance of its functions or achievement of its objects.

In addition to its other powers the Foundation has power, following consultation with the Minister, to make grants from the Health Promotion Fund for the relief of loss suffered as a result of the application of this Act to anything existing at or before the date of enactment of this Act where special circumstances warrant assistance of that kind.

## 5. NATURE AND RANGE OF SERVICES

The Foundation provides health promotion services within Victoria in accordance with the objects set out in the *Tobacco Act 1987*.

## 6. MEMBERS OF BOARD OF GOVERNANCE 1 JULY 2002 – 30 JUNE 2003

MEMBER	PERIOD OF MEMBERSHIP	PERIOD OF PROSPECTIVE MEMBERSHIP
Professor John Funder ( <b>Chairman</b> )	1 July 2002 – 31 March 2003	1 April 2003 – 30 June 2003
Ms Jane Fenton ( <b>Deputy Chairman</b> )	1 July 2002 – 31 March 2003	1 April 2003 – 30 June 2003
The Hon. Gerald Ashman MLC	1 July 2002 – 30 November 2002	
The Hon. Ron Best MLC	1 July 2002 – 30 November 2002	
Professor Robert Burton	1 July 2002 – 19 August 2002	
Ms Elaine Canty	1 July 2002 – 31 March 2003	1 April 2003 – 30 June 2003
Mr Hugh Delahunty MLA	27 March 2003 – 30 June 2003	
The Hon. Bill Forwood MLC	27 March 2003 – 30 June 2003	
Mr Lindsay Gaze	1 July 2002 – 31 March 2003	1 April 2003 – 30 June 2003
Professor Helen Herrman	1 July 2002 – 31 March 2003	
Ms Susan Holmes	1 July 2002 – 20 September 2002	
Mr Tim Jacobs	1 July 2002 – 31 March 2003	1 April 2003 – 30 June 2003
Ms Belinda Jakiel	1 July 2002 – 31 March 2003	1 April 2003 – 30 June 2003
Ms Jenny Lindell MLA	1 July 2002 – 30 November 2002	
Ms Maxine Morand MLA	27 March 2003 – 30 June 2003	
Professor Graeme Ryan	1 July 2002 – 31 March 2003	
Professor Glenn Bowes		1 April 2003 – 30 June 2003
Ms Leeanne Grantham		1 April 2003 – 30 June 2003
Mr John Howie		1 April 2003 – 30 June 2003
Dr Judith Slocombe		1 April 2003 – 30 June 2003
Professor David Hill		1 April 2003 – 30 June 2003

The prospective members were in attendance at meetings from 1 April 2003 and were formally appointed by the regulations in accordance with section 21 of the *Tobacco Act 1987*, on 15 July 2003.

## 7. CHIEF EXECUTIVE OFFICER

Dr Rob Moodie

## 8. SENIOR OFFICERS AS AT 30 JUNE 2003

Director: Communications and Marketing, Ms Jackie Van Vugt

Director: Finance and Administration, Mr Randall Kent

Director: Planning, Ms Barbara Mouy

Director: Programs, Ms Yvonne Robinson

Director: Research, Evaluation and Information Dissemination,  
Dr Julia Shelley

## 9. WORKFORCE DATA

	30 June 2003		30 June 2002	
	No.	EFT	No.	EFT
Staff establishment	44	37.7	42	34.8
Cost recovery and special projects	2	1.5	2	1.6
Total	46	39.2	44	36.4

Note: Workforce data represents actual numbers of staff employed at 30 June

## 12. FINANCIAL INFORMATION

	2002-03 \$000	2001-02 \$000	2000-01 \$000	1999-2000 \$000	1998-99 \$000
<b>(A) SUMMARY OF FINANCIAL RESULTS</b>					
<b>Income</b>					
Health promotion grant	27 140	26 216	25 400	24 761	24 040
Investment income	413	362	485	369	274
Other	1 053	993	715	1 413	760
Total Income	28 606	27 571	26 600	26 543	25 074
<b>Expenditure</b>					
Grants and associated expenses	25 296	23 091	23 663	21 879	21 232
Operating	3 820	3 717	3 614	3 720	3 325
Total Expenditure	29 116	26 808	27 277	25 599	24 557
Net Result	(516)	763	(677)	944	517

Balance Sheet as at	30/6/03 \$000	30/6/02 \$000	Change \$000
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## (B) SUMMARY OF SIGNIFICANT CHANGES IN FINANCIAL POSITION

Current Assets	3 456	2 553	903
Non-Current Assets	2 529	2 611	(82)
Total Assets	5 985	5 164	821
Current Liabilities	2 394	989	1 405
Non-Current Liabilities	252	320	(68)
Total Liabilities	2 646	1 309	1 337
Equity	3 339	3 855	(516)
Total Equity and Liabilities	5 985	5 164	821

## 12. FINANCIAL INFORMATION (CONTINUED)

### (C) OPERATIONAL OBJECTIVES, SIGNIFICANT ACTIVITIES AND ACHIEVEMENTS

The Foundation's primary operational objectives for 2002-03 were to contribute to:

- advancing knowledge and building evidence for interventions;
- supporting innovative contributions in a range of settings and sectors;
- systematically transferring health promotion knowledge to targeted spheres of influence; and
- advocacy for health promotion.

Research, development and implementation activity was primarily focused in the health promotion action areas of:

- tobacco control
- mental health
- physical activity
- healthy eating
- substance misuse (alcohol and illicit drugs)
- sun protection
- injury prevention.

The key delivery sectors and settings were:

- sport
- recreation
- education
- community
- local government
- health
- the arts.

These were consistent with Victorian Government priorities and National Health Priority Areas.

Significant activities and achievements in relation to these objectives are set out elsewhere in the Foundation's 2002-03 Annual Report.

### (D) SUMMARY OF MAJOR CHANGES

There were no major changes or factors which affected the achievement of the Foundation's operational objectives for the year.

### (E) EVENTS SUBSEQUENT TO BALANCE DATE

There have been no events subsequent to balance date that may have a significant effect on the operation of the Foundation in subsequent years.

### (F) CONSULTANCIES

Seven consultancies costing less than \$50,000 each were engaged during the year. The total cost of consultancies was \$94,000 (2001-02 \$134,000).

### (G) COMPLIANCE WITH PROVISIONS OF THE BUILDING ACT 1993

To the best of my knowledge all relevant provisions of the *Building Act 1993* have been complied with.

### (H) OTHER INFORMATION

The information listed under Section 9.1.3(iv) of the Directions of the Minister for Finance has been prepared and is available to the relevant Minister, Members of Parliament and the public on request.



Dr Rob Moodie  
Chief Executive Officer

Signed at Melbourne this 26th day of September 2003.

# VICHEALTH FINANCIAL STATEMENTS 2002-2003



## CERTIFICATION

In our opinion the financial statements of the Victorian Health Promotion Foundation, comprising a statement of financial performance, a statement of financial position, a statement of cash flows and notes to the accounts:

- (i) have been prepared in accordance with Directions of the Minister of Finance under the *Financial Management Act 1994*, Australian Accounting Standards and other mandatory professional reporting requirements; and
- (ii) present fairly the results of the financial transactions of the Foundation for the year ended 30 June 2003 and the financial position as at that date.

At the date of signing these statements we are not aware of any circumstances which would render any particulars included in the statements to be misleading or inaccurate.



Professor John Funder  
Chairman



Dr Rob Moodie  
Chief Executive Officer



Mr Randall Kent  
Director: Finance and Administration

Signed at Melbourne this 17th day of September 2003

## AUDITOR-GENERAL'S REPORT

**To the Members of the Parliament of Victoria, the responsible Ministers and the Members of the Board of the Victorian Health Promotion Foundation**

### Audit Scope

The accompanying financial report of the Victorian Health Promotion Foundation for the financial year ended 30 June 2003, comprising the statement of financial performance, statement of financial position, statement of cash flows and notes to the financial statements, has been audited. The Members of the Foundation's Board of Governance are responsible for the preparation and presentation of the financial report and the information it contains. An independent audit of the financial report has been carried out in order to express an opinion on it to the Members of the Parliament of Victoria, responsible Ministers and Members of the Foundation's Board of Governance as required by the *Audit Act 1994*.

The audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the financial report is free of material misstatement. The audit procedures included an examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial report is presented fairly in accordance with Accounting Standards and other mandatory professional reporting requirements in Australia and the financial reporting requirements of the *Financial Management Act 1994*, so as to present a view which is consistent with my understanding of the Foundation's financial position, financial performance and its cash flows.

The audit opinion expressed in this report has been formed on the above basis.

### Audit Opinion

In my opinion, the financial report presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia and the financial reporting requirements of the *Financial Management Act 1994*, the financial position of the Victorian Health Promotion Foundation as at 30 June 2003, its financial performance and cash flows for the year then ended.



J.W. CAMERON  
Auditor-General

MELBOURNE 17 September 2003

**STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2003**

	Notes	2002-03 \$000	2001-02 \$000
<b>Revenue From Ordinary Activities</b>			
Operating Revenue			
Health Promotion Grant	1(k)	27 140	26 216
Other Operating Revenue	2	992	941
		28 132	27 157
<b>Non-Operating Revenue</b>			
Investment Income		413	362
Proceeds of Sale of Assets		61	52
		474	414
		28 606	27 571
<b>Expenses from Ordinary Activities</b>			
Grants and Associated Expenses	4	25 296	23 091
Operating Expenses	3	3 820	3 717
		29 116	26 808
Net Result for the Year	5	(510)	763
Adjustment Directly to Retained Earnings	1(d)(i)	(6)	
Total changes in equity other than those resulting from transactions with the Victorian State Government in its capacity as owner		(516)	763

The accompanying notes form part of these financial statements.

**STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2003**

	Notes	2002-03 \$000	2001-02 \$000
<b>Current Assets</b>			
Cash Assets	6	818	87
Receivables	7	637	440
Prepayments		1	2
Other Financial Assets	1(h),8	2 000	1 998
Total Current Assets		3 456	2 527
<b>Non-Current Assets</b>			
Other Financial Assets	1(h),8	1 500	1 500
Furniture, Fittings, Equipment and Motor Vehicles	11	1 029	1 111
Total Non-Current Assets		2 529	2 611
Total Assets		5 985	5 138
<b>Current Liabilities</b>			
Payables	1(f),9	2 114	761
Deferred Lease Benefit	14(b)	18	18
Provisions	1(d),10	262	184
Total Current Liabilities		2 394	963
<b>Non-Current Liabilities</b>			
Provisions	1(d),10	130	179
Deferred Lease Benefit	14(b)	122	141
Total Non-Current Liabilities		252	320
Total Liabilities		2 646	1 283
Net Assets		3 339	3 855
<b>Equity</b>			
Funds Held For Restricted Purposes	1(e),5	426	965
Retained Earnings		2 913	2 890
Total Equity		3 339	3 855

The accompanying notes form part of these financial statements.

**STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2003**

	Notes	2002-03	2001-02
		\$000	\$000
		Inflows (Outflows)	Inflows (Outflows)
<b>Cash Flows From Operating Activities</b>			
Receipts from health promotion grant		29 853	28 838
Investment income		428	356
Other receipts		880	1 222
<b>Total Receipts</b>		<b>31 161</b>	<b>30 416</b>
Payments of grants and associated expenses		(27 096)	(25 168)
Payments to suppliers and employees		(2 685)	(4 670)
GST remitted		(554)	(238)
<b>Total Payments</b>		<b>(30 335)</b>	<b>(30 076)</b>
<b>Net Cash Provided By Operating Activities</b>	15(b)	<b>826</b>	<b>340</b>
<b>Cash Flows From Investing Activities</b>			
Proceeds from sale of assets		61	52
Proceeds from redemption of investments (investment outlays)		(2)	(18)
Payments for purchase of fixed assets		(154)	(353)
<b>Net Cash Provided By (Used in) Investing Activities</b>		<b>(95)</b>	<b>(319)</b>
<b>Net Increase in Cash Held</b>		<b>731</b>	<b>21</b>
Cash at 1 July		87	66
<b>Cash at 30 June</b>	15(a)	<b>818</b>	<b>87</b>

The accompanying notes form part of these financial statements.

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2003**
**1. STATEMENT OF ACCOUNTING POLICIES**

A summary of the significant accounting policies adopted by the Foundation is set out in this note. The policies adopted are in accordance with accounting standards generally accepted in Australia. The general purpose financial statements have been prepared in accordance with the directions of the Minister of Finance under the *Financial Management Act 1994*, Australian Accounting Standards, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board, and Urgent Issues Group Consensus Views.

**(a) Accrual Basis of the Preparation of the Accounts**

Except where otherwise stated these financial statements have been prepared on the accrual basis whereby revenues and expenses are recognised when they are earned or incurred, and are brought to account in the period to which they relate.

**(b) Historical Cost Basis of the Preparation of the Accounts**

The financial statements have been prepared on a going concern basis and on the historical cost basis whereby assets are recorded at purchase price plus costs incidental to their acquisition and do not take into account changing money values nor the current cost of non-current assets (unless specifically stated).

**(c) Fittings, Equipment and Motor Vehicles**

The Foundation has adopted a capitalisation policy for fixed assets for capital purchases in excess of \$1,000 (2001-02 \$1,000).

Furniture, fittings, equipment and motor vehicles are carried at cost, in accordance with AASB 1041. Assets are depreciated at rates based upon their expected useful economic lives to the Foundation, using the straight-line method. The Foundation reviews the remaining useful lives of assets each year. There has been no change in estimated useful lives of assets since 2001-02.

Fixed Asset Category	Depreciation Rate (%)
Office Furniture	10.0
Fixtures and Fittings	10.0
Computer Equipment	33.3
Other Office Equipment	20.0
Motor Vehicles	17.5

**(d) Employee Entitlements**

Calculations of provisions for annual leave are based on amounts expected to be paid when the obligation is settled. Calculations of provisions for Long Service Leave are based on pay rates current at balance date. Workcover and superannuation costs have been included in accordance with Australian Accounting Standard 30, Accounting for Employee Entitlements.

**(i) Change in Accounting Policy for Employee Benefits (Annual Leave)**

In the reporting periods prior to 30 June 2003, provisions for employee benefits (annual leave) were measured using remuneration rates current at reporting date. For the period ending 30 June 2003, the Foundation is required by AASB 1028 'Employee Benefits' to measure provisions for employee benefits at remuneration rates expected to apply when the obligation is settled, including the expected future increase in remuneration rates.

The impact of this change is:

Decrease in Retained Earnings	\$6,000
Increase in Annual Leave Provision	\$6,000

**(ii) Superannuation**

The Foundation has, in its staffing profile, a number of employees who are members of the following superannuation schemes:

- State Superannuation Fund Revised Scheme
- State Superannuation Fund New Scheme
- Victorian Superannuation Fund VicSuper Scheme
- Health Super Defined Benefit Scheme

In the case of employees who are members of the State Superannuation Fund New Scheme the notional share of unfunded liabilities attributable to the Foundation, as assessed by the State Superannuation Scheme as at 30 June 2003, was nil.

The Victorian Superannuation Fund VicSuper Scheme is fully funded and there are no unfunded liabilities with this scheme.

**1. STATEMENT OF ACCOUNTING POLICIES (CONTINUED)**

The Health Super Defined Benefit Scheme has advised the Foundation that an unfunded liability of \$13,634 exists at 30 June 2003 in respect of employees who are members of that Scheme. This unfunded liability has been recognised by the Department of Treasury and Finance.

During 2002-03 the Foundation's contributions to the above schemes totalled \$215,000 (2001-02, \$186,000). No contributions were outstanding at 30 June 2003 (2001-02, Nil).

The policy adopted for calculating employer contributions is based on the advice of the Scheme's actuary. The employer contribution rates for 2002-03 varied from 9% to 15.5% depending on the scheme and the rate contributed by each employee (2001-02 8% to 15.5%).

**(iii) Long Service Leave**

Provision for long service leave has been calculated in accordance with Australian Accounting Standard 30, Accounting for Employee Entitlements. The entitlement, under the Foundation's enterprise agreement, becomes payable upon completion of ten years' service. The proportion of long service estimated to be paid within the next financial year is classified as a current liability. The balance of the provision is classified as a non-current liability, measured at the present value of the estimated future cash outflow arising from employees' service to date, using Commonwealth bond rates to discount future cash flows.

**(e) Funds Held for Restricted Purposes**

Funds Held for Restricted Purposes represent funds to be devoted to specific health promotion activities according to the *Tobacco Act*, 1987 and in accordance with the policies of the Foundation.

In accordance with the *Tobacco Act* the proportion on which the Health Promotion Grant is to be paid is as follows:

Sporting Bodies Not less than 30%  
Health Promotion Not less than 30%

**(f) Trade and Other Creditors**

**(i) Creditors and accrued expenses**

Creditors and accrued expenses represent liabilities for goods and services provided to the Foundation prior to balance date and which are unpaid. The amounts are unsecured and are usually paid within 30 days of recognition. All creditors are payable within one year.

**(ii) Grants payable**

Grants payable represent grant instalments which have been approved for payment during 2002-03. These instalments were unpaid as at 30 June 2003 and have been disclosed as a current liability. The accrued grants are expected to be paid within 12 months.

Grants approved for funding in 2003-04 and subsequent years have been recognised in the notes to these financial statements as commitments (see Note 13).

**(g) Receivables**

Trade debtors are carried at amounts receivable. The collectability of debts is assessed on an ongoing basis. Debts which are known to be uncollectable are written off. Normal credit terms are 30 days. A provision for doubtful debts is raised when some doubt as to collection exists.

**(h) Investments**

Investments are brought to account at cost. Interest revenue is recognised as the interest accrues.

Investments consist of four commercial bank bills. Maturity dates range from 15 days to 5 years.

**(i) Leases**

Expenditure relating to leases deemed to be operating leases is expensed as incurred.

**(j) Goods and Services Tax**

Revenues, expenses and assets are recognised net of GST except where the amount of GST incurred is not recoverable, in which case it is recognised as part of the cost of acquisition of an asset or part of an item of expense or revenue. GST received from and payable to the Australian Taxation Office (ATO) is included in the Statement of Financial Position. The GST component of a receipt or payment is recognised on a gross basis in the Statement of Cash Flows in accordance with Accounting Standard AAS 28, Statement of Cash Flows.

**(k) Health Promotion Grant**

From its inception in 1987 until June 1992 the Foundation was funded by a hypothecated percentage of Victorian ad valorem tobacco franchise fees. Since July 1992, the annual amount allocated to the Foundation from tobacco franchise fees has been determined by the Treasurer.

On 5 August 1997 the High Court of Australia invalidated State and Territory business franchise and licence fees, including tobacco fees. In order to maintain the Foundation's funding the Victorian Treasurer arranged for funds to be transferred from the Consolidated Fund, for the remainder of the 1997-98 year.

**1. STATEMENT OF ACCOUNTING POLICIES (CONTINUED)**

**(k) Health Promotion Grant (continued)**

Since 1 July 1998, annual funding for the Foundation has been decided by the Treasurer, appropriated as part of Victoria's annual budget within the appropriation for the Department of Human Services and transferred electronically in equal monthly instalments to the Foundation. The health promotion grant is recognised as revenue upon receipt.

**(l) Comparatives**

Where necessary the figures for the previous year have been reclassified to facilitate comparison.

**(m) Rounding**

All amounts shown in the financial statements are expressed to the nearest \$1,000.

	2002-03 \$000	2001-02 \$000
<b>2. OTHER OPERATING REVENUE</b>		
Government Project Grants	566	725
Non-Government Project Grants	375	72
Consulting and Training Fees	28	90
Sundry Income	23	54
<b>Total Other Operating Revenue</b>	<b>992</b>	<b>941</b>
<b>3. OPERATING EXPENSES</b>		
General Administration	90	128
Occupancy Costs	351	309
Office Costs	264	252
Personnel Costs	2 699	2 564
Transport Costs	94	99
Members' Fees	78	86
Depreciation	205	188
Provision of Long Service Leave	8	41
Written Down Value of Assets Sold	31	50
<b>Total Operating Expenses</b>	<b>3 820</b>	<b>3 717</b>

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2003**

	2002-03 \$000	2001-02 \$000
<b>4. GRANTS AND ASSOCIATED EXPENSES</b>		
<b>Sports Settings</b>		
Payments to Sporting Bodies		
Grants and Sponsorships	7 474	5 744
Safety and Training Equipment Grants	636	517
Active for Life Grants	0	381
Recreation Grants	12	963
Total Payments to Sporting Bodies	8 122	7 605
<b>Education, Local Government, Community, Arts and Health Settings</b>		
Payments to Bodies for Purposes of Health Promotion		
Grants	8 804	7 600
Sponsorship Support	928	990
Total Payments to Bodies for Purposes of Health Promotion	9 732	8 590
<b>Public Health Research</b>		
Grants to External Bodies		
Clinical Research Grants	–	75
Public Health Research Project Grants	1 004	1 538
Centres for Research and Practice	1 193	1 426
Surveillance and Applied Research Grants	380	165
Fellowships and Scholarships	2 254	1 481
Total Public Health Research Grants	4 831	4 685
Research Dissemination Expenses	80	98
Evaluation Expenses	139	125
Total Payments for Public Health Research	5 050	4 908
<b>Associated Expenses</b>		
Developmental Activities	629	589
Communications and Marketing	1 763	1 399
Total Associated Expenses	2 392	1 988
Total Grants and Associated Expenses	25 296	23 091

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2003**

	2002-03 \$000	2001-02 \$000
<b>5. EQUITY AND MOVEMENTS IN EQUITY</b>		
<b>RETAINED EARNINGS</b>		
Balance at 1 July	2 890	2 582
Surplus (Deficit) for the Year	(510)	763
Adjustments resulting from change in Accounting Policy	(6)	–
Transfer (to) from Funds Held for Restricted Purposes	539	(455)
Balance at 30 June	2 913	2 890
<b>FUNDS HELD FOR RESTRICTED PURPOSES</b>		
<b>Sporting Bodies Commitments Fund</b>		
Balance at 1 July	213	110
Transfer (to) from Retained Earnings	(103)	103
Balance at 30 June	110	213
<b>Public Health Research Commitments Fund</b>		
Balance at 1 July	440	400
Transfer (to) from Retained Earnings	(440)	40
Balance at 30 June	0	440
<b>Common Solutions Commitments Fund</b>		
Balance at 1 July	31	–
Transfer (to) from Retained Earnings	26	31
Balance at 30 June	57	31
<b>Mental Health Promotion Commitments Fund</b>		
Balance at 1 July	–	–
Transfer (to) from Retained Earnings	200	–
Balance at 30 June	200	–
<b>IUHPE Conference Commitments Fund</b>		
Balance at 1 July	281	–
Transfer (to) from Retained Earnings	(222)	281
Balance at 30 June	59	281
<b>Total Equity</b>	<b>3 339</b>	<b>3 855</b>

The Sporting Bodies Commitments Fund represents the difference between 30% of the Health Promotion Grant and payments to sporting bodies, on a cumulative basis. The transfer of \$103,000 from the Sporting Bodies Commitments Fund to Retained Earnings represents the amount by which payments to sporting bodies, and associated sport expenses, for 2002-03 exceeded 30% of the Health Promotion Grant for 2002-03.

The Public Health Research Commitments Fund represents the difference between the percentage of the Health Promotion Grant allocated to public health research and public health research expenditure, on a cumulative basis. The Foundation has adopted the policy that future budget allocations to public health research will be determined in accordance with strategic priorities and available funds. Accordingly the Public Health Research Commitments Fund of \$440,000 has been transferred to Retained Earnings.

The Common Solutions Commitments Fund represents the difference between grants received for the Common Solutions project and the expenditure incurred for this project on a cumulative basis. The transfer of \$26,000 from Retained Earnings to the Common Solutions Commitments Fund represents the difference between grants received, and expenditure incurred, for the Common Solutions project, during 2002-03.

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2003**

**5. EQUITY AND MOVEMENTS IN EQUITY (CONTINUED)**

The Mental Health Promotion Commitments Fund represents the difference between a grant received for mental health promotion projects and the expenditure incurred for these projects. The transfer of \$200,000 from Retained Earnings to the Mental Health Promotion Commitments Fund represents the difference between the grant received, and expenditure incurred, for the mental health promotion projects, during 2002-03.

The IUHPE Conference Commitments Fund represents the difference between grants received for the IUHPE conference and expenditure incurred, on a cumulative basis. The transfer of \$222,000 to Retained Earnings from the IUHPE Conference Commitments Fund represents the difference between grants received, and the expenditure incurred, for the IUHPE conference project during 2002-03.

	2002-03 \$000	2001-02 \$000
<b>6. CASH ASSETS</b>		
Bank Balance	580	(1 517)
At Call Deposits	238	1 604
<b>Total</b>	<b>818</b>	<b>87</b>
<b>7. RECEIVABLES</b>		
Sundry Debtors	560	347
Accrued Income	77	93
<b>Total</b>	<b>637</b>	<b>440</b>
<b>8. OTHER FINANCIAL ASSETS</b>		
<b>Current Investments</b>		
Commercial Bank Bills	2 000	1 998
<b>Total</b>	<b>2 000</b>	<b>1 998</b>
<b>Non-Current Investments</b>		
Commercial Bank Bills	1 500	1 500
\$426,000 of financial assets relate to Funds Held for Restricted Purposes (2001/02 \$965,000).		
<b>9. PAYABLES</b>		
Trade Creditors	1 276	431
Grants Payments Accrued	694	218
Accrued Salaries	41	25
Other Accrued Expenses	103	87
<b>Total</b>	<b>2 114</b>	<b>761</b>

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2003**

	2002-03 \$000	2001-02 \$000
<b>10. PROVISIONS</b>		
<b>Current</b>		
Employee entitlements		
Annual Leave	175	153
Long Service Leave	87	31
<b>Total</b>	<b>262</b>	<b>184</b>
<b>Non-Current</b>		
Employee entitlements		
Long Service Leave	130	179
<b>Total</b>	<b>130</b>	<b>179</b>
<b>Aggregate Carrying Amount of Provisions</b>		
Current	262	184
Non-Current	130	179
<b>Total</b>	<b>392</b>	<b>363</b>

	At Cost \$000	Accumulated Depreciation 30/06/03 \$000	Written Down Value 30/06/03 \$000	Written Down Value 30/06/02 \$000
<b>11. FURNITURE, FITTINGS, EQUIPMENT AND MOTOR VEHICLES</b>				
<b>(a) Written Down Value</b>				
Office Furniture	141	51	90	98
Fixtures and Fittings	825	167	658	722
Office Equipment	405	263	142	166
Motor Vehicles	180	41	139	125
<b>Total</b>	<b>1 551</b>	<b>522</b>	<b>1 029</b>	<b>1 111</b>

	Balance 1 July \$000	Additions \$000	Disposals \$000	Depreciation \$000	Balance 30 June \$000
<b>(b) Reconciliations</b>					
<b>2003</b>					
Office Furniture	98	5		(13)	90
Fixtures and Fittings	722	17	-	(81)	658
Office Equipment	166	61	(5)	(80)	142
Motor Vehicles	125	71	(26)	(31)	139
<b>Total</b>	<b>1111</b>	<b>154</b>	<b>(31)</b>	<b>(205)</b>	<b>1 029</b>
<b>2002</b>					
Office Furniture	81	30		(13)	98
Fixtures and Fittings	709	90	-	(77)	722
Office Equipment	63	192	(23)	(66)	166
Motor Vehicles	143	41	(27)	(32)	125
<b>Total</b>	<b>996</b>	<b>353</b>	<b>(50)</b>	<b>(188)</b>	<b>1 111</b>

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2003

### 12. FINANCIAL INSTRUMENTS

#### (a) Interest Rate Risk Exposures

The Foundation's exposure to interest rate risk and the effective weighted average for each class of financial assets and financial liabilities are set out below. Exposures arise predominantly from assets and liabilities bearing variable interest rates as the Foundation intends to hold fixed rate assets and liabilities to maturity.

	Floating interest rate \$000	Fixed interest maturing in 1 year or less \$000	Fixed interest maturing in more than 1 year \$000	Non-interest bearing \$000	Total 30/06/03 \$000	Total 30/06/02 \$000
<b>Financial Assets</b>						
At-call deposits (refer note 6)	238				238	1 604
Bank balance (refer note 6)	580				580	(1 517)
Receivables				637	637	440
Investments		2 000	1 500		3 500	3 498
Total	818	2 000	1 500	637	4 955	4 025
Weighted Average Interest Rate %	4.50	5.59	5.80			
<b>Financial Liabilities</b>						
Payables				2 146	2 146	787
Total				2 146	2 146	787

#### (b) Credit Risk Exposures

The credit risk on financial assets of the Foundation, which has been recognised in the statement of financial position, is the carrying amount, net of any provision for doubtful debts. The Foundation minimises concentrations of credit risk by undertaking transactions with various organisations. The Foundation is not materially exposed to any individual debtor.

#### (c) Net Fair Values of Financial Assets and Liabilities

The net fair value of financial assets and liabilities is not materially different from the carrying value of the financial assets and liabilities recognised in the statement of financial position.

### 13. FUTURE GRANT COMMITMENTS

The Foundation has entered into certain agreements for funding of grants for multiple years. The payment of future years' instalments of these grants is dependent on the funded organisations meeting specified accountability requirements.

Instalments of grants to be paid in future years subject to the funded organisations meeting accountability requirements are:

	2002-03 \$000	2001-02 \$000
Payable within one year	11 536	9 500
Payable later than one year but not later than five years	9 929	6 696
	21 465	16 196
Grants approved for funding in 2003-04 or later years, but where funding agreements are yet to be executed are:		
Payable within one year	2 897	1 134
Payable later than one year but not later than five years	4 843	900
	7 740	2 034

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2003

### 14. LEASES

a) The Foundation has an operating lease of its premises. The Foundation executed a further tenancy lease for office accommodation, for a three-year term, in December 2002. Lease commitments are as follows:

	2002-03 \$000	2001-02 \$000
Payable within one year	258	229
Payable later than one year but not later than five years	1 055	916
Payable later than five years	851	859
	2 164	2 004

(b) The Foundation relocated its offices to 15 Pelham Street, Carlton, in April 2001 and has executed a 10-year tenancy lease commencing 1 April 2001. In respect of this lease the Foundation received certain incentives. In accordance with Australian Accounting Standards and Urgent Issues Group Abstract 3, *Lessee Accounting for Lease Incentives Under a Non-Cancellable Operating Lease*, a rent-free period and a lessor contribution towards fit-out costs are being amortised over the 10 year term of the lease.

### 15. CASH FLOW INFORMATION

#### (a) Reconciliation of Cash

For the purpose of the Statement of Cash Flows the Foundation considers cash to include cash on hand and 'at call' deposits with financial institutions. Cash at the end of the year as shown in the Statement of Cash Flows is reconciled to the relevant items in the Statement of Financial Position:

	2002-03 \$000	2001-02 \$000
Bank balance	580	(1 517)
At-call deposits	238	1 604
Cash at 30 June	818	87

#### (b) Reconciliation of Net Result from Ordinary Activities with Net Cash Flows from Operating Activities

	2002-03 \$000	2001-02 \$000
Net result for the year	(510)	763
Adjustment directly to Retained Earnings	(6)	-
Total changes in equity	(516)	763
Adjustments for non-cash income and expense items		
Depreciation	205	188
Increase in provisions	29	31
Net loss (profit) on sale of assets	(30)	(2)
Increase (decrease) in grants payments accrued	476	173
Decrease (increase) in prepayments	1	75
Net decrease (increase) in accrued income	16	(6)
Increase (decrease) in trade creditors and accruals	877	(1 041)
Increase (decrease) in deferred lease benefit	(19)	(23)
Net decrease (increase) in trade debtors	(213)	124
Decrease (increase) in lease incentive	-	58
Net Cash Provided By Operating Activities	826	340

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2003

### 16. CONTINGENT LIABILITIES

The Foundation has entered into an agreement (Sponsorship Agreement) with the Commonwealth of Australia, as represented by the Department of Health and Ageing for the provision by the Commonwealth of \$200,000 in sponsorship monies to assist with the April 2004 IUHPE conference. The Foundation is responsible for providing certain sponsorship benefits to the Commonwealth and for accounting to the Commonwealth in accordance with the terms and conditions set out in the Sponsorship Agreement.

As at 30 June 2003 the Foundation had no legal matters outstanding and is not aware of any other contingent liabilities (Nil 2001–02).

### 17. CONTINGENT ASSETS

Contingent Assets as at 30 June 2003 was Nil. (2001-02, Nil)

### 18. RESPONSIBLE PERSONS AND RELATED PARTY DISCLOSURES

#### (a) Responsible Minister

The Hon. Bronwyn Pike MLA, Minister for Health, is the responsible Minister.

#### (b) Members of the Foundation

The following persons held positions as Members of the Foundation during the year:

Professor John Funder ( <b>Chairman</b> )	<i>(until 31 March 2003)</i>
Ms Jane Fenton ( <b>Deputy Chairman</b> )	<i>(until 31 March 2003)</i>
The Hon. Gerald Ashman MLC	<i>(until 30 November 2002)</i>
The Hon. Ron Best MLC	<i>(until 30 November 2002)</i>
Professor Robert Burton	<i>(until 19 August 2002)</i>
Ms Elaine Canty	<i>(until 31 March 2003)</i>
Mr Hugh Delahunty MLA	<i>(from 27 March 2003)</i>
The Hon. Bill Forwood MLC	<i>(from 27 March 2003)</i>
Mr Lindsay Gaze	<i>(until 31 March 2003)</i>
Professor Helen Herrman	<i>(until 31 March 2003)</i>
Ms Susan Holmes	<i>(deceased 20 September 2002)</i>
Mr Tim Jacobs	<i>(until 31 March 2003)</i>
Ms Belinda Jakiel	<i>(until 31 March 2003)</i>
Ms Jenny Lindell MLA	<i>(until 30 November 2002)</i>
Ms Maxine Morand MLA	<i>(from 27 March 2003)</i>
Professor Graeme Ryan	<i>(until 31 March 2003)</i>

The following persons held positions as Prospective Members of the Foundation during the period 1 April 2003 to 30 June 2003. The Prospective Members were in attendance at meetings from 1 April 2003 and were formally appointed by the regulations in accordance with section 21 of the **Tobacco Act 1987** on 15 July 2003.

Professor John Funder ( <b>Chairman</b> )
Ms Elaine Canty
Ms Jane Fenton ( <b>Deputy Chairman</b> )
Mr Lindsay Gaze
Mr Tim Jacobs
Ms Belinda Jakiel
Professor Glenn Bowes
Ms Leeanne Grantham
Mr John Howie
Dr Judith Slocombe
Professor David Hill

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2003

### 18. RESPONSIBLE PERSONS AND RELATED PARTY DISCLOSURES (CONTINUED)

#### (c) Remuneration of Members of Board of Governance

The total remuneration paid by the Foundation to Members of the Board of Governance was \$58,000 (2001-02 \$68,000). No payment was made to Parliamentary Members.

Remuneration Band \$	2002-03 No.	2001-02 No.
0-9 999	14	10
10 000-19 999	1	1

#### (d) Related Party Transactions

The Foundation paid grants to organisations with which certain Members of the Foundation are employed or associated. All such grants were at arm's length from the relevant Members and were made in accordance with the Foundation's normal procedures and policy on declarations of interests.

Amounts paid to	Board Member	2002-03 \$000	2001-02 \$000
The Cancer Council of Victoria	Prof. R. Burton, Prof. D. Hill	4 524	4 165
Sports Federation of Victoria	Ms S. Holmes, Mr J. Howie	55	241
Victorian Arts Centre	Mr T. Jacobs	50	50
Royal Children's Hospital	Prof G. Bowes	125	5
Murdoch Children's Research Institute	Ms J. Fenton, Prof. G. Bowes	420	388
Total		5 174	4 849

#### (e) Accountable Officer

Dr Rob Moodie is the Accountable Officer of the Foundation. Remuneration of the Accountable Officer, who is not a Member of the Foundation, is included in Executive Officer remuneration.

#### (f) Executive Officers

Remuneration Band \$	2002-03 No.	2001-02 No.
100,000 – 109,999	1	1
110,000 – 119,999	1	1
170,000 – 179,999		1
190,000 – 199,999	1	
Total Remuneration	409,000	392,000

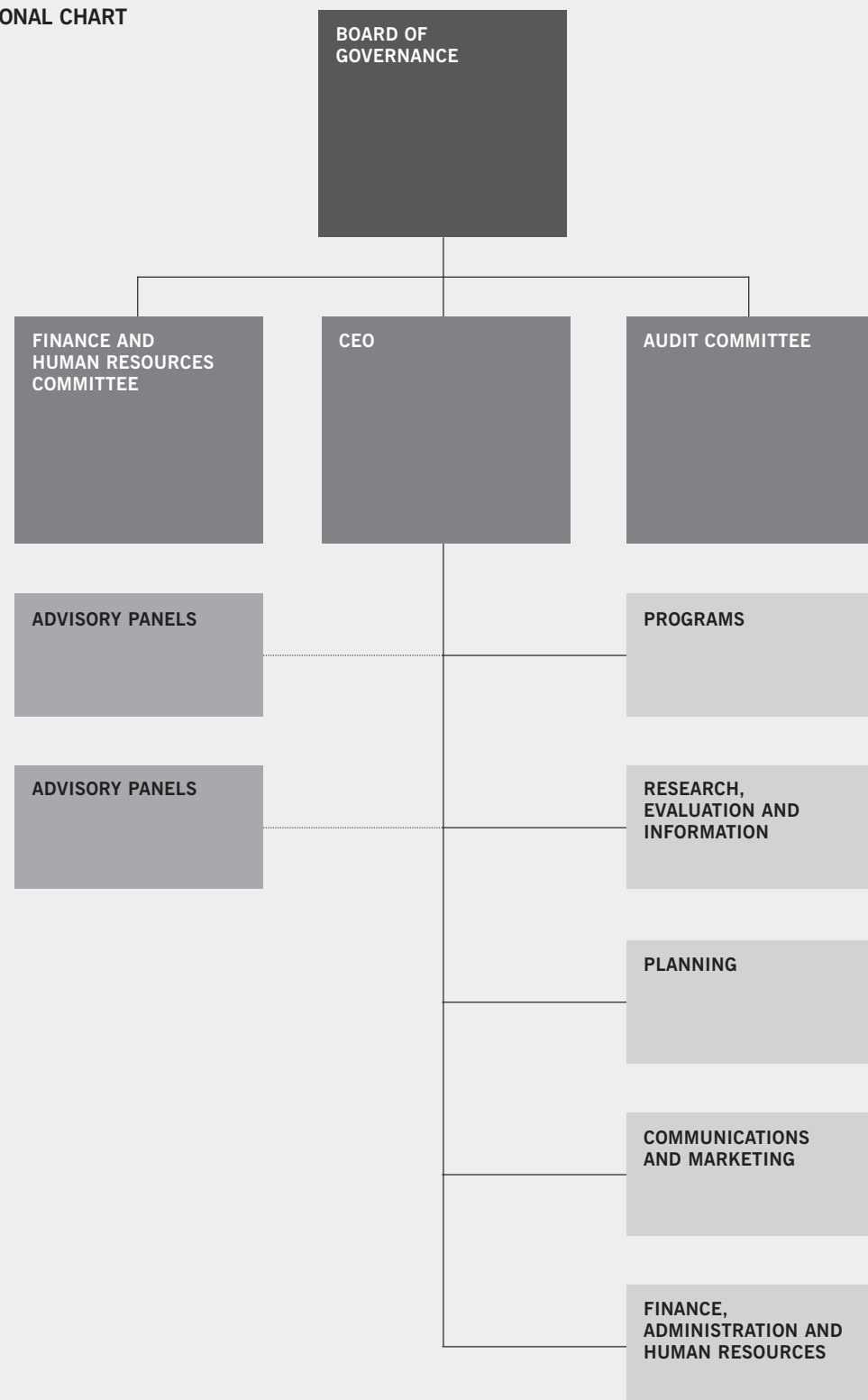
Total remuneration includes performance incentive payments.

### 19. AUDITOR'S REMUNERATION

	2002-03 \$000	2001-02 \$000
Audit fees paid or payable to the Victorian Auditor-General's Office for the audit of the Foundation's financial statements	10	10



## ORGANISATIONAL CHART



This organisational chart was current at 30-6-03. On September 8, 2003 a new organisational structure took effect.

## BOARD-APPOINTED STANDING COMMITTEES, 2002-2003

### FINANCE AND HUMAN RESOURCES COMMITTEE

**Prof John Funder (Chair)**  
**Prof Graeme Ryan (until 31 March 2003)**  
**Ms Jane Fenton**  
**Mr Tim Jacobs**  
**Mr John Hayes**  
**Ms Linda Berry**  
**Ms Anne Fairhall**

### AUDIT COMMITTEE

**Mr William Phillips (Chair)**  
**Prof John Funder**  
**Ms Jenny Lindell (until 30 November 2002)**  
**Mr Gerald Ashman (until 30 November 2002)**  
**Mr Ron Best (until 30 November 2002)**  
**Ms Maxine Morand (from 27 March 2003)**  
**Mr Bill Forwood (from 27 March 2003)**  
**Mr Hugh Delahunty (from 27 March 2003)**  
**Mr John Kehoe**

## BOARD-APPOINTED ADVISORY PANELS, 2002-2003

### RESEARCH EXCELLENCE/WORKFORCE DEVELOPMENT

Prof. Terry Nolan (Chair)	University of Melbourne
Dr John Carnie	Department Human Services
Prof. Sandy Gifford	Deakin University
Prof. Graeme Ryan	VicHealth Board
Prof Nick Saunders	Monash University
Dr Andrew Wilson	University of Queensland
Dr Melanie Wakefield	The Cancer Council Victoria
Dr Rob Moodie	VicHealth
Dr Julia Shelley	VicHealth
Michelle Callander (Convenor)	VicHealth

### VICHEALTH CENTRES FOR RESEARCH AND PRACTICE

Prof. John Funder (Chair)	VicHealth Board
Prof Rob Burton (until August 2002)	VicHealth Board
Prof Glenn Bowes	Women's and Children's Health
Prof. Doreen Rosenthal	La Trobe University
Prof. Helen Praetz	RMIT University
Dr Stephen McMahon	Institute of International Health
Dr Ross Bury	Department of Human Services
Dr Rob Moodie	VicHealth
Dr Julia Shelley	VicHealth
Ms Yvonne Robinson	VicHealth
Michelle Callander (Convenor)	VicHealth

## SPORT - PARTNERSHIPS FOR HEALTH

Mr Michael Cahill (Chair)	Sport and Recreation Victoria
Mr Lindsay Gaze	VicHealth Board
Mr Ron Best	VicHealth Board (until 30 Nov. 2002)
Mr Bill Bellew	Department of Health, NSW
Ms Julie Sarll	VicSport
A/Prof Caroline Finch	Deakin University
Mr Paul Vear	Victorian Squash Federation
Ms Lisa Hasker	Victorian Little Athletics
Ms Jill Evans	Leisure Networks, Geelong
Ms Kaye Graves	Bendigo Community Health Service
Ms Yvonne Robinson	VicHealth
Ms Shelley Maher	VicHealth
Mr John Strachan	VicHealth
Ms Trish Mundy (Convenor)	VicHealth

## COMMUNITY PARTICIPATION IN SPORT AND ACTIVE RECREATION

Ms Susan Holmes (Chair)	VicHealth Board (until Sept. 2002)
Mr Gerald Ashman	VicHealth Board (until 30 Nov. 2002)
Ms Belinda Jakiel	VicHealth Board
Ms Sue Howard	Maribyrnong City Council
Prof Neville Owen	University of Wollongong
Mr Gavin Brown	Vic. Aboriginal Youth Sport and Rec. Co-op
Ms Carmel Guerra	Centre for Multicultural Issues
Ms Jane McInnis	Sport and Recreation Victoria
Mr Ian Kett	Victorian Council on Fitness & General Health
Dr Rob Moodie	VicHealth
Ms Yvonne Robinson	VicHealth
Ms Trish Mundy	VicHealth
Ms Caroline Sheehan (Convenor)	VicHealth

## MENTAL HEALTH PROMOTION

Ms Jane Fenton	VicHealth Board
Prof Helen Herrman	VicHealth Board
Associate Prof. Ian Anderson	University of Melbourne
Ms. Vivienne McCutcheon	Co-Alition 99
Prof Johanna Wynn	University of Melbourne
Mr. Paris Aristotle	Victorian Foundation for Survivors of Torture
Ms. Suzanne Cooper	Ovens & King Community Health Service
Prof. Ian Hickie	beyond blue
Ms Kerry Weber	Commonwealth Dept of Health & Family Services
Mr John McGrath	Mental Health Council of Australia
Fr Peter Norden SJ	Jesuit Social Services
Mr Stephen Gianni	Brotherhood of St Laurence
Ms Jenny Smith	Department of Human Services
Ms Jenny Coate	County Court
Ms Carmel Guerra	Multicultural Youth Issues
Mr Mick Daniher	Victorian Football Development Foundation
Ms Sue Tait	Department of Education and Training
Mr Michael Bourne	Victorian Crime Prevention Unit
Asst. Comm. Ashley Dickinson	Victorian Police Force

**MENTAL HEALTH PROMOTION (continued)**

Dr Rob Moodie	VicHealth
Ms Lyn Walker (Convenor)	VicHealth
Ms Irene Verins	VicHealth

**COMMUNITY SCHEME SUB-PANEL OF MENTAL HEALTH**

Ms Belinda Jakiel	VicHealth Board
Mr David Eedle	Fest Net
Ms Julieanne Hilbers	Sydney University of Technology
Mr Dean Michael	Macedon Ranges Shire
Ms Carmel Guerra	Multicultural Youth Issues
Ms Jenny Stokes	Office of Community Building
Ms Shay Sutton	Arts Victoria
Ms Yvonne Robinson	VicHealth
Ms Dot Campbell (Convenor)	VicHealth

**LOCAL GOVERNMENT**

Ms Clare Hargreaves (Chair)	Municipal Association of Victoria
Mr Neville Kurth	City of Whittlesea
Mr Tony McBride	Commonwealth Department Health and Ageing
Ms Jan Norton	Social & Environmental Health, DHS
Mr Gerald Ashman	VicHealth Board
Mr Tony Diamond	City of Ballarat
Ms Sally Isaacs	Victorian Local Government Association
Ms Stephanie Knox	Planning Institute of Australia
Dr Bob Birrell	Population & Urban Research, Monash University
Ms Yvonne Robinson	VicHealth
Ms Kellie-Ann Jolly	VicHealth
Rita Butera (Convenor)	VicHealth

**LOCAL GOVERNMENT ART & ENVIRONMENT SUB-PANEL**

Ms Vivienne McCutcheon	Council of the Ageing
Ms Jan Black	City of Darebin
Mr Andy Miller	City of Yarra
Dr Iain Butterworth	Department of Human Services
Ms Toni Morton	Department of Human Services
Prof Kim Dovey	University of Melbourne
Ms Lyn Walker	VicHealth
Ms Rita Butera	VicHealth
Ms Kellie-Ann Jolly (Convenor)	VicHealth

**HEALTHY EATING (Research and Programs)**

Prof Robert Burton (Chair)	VicHealth Board (until Nov. 2002)
Ms Cathy Cooper	National Heart Foundation (Victorian Branch)
Ms Veronica Graham	Department of Human Services, Public Health
Ms Beverley Woods	Consultant, Food, Nutrition and Dietetics
Dr David Hill	Cancer Control Research Institute, TCCV
Ms Sue Noy	Consultant
Ms Sue Booth	PhD Student, Flinders University, SA
Dr Julia Shelley	VicHealth
Ms Yvonne Robinson	VicHealth
Ms Kellie-Ann Jolly	VicHealth
Ms Lee Choon Siau (Convenor)	VicHealth

**COMMUNITY ARTS PARTICIPATION ADVISORY**

Ms Vic Marles (Chair)	Circus OZ
Ms Elaine Canty	VicHealth Board
Ms Elizabeth Jones	Arts Victoria
Mr Paul Morgan	SANE Australia
Ms Fiona Beckwith	Arts Victoria
Ms Suzanne Cooper	Ovens and King Community Health Service
Mr Stephen Richardson	Next Wave Festival
Mr Bernie Marshall	Deakin University
Ms Yvonne Robinson	VicHealth
Ms Sue Ball (Convenor)	VicHealth

**PRIMARY CARE PARTNERSHIP ADVISORY PANEL**

Ms Jane Fenton	VicHealth Board
Mr David Riley	Department of Human Services
Ms Bronwyn Diffey	Department of Human Services
Ms Susan Heward	Department of Human Services
Ms Sylvia Barry	Department of Human Services
Ms Diana Herd	Department of Human Services
Ms Darnelle Eckersall	Banyule City Council
Ms Gail Roberts	General Practice Division Victoria
Ms Helen Walsh	Barwon South Western Region, DHS
Ms Karen Riley	Bendigo Community Health (until Sept 2002)
Ms Carolyn Wallace	Bendigo Community Health
Ms Julie Hoy	Department Human Services
Mr Phil Browne	Upper Hume Community Health
Mr Jonathan Peitsch	Central East Primary Care Partnership
Ms Penny Anderson	Maroondah City Council
Ms Yvonne Robinson	VicHealth
Ms Kellie-Ann Jolly	VicHealth
Ms Lee Choon Siau (Convenor)	VicHealth