



ANNUAL REPORT
2004-2005



VISION

The Foundation envisages a community where:

- health is a fundamental human right;
- everyone shares in the responsibility for promoting health; and
- everyone benefits from improved health outcomes.

MISSION

The Foundation's mission is to build the capabilities of organisations, communities and individuals in ways that:

- change social, economic, cultural and physical environments to improve health for all Victorians; and
- strengthen the understanding and the skills of individuals in ways that support their efforts to achieve and maintain health.

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Photo: Promoting health is a powerful, cost-effective and efficient way to maintain a healthier community.



SKATE SAFE

Leaving Lines AVAILABLE

COCA-COLA BOTTLERS BY JORDAN
PROUDLY SUPPORTS SKATEBOARDING

VICHEALTH CHAIR'S REPORT

THIS YEAR, VICHEALTH AGAIN PLAYED A LEAD ROLE IN THE PROMOTION OF PUBLIC HEALTH BY SUPPORTING AND FUNDING A DIVERSE RANGE OF ORGANISATIONS TO BRING ABOUT BETTER HEALTH FOR ALL VICTORIANS.

I am proud of the collaborative work achieved this year with partners at all levels – state, national and international – to address health areas of high priority, including smoking prevalence, physical inactivity, poor nutrition, depression and anxiety, and the greater burden of disease faced by the least advantaged in our community.

The work of people in sectors other than health to promote health has been outstanding. One example is the mental health short course we piloted this year. Targeted at people working with the community, it provided an understanding of the social and economic determinants of health, mechanisms for promoting mental health and opportunities for collaboration across their sectors. The demand for this course revealed a growing community understanding that the promotion of mental health is not just the responsibility of those in the health system.

Smoking rates have declined and the legislation and culture surrounding smoking have changed dramatically since Quit began 20 years ago. This year we joined with The Cancer Council Victoria and Quit in marking this milestone and all that has happened. As well as changing smoking behaviour across all social demographics, Quit has become the lead tobacco control agency in Australia and is a highly respected resource internationally. In 2004 we invested the largest ever total amount to date in tobacco control, leading to significant additional funding to Quit from other organisations.

Physical inactivity and obesity in children has been a focus of our work for some time. These issues, like mental health, are gaining

traction in the broader community, beyond the research and health sectors. The Walking School Bus, a VicHealth initiative, for example, has given communities an effective way to get their children walking to school again. Earlier this year we organised the inaugural Walking School Bus Symposium to celebrate the success of the program, which is active in 55 local government areas.

We have begun the process of reflecting on the past and considering our achievements as we develop our new strategic directions for 2006–2009. We want to position VicHealth for the next 10 years and to give stakeholders a clear indication of the sort of organisation VicHealth will be, and the work we will undertake up to 2016. This consultation will involve the Board, advisory panels and all staff, as well as the Victorian community and VicHealth's stakeholders.

VicHealth addresses today's health issues, as well as casting an eye to the future. One of our challenges is to improve the evidence that directs investments in promoting health. We also need to better engage other sectors to tackle current and emerging health promotion challenges and to broaden the benefit of health promotion strategies.

One of the major challenges for VicHealth will be to ensure that health promotion and public health becomes an integral part of our overall health services. Health promotion and public health rarely offer an instant fix to health problems, but they are essential for the community's long-term health and wellbeing. Our support of Quit illustrates this long-term health benefit. I am confident that VicHealth can work with government and industry to meet these challenges and address the big issues in health with a long-term view.

I thank all Board members for their continued commitment, advice and insight. I'm confident they will share my sentiment that our Board meeting in Mildura was a huge success. It gave



us the opportunity to strengthen partnerships and understand some of the issues affecting people across the state. More importantly, it gave public health practitioners and advocates in regional areas access to the Board.

This year we welcomed Sue Cormack to the Board. Sue has vast professional experience at national, state and local levels in sport, recreation and education. She has already made a significant contribution to VicHealth's work.

I also thank the many people who give their time and expertise to serve on our advisory panels.

In closing, I'd like to thank CEO Rob Moodie and the staff at VicHealth, not only for their continuing work to support organisations to improve health, but for driving innovative programs, creating and contributing to debate, and gathering and interpreting evidence to improve the health of all Victorians.

A handwritten signature in black ink, appearing to read 'Jane Fenton'.

Jane Fenton, AM
Chair

MESSAGE TO THE MINISTER

In accordance with the *Tobacco Act* 1987, I have pleasure in submitting to you the Victorian Health Promotion Foundation's Annual Report for the 12 months of operation to 30 June 2005.

The report reviews the progress made by the Foundation in the promotion of health for all Victorians.

A financial statement for 2004–2005 is included in the report with the Auditor General's Report.

Jane Fenton, AM
Chair

Photo: There is a growing understanding in the broader community that promoting mental health is not just the responsibility of those in the health system.

VICHEALTH BOARD OF GOVERNANCE



Chair

Ms Jane Fenton, AM

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 Director of the Murdoch Children's Research Institute.

Professor Glenn Bowes

Professor 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 has a background in law, media and community service. She is Chairman of the Royal Botanic Gardens and a Board Member of Queen Victoria Market, Melbourne Wholesale Fish Market, Royal Women's Hospital and the State Sport Centres Trust. She is a former member of the AFL Tribunal (1996–2005) and a former Board Member of Athletics Australia and the Victorian Institute of Sport.

Ms Sue Cormack

Sue Cormack manages her own consultancy business in Geelong and has vast professional experience at national, state and local levels in the areas of sport, recreation and education. Sue is currently the National Project Officer for the Active Australia Schools Network, supporting Australian schools to develop their sport and physical activity. Sue is also active in club and community development, supporting grass-roots delivery across the Barwon Region.

Mr Hugh Delahunty

Hugh Delahunty, MLA for Lowan, is a National Party member of State Parliament. Hugh was a Councillor and Mayor of the former Horsham City Council, Chairman of Commissioners of the Mildura Rural City and the first Mayor of the new Horsham Rural City Council. Hugh has been involved with many community and sporting organisations. He played football with the Essendon Football Club and is a Life Member of the Murtoa Football Club.

The Hon. Bill Forwood

The Hon. Bill Forwood, MLC for Templestowe, is a Liberal Party member of State Parliament. He has had a long involvement in business and politics and is a member of numerous local community groups.

Mr Lindsay Gaze, OAM

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 Olympic Games and as a coach in four Olympics.

Professor David Hill, AM

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'.



1. Chair, Ms Jane Fenton, AM
2. Professor Glenn Bowes
3. Ms Elaine Canty
4. Ms Sue Cormack
5. Mr Hugh Delahunty
6. The Hon. Bill Forwood
7. Mr Lindsay Gaze, OAM
8. Professor David Hill, AM
9. Mr John Howie
10. Ms Belinda Jakiel
11. Ms Maxine Morand
12. Ms Jerril Rechter
13. Dr Judith Slocombe
14. Professor Richard Smallwood, AO

Mr John Howie

John Howie is a lawyer and Special Counsel with Williams Winter, Solicitors. He is Chair of the Victorian Legal Aid Commission, Chair of the VicSport Board, President of the Film Victoria Board and a member of the Melbourne Olympic Park Trust.

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 involves 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. Maxine first trained as a nurse and specialised in transplant nursing. Further university study led to a research position at the Centre for Behavioural Research at The Cancer Council of Victoria. Maxine worked for three years as an advisor to the Victorian Minister for Health until being elected to Parliament in 2002.

Ms Jerril Rechter

Jerril Rechter is the CEO/Director of Footscray Community Arts Centre. She has extensive experience of leadership in arts, education, not for profit and youth sectors in Australia at an executive level. Jerril is the founder of Tasmanian based Stompin Youth Dance Company and the recipient of a Winston Churchill Fellowship, Tasmania Day Award, and Australia Council Fellowship. In 2003 she received a Centenary Medal for service in the Tasmania Together process as a member of the Community Leaders Group.

Dr Judith Slocombe

Dr Judith Slocombe has an extensive background in business as an entrepreneur, in senior executive roles and as a non-executive director. Judith established her veterinary diagnostic business in 1989. She sold the business in 2001 and has since held national and international executive roles in management. Her most recent role was Group General Manager, Pathology with the Gribbles Group. She is Chair of the Animal Welfare League of Victoria and a Director of the Australian Red Cross Blood Service, Open Universities Australia and Agriculture Victoria Services. Judith is the 2001 Telstra Australian Business Women of the Year and was awarded the 2003 Centenary Medal for service to Australian society in business leadership.

Professor Richard Smallwood, AO

Professor Richard Smallwood has a wealth of experience in senior medical and public health positions, most recently as Commonwealth Chief Medical Officer. He is Chair of the Victorian Ministerial Taskforce for Cancer and former Chair of the National Health and Medical Research Council and past President of the Royal Australasian College of Physicians. He is an international speaker in the areas of research, clinical and health service related topics, and author/co-author of over 250 publications. Currently he is Chair of the Specialist Education Accreditation Committee, member of the Australian Medical Council Executive and a board member of Bio 21.



VICHEALTH CEO'S REPORT



HEALTH PROMOTION IS FASCINATING, DIVERSE AND CHALLENGING.

It is fascinating because of the myriad people who work in this area. Not only those from the health professions, but the many people who promote health, yet would never call themselves 'health promoters'. These are the teachers, sporting coaches, performing artists, Walking School Bus volunteers, local government recreation officers, urban planners, researchers, business leaders, social entrepreneurs and more.

It is diverse because our work this year has included improving mental health by reducing violence against women, resettling refugees in rural Victoria, reducing levels of smoking and skin cancer, changing the dangerously boozy boys-own barn culture of some sporting clubs, establishing choirs, art groups and Walking School Buses across Victoria, and working with colleagues who are establishing health promotion foundations across the globe. (See the main sections in this report for more information.)

It is challenging because we have so much more to do. Despite ever-increasing life expectancies over the last 30 years, and terrific successes in areas such as tobacco control, cardiovascular disease, HIV control, road trauma and skin cancer, we have major issues with anxiety and depression, inactivity and poor nutrition, overweight and obesity, and alcohol and drug abuse. Added to this is that those with the least social and economic advantage are much more likely to have the poorest health.

It is challenging because the solutions are becoming increasingly complex, requiring 'actors' from many different parts of the community to work together. For example, we know we can promote mental health and wellbeing by increasing social cohesion and connection, and by reducing discrimination and violence. But to do

this we just can't give a pill. It means planning and implementing programs with arts, welfare, health, sports and recreation organisations, as well as local councils, police, the courts, business, primary and secondary schools, and university based researchers. It requires not only joined-up thinking but joined-up planning and doing, and developing new skills in partnering.

Society is changing around us at a rapid rate, so one of VicHealth's major challenges is to constructively adapt, which often requires changing the way we operate. Let's take an example such as increasing physical activity in Victoria. This has been the key goal of our work in sport and recreation for the last four years, and is now starting to bear fruit. It has entailed a quiet revolution in sport to increase participation levels. Sporting cultures are becoming much more welcoming to new members and new ideas. Many have become really inventive, undoing many of the traditional rules to make them more appealing – like the Sunshine Heights cricket club which has players from 33 nationalities. Or the Anglesea surf club's youth program that is now being copied across Australia. Or Football Victoria's new game of recreational footy.

At a time of overweight and obesity and the growing attraction of screen-based entertainments, we are supporting VicSport, 51 state sporting associations, nine regional sports assemblies, and hundreds of local groups together with sports scientists, epidemiologists and social scientists to understand the science of participation. We are aiming to be as good at participative sport in Victoria and Australia as we have been in elite sport. We want the Victorian community to value participation levels as much as we value Olympic and Commonwealth Games gold medals. And we know that if we do it well, increasing participation rates will have a major positive impact on our mental as well as physical health.

Other challenges lie in front of us – in working more coherently in complex environments, in better defining, producing and disseminating outcomes, in communicating more effectively with the community at large and with key stakeholders, in improving internal operating systems, and in improving our own professional understanding and skills.

This year we have made progress towards meeting some of these challenges and I would like to thank many people for their ongoing commitment to VicHealth and to promoting the health of all Victorians. My grateful thanks to the Board, which is committed to the independent, non-partisan and innovative nature of our work and is chaired so ably by Jane Fenton. Thanks to the many experts who give their time and input to our advisory panels. Thanks to the public health research community, which has become the most competitive nationally. Thanks to the staff and volunteers of our hundreds of partners on whom we are so reliant (and congratulations to the more than 20 VicHealth funded projects that have received external recognition for excellence and innovation this year). And finally, thanks to the staff at VicHealth for a job well done.

Dr Rob Moodie
CEO, VicHealth

Photo: The Walking School Bus Program, a VicHealth initiative, has given communities an effective way to get children walking to school again.

INVESTMENTS AT A GLANCE

EXPENDITURE

In 2004–2005, VicHealth contributed \$22,901,464 towards program activity, research grants and associated expenditure.

Grants expenditure (program activity, research grants) accounted for \$22,359,890.

Associated expenditure accounted for \$541,574 and included developmental work, special studies and the mental health social marketing/communication strategy.

APPLICATIONS

In 2004–2005 VicHealth received 923 applications for funding. VicHealth approved 352 applications. The total application approval rate in 2004–2005 was 38.1%, down slightly from the 41.4% approval rate for grant applications in 2003–2004.

In addition to new funded projects, 114 grants were carried over from previous years bringing the total number of projects funded in 2004–2005 to 466.

	Total
Number of applications	923
Number approved	352
Approval rate	38.1%

INVESTMENTS BY HEALTH ACTION AREAS

Level of investment in areas of high priority

In the 2004–2005 financial year, 76.5% of investments were directed towards tobacco control, mental health and wellbeing, and physical activity.

Exactly 71% of investments were directed to these same health action areas in 2003–2004. Figures 1 and 2 demonstrate investments in priority health action areas.

The increase in investment in mental health from 29.1% in 2003–2004 to 34.3% in 2004–2005 can be explained by two things: an increased emphasis on the Violence Against Women Strategy and the roll-out of the mental health promotion short course.

INVESTMENTS BY POPULATION GROUPS

We focus on improving the health status of all population groups while reducing health inequalities. We therefore maintain a strategic balance between whole-of-population and specific population focus. One of the main indicators is that at least 30–40% of grants focus on specific population group activities.

In 2004–2005, \$11,324,896 (60.2%) was invested in projects targeting the general community and \$7,477,204 (39.8%) was invested in projects targeting specific population groups.

Figure 1 2004-2005 Investments by Health Action Areas

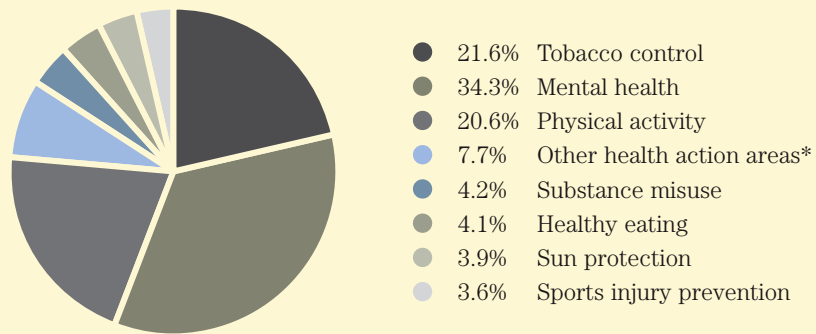
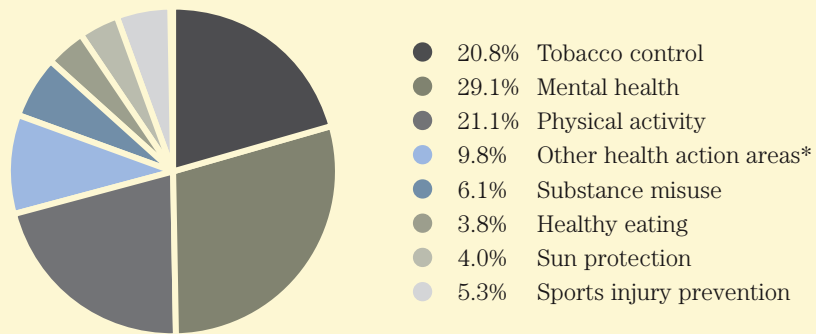
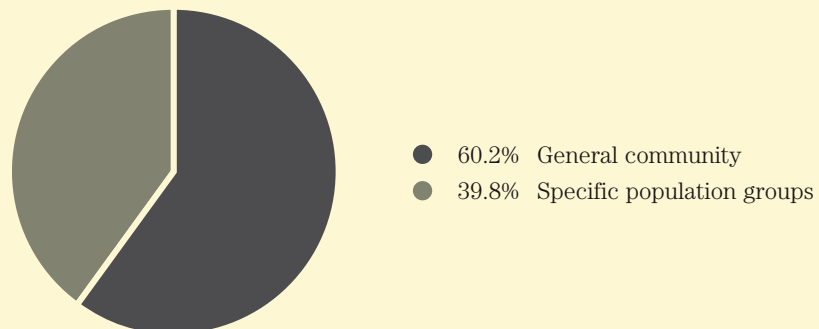


Figure 2 2003-2004 Investments by Health Action Areas



* Investments in 'Other health action areas' include investments to projects focusing on communicable and non-communicable diseases, sexual and reproductive health, environmental health and projects with multiple focus.

Figure 3 Investments by population groups



HIGHLIGHTS OF AN ACTIVE YEAR

Victorians' health and wellbeing is dependent on much more than the health sector alone. Partnerships are a key strategy to promote health.

VicHealth works with a range of partners across diverse sectors to develop new and innovative programs that will impact on the complex social, economic, cultural and environmental forces that shape the health of all Victorians. Our focus is on achieving practical solutions to problems identified by quality research, evaluation and consultation.

The collaboration and skill of those actively promoting health has again been outstanding. Here's a snapshot of just how, with support from our partners, we are making inroads into many of our health promotion objectives.

TO REDUCE SMOKING



Quit Campaign

Smoking rates and public attitudes to smoking continue to decline. Since the inception of VicHealth funding of Quit Victoria in 1987, smoking rates have dropped from 30% to 17%.

During the last five years support for smoking bans in public places has increased from 58% to 72% for bars and nightclubs and from 71% to 80% for gambling venues.

Investment in Tobacco Control

VicHealth invested \$4.27 million in tobacco control in 2004–2005, our largest ever total amount to date. Funding recipients were Quit Victoria, the VicHealth Centre for Tobacco Control, one Senior Research Fellow and one Public Health Fellow.

TO INCREASE PHYSICAL ACTIVITY



Active Participation Grants

More than 100 organisations received funding for projects that encourage people who are inactive or who traditionally encounter barriers to participation in physical activity. A number of Keen-Agers groups, for example, have been established in rural and regional Victoria encouraging local older adults to play regular social table tennis.



Walking School Bus Program

The highly successful Walking School Bus Program expanded this year. At least 3200 primary school children and 700 adult volunteers now walk to school on one of 400 routes operating in 55 local government areas. During Education Week, VicHealth organised the inaugural Walking School Bus Symposium. Opened by the Minister for Education Lynne Kosky, it brought together more than 200 teachers, volunteers, state and local government workers.

TO PROMOTE MENTAL HEALTH AND WELLBEING



State Sporting Associations

Fifty VicHealth funded State Sporting Associations covering 9500 local clubs continued to develop innovative programs that address barriers to participation and create welcoming and inclusive club environments. Football Victoria, for example, saw the numbers of female players double from last season.

Photo: Courtesy Football Victoria



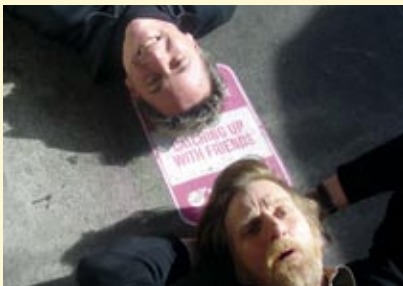
Creating Social Connections

More than 7000 people helped develop 64 community celebrations that were attended by 87,734 people as part of the *Communities Together Scheme*.



An Army of Mental Health Promoters

VicHealth successfully piloted a short course in promoting mental health and wellbeing. Travelling around the state, more than 500 participants from diverse sectors were trained to better promote mental health in partnership with a range of organisations and their local communities.



Official Supporter Campaign

Four local councils (City of Melbourne, Darebin, Port Phillip and Bayside) and the Docklands Authority worked with VicHealth to develop and trial *Taking It To The Streets – Official Supporter* campaign, an innovative approach to encourage walking, cycling and active transport. It also promotes community mental health and wellbeing by highlighting opportunities for connection with others out on the street and in public spaces.



Creating Inclusive Environments

More than 7000 people participated in 50 *Community Arts Participation* projects. At least 360,000 people accessed activities developed by 10 arts organisations as part of the *Audience Access Scheme*, which encourages arts organisations to be inclusive and responsive to diverse audiences.



Updated Mental Health Promotion Framework

VicHealth launched its revised Mental Health Promotion Plan, which reflects many of the lessons learned from the implementation of the first plan and VicHealth's recent collaborative work at an international level. The 2005–2007 Plan is being used across a range of sectors to maximise opportunities to promote mental health and wellbeing in programs, policies and practice.

HIGHLIGHTS OF AN ACTIVE YEAR

TO PROMOTE MENTAL HEALTH AND WELLBEING



Projects that Support Children of Parents with a Mental Illness

Fifteen programs directly supported more than 960 young people and children whose parents have a mental illness; 110 peer leaders were recruited and 2200 workers participated in professional development.



Community Attitudes to Violence Against Women

As a follow-up to the groundbreaking study focusing on the burden of disease associated with intimate partner violence, VicHealth started work on a Community Attitudes Survey designed to indicate community awareness of this violence and assist in development of future campaigns. This study builds on work undertaken by the Commonwealth Government in 1995 and is supported by stakeholders from across government and the community sector.

TO ADDRESS HEALTH INEQUALITIES



Food for All

Eight local governments began working with VicHealth to improve access to and consumption of a variety of foods, particularly fruit and vegetables, by people living in disadvantaged communities. VicHealth has allocated \$2.5 million over five years for the Food For All project in a bid to address the growing problem of food insecurity.



Local Government Planning for Wellbeing

Local governments worked with VicHealth to develop a set of community indicators that will measure those things in our local environments that we know influence health, such as access to education, employment and parklands. The project complements VicHealth's *Leading the Way*, which supports local governments to take opportunities for improving health in all areas of planning.

TO SUPPORT RESEARCH



Strengthening Research Investment

VicHealth invested more than \$6 million in 28 fellows, 19 research scholars, six research centres and commissioned research to increase the impact of health promotion and public health programs. Key areas of research are obesity prevention, child health, media influence on smoking, mental health and wellbeing, and health economics.



Researching Physical Activity

VicHealth funded 16 research projects to focus on physical activity and healthy eating, as well as supporting and launching the Children's Leisure Activities Study. One of the first studies in the world to objectively measure the relationship between the built, social and policy environment and physical activity in families, it was conducted by researchers at Deakin University's Centre for Physical Activity and Nutrition Research, including VicHealth Research Fellow Dr Jo Salmon.

HEALTH PROMOTION ACTION

Promoting health is a powerful, cost effective and efficient way to maintain a healthier community. By providing funding, supporting programs and building partnerships, VicHealth creates opportunities for people to be informed, learn new skills, have greater access to activities that promote good health and share healthier environments.

We have maintained our effort to support innovation in health promotion and public health, share our knowledge and skills, and nurture partnerships in a range of sectors, such as sport, recreation, arts and community.



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REDUCING
SMOKING

Photo: The great success of Quit in the past 20 years has been to bring smoking rates down across all age and socioeconomic groups.

THE FACT Tobacco is the leading cause of preventable death and disease in Victoria, accounting for 13% of all deaths and 2.5% of all hospitalisations.¹

THE ISSUE In Victoria, 17% of the adult population still smoke.² More men than women smoke; younger age groups, 18–29 year olds, have the highest rates of smoking; blue-collar workers have higher smoking rates than their white-collar counterparts. The Koori population has the highest smoking rate overall with 51% of the population smoking.³

THE AIM Reduce smoking overall and specifically focus on sections of the population where smoking rates are highest.

.....

THE RESEARCH WORKFORCE AND TOBACCO CONTROL UNIT

This unit is responsible for:

- Funding of cessation programs, legal and regulatory reform, advocacy and research through the Quit Program and VicHealth Centre for Tobacco Control (VCTC).

Quit, which celebrated its 20th anniversary in January, operates smoking cessation programs (Quitline), advocates for policy change around tobacco control and smoke-free environments, and is a leading public voice for tobacco control in Victoria. The VCTC conducts research into tobacco control related issues, provides advice on regulatory and legislative issues, particularly around the conduct of tobacco companies, and advocates policy change in tobacco control.

- Addressing smoking prevalence in populations which have the highest smoking rates.

VicHealth supports Indigenous tobacco control efforts through Quit Victoria and the Onemda VicHealth Koori Health Research and Community Development Unit, consortium partners with VicHealth in the National Centre for Excellence in Indigenous Tobacco Control.

- Supporting innovative research in tobacco control.

VicHealth currently has two Research Fellows working in tobacco control: Professor Melanie Wakefield (Senior Research Fellow), Director of the Centre for Behavioural Research in Cancer; and Dr Mohammed Siahpush (Public Health Research Fellow), Senior Social Scientist, Centre for Behavioural Research in Cancer. (See Funded Projects on page 60.)

REDUCING SMOKING

THE ACTION

- The base grant for Quit was increased from 10% to 12% of VicHealth's total Government health promotion grant following last year's comprehensive review of Quit. The review's recognition of Quit's role in the national tobacco strategy and new packaging regulations also led to significant funding increases from The Cancer Council Victoria, Department of Human Services and the National Heart Foundation.
- Quit was a key contributor in negotiations with the Commonwealth Government to secure a major financial commitment to smoking cessation. In May, the Commonwealth announced a \$25 million commitment to funding a new national campaign to reduce smoking rates in young people and their parents over the next four years. The campaigns will build on Quit's body of knowledge developed over 20 years and current research by the VCTC.
- VicHealth-funded research by The Cancer Council Victoria's Centre for Behavioural Research in Cancer examined the effects of varying smoke-free policies (following the introduction of a new law restricting smoking in these workplaces) on bar and gaming room workers. It compared the experience of workers employed in workplaces where smoking is still permitted, and found that partial smoking restrictions are ineffective and that only workplaces that are smoke-free protect workers from respiratory and sensory symptoms from second-hand smoke.
- An agreement between the Australian Competition and Consumer Commission (ACCC), and British American Tobacco Australia Limited (BATA) and Philip Morris Limited, means the words 'light', 'mild', and 'micro' will be removed from cigarette packaging. As part of their deals both BATA and Philip Morris will contribute \$4 million each to a consumer education campaign. This action follows a vigorous campaign involving Quit and VCTC and supported by VicHealth. The campaign emphasised Quit's role as the lead agency in the area of smoking cessation and the pursuit of legislative change.
- Work began on an awareness campaign to accompany the graphic new cigarette pack warnings, which will be introduced in March 2006. The warnings, covering 30% of the front and 90% of the back, will replace the six text warnings currently on cigarette packs, first introduced in 1995. The decision by the Commonwealth to legislate new cigarette pack warnings followed extensive work by VCTC, which also earned this year's VicHealth award for excellence.
- Quit and VCTC actively lobbied the Commonwealth Government to ensure that Australia became a signatory to the WHO Framework Convention on Tobacco Control, a treaty that gives countries more tools to control tobacco use and save lives which came into force on 27 February 2005.

HEADING TOWARDS

- Further reduction in people taking up smoking.
- A clean and safer environment where less people are exposed to tobacco smoke, particularly indoor venues such as bars.
- Greater accountability by the tobacco industry to cover health and social costs of smoking.

QUIT CELEBRATES 20TH ANNIVERSARY

Circa 1985 – ABBA was on the wane, most bars and restaurants were filled with a haze of cigarette smoke, Essendon won the footy grand final, nearly 40% of Victorian men and 30% of women were smoking and Quit was established.

Twenty years later the smoking behaviour of Australians is vastly different and the culture and legislation surrounding smoking has also been turned around. Now 17.4% of men and 15.8% of women smoke, cigarette prices have increased, advertising of cigarettes is not allowed in most cases and smoke-free environments are the norm. Culturally, smoking is no longer considered acceptable near others, as the risks associated with second-hand smoke are better understood. Even the majority of smokers don't think they should smoke near other people. And at the forefront of these changes is Quit, established by The Cancer Council Victoria and the Minister for Health in 1985.

Quit has 'grown' from a state-based program to an organisation of international standing, responsible for some of the most sophisticated smoking cessation campaigns and programs in the world. More than anything Quit's evidence-based initiatives reflect an understanding of the challenges facing smokers and the power of a multi-million dollar tobacco industry desperate to recruit and maintain smokers.

"We have had to become very sophisticated because in the 20 years Quit has been trying to help smokers to quit, the tobacco companies have continued spending enormous amounts of money to market their cigarettes and attract young smokers to continue their revenue stream," says Todd Harper, Executive Director Quit.



Todd, who has overseen Quit's work for the past six years, says the great success of Quit in the past 20 years has been to bring smoking rates down across all age and socioeconomic groups, through programs, resources and legislative changes. The Quitline, which began in 1985, is a free resource for people wanting advice about smoking and support to quit. It receives about 25,000 calls each year.

Such success has been possible through partnerships and alliances with health agencies and advocates around the world, including VicHealth. VicHealth's steady flow of financial support and expertise has ensured Quit is able to continue its vital work in tobacco control.

Quit has also disseminated its knowledge internationally. One example is a training program this year for the first person employed to run a smoking cessation program in the Kiribati Islands in the South Pacific, where smoking rates are around 50%.

Todd says complacency is the enemy facing most long-term health programs

and Quit is no exception. However, the organisation is still driven by the fact that almost all lung cancer diseases and deaths could be prevented.

One of the other great strengths of Quit is the consistently high standard of the research coming from The Cancer Council's Centre for Behavioural Research in Cancer. This research, in particular the annual Victorian Smoking and Health Population Survey involving 3000 people, underpins Quit's programs and means it can direct energies and resources in particular areas. Such evidence is also important when convincing legislators and policy-makers that a lot is still to be done.

Circa 2010 – smoking rates down to 10%. Well that's what Todd Harper believes is possible with additional investment. "We are in an amazing position at the moment because we can capitalise on two important developments. Next year we have new graphic picture warnings on cigarette packs and legislation around smoke-free environments."

References

- 1 Victorian Department of Human Services, 2002, *The Victorian Drug Statistics Handbook: Patterns of Drug Use and Related Harm in Victoria*, Melbourne.
- 2 Centre for Behavioural Research in Cancer 2005, <<http://www.quit.org.au>>.
- 3 Australian Institute of Health and Welfare & Australian Bureau of Statistics 2005, *Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, AIHW Cat. No. IHW-14; ABS Cat. No. 4704-0, Canberra.



INCREASING
PHYSICAL
ACTIVITY

Photo: Many sporting associations are making changes to their club cultures to make them much healthier and more welcoming.

THE FACT There is now convincing evidence that regular physical activity can improve health and wellbeing and reduce the risk of premature death, illness and disability.¹ In fact, physical inactivity is ranked second only to smoking as the most important factor affecting our health.

THE ISSUE In Victoria, only 61.4% of adult males and 57.6% of adult females are sufficiently active to enjoy the health benefits of physical activity.²

THE AIM To increase participation in physical activity across the community, and specifically focus on finding ways to assist people currently not participating to take part.

THE PHYSICAL ACTIVITY UNIT

The Physical Activity Unit maximises opportunities for individuals and communities to participate in physical activity.

The unit's focus is to:

- Increase individual participation in both structured and unstructured physical activity.
- Assist organisations and communities to reduce barriers to participation and increase opportunities for participation in physical activity.
- Advocate for social, environmental, economic and cultural changes that encourage people to be more active.
- Support research and innovation in physical activity programs that will promote greater participation, particularly by disadvantaged groups.

THE ACTION

Working in partnership with sporting clubs to create healthy and welcoming environments and reduce the barriers to participation

- VicHealth supports 50 State Sporting Associations (SSAs), which cover 9500 local clubs. Many SSAs are finding new ways to make their clubs more appealing and reduce barriers to participation, such as cost, time, uniforms, travel and cultural differences. Surfing Victoria, for example, developed a program specifically for girls, which has attracted more than 1000 participants from around the state. Croquet Victoria is enticing people aged 20–50 from local businesses and community groups into the sport by running activities that have an emphasis on networking, socialising, celebration, skill development or team building.
- A number of SSAs including Cricket Victoria, Volleyball Victoria, Baseball Victoria, Football Victoria and Gymnastics Victoria are making changes to their club cultures so that they become much healthier and more welcoming to new members. Volleyball Victoria is one organisation that is well advanced in embedding healthy environments. Through its affiliation program, *Star Club*, dozens of country and metropolitan clubs have the tools and incentives to improve their operations and activities, including issues around participation and inclusion, and preventing sport related injury.

Working with sectors outside sport, such as local government and education, to establish programs that increase participation in physical activity

- The Walking School Bus Program expanded to include 55 local government areas. At least 3200 children now walk to school along one of 400 routes. During Education week, VicHealth hosted the inaugural Walking School Bus Symposium, which brought together hundreds of teachers, volunteers and state and local government workers. The broader benefits of the program include improved social interaction, a reduction in bullying, lateness and absenteeism, and reductions in car expenditure and greenhouse gas emissions from cars. The program has spawned a research project called the Greenlight Project, which is lengthening the time of green pedestrian signals at major intersections.
- We successfully piloted the Out of School Hours Sports Program in partnership with the Australian Sports Commission to ensure that children develop physically active habits by participating in a structured sports program in a safe environment. By the end of 2005, more than 71 out-of-school-hours care services and 17 sports were participating. This led to the Commonwealth Government's \$90m Active After Schools Communities national initiative in schools and approved outside school hours care.

INCREASING PHYSICAL ACTIVITY

- Four local councils (City of Melbourne, Darebin, Port Phillip and Bayside) and the Docklands Authority worked with VicHealth to develop and trial *Taking It To The Streets – Official Supporter* campaign, an innovative approach to encourage walking, cycling and active transport. The campaign also promotes community mental health and wellbeing by highlighting opportunities for connection with others out on the street and in public spaces.

Funding research projects

VicHealth funded 16 research projects to focus on physical activity and healthy eating. For example:

- VicHealth research fellow Dr Jo Salmon and her colleagues from the Centre for Physical Activity and Nutrition at Deakin University undertook the Children's Leisure Activities Study (CLASS), one of the first studies in the world to objectively measure the relationship between the built, social and policy environment and physical activity in families. It examined changes in physical activity and obesity and provided a detailed picture of the influence of the family environment.
- Professor Stephen Bird has been leading a research team investigating the affect the built environment has on culturally and linguistically diverse older adults' participation in physical activity. The research, which has focused on the Western suburbs in Melbourne, is providing valuable information to the Melton, Brimbank and Maribyrnong Aged and Disability Services – demonstrating the valuable role such research has in informing local government planning and policy.

Building the capacity of communities and individuals to participate in sport and active recreation

Through VicHealth's Participation in Community Sport and Active Recreation Scheme, there has been an increased understanding and acceptance of the synergies between the sport, recreation and health sectors. This has had a positive impact on local health agendas around physical activity.

- This year we supported six local councils through **MetroActive grants** to adopt and apply an integrated planning approach (*Leading the Way*) to increase participation in physical activity through sport and active recreation. By strengthening the planning capacity and leadership of local councils, more people will have access to opportunities to get physical.
- We continued our funding of **Regional Sports Assemblies** in rural and regional Victoria. RSAs link organisations and people within local communities. For example, in the Barwon Region, five community sport and recreation clubs have become accredited to provide after school activities to children from Colac and surrounding primary schools. Over 380 children have participated over three terms, with one club increasing membership from 11 to 90 members. Prior to the program, only one accredited coach existed in Colac in tennis. Now there are accredited coaches across six sports.

- Through our **Active Participation grants** more than 100 organisations received funding for projects that encourage people who are inactive or who traditionally encounter barriers to participation to engage in physical activity. The Keen-Agers project, for example, has increased the number of older adults playing regular social table tennis (there are 12 groups currently operating in rural and regional areas, with more on their way), while a community soccer club in Mildura is using the grant to give Aboriginal children some stability and attract sponsorship. Funding of this project has led to further funding from state government departments and the Football Federation of Victoria.

Evaluating what works and what doesn't

- The University of Ballarat is evaluating the *Partnerships for Health and Participation in Community Sport and Active Recreation* schemes to identify ways in which we can best promote health through sport and active recreation and engage specific population groups.

HEADING TOWARDS

- Further increases in the physical activity participation rates of Victorian adults.³
- Increased understanding and evidence base for strategies that affect participation in community sport and active recreation.
- Tools to quantify the economic, social and environmental benefits of active transport and walking to school.
- Creating local communities where the culture of walking or cycling is the most popular method of travel to and from school.
- Sporting clubs that are healthy places to be and responsive to their communities' needs.
- Local councils adopting and applying an integrated planning approach to increasing participation in physical activity for their communities.
- Advocacy strategies to gain political commitment, policy support, social acceptance and systems support for physical activity opportunities.

PUSHING BOUNDARIES

Females of all ages are flying high in football games around the State since Football Victoria enthusiastically accepted the challenge to develop programs which will increase the number of female players. Hundreds of girls and young women have passionately described the thrill they experience playing a game they have grown up loving but previously not participated in.

Through a new three-year partnership with VicHealth, Football Victoria is working at boosting participation and making clubs more inclusive and welcoming to a wider range of people.

Football Victoria, one of 50 state sporting associations supported by VicHealth, is the peak body for the more than 1120 clubs involving 217,000 players across the state. The alliance has already benefited many participants (officials, volunteers, umpires and coaches, as well as male and female players), clubs, leagues and the sport in general.

Some of the initiatives underway include the 'You Kick Like a Girl... Good for You!' promotion, the establishment of a junior girls competition, and pathways for females from Auskick to open age and into coaching and umpiring.

Mick Daniher, Football Victoria's Manager of Development and Planning, says that female football "leapt ahead in giant strides in 2004". An increase in female players was recorded in all sectors including Auskick, junior, youth, secondary school and senior women's competitions and programs. In 2005, female player numbers more than doubled from last season.

Football Victoria is also using the game to bring people together from diverse cultural backgrounds. Opportunities for Koori communities to get involved



Photo: Courtesy Football Victoria

on and off the field are increasing and programs are underway to create interest and understanding of the game for children and parents from diverse cultural backgrounds.

Recreational football, a tamer version of the sport which has broader appeal, is being trialled. It's giving supporters of the game that has strong parallels with the traditional game.

There are also campaigns aimed at volunteers, coaches and umpires to improve skills and encourage more people to take part.

To help community football clubs enhance their operations and make their club environments more healthy and welcoming to players, officials and members, Football Victoria recently launched an innovative Quality Club Program. With policies and processes in place for the responsible serving of alcohol, bouncing racism out of sport, accommodating people with disabilities, training volunteers, establishing community partnerships, and more, football really will become a game for everyone.

References

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2 Department of Human Services 2003, *Victorian Population Health Survey 2003 selected findings*, Melbourne.

3 The Victorian Population Health Survey shows an increase in Victorian adults sufficiently active for health gain from 57% in 2002 to 59.5% in 2003.

PROMOTING MENTAL HEALTH AND WELLBEING



Photo: Social networks can provide support, opportunities for engagement, meaningful social roles, as well as access to resources and intimate one-on-one contact.

THE FACT By the year 2020, depression will constitute the second-largest cause of disease burden worldwide.¹

THE ISSUE The global burden of mental ill health is well beyond the treatment capacities of developed and developing countries.²

THE AIM VicHealth focuses on the social and economic factors that determine mental health and wellbeing in populations. VicHealth's support for research, policy development, practice and advocacy aims to make a measurable contribution to state, national and international work in mental health promotion.

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THE MENTAL HEALTH AND WELLBEING UNIT

The Mental Health and Wellbeing Unit focuses on three main factors as being particularly important for good mental health: social inclusion, access to economic resources, and living a life free from violence and discrimination.

The unit's focus is to:

- Improve the evidence base for promoting mental health and wellbeing.
- Develop the skills, resources, policies and practices that will sustain mental health promotion in selected sectors.
- Consolidate state, national and international collaborations to improve mental health promotion policy and practice.
- Broaden community understanding of the social and economic influences on mental health and wellbeing.

THE ACTION

Improving the evidence base

- The VicHealth Centre for Excellence in Mental Health and Social Wellbeing was established to initiate and support research and evaluation investigating the social and economic influences on mental health and wellbeing. Support for the Koori Health Unit continued during 2004–2005.
- An extensive research program was developed, which includes six fellows and three scholars who are conducting research across the three determinants of mental health and wellbeing.
- Support for the Australian Research Council Projects included a partnership with the University of Melbourne's School of Creative Arts and the Globalism Institute at RMIT, which will focus on mental health and creative activity.
- Commissioned research included the development of a set of community wellbeing indicators to assist local governments to plan and assess their programs in responding to social and economic factors that influence mental health and wellbeing.
- Following last year's launch of *The Health Costs of Violence* (a world-first report on the burden of disease associated with intimate partner violence) a Community Attitudes Survey focusing on violence against women was developed.

- Scoping papers were produced on: 1) Links between alcohol and violence. 2) The economic and human cost savings associated with the Children of Parents with a Mental Illness projects. 3) Youth economic participation pathways and mental health and wellbeing.
- Evaluation reports produced this year included: 1) Evaluation of the *Children of Parents with a Mental Illness projects*, jointly funded by VicHealth, beyondblue and the Department of Human Services. 2) Evaluation of the Rural Refugee Resettlement Project, which involved two local governments. This body of work will inform policy on how best to support and engage new arrivals in rural communities.
- Publications produced and disseminated this year included: 1) *Building Indigenous Leadership: Promoting the emotional and spiritual wellbeing of Koori communities through the Koori Communities Leadership Program*. 2) *Health in Public Spaces: Promoting mental health and wellbeing through the Arts and Environment Scheme* (a multi-site evaluation). 3) *Mental Health Promotion Plan 2005-2007*, which reflects many of the lessons learned from the implementation of the first plan and VicHealth's recent collaborative work at an international level.

PROMOTING MENTAL HEALTH AND WELLBEING

Workforce development and dissemination of learnings

- A two-day short course in mental health and wellbeing was piloted across Victoria. Over 500 participants from diverse sectors, including education, arts, sport, local government, community services and health were trained in current mental health promotion processes and methodologies and introduced to a range of new workforce tools and resources. Evaluation of the short course will inform the design and rollout of future short courses.
- Developed a series of Mental Health and Wellbeing Research Summaries to assist in the dissemination of data on the impact of mental health problems and links between social inclusion, discrimination and violence and economic participation and mental health and wellbeing.
- Developed an intimate partner violence training resource for stakeholder groups such as women's health and domestic violence services, regional health groups and the Domestic Violence Resource Centre.

Mental health promotion activity designed to facilitate social inclusion

- More than 360,000 people accessed activities developed by 18 arts organisations as part of the Audience Access Scheme, which encourages arts activities to be inclusive and responsive to diverse audiences.
- 7000 people participated in 50 Community Arts Participation projects.
- 7311 people participated in the development of 64 community celebrations that were attended by 87,734 people as part of the Communities Together Scheme.

- 79 Local Government Authorities invited to have input into the program of community wellbeing indicators, to measure the health and wellbeing of their communities.
- Children of Parents with a Mental Illness projects: 15 programs directly supported 960 young people and children; 110 peer leaders were recruited and 2200 workers participated in professional development.

International, national and state collaborations

International

- Membership of the Global Consortium for the Advancement of Promotion and Prevention in Mental Health.

National

- Provided input to the ongoing development of the national agenda for mental health promotion through representation on the National Promotion, Prevention and Early Intervention Working Party and membership of the Auseinet Board.

State

- Expanded partnerships between diverse sectors and organisations across the state.
- Developed funding partnerships with government departments, philanthropic trusts, statutory bodies and corporate organisations to increase the resources available for mental health promotion at the state level.

HEADING TOWARDS

Facilitating social inclusion through:

- Research, evaluation and monitoring of Children of Parents with a Mental Illness.
- A longitudinal research study enhancing the social inclusion of young refugees.
- Scoping the impact of technology on young people's relationships.
- Projects designed to increase social inclusion through community arts participation.
- Further development of the Schools as Core Social Centres.

Addressing violence and discrimination through:

- Identifying good practices in the prevention of violence and projects that focus on groups that are particularly vulnerable to discrimination and violence.
- Continuation of the Victorian Indigenous Leadership Strategy.
- Two imaging strategies: one on Indigenous communities and the other on multicultural Victoria.
- Advocacy activity focusing on mental health and bullying.

Increasing access to economic resources through:

- Research into education and employment for young people at risk of mental health problems, regional relocation of refugees, and workplace stress reduction in blue-collar environments.
- Projects to enhance young peoples' access to employment and education.

Building capacity for mental health promotion through:

- Support for the Centre for the Promotion of Mental Health and Social Wellbeing.
- Ongoing support for Australian Research Council projects and research fellowships and scholarships.
- Provision and evaluation of the Mental Health Promotion Short Course.

THE LONG AND SHORT COURSE OF IT...

Five hundred people from across Victoria participated in VicHealth's hugely popular Promoting Mental Health and Wellbeing short course this year. The free two-day course, developed by VicHealth and Deakin University's School of Health Sciences, provided an opportunity for people working with the community to develop an understanding of the social and economic determinants of health, mechanisms for promoting mental health and opportunities for collaboration across their sectors.

Irene Verins, a senior project officer with VicHealth's Mental Health and Wellbeing Unit, says the short course was unique because it brought workers from a range of non-health sectors together to see how their work has an impact on health.

Underpinned by VicHealth's long-term commitment to mental health, the course examined ways of building partnerships between organisations, and developing a common language with which to work across diverse groups towards better mental health and wellbeing.

Participants from the arts, sport, local government, judiciary and education workforces, as well as from the health sector, explored the impact of social inclusion, discrimination and violence and access to opportunities for economic participation. Case studies and a range of resources, developed by VicHealth, were also provided.



Ms Verins says the short course booked out within days and more than 250 names went on a waiting list. She attributes its popularity to the shortage of community resources and tools in such an emerging area as mental health promotion, as well as recognition of the increasing complexity of people's work and the need to upgrade their knowledge and skills.

"There's a growing understanding in the community that the prevention of mental illness is not just the responsibility of the health system. If the drivers of health lie outside the health sector then it is the responsibility of the whole community to maintain our sense of wellbeing," Ms Verins says.

The course, still in the pilot stage, will again be offered throughout the state's health regions in the second half of 2005, followed by a comprehensive evaluation. It is hoped the short course will eventually be offered at VicHealth's Centre for the Promotion of Mental Health and Social Wellbeing.

Ms Verins says the generic model now being taught contains a range of case studies and resources, which reflect VicHealth's areas of work. An example is the resource which looks at challenges facing Indigenous leaders from the Rumbalara community in Victoria's Goulburn Valley area. It examines the unique struggle for leaders in this community and the coping mechanisms these people have employed.

References

- 1 WHO 2001, *The World Health Report 2001, Mental Health: New Understanding, New Hope*, World Health Organisation, Geneva.
- 2 Saxena S, Hermann H & Moodie R (co-eds) April 2004, *Promoting Mental Health: Concepts, Evidence and Practice*, summary report, World Health Organisation, Geneva.

ADDRESSING HEALTH INEQUALITIES



Photo: Addressing issues of food insecurity involves action by local governments and local partners on many fronts – including making sure there are local sources of fresh fruit and vegetables at affordable prices.

THE FACT The least advantaged people in the community have the poorest health.¹

THE ISSUE In Victoria there are marked inequalities in health between particular groups. Reducing health inequalities requires systematic and prolonged action.

THE AIM To tackle the health inequalities that arise from variations in geography, income, education and indigenous, cultural and linguistic heritage.



ADDRESSING HEALTH INEQUALITIES

In all of our major health promotion strategies we seek to address the differences in health status between people by looking at ways to minimise the impact of social and economic disadvantage on their health.

A key plank in our approach to reducing health inequalities is the establishment of partnerships with others working with and representing disadvantaged groups to reduce health and social inequalities. In all of our funding schemes we deliberately skew our investments to support projects that work with people who currently have the least access, or face the greatest barriers, to participation in healthy activities.

THE ACTION

We supported a range of research projects to improve our understanding of:

- The degree to which living in socioeconomically deprived areas is associated with poorer health status.
- How community participation can be used to promote the health of Victorian blue-collar workers.
- How to develop early intervention programs for vulnerable young people that involve many organisations and sectors in a community.
- How to address child health inequalities by examining health, development and wellbeing issues among young children.
- The development of sustainable Aboriginal health research practice.

We supported several program initiatives aimed at reducing health inequalities:

- More training and support to local governments to help them understand and respond to their influence on health using the *Leading the Way* resource. A strategic plan has been developed that defines *Leading the Way* activities over the next two years.

ADDRESSING HEALTH INEQUALITIES

- A community indicators project with local governments and local government organisations that will measure those things in our local environments that we know influence health (such as access to education, employment and parklands) and improve plans to reduce health inequalities.
- A project to support coordination of pro-bono primary care services for refugees and asylum seekers who are otherwise unable to access health services.
- A partnership with the Adult Multi-Cultural Education Service to increase education and employment opportunities for new arrivals to Australia.

VicHealth also provided ongoing support to the Onemda VicHealth Koori Health Research and Community Development Unit, which plays an important role in supporting research activities in Indigenous communities and enhancing links between the communities and mainstream services.

Healthy Eating

There is a growing body of evidence to indicate that lower socioeconomic groups are more likely to suffer from both over-nutrition and under-nutrition and have a higher incidence of diet-related diseases. VicHealth's initiatives in the area of healthy eating further demonstrate our approach to addressing health inequalities and in 2004–2005 included:

- Implementation of the *Food For All* program, which funded eight local government authorities who have significant populations of disadvantaged people to improve access to nutritious food.
- Establishment of a Healthy Eating Network and the development of a VicHealth short course: *Leading the Way: Integrated Planning for Health – Food Security* for local government and other interested participants.
- Funding of several research programs to investigate influences on healthy eating. (See Funded Projects page 52.)

A key strategy of the *Food For All* program is to encourage local government authorities to improve integrated planning of those things that influence access to food such as transport, housing, economic development and land use. It involves action by local governments and local partners on many fronts – including making sure there are local sources of fresh fruit and vegetables at affordable prices; that those living in poor quality housing have access to food storage and cooking facilities; improving food and cooking knowledge amongst disadvantaged groups; improving transport options for those without a car; and increasing community awareness of the problem of food insecurity.

HEADING TOWARDS

- Research and innovative programs to help improve understanding of the best way to address health inequalities.
- Working with other organisations representing disadvantaged groups.
- Raising awareness of the importance of addressing the link between social and economic factors and health inequality across sectors.
- Consolidating systems and policies within VicHealth to make sure that our own activities address inequality.

NYERNILA KOORIES KILA DEGAIA

**(Listen up to Koories Speak
about Health)**

“Our health is determined by employment, connection to family and community, to housing, our connection to our land and our right to make decisions for ourselves.

You fellas call it the ‘social model of health’; we just call it commonsense.”

Melva Johnson at the opening of Njernda Health House, Echuca 2000

In days gone by, Koori peoples’ relationship with non-Koori health services was one of exclusion. All too frequently people were admitted to hospital when they were too ill for treatment to make much difference. Hospitals became associated with death and dying rather than a place to go to get well.

Koori health services were established more than 30 years ago with the aim of achieving equitable and accessible health care for the Koori peoples of Victoria. The story of the achievement of the services is now the subject of an oral history compiled by the Onemda VicHealth Koori Health Unit and the Koorie Heritage Trust. *Nyernila Koories Kila Degaia (Listen up to Koories Speak about Health)* gathers the experiences of key people, including several Elders, who strove for the changes.

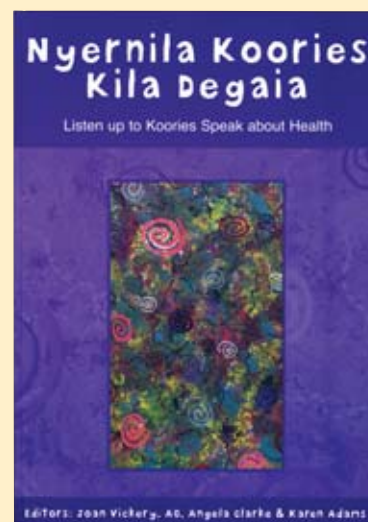
“They were pioneers and these stories reflect their struggles, hopes and perseverance”, says Ian Anderson, Director of the Onemda VicHealth Koori Health Unit, which was established in 1998 to improve the health outcomes for Koori communities in Victoria.

The book traces the development of Koori health care from the haphazard, remote and imposing mainstream services to the formation of today’s more culturally sensitive and community-based services. It includes supporting information from Koori health workers and Koori hospital liaison officers, as well as Koori health data, a timeline of related events and extensive photographs.

In compiling the stories, the editors respected the significance of the oral tradition in Koori culture. *Nyernila Koories Kila Degaia* captures these experiences so that they can be shared with a wider audience.

As detailed in the history, the Koori concept of health is complex and holistic, having many interrelated and interdependent dimensions. The health services for Kooris are successful and effective because they encompass these complexities. Offering support services as well as clinical services, they are a critical part of community life.

“The community is very proud of their Koori health services”, says Ken Knight, former manager of the Mildura Aboriginal Health Service. “They are Aboriginal managed, Aboriginal staffed, and have empowered the community.”



Health inequalities are most marked between Indigenous and non-Indigenous Australians. Aboriginal men and women have a life expectancy which is 17 years lower than the national average.²

References

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- 2 Australian Institute of Health and Welfare & Australian Bureau of Statistics 2005, *Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, AIHW Cat. No. IHW-14; ABS Cat. No. 4704-0, Canberra.

OTHER AREAS OF HEALTH PROMOTION ACTION

In addition to investing in the health priority areas of tobacco control, mental health and wellbeing, and physical activity, VicHealth also supports program development, research, evaluation and advocacy in the areas of sun protection, alcohol and substance misuse, and sexual health.

In 2004–2005, we contributed to improving health in these areas in the following ways.



PROMOTING SUN PROTECTION

This year saw The Cancer Council's SunSmart program appointed a World Health Organisation Collaborating Centre for the Promotion of Sun Protection.

The SunSmart program was first established with significant support from VicHealth in 1988. It is an evidence based health promotion program, promoting sun protection in an effort to reduce Australia's skin cancer problem.

This year, SunSmart was also the recipient of VicHealth's award for excellence for its successful delivery of highly targeted and evaluated sun protection strategies for more than 20 years.

Australia has the highest incidence of skin cancer of any country in the world. One out of two Australians will be treated for skin cancer during their lifetime. Skin cancer control programs like SunSmart have educated Victorians about the importance of sun protection and the need to check their skin regularly. The number of people suffering sunburn has decreased by 50% since 1987 and over 80% of all primary schools in Victoria implement SunSmart policies and practices.

Funding by VicHealth continues to be critical to SunSmart's success, enabling the program to have considerable reach and effect with different areas of the Victorian community, including young people, for whom tanning is once again becoming desirable.

Research conducted by SunSmart and the Centre for Behavioural Research in Cancer shows that many young people seem to be turning to solariums to tan, with solarium numbers in Victoria increasing by 600% since 1992. In February, SunSmart highlighted the risks of tanning in a solarium, reminding Victorians that solarium tubes emit UV radiation up to five times stronger than the midday summer sun.

VicHealth is funding the Centre for Behavioural Research in Cancer to undertake research to evaluate the effect that both pro-tanning and SunSmart media messages have on tanning attitudes, sun protection behaviour and sunburn.

PROMOTING RESPONSIBLE ALCOHOL DRINKING BEHAVIOURS

Alcohol abuse and misuse is a major area of concern in the field of health promotion and is strongly correlated to mental health promotion and injury prevention. For many years, VicHealth has been a significant voice in debates around alcohol (and illicit drugs) and a supporter of programs which promote responsible drinking behaviours.

Good Sports

An Australian Drug Foundation program aimed at managing alcohol in sport launched its first mainstream TV advertising campaign last year to coincide with the end of the football season.

The Good Sports campaign, which is helping sporting clubs to implement responsible alcohol management practices, uses an ironic approach to communicating the message. It features a coach addressing his team after a game, but instead of focusing on sporting tactics, he implores the players to drink more and get into trouble.

Good Sports is a partnership between the ADF, sports clubs, and sporting and government bodies to develop a safer and healthier community. VicHealth is providing significant support to the program, in which more than 900 Victorian clubs are participating.

Community Alcohol Action Network

Young people are starting to drink at an earlier age and are binge drinking at an alarming rate. The alcohol industry feeds this culture, spending over \$100 million each year in marketing and promoting its products. Most national sports teams and sports events in Australia are sponsored by alcohol brands.

Changing the cultural status of alcohol within the community is a challenging task and one that requires involvement from all sectors. One organisation leading the way is the Community Alcohol Action Network (CAAN). Funded by VicHealth, the network is tackling the social and cultural forces that drive unsafe and heavy drinking.

Advertising is one factor that influences children's drinking beliefs, knowledge and intention to drink as an adult. As part of its advocacy work, CAAN carried out research into alcohol advertising in response to the shortcomings of the existing system of self regulation of alcohol advertising. To be more effective, a stronger regulatory framework is needed. The findings will contribute to our understanding of young people's perceptions of the messages in alcohol advertising, including the extent to which they perceive themselves to be a target audience.

Advocacy

A key component of VicHealth's role in health promotion is advocacy. Over the past 12 months, VicHealth made numerous submissions on a range of issues, including to the Victorian Drugs and Crime Prevention Committee's Inquiry into *Strategies to Reduce Harmful Alcohol Consumption* (December 2004) and the National Alcohol Strategy 2005-2009 Consultation Paper (June 2005). See page 40.

MAPPING OUR SEXUAL HEALTH

VicHealth funds numerous fellows and scholars to undertake research into sexual and reproductive health. During the year, VicHealth Fellow Professor Anthony Smith and his team of researchers at the VicHealth-funded Australian Research Centre in Sex, Health and Society (La Trobe University) began mapping Australia's sexual and reproductive health – the first comprehensive study in 20 years. See page 35 for a full report.

Also at the Australian Research Centre in Sex, Health and Society is Associate Professor Gary Dowsett, a VicHealth fellow looking at new issues in men's health by investigating the connections between masculinity, sexuality and health of Victorian men. Debbie Ollis, a VicHealth scholar, is working on affirming diversity in sex education in schools.

Dr Margaret Hellard, a VicHealth fellow at the Macfarlane Burnet Institute, is focused on understanding and reducing the transmission of blood-borne viruses and sexually transmitted infections, while VicHealth scholar Richard Hayes, from the University of Melbourne, is aiming to enhance women's sexual health by finding ways to encourage women to raise the more common sexual difficulties with their clinicians.



SUPPORTING
RESEARCH

Photo: VicHealth supports outstanding public health/health promotion research by awarding up to two Senior and up to three Public Health Research Fellowships each year.

THE FACT VicHealth is strategically investing in the public health/health promotion research system. Forty-seven researchers are now receiving full or partial VicHealth support.

THE ISSUE Relationships between researchers, practitioners and networks need to be supported to ensure that research outcomes are relevant and lead to improved health for all Victorians.

THE AIM To increase the impact of health promotion and public health programs through high quality research by promoting innovation, improving the overall skills of researchers and providing networking opportunities for researchers.

RESEARCH WORKFORCE

The Research Workforce and Tobacco Control Unit has responsibility:

- To strengthen the public health/health promotion research workforce in its capacity to disseminate knowledge.

VicHealth supports outstanding public health/health promotion research by awarding up to two Senior and up to three Public Health Research Fellowships each year. Each Fellow is funded for five years. VicHealth supports young researchers through the provision of up to six Public Health PhD Research Scholarships each year. Scholars are funded for three years.

- To provide a sound, rigorous evidence base for VicHealth's programs and interventions and to support research activity in the following areas: tobacco control, sun protection, physical activity, healthy eating, mental health and wellbeing, health inequalities, alcohol and substance misuse, and sexual health.

VicHealth centres bring together key researchers to build capacity in a particular area of public health/health promotion research. Four centres (Centre for Adolescent Health; Australian Research Centre in Sex, Health and Society; Mother and Child Health Research; VicHealth Centre for Tobacco Control) and one unit (Onemda VicHealth Koori Health Research and Community Development Unit) have been established; development of the newest centre (Centre for the Promotion of Mental Health and Social Wellbeing) will continue in 2005.

- To support innovative research in several areas of health promotion/public health with particular relevance to VicHealth's strategic directions.

Research is increasingly aligned to VicHealth's program investments. Geoff Munro of the Australian Drug Foundation and Sandra Jones of Wollongong University, for example, investigated the impact of the revised Alcohol Beverages Advertising Code (ABAC) that governs alcohol advertising in print and electronic

media. The study compared official decisions by the ABAC Complaints Panel with professional and public opinion. Experts in marketing and public health and a group of young people independently scrutinised a number of contested advertisements in order to test the efficacy of the system. The findings will contribute to our understanding of young people's perceptions of the messages in alcohol ads, including the extent to which they perceive themselves to be the target audience. The project is due for completion in November 2005.

- To facilitate the transfer of public health/health promotion research into policy and practice.

The Victorian Public Health Research and Education Council (VPHREC) provides advocacy services that build, strengthen and sustain public health education, training and research in Victoria and facilitates the transfer of research findings into policy and practice. It seeks to address broad issues affecting the Victorian research community.

SUPPORTING RESEARCH

THE ACTION

- VicHealth commenced stage one of a comprehensive review of its public health research program, examining current challenges and exploring future directions. The review involved consultation with researchers, public health practitioners and staff, and led to recommendations and an options paper. The final outcome will determine the nature and type of VicHealth supported research funding into the future.
- Victoria secured more NHMRC funding per capita for public health research than any other state. The 27.5% allocated to Victoria was 2% more than NSW, the next highest. VicHealth's total public health research allocation was \$6 million, 20% of the total budget. These investments build capacity within the research workforce and help maintain a high standard. Several fellows took up international positions, including Dr Pascale Allotey, Dr Daniel Reidpath and Dr Kim Mulholland.
- VicHealth, as an industry partner, has collaborated with five researchers seeking grants from the Australian Research Council (ARC) Linkage Project Funding Scheme. The scheme is a Commonwealth Government initiative that supports collaborative research projects between higher education researchers and industry. If successful, VicHealth will invest \$315,000 over three years with matched funding of more than \$1 million from ARC and other partners.

- VicHealth funded five new fellowships: Associate Professor Gary Dowsett, Associate Professor John Toumbourou, Dr Shelley Mallett, Dr Angela Taft and Dr Anna Timperio, and seven new scholarships: Ms Emma Lourey, Ms Cate Lombard, Mr Ndungi wa Mungai, Ms Sophia Vasiliadis, Ms Tabitha Ramsay, Ms Sara Holton and Ms Kerrie Lante, taking the total number of researchers receiving full or partial VicHealth support to 47.
- VPHREC undertook a strategic planning process, which prioritised capacity building for public health research. It surveyed its 20 member organisations to create a profile of public health funding and research initiatives for 2003 to track any trends in public health research funding in Victoria. VPHREC also ran several workshops and forums on topics ranging from tips to improve NHMRC grant applications to streamlining ethics processes.
- The Leadership Seminar series was launched to provide VicHealth Research Fellows with leadership mentoring. The seminars, organised in collaboration with Leadership Victoria, aim to build the leadership, communication and advocacy capacity of researchers so that research knowledge can be more effectively translated into policy and practice.
- VicHealth Fellows Network continued to provide professional development and networking opportunities between key public health leaders and VicHealth Research Fellows. A 'Fellows Day' gave researchers the opportunity to present their work to colleagues, participate in robust debate and initiate collaborations.
- VicHealth provided support to 16 conferences conducted by other providers in 2004-2005 through the Conference Support Scheme.

HEADING TOWARDS

- A strengthened and vibrant public health research community contributing to a healthy and productive Victoria through the effective dissemination of its research knowledge.
- Research that has the power to influence and guide key decision-makers that leads to the development of strong healthy communities.
- Future innovative solutions that can transform our current way of thinking to enrich and improve our lives.

MAPPING OUR SEXUAL AND REPRODUCTIVE HISTORY

The sexual and reproductive health of Australian men and women could impact on many aspects of their lives. Does it affect a man's physical and emotional wellbeing if he has a vasectomy at 30 and wants children with another partner at 35? What are the physical or emotional health implications for a young person who has multiple sexual partners at 17 years of age? Does a failed relationship affect a person's emotional wellbeing long-term or lead to isolation?

Answering these questions is almost impossible without understanding the current sexual and reproductive health of Australian men and women. VicHealth Fellow Professor Anthony Smith and his team of researchers at the Australian Research Centre in Sex, Health and Society is mapping Australia's sexual and reproductive health – the first comprehensive study in 20 years.

Dr Smith is recruiting 7500 Australians aged between 16 and 64 for a longitudinal study that is funded until 2007. The study looks at many aspects of men's and women's sexual and reproductive health including their reproductive histories.



The study, which will deliver its first wave of findings early next year, will provide policy-makers and health practitioners with information that could influence how services are delivered. It could also make a difference to the development of health promotion programs.

A related study examines how a person's environment influences their sexual and reproductive behaviour. For example, the study has already found that the number of single people in an area and the age of the population are associated with the likelihood that

a person living in that area will have three or more sexual partners in a year. So any interventions developed around sexually transmitted diseases would be more appropriately targeted using population characteristics as a guide. Dr Smith says a lot of policies and programs in the past have been based on the individual. This research also looks at the impact of sexual and reproductive health on the community.

RAISING AWARENESS

One of VicHealth's core responsibilities is to raise awareness about health issues and develop and promote innovative opportunities for promoting health. By speaking at seminars and conferences, submitting articles and editing and contributing to publications in the area of health promotion, VicHealth staff ensure the latest health promotion evidence and thinking is made widely available.

CONFERENCE PAPERS AND PRESENTATIONS

Ball S. *Arts and Mental Health*, Arts Affinity Group, Philanthropy Australia, Melbourne, February 2005

Ball S. *Arts and Mental Health*, Australian Business Arts Foundation, Melbourne, April 2005

Ball S. *Arts and Mental Health*, International Association of Adolescent Health Conference, Portugal, May 2005

Ball S. *Arts and Mental Health Promotion*, with Club Wild and The Torch Project, Meeting Place Regional Arts Conference, Horsham, Victoria, October 2004

Ball S. *Not Just for Art's Sake*, St Kilda Town Hall, Melbourne, March 2005

Ball S. *The Role of Art and Culture in Creating Wellbeing*, Western Australian Communities Forum, University of Western Australia, December 2004

Ball S. *Utilising the Arts in Health Promotion*, International Masters of Public Health, Deakin University, Melbourne, October 2004

Basinski D. *Building Government, Non-government and Community Partnerships*, 14th Annual THEMHS National Conference, Gold Coast, September 2004

Basinski D. *The Health Costs of Violence: Measuring the Burden of Disease Caused by Intimate Partner Violence*, The Royal Women's Hospital Forum, Melbourne, October 2004

Basinski D. *The Health Costs of Violence: Measuring the Burden of Disease Caused by Intimate Partner Violence*, Women's Health West, Melbourne, November 2004

Basinski D. *The Health Costs of Violence: Measuring the Burden of Disease Caused by Intimate Partner Violence*, Victorian Safe Communities Network 2nd Annual Conference, Melbourne, November 2004

Basinski D. *The Health Costs of Violence: Measuring the Burden of Disease Caused by Intimate Partner Violence*, Westernport Family Violence Network Community Forum, Melbourne, December 2004

Basinski D. *Health in Public Places*, Global Ideas, Local Innovations, Municipal Public Health Planning State Conference, Melbourne, November 2004

Butera R. *A Business Case for Active Transport – A Tool for Measuring Outcomes Against the Triple Bottom Line*, Planning Institute of Australia National Congress, April 2005

Jolly K. *Leading the Way – Theory to Practice*, 2004–2007 Health Plan Directions Workshop, Banyule City Council, September 2004

Jolly K. *Let Our Kids Go!*, Australian Greenhouse Office – Interactive Workshop on Sustainable Development, Brisbane, October 2004

Kerr M. *Sport: an integral part of developing children*, Our Sporting Future Conference, Sydney, March 2005

Maher S. *Cricket Hitting Sixes*, Sport Management Association Australia and New Zealand (SMAANZ) National Conference, Melbourne, November 2004

Maher S. *Promoting Health Through Sport and Recreation – Strengthening Community Action*, Australian Health Promotion Association National Conference, Canberra, March 2005

Moodie R. *An Ounce of Prevention is Worth a Pound of Cure*, WHO, Geneva, August 2004

Moodie R. *An Ounce of Prevention is Worth a Pound of Cure: the economics and politics of public health*. Meeting on the economic gains of promoting health, WHO WPRO, Manila, November 2004

Moodie R. *Can Health Promotion Help Planners to be Creative?* Planning Institute of Australia National Congress, Melbourne, April 2005

- Moodie R. *The Economics and Politics of Prevention: the case of alcohol*, International Medical Advisory Group, Canberra, October 2004
- Moodie R. *Is Prevention a 'Lesser' Right?* International Symposium on Human Rights in Public Health: Research, Policy, Practice, Melbourne, November 2004
- Moodie R. *Societal Alcohol Syndrome: Oozing boozing in Oz*, Annual Scientific Meeting of Australian Birth Defects Society, Melbourne, April 2005
- Moodie R. *Thinking Drinking*, Australian Drug Foundation Conference, Melbourne, February 2005
- Moodie R. *Thirty Years of Progress in Health Promotion: a blue chip investment*, 21st Century Public Health Symposium, Markin Institute for Public Health, University of Calgary, Canada, February 2005
- Moodie R. *The Three Ps of Health in the 21st Century: Prevention, Prevention, Prevention*, Hollows Lecture, The Royal Australian and New Zealand College of Ophthalmologists 36th Annual Scientific Congress, Melbourne, November 2004
- Moodie R. *Victorian Health Promotion Foundation*, Workshop on the establishment of a Health Promotion Foundation in Tonga, Nuku'alofa Tonga, November 2004
- Moodie R. *Women's Health is Men's Business*, 5th Australian Women's Health Conference, Melbourne, April 2005
- Moodie R., Jolly K. & Webster K. *From Leading the Way to Measuring the Way*, Municipal Association of Victoria (MAV) Annual Meeting, October 2004
- Moodie R., Verins I., Webster K. & Walker L. *The Health Costs of Violence: Measuring the Burden of Disease of Intimate Partner Violence*, 5th Australian Women's Health Conference (Women's Health is Men's Business), Melbourne, April 2005
- Moodie R. & Verins I. *Is an Ounce of Mental Health Promotion worth a Pound of Cure?* Third Biennial World Conference on the Promotion of Mental Health and the Prevention of Mental Illness and Behavioural Disorders, Auckland, September 2004
- Potter J. *Improving Knowledge Management at VicHealth*, South East Public Health Group, Department of Health, UK, June 2005
- Sheehan C. *Effective Grant Writing and VicHealth Funding Opportunities*, Community Grants Seminar, Central Victorian Health Alliance, Castlemaine, Victoria, November 2004
- Sheehan C. *Effective Grant Writing and VicHealth Funding Opportunities*, Government Grants and Funding Demystified Seminar, Pathways Australia, State Library, May 2005
- Siauw, L. *Healthy Places, Active People: A Health Promotion Foundation Initiatives*, Planning Institute of Australia National Congress, April 2005
- Thompson, R. *Media Advocacy*, Australian Health Promotion Association workshop, Melbourne, March 2005
- Van Vugt, J. *A connection a day keeps the doctor at bay: the health benefits of community involvement*, keynote address, South Kingsville Health Services Annual General Meeting, February 2005
- Verins I. *Fringe benefits? Young people on the edge of policy and place*, Youth Affairs Council of Victoria, Shepparton, November 2004
- Verins I. *Mental Health Promotion and Partnership Development*, Southern Region of Department of Human Services, Dandenong, November 2004
- Verins I. *Promoting Mental Health*, Deakin Lecture, Melbourne University, April 2005
- Verins I. *Stress, Mental Health and the Built Environment*, RMIT Planning Course, Melbourne, August 2004
- Verins I. *VicHealth's Mental Health Promotion Framework and Partnerships*, Victoria's School Focussed Youth Services Forum, Melbourne, October 2004
- Verins I. *VicHealth's Second Mental Health Promotion Framework and Workforce Development*, Australian Health Promotion in Australia, Melbourne, March 2005
- Verins I. *VicHealth's Second Mental Health Promotion Plan and Workforce Development*, 3rd World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioural Disorders, New Zealand, September 2004
- Verins I. *Workforce Development in Mental Health Promotion*, Auseinet Board Meeting, Adelaide, March 2005
- Webster, K. *Community Wellbeing Indicators*, Municipal Association Human Services Directors' Forum, Melbourne, October 2004
- Webster, K. *The Health Costs of Violence: Addressing Violence Against Women as a Determinant of Mental Health*, New Developments in Social Determinants of Health: International and Australian Perspectives, VicHealth, June 2005
- Webster, K. *The Health Costs of Violence: Measuring the Burden of Disease Associated with Intimate Partner Violence*, Home Truths Conference, Melbourne, September 2004
- Webster, K. *Is Health Promotion Different with Culturally and Linguistically Diverse Communities?* Bringing the Pieces Together: Best Practice in Health Promotion for Culturally and Linguistically Diverse Communities Symposium, Melbourne, November 2005
- Webster, K. *VicHealth's Second Mental Health and Wellbeing Plan: Learnings and Future Actions*, Australian Health Promotion Association 15th National Conference, Canberra, March 2005
- Webster, K. *Violence Against Women: The Advocacy Agenda*, 5th Australian Women's Health Conference, Melbourne, April 2005

RAISING AWARENESS



PUBLICATIONS

Moodie R., “Mesurer l’efficacite des politiques de promotion de la sante: quelles lecons tirer des success australiens?”, *Promotion and Education*, Supplement 1, 2004: 28-32

Moodie R. & Jenkins R. “I’m from the government and you want me to invest in mental health promotion. Well why should I?”, *Promotion and Education*, Supplement 2, 2005: 37-41

Moodie R. “A Blue Chip Investment in Health”, *Snow’s Field*, Issue 2, May 2005

Verins I. Department of Human Services Health Promotion Strategies Bulletin (editorial committee), May 2005

Walker L., Moodie R., Verins, I. & Webster, K., “Promoting Mental Health: A Framework for Action”, *Promoting Mental Health: Concepts, Emerging Evidence and Practice*, WHO, Geneva, June 2005

INTERNATIONAL DELEGATIONS

Minister for Health & Medical Services Kiribati, The Hon. Natanaera Kirata, and Ministerial Delegation visited VicHealth December 2004

Minister for Health Malaysia, The Hon. Dato’ Dr Chua Soi Lek, and Delegation visited VicHealth April 2005

Ministry of Health and Welfare Korea visited VicHealth April 2005

National Health Promotion Council of Fiji visited VicHealth May 2005

MAJOR VICHEALTH PUBLICATIONS

VicHealth aims to build and share health promotion knowledge. It focuses on gaining media coverage, delivering seminars and developing publications to get credible and accessible information to its target audiences.

Corporate

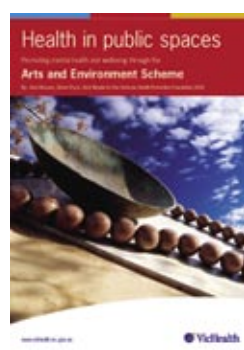
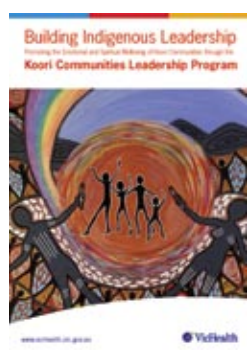
The Study of Stakeholders’ Perspectives, Victorian Health Promotion Foundation, August 2004.

VicHealth Letter

A Growing Concern: Children and physical activity, Victorian Health Promotion Foundation, January 2005.

Physical Activity

Food for All: Lessons from two community demonstration projects, Victorian Health Promotion Foundation, November 2004.





L-R VicHealth Staff: Rob Moodie (CEO) and Jenny Williams (Executive Assistant); Michelle Callander, Rebecca Conning, John Biviano (Research Workforce and Tobacco Control Unit); Samantha McCrow (Publications), Jane Potter (Knowledge Management); Kim Webster, Lyn Walker (Mental Health and Wellbeing Unit)

Mental Health and Wellbeing

Health in Public Spaces: Promoting mental health and wellbeing through the Arts and Environment Scheme, McLeod J., Pryor S. & Meade J. for the Victorian Health Promotion Foundation, October 2004.

A Plan for Action 2005–2007: Promoting Mental Health and Wellbeing, Victorian Health Promotion Foundation, January 2005.

Mental Health and Wellbeing research summary sheets, Victorian Health Promotion Foundation, January 2005.

- No. 1. *Burden of disease due to mental illness and mental health problems*
- No. 2. *Social Inclusion as a determinant of mental health and wellbeing*
- No. 3. *Discrimination and Violence as determinants of mental health and wellbeing*
- No. 4. *Access to Economic Resources as a determinant of mental health and wellbeing*

Building Indigenous Leadership: Promoting the emotional and spiritual wellbeing of Koori communities through the Koori Communities Leadership Program, Victorian Health Promotion Foundation, March 2005.

Patterns of health, wellbeing and community strength (fact sheets), Victorian Health Promotion Foundation and the Department of Human Services, March 2005.

MEDIA COVERAGE

VicHealth was mentioned in over 420 newspaper articles in 2004–2005. Of these, at least 160 explored a health promotion issue in some depth, 10 were substantial opinion pieces by CEO Rob Moodie, and a further 21 were published Letters to the Editor. In addition, 55 radio items and 20 television stories ran.

GETTING THE POINT ACROSS

Public health strategies deal with complex social forces and do not always lend themselves to ‘hard news’ stories. One way of finding media space for important public health issues is the use of opinion pieces. This year VicHealth CEO Dr Rob Moodie was published in Victoria’s highest circulation newspapers with the following articles:

4 Opinion Pieces in *The Age*

Average circulation: 197,000 (as reported by Media Monitors)

Here’s a way to reduce those waiting lists **10 November 2004**

With some creative thinking we could get a lot more bang for our health buck by investing in health promotion and illness prevention instead of funding ever more drug therapies and diagnostic tests. Even though preventable behavioural factors contribute from 40 to 50% of the causes of premature deaths, at the moment we spend only 3% of our health budget on half the problem.

The campaign that just can’t quit **24 January 2005**

Celebrating 20 years of the Quit campaign and acknowledging that tobacco control is a great investment, contributing to 17,000 premature deaths being averted every year in Australia. In 1998 alone, the conservative estimated total benefit was \$12.3 billion. But much is still to be done, particularly with about 17% of the Victorian population still smoking and the tobacco companies exploiting every marketing loophole.

When our young ooze booze, the drink needs a serious rethink **21 February 2005**

Our youth culture is saturated with alcohol, with surveys showing a stark increase over the past 20 years in the levels of young people in Australia drinking at harmful levels. In a piece highlighting the Thinking Drinking Conference held in Melbourne on this day, Rob Moodie argues for a rethink on the deregulated alcohol industry and for the consideration of measures such as increased taxes, enforcing responsible serving of alcohol and limiting alcohol licences.

Marketing a more healthy lifestyle? Fat chance **28 March 2005**

Obesity is a ‘market success’, related to the heavy marketing of junk food, passive entertainment options, and labour-saving devices. If we are to even flatten out our rates of increasing overweight and obesity, we either have to sell a lot more products that encourage us to be active and eat and drink healthily, or we have to intervene in the market. A fat tax, an oil tax, a congestion tax?

RAISING AWARENESS

6 Opinion Pieces in *The Herald-Sun*

Average circulation: 556,000
(as reported by Media Monitors)

Why we're all victims of the bully 14 October 2004

"If we could implement successful anti-bullying programs in every school, how much sadness, suicide, harmful drug and alcohol use, crime and truancy would we prevent?". Rob argues that these programs don't require rocket science, but they do require leadership, and we should challenge our elected representatives in Parliament to lead the way.

Sensible solution to abortion 10 February 2005

Commonsense would suggest that in relation to the abortion issue, prevention is indeed better than cure. The middle ground in the abortion debate is minimising the need for abortion by virtue of increasing affordability and availability of contraceptive services, and improving the effectiveness and availability of sexual and reproductive health education.

Treaty to tame tobacco kings 1 March 2005

This article highlights the importance of the Framework Convention on Tobacco Control (FCTC) passing into international law as the line in the sand in the struggle against tobacco companies, and brings to attention the enormous challenges that lie ahead as the tobacco companies use their incredible wealth to dig their promotional claws into the huge markets of the developing world.

A sudden attack of the fats 11 March 2005

The 'obesity epidemic' is a result of losing the equivalent of an 8–16km walk out of our lives every day through labour-saving devices and an increase in passive entertainment, as well as the fact that we consume three times the processed, high-energy foods than we should. In this article Rob proposes some counter-measures in the fight against obesity, including a 'fat tax', and subsidising or providing tax deductions for the purchase of healthy food and physical activity programs.

How the condom police cost lives 27 April 2005

Rob Moodie argues the importance of condoms in controlling HIV infection rates, and that the evidence does not support the assertion that promoting condoms leads to promiscuity.

Kids are walking for their lives 19 May 2005

This article highlights the first Walking School Bus Symposium, to be hosted by VicHealth, and outlines the importance of changing our current travel patterns and encouraging kids to walk to school. The health benefits include increased physical activity, better mental health, and reduced exposure to car emissions.



POLICY CONSULTATIONS AND SUBMISSIONS

A key component of VicHealth's role in health promotion is advocacy. Part of this advocacy role includes responding to proposed government programs, policy and legislation that have the potential to impact on health. Over the past 12 months, VicHealth has made numerous submissions on a range of issues.

Submission to the Department of Victorian Communities Discussion Paper on *Sport and Recreation 2005–2010*. July 2004

Submission to the Department of Education and Training on the *Victorian Curriculum Reform 2004 Consultation Paper*. July 2004

Submission to the Department of Communications, Information Technology and the Arts *Review of The Viability of Creating an Indigenous Television Broadcasting Service and the Regulatory Arrangements that should Apply to the Digital Transmission of Such a Service Using Spectrum in the Broadcasting Bands*. July 2004

Submission to the *Multicultural Victoria Act – Many Cultures – One Future*. July 2004

Submission to the National Health and Medical Research Council's *Review of the Research Fellowships Scheme*. July 2004

Submission to *Healthy Children – Strengthening Promotion and Prevention Across Australia: Developing a National Public Health Action Plan for Children 2005–2008*. August 2004

Submission to The Family and Community Development Committee's *Inquiry into Issues Relating to Body Image Among Young People and Associated Effects on their Health and Wellbeing*. August 2004



L-R VicHealth Staff: Rita Butera (Walking and Active Transport); Megan Kerr and Kate Rathbun (Physical Activity Unit); Chris Davis (Records Officer); Xa Dinh (Information Technology)

Submission to the *Draft National Injury Prevention Plan: 2004 Onwards*. September 2004

Submission to Public Health Education and Research Program Phase III Review. October 2004

Submission to the Productivity Commission's review of *National Competition Policy Reforms*. December 2004

Submission to the Victorian Drugs and Crime Prevention Committee's Inquiry into *Strategies to Reduce Harmful Alcohol Consumption*. December 2004

Submission to the DHS Public Health Legislative Review team on their discussion paper on proposed changes to the *Health Act 1958*. December 2004

Submission to the Productivity Commission's review of the *Economic Implications of an Ageing Australia*. January 2005

Submission to the Victorian Government's *Next Steps Tobacco Reforms*. January 2005

Response to the NHMRC Preventative Working Group's research into *Strengthening Australia's Social and Economic Fabric*. January 2005

Submission to Department of Justice's *Working with Children Bill 2005 Discussion Paper*. March 2005

Submission to the House of Representatives Standing Committee on Health and Ageing *Inquiry into Health Funding Terms of Reference*. May 2005

Response to the Department of Education and Training's review of *Education and Training Legislation*. May 2005

Submission to the *National Alcohol Strategy 2005-2009 Consultation Paper*. June 2005

COMMITTEES AND WORKING GROUPS

VicHealth works across many sectors to broaden the benefit of health promotion strategies. One of the ways we share our knowledge and expertise is by representation on many key working groups and committees in our action areas. By extending our alliances within a range of sectors at a local, state, national and international level, we increase our collaborative strength in promoting change. During 2004-2005, VicHealth had representation on the following committees and working groups.

Chief Executive Officer

- International Union for Health Promotion and Health Education (Vice President and Board Member)
- Premier's Drug Prevention Council (Chair)
- Ormond College Council (Member)
- Foundation for Young Australians (Board Member)
- Ministerial Aid Advisory Council (Member)
- DepressioNet (Member)
- Asia Pacific Leadership Forum (Member)
- Bill & Melinda Gates India Initiative (Member)
- Alliance Collaboration Working Group (Member)
- Melbourne Storm Board (Member)
- UNAIDS Resource Needs Steering Committee 2005 (Co-Chair)
- UNAIDS Working Group on Prevention (Member)

Mental Health and Wellbeing Unit

International

- Global Consortium for the Promotion of Mental Health

National

- Commonwealth Mental Health Promotion, Prevention Working Party
- Auseinet Board
- Australian Football League Violence Against Women Advisory Group
- Community MindEd Steering Committee
- Public Health Education & Research Project in Mental Health Promotion
- The University of Melbourne, Creative Arts Conference Planning Group
- Aboriginal Affairs Victoria, Indigenous Youth leadership Partners Group

State

- The University of Melbourne, Key Centre For Women's Health Advisory Group
- Victorian Foundation for Survivors of Torture Community Development Advisory Group
- The University of Melbourne, Koori Unit Strategic Planning Advisory Committee
- Centre for Ethnicity and Health Key Stakeholders' Group

Local/Project Specific

- Victorian Community Wellbeing Indicators Steering and Reference Groups
- Jesuit Social Services Gateway Project Reference Committee
- The University of Melbourne, Risky Business Advisory Group
- Children of Parents with a Mental Illness Advisory Group
- DHS Mental Health Promotion Evidence Review Advisory Group

Awards/Grant Assessment

- Adult Multicultural Education Service Community Strategy Adhoc Committee

RAISING AWARENESS

Physical Activity Unit

International

- Walk 21 International Conference Group
- Walk 21 Walk to School International Network

National

- Active After School Communities Victorian Advisory Committee

State

- Ministerial roundtable on the new education curriculum framework
- Interdepartmental Committee for the Healthy and Active Victoria Strategy
- Department of Human Services Assessing Cost Effectiveness Obesity Reference Group
- Department of Human Services Strength Training Review Group
- Travelsmart Reference Group
- DVC-SRV* Junior Sport Reference Group
- DVC-SRV Spectator Behaviour in Sport Working Party
- DVC-SRV Joint Regional Sports Assemblies and State Sporting Associations (SSA) Sport Development Officer Working Party
- DVC-SRV Policy Around Healthy Environment Committee
- VicFit Primary Care Partnership and Physical Activity Project Advisory Group
- SmartPlay Steering Committee
- La Trobe University Health Sciences Course Advisory Committee
- Deakin University's C-Pan (Centre for Physical Activity and Nutrition Research) Reference Group

Local/Project Specific

- City of Port Phillip's Green Light Project Advisory Group
- City of Melbourne's MPHP (Municipal Public Health Plan) Committee
- Planning for Health Steering Committee

Awards/Grant Assessment

- DVC Older Persons Healthy and Active Living Grants Assessment Panel
- DVC-SRV SSA Support Grants Secondary Assessment Panel
- DVC-Sport and Recreation Industry Awards Assessment Panel (Injury Prevention and Community Participation)
- DVC Access for All Abilities Innovations Grant Assessment Committee
- DVC Physical Activity Grants (Go For Your Life)
- VicSport – Junior Team of the Year, Female and Male Team of the Year, Masters Athlete of the Year
- PIA Planning Awards Assessment Panel

Research Workforce and Tobacco Control Unit

National

- Australian Institute of Health Policy Studies
- Framework Convention Tobacco Control Western Pacific Region Working Group

State

- Melbourne Future Focus Group
- Victorian Consortium for Public Health Consultative Committee
- Australian Research Centre in Sex, Health and Society Advisory Committee (La Trobe University)
- Victorian Public Health Research and Education Council
- Monash University Accident Research Centre Board
- Tobacco Control Steering Committee (Quit and VicHealth Centre for Tobacco Control)
- Men's Health Advisory Committee
- Men's Health National Conference Victorian State Advisory Committee

Local/Project Specific

- Common Solutions Project Steering Committee
- Trust for Nature Steering Committee
- DHS Health Impact Assessment in Local Government Steering Committee

Awards/Grant Assessment

- Panel member – DHS Public Health Research Grants

Health Promotion Innovations

International

- South East Public Health Knowledge Management Network, UK

State

- Public Health Association – Victorian Committee
- Australian Evaluation Society – Victorian Branch

Awards/Grant Assessment

- Connectus Evaluation Committee

Communications and Marketing

- Communications and Advisory Group to the Premier's Drug Prevention Council

* Department for Victorian Communities through Sport and Recreation Victoria



2004 health promotion award winners and commendations included Bicycle Victoria, Horn of Africa Communities Network and SunSmart.

VICHEALTH AWARDS

Each year, VicHealth presents awards to recognise outstanding achievements and innovative contributions to health promotion in Victoria.

VicHealth announced the recipients of its 2004 health promotion awards at its Annual General Meeting at No. 12 Elizabeth Street, Kensington, on 15 December. Congratulations to all award winners and commendations.

Health Promotion through Community Participation (projects less than \$15,000)

Winner: Wimmera Uniting Care – Awakenings Festival

The Awakenings Festival is an annual, regional arts festival which is committed to improving access to the arts for people of all abilities. Held in October in Horsham it is Australia's only regional disability arts festival. Embraced by the local community and supported by numerous volunteers, it operates at the grass roots level, providing an inclusive and accepting environment. Nearly 500 performers, artistic directors, group coordinators and carers travelled from around the country to the event, which was attended by 4374 people.

Commended: Horn of Africa Communities Live Night – Horn of Africa Communities Network

Health Promotion through Community Participation (projects between \$15,000 and \$50,000)

Winner: Bicycle Victoria – Cycling for Health project

This project led to the development of an affordable program that could be replicated in regional areas to help older women to get active using a bike. Eighty-seven women commenced the pilot program. Individual highlights included one participant who reported going from little/no regular physical activity to riding 70km per day two months after commencing the program.

Commended: Re-igniting Community North West – The Torch Project

Excellence in Health Promotion (projects between \$50,000 and \$100,000)

Winner: Geelong Performing Arts Centre – Art 'n' About Musical Mornings

Geelong Performing Arts Centre is a state owned arts facility in the heart of Geelong comprising two theatres serving the needs of the greater Geelong region. The series of morning shows were performed specifically to engage seniors in the community who, because of various barriers including perhaps a lack of funds, transport or isolation, would otherwise have been unable to attend activities of the centre.

Commended: Breathing Easier: Taking action to build local government capacity for pedestrian and bicycle-friendly actions – International Council for Local Environmental Initiatives (ICLEI)

Excellence in Health Promotion (projects with a research focus)

Winner: VicHealth Centre for Tobacco Control – The Cross – Disciplinary Case for New Graphic Health Warnings & New Product & Cessation Information on Tobacco Packaging

The VicHealth Centre for Tobacco Control, with assistance from Quit Victoria, produced a comprehensive submission on behalf of the major Australian tobacco control non-government organisations in support of new graphic health warnings and new product and cessation information on tobacco packaging. The submission brought together extensive behavioural, medical, legal and policy research relevant to the possible options.

Commended: Connecting for Health and Wellbeing – Dr Jenny Lewis of the University of Melbourne

Excellence in Health Promotion Projects (projects \$100,000+)

Winner: The Cancer Council Victoria – SunSmart

For its successful delivery of highly targeted and evaluated health promotion initiatives for more than 20 years which, earlier this year, saw the Cancer Council's SunSmart program appointed a World Health Organisation Collaborating Centre for the Promotion of Sun Protection. The SunSmart program was first established with significant support from VicHealth in 1988. It is an evidence based health promotion program, promoting sun protection in an effort to reduce Australia's skin cancer problem.

Commended: The Victorian Indigenous Community Leadership Strategy – Victorian Indigenous Executive Working Group



FUNDED PROJECTS 2004–2005

Photo: Increasing community involvement and celebrating cultural diversity at the CERES Community Environment Park Harvest Festival – an event funded through VicHealth’s Communities Together Scheme.

INVESTMENT HIGHLIGHTS

In 2004–2005, VicHealth funded 466 projects. The total amount of funding to these projects was \$22,359,890. The projects and research initiatives are listed in this section according to the type of investment. Investment highlights this year include:

Tobacco Control

Invested \$4.27 million to reduce smoking prevalence and the exposure of people to the harmful effects of tobacco, including \$3,447,012 to the Quit Campaign. (See page 60.)

Community Arts

Participation Projects

Funded 50 arts projects to provide communities with opportunities for social inclusion leading to better mental health and wellbeing. (See page 54.)

Walking School Bus Program

Funded 26 local councils to roll out more Walking School Bus projects. (See page 51.)

Food for All Program

Targeted disadvantaged communities in eight local government areas by providing funding to improve access to nutritious food. (See page 54.)

MetroActive Grants

Funded six local councils to strengthen their planning capacity so that more people will have access to opportunities to get physical. (See page 46.)

Public Health Research

Funded five new Research Fellows, taking the total number of researchers receiving full or partial VicHealth support to 47 (an investment this year of \$3.26 million). (See page 60 and individual sections.)

Audience Access Scheme

Supported arts organisations to be more inclusive and responsive. (See page 54.)

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PHYSICAL ACTIVITY INVESTMENTS

The Physical Activity Unit has carriage of VicHealth investments in the promotion of physical activity and healthy eating.

In the pursuit of its goals to increase Victorians' physical activity, the unit invests in sport and active recreation, programs to increase walking and active transport, and urban planning for the purposes of ensuring we build environments that are conducive to physical activity.

PARTICIPATION IN COMMUNITY SPORT AND ACTIVE RECREATION (PICSAR)

PICSAR aims to enhance and build the capacity of communities and individuals to participate in sport and active recreation. Through PICSAR we aim to:

- Increase physical activity to achieve better health outcomes;
- Encourage those currently not participating in sport and active recreation to participate;
- Foster community partnerships to address health through sport and active recreation; and
- Increase within the sport and recreation sector, knowledge of successful strategies for getting people to be physically active.

PICSAR has three main components:

- 1) Community based support – in regional Victoria through Regional Sports Assemblies and in metropolitan areas through the MetroActive Demonstration Projects.
- 2) Developmental projects with specific populations.
- 3) Active Participation Grants.

Regional Sports Assemblies

Regional Sports Assemblies are working in rural and regional Victoria to identify and facilitate opportunities to increase community involvement in physical activity.

The Centre Active Recreation Network – North East RSA

- \$90,000

Central Highlands Sports Assembly

- \$90,000

Gippsport

(East Gippsland and Gippsland)

- \$180,000

Leisure Networks

- \$90,000

Mallee Sports Assembly

- \$97,683

South West Sports Assembly

- \$90,000

Sports Focus

- \$90,000

Valley Sport

- \$90,000

Wimmera Regional Sports Assembly

- \$90,000

Support Function

Koori Support Function

Victorian Aboriginal Youth Sport and Recreation Cooperative (VAYSAR)

- \$85,000

Women's Support Function

Womensport and Recreation Victoria Inc.

- \$85,000

MetroActive Grants

VicHealth is supporting local councils through MetroActive grants to:

- Adopt and apply an integrated planning approach to increase participation in physical activity through sport and active recreation;
- Strengthen local government authorities leadership in working with metropolitan communities to increase participation in physical activity;
- Empower communities in the decision making process to increase participation in physical activity;
- Engage people who have least access to opportunities to be physically active; and
- Increase opportunities for those most at risk of inactivity as a result of socio-economic disadvantage.

Creating an Active, Healthy Community Together

Yarra City Council

- \$14,000

Darebin Walking with Partners

City of Darebin

- \$66,000

Doveton & Eumemmerring R.E.H.A.B Project

City of Casey

- \$70,000

Hit the Trail

Nilumbik Shire Council

- \$30,000

Leading the Way – Local Partnerships for People and Places

City of Port Phillip

- \$70,000

Walk Safe in Dandenong

City of Greater Dandenong

- \$30,000

Development Projects

Koori Sport and Recreation Capacity Building Initiative

Victorian Aboriginal Youth Sport and Recreation Cooperative

- \$150,000

Sport and Recreation Project: October 2003 – October 2006

Centre for Multicultural Youth Issues

- \$130,500

Women's Developmental Project

Womensport and Recreation Victoria Inc.

- \$70,000

Active Participation Grants

Active Participation grants support projects that aim to encourage and increase participation in physical activity for population groups that are currently inactive or may traditionally encounter barriers to participation. Two types of grants are offered.

Partnership grants of up to \$30,000 to address longer term barriers to participation, and local grants of up to \$3,000 for small scale projects happening in the local community which include making an existing service more accessible.

PICSAR Partnership Grants

Active 8

Southern Grampians Shire

- \$30,000

Active Communities

City of Greater Shepparton

- \$30,000

<p>Active Elders Project Melbourne Aboriginal Youth, Sport and Recreation Co-op Ltd</p> <ul style="list-style-type: none"> • \$30,000 	<p>Footy Fit Program Goulburn Valley Football League</p> <ul style="list-style-type: none"> • \$29,180 	<p>Walking West Melton Shire Council</p> <ul style="list-style-type: none"> • \$30,000
<p>Active Fawkner Moreland City Council</p> <ul style="list-style-type: none"> • \$20,000 	<p>Green Gym Pilot Project Alamein Community Committee</p> <ul style="list-style-type: none"> • \$37,000 	<p>Warma Sports and Social Club – 3 Year Plan Njernda Aboriginal Corporation</p> <ul style="list-style-type: none"> • \$28,300
<p>Active Participation for Who? City of Yarra</p> <ul style="list-style-type: none"> • \$30,000 	<p>Keen-Agers Gippsland Keen-Agers Inc.</p> <ul style="list-style-type: none"> • \$25,000 	<p>PICSAR Local Grants</p>
<p>Active Plus Victorian YMCA Community Programming Pty Ltd</p> <ul style="list-style-type: none"> • \$29,840 	<p>Koori Women Get Active Ballarat & District Aboriginal Cooperative</p> <ul style="list-style-type: none"> • \$7,340 	<p>Active Longer Edenhope-Apsley Football and Netball Club Inc.</p> <ul style="list-style-type: none"> • \$3,000
<p>Baw Baw Shire Active Communities Project Baw Baw Shire – Sport and Recreation Department</p> <ul style="list-style-type: none"> • \$30,000 	<p>McCormack Park Precinct Physical Activity Strategy Hobsons Bay City Council</p> <ul style="list-style-type: none"> • \$30,000 	<p>Active Youth Participation Project Shepparton Rugby Union Club Inc.</p> <ul style="list-style-type: none"> • \$3,000
<p>Birchip – Be Active Birchip Telecentre Incorporated</p> <ul style="list-style-type: none"> • \$8,729 	<p>Mildura Soccer Project Mallee Sports Assembly</p> <ul style="list-style-type: none"> • \$10,000 	<p>Activity for Women – Tennis Clinics Royal Park Tennis Club</p> <ul style="list-style-type: none"> • \$2,640
<p>Bridging Gaps with Basketball Banyule City Council</p> <ul style="list-style-type: none"> • \$10,000 	<p>Move Your Feet in Baw Baw Baw Baw Shire Council</p> <ul style="list-style-type: none"> • \$30,000 	<p>Ambitions Alphington Junior Football Club</p> <ul style="list-style-type: none"> • \$3,000
<p>Casey – Cardinia HPV and Cycling Project Berwick HPV & Cycling Club</p> <ul style="list-style-type: none"> • \$30,000 	<p>A New Model of Increasing Community Sport Participation City of Ballarat</p> <ul style="list-style-type: none"> • \$14,000 	<p>Bowling for Students Berwick Bowling Club Inc.</p> <ul style="list-style-type: none"> • \$2,900
<p>Collaborative Pathway to Health and Fitness Worn Gundidj Aboriginal Cooperative</p> <ul style="list-style-type: none"> • \$30,000 	<p>Our Homes, Our Health SPAN Community House</p> <ul style="list-style-type: none"> • \$29,975 	<p>Casual Bowls Kerang Golf/Bowling Club</p> <ul style="list-style-type: none"> • \$3,000
<p>Creating Connections City of Boroondara</p> <ul style="list-style-type: none"> • \$30,000 	<p>Play On Hastings Tennis Club Inc.</p> <ul style="list-style-type: none"> • \$30,000 	<p>Culturally and Linguistically Diverse Life Saving Sandridge Life Saving Club</p> <ul style="list-style-type: none"> • \$3,000
<p>Creating a Sporting Chance Bundoora Netball and Sports Centre</p> <ul style="list-style-type: none"> • \$20,000 	<p>Seniors Get Active Benalla Rural City Council</p> <ul style="list-style-type: none"> • \$30,000 	<p>Cycle for Life Warrnambool Veterans Cycling Club Inc.</p> <ul style="list-style-type: none"> • \$3,000
<p>Decks & Sprockets Banyule City Council</p> <ul style="list-style-type: none"> • \$29,310 	<p>Starting Blocks – All Women, All Ages Maribyrnong City Council</p> <ul style="list-style-type: none"> • \$30,000 	<p>Development & Promotion of Female Basketball Coaches Spirit Magic Basketball Club</p> <ul style="list-style-type: none"> • \$1,100
<p>Expanding Sport and Leisure Activities for Youth Beaufort Community House & Learning Centre</p> <ul style="list-style-type: none"> • \$30,000 	<p>Superhoops Geelong Community Basketball Association</p> <ul style="list-style-type: none"> • \$30,000 	<p>Downhill Mountain Biking Club Mud Ballarat Inc.</p> <ul style="list-style-type: none"> • \$3,000
	<p>Walk About Murrindindi Murrindindi Shire Council</p> <ul style="list-style-type: none"> • \$30,000 	<p>Duke Street Community House Activities Duke Street Community House</p> <ul style="list-style-type: none"> • \$3,000

Exercise Program for Older People <i>Whittlesea City Council</i> • \$3,000	Introductory Program to Women's Golf <i>Horsham Golf Club</i> • \$2,390	Nordic Walking Program <i>Ascot Vale YMCA</i> • \$2,800
Extending Diversification <i>Ocean Grove Surf Life Saving Club Inc.</i> • \$3,000	Junior Recruitment & Development <i>Melbourne Rugby Union Football Club Inc.</i> • \$3,000	Norlane/Corio Youth Lawn Bowling Promotion <i>Norlane Bowling Club Inc.</i> • \$3,000
Fit for Life <i>Wyndham City Council</i> • \$3,000	Koori Participation in Aquatic Education <i>YMCA at East Gippsland</i> • \$2,904	Pedal Power Program <i>Horsham Cycling Club Inc.</i> • \$3,000
Flexi Mums: Pilates/Yoga Programs for New Mums <i>Macleod YMCA</i> • \$2,969	Let's Get Cycling – Women and 50+ <i>Greater Shepparton Bicycle Users Group</i> • \$3,000	Petanque in the Community <i>Shire of Hepburn</i> • \$3,000
From Strength to Strength <i>Meredith Community House</i> • \$2,450	Let's Go Bowling <i>Middle Park Bowling Club Inc.</i> • \$3,000	Pilates <i>Rosedale Neighbourhood House Inc.</i> • \$3,000
Getting a Grip on Bowling <i>East Shepparton Bowls Club</i> • \$3,000	LifeBall <i>North Shepparton Community & Learning Centre Inc.</i> • \$3,000	Ploys for Boys <i>Colac Otway Shire</i> • \$2,930
Goals for Health <i>Prahran Netball Association Inc.</i> • \$3,000	LifeBall in Mansfield <i>Mansfield Community Centre</i> • \$3,000	Resistance Training – A New Beginning <i>Royal Life Saving Society Australia</i> • \$3,000
Good Girls do Play Tennis <i>Berwick & District Tennis Association</i> • \$3,000	LifeBall Wangaratta <i>Pangerang Community House</i> • \$2,341	Rural Healthworks <i>Community Centre Swifts Creek Inc.</i> • \$3,000
Have a Ball <i>Lalbert Football & Netball Club Inc.</i> • \$3,000	Line Dancing Classes <i>Brunswick Neighbourhood House</i> • \$3,000	Sail Training Program <i>Port Albert Yacht Club Inc.</i> • \$2,375
Have a Ball with Euroa LifeBall <i>Strathbogie Shire Council</i> • \$2,960	Living Longer Living Stronger in the Mallee <i>Mildura Rural City Council</i> • \$2,951	Seniors Cycling Group Project <i>City of Greater Bendigo</i> • \$3,000
Healthy and Happy Wathaurong Men <i>Wathaurong Aboriginal Cooperative Ltd</i> • \$3,000	Local Community Tennis <i>Carlton Gardens Tennis Club Inc.</i> • \$3,000	Soccer – Encourage Somali Youth and Parents <i>Heidelberg Star Soccer Club</i> • \$3,000
Increasing Participation in Moira Shire <i>Moira Shire Council</i> • \$2,740	Local Youth Bowls Program <i>Mirboo North Bowling Club Inc.</i> • \$2,794	Soccer in the North <i>Keon Park Soccer Club Inc.</i> • \$3,000
Increasing Participation in Social Table Tennis for Older Adults of Horsham and District <i>Horsham Table Tennis Association Inc.</i> • \$1,953	Making Mums Move <i>Laverton Community Centre & Neighbourhood House</i> • \$2,950	Social Workouts – Strength Training for Older Adults <i>Hopetoun Neighbourhood House/ Gateway BEET</i> • \$3,000
Introducing Cricket to Children <i>Carnegie United Cricket Club</i> • \$2,922	Mums and Nans in Tennis <i>Wangaratta Hardcourt Tennis Association Inc.</i> • \$2,967	Strength for Seniors <i>Indigo Shire Council</i> • \$3,000

Strength Training for Older Adults*Macedon Ranges Shire Council*

- \$3,000

Strength Training for Older Adults*Mitcham Community House Inc.*

- \$3,000

Strong and Healthy Strength Training*Castlemaine & District Continuing Education Inc.*

- \$3,000

Sudanese Youth Project*City of Darebin – Youth Services*

- \$3,000

Swimming for Aboriginal Elders*Aboriginal Community Elder Services*

- \$3,000

Swimming for Older Adults*Leongatha Community House*

- \$2,060

Tennis Alive*Quambatook Lawn Tennis Club Inc.*

- \$2,950

Tennis for Fun and Fitness*Churchill Tennis Club*

- \$1,550

T.P. Taylor Hall Indoor Bowls Group*T.P. Taylor Hall Management Committee*

- \$2,000

Tubbut Leading the Way Actively*Tubbut Resource Centre Neighbourhood House*

- \$3,000

Veterans Exercise and Tennis Program*Warrnambool Lawn Tennis Club*

- \$3,000

Viets on Bikes*Maribyrnong City Council*

- \$3,000

Weight Resistance Training*Life Activities Club – Geelong Branch*

- \$2,820

Women's Athletic Training Group*Diamond Valley Athletic Club Inc.*

- \$3,000

Women Starting Revolutions*Cycling Geelong*

- \$3,000

Yarra Junction Croquet Club*Yarra Junction Bowling Club*

- \$3,000

Yoga Program*Emerald Community House*

- \$2,600

Young Females & Soccer*Moe United Soccer Club Inc*

- \$2,800

Young Guns*Ballarat Pistol Club Inc.*

- \$3,000

Youth Bowls Program*Kerang Bowling Club Inc*

- \$3,000

Youth Learn to Sail Program*Apollo Bay Sailing Club Inc.*

- \$2,868

Youth Participation in Junior Cricket*Flemington Junior Football Club*

- \$2,545

Youth Table Tennis Association Inc.*Melton Table Tennis Association Inc.*

- \$3,000

PARTNERSHIPS FOR HEALTH – STATE SPORTING ASSOCIATIONS

State Sporting Associations with the support of VicHealth are creating safe, healthy, welcoming and inclusive sporting environments to foster an increase in physical activity participation by gaining, maintaining and re-engaging their members. To achieve this, the State Sporting Associations under the Partnerships for Health Scheme, are undertaking a range of activities which include:

- Developing sport-wide policies and practices that promote health;
- Promoting environments that are conducive health;
- Encouraging communication of the role that 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.

Athletics Victoria

- \$50,000

Badminton Victoria

- \$35,000

Basketball Victoria

- \$95,000

Bocce Federation of Victoria

- \$20,000

Boxing Victoria

- \$20,000

Calisthenics Victoria Inc.

- \$50,000

Football Victoria

- \$670,000

Handball Federation of Victoria

- \$20,000

Hockey Victoria

- \$50,000

Indoor Sports Victoria

- \$35,000

Lacrosse Victoria

- \$30,000

Life Saving Victoria (Formerly Surf)

- \$75,000

Pony Club Association of Victoria

- \$40,000

Pool Victoria Inc.

- \$20,000

Rowing Victoria Inc.

- \$30,000

Royal Life Saving Society Australia – Vic Branch

- \$50,000

Royal Victorian Bowls Association

- \$60,000

Skate Victoria Inc.

- \$25,000

Sporting Shooters' Association of Australia – Vic Branch

- \$35,000

Surfing Victoria

- \$40,000

Swimming Victoria Inc.

- \$55,000

<i>Table Tennis Victoria</i>	<i>Victorian Touch Association</i>	Smartplay Program (2004)
• \$35,000	• \$30,000	<i>Department for Victorian Communities</i>
<i>Tennis Victoria</i>	<i>Victorian Water Polo Inc.</i>	Program to promote and support sports injury prevention through a range of communication, educative and advocacy approaches.
• \$250,000	• \$20,000	• \$33,750
<i>Triathlon Victoria</i>	<i>Victorian Weightlifting Association</i>	Smartplay Program Funding (2005)
• \$25,000	• \$20,000	<i>Department of Victorian Communities</i>
<i>Victorian Amateur Fencing Association</i>	<i>Volleyball Victoria Inc.</i>	Program to promote and support Sports Injury Prevention as a means of encouraging active participation through a range of communication, educative and advocacy approaches.
• \$25,000	• \$35,000	• \$70,000
<i>Victorian Baseball Association Inc.</i>	<i>Women's Golf Victoria Inc</i>	
• \$70,000	• \$100,000	
<i>Victorian Canoe Association</i>	<i>Yachting Victoria</i>	
• \$35,000	• \$50,000	
<i>Victorian Cricket Association</i>	PARTNERSHIPS FOR HEALTH – SUPPORT FUNCTION	
• \$250,000	<i>Australian Drug Foundation</i>	OUT OF SCHOOL HOURS PROGRAM
<i>Victorian Croquet Association</i>	Providing support to SSAs in the area of responsible alcohol management.	The <i>Out of School Hours Sports Program</i> , is a joint initiative between VicHealth and the Australia Sports Commission. It is concerned with providing a positive, safe, nurturing and healthy sporting experience for primary school-aged children, particularly between the hours of 3pm and 6.30pm, using recognised junior development programs delivered by State Sporting Associations.
• \$30,000	• \$80,000	<i>Outside School Hours Care services Phase 1</i>
<i>Victorian Diving Association Inc.</i>	<i>The Cancer Council Victoria</i>	• \$9,000
• \$20,000	Providing support to SSAs in the area of smoke free environments.	<i>Outside School Hours Care services Phase 2</i>
<i>Victorian Golf Association</i>	• \$80,000	• \$15,500
• \$60,000	<i>The Cancer Council Victoria</i>	<i>Outside School Hours Care services Phase 3</i>
<i>Victorian Gymnastics Association</i>	Providing support to SSAs in the area of sun protection.	• \$13,000
• \$65,000	• \$25,000	<i>Outside School Hours Care services Phase 4</i>
<i>Victorian Ladies' Bowling Association Inc</i>	<i>International Diabetes Institute</i>	• \$27,000
• \$60,000	Providing support to SSAs in the area of healthy eating.	<i>Badminton Victoria</i>
<i>Victorian Little Athletics Association</i>	• \$25,000	• \$20,000
• \$65,000	<i>Sports Medicine Australia</i>	<i>Victorian Baseball Association</i>
<i>Victorian Orienteering Association</i>	Providing support to SSAs in the area of injury prevention.	• \$40,000
• \$25,000	• \$85,000	<i>Calisthenics Victoria</i>
<i>Victorian Petanque League Inc.</i>	<i>VicSport</i>	• \$20,000
• \$20,000	Providing support to SSAs in areas of healthy club development and increasing participation, among a variety of population groups across the life-span.	<i>Cricket Victoria</i>
<i>Victorian Rugby League</i>	• \$140,000	• \$20,000
• \$20,000	HEALTH ENHANCING CLUBS AND VENUES	<i>Dancesport Victoria</i>
<i>Victorian Rugby Union Inc.</i>	2003/2004 Portable Shade for Sports Clubs Grant Scheme	• \$20,000
• \$48,000	To promote participation in sport by assisting local sporting clubs to provide sun shade.	• \$20,000
<i>Victorian Snowsports Association</i>	• \$425,280.41	
• \$50,000		
<i>Victorian Soccer Federation</i>		
• \$110,000		
<i>Victorian Softball Association</i>		
• \$40,000		
<i>Victorian Squash Federation</i>		
• \$70,000		

Football Victoria

- \$20,000

Gymnastics Victoria

- \$40,000

Hockey Victoria

- \$15,000

Lacrosse Victoria

- \$20,000

Netball Victoria

- \$20,000

Roller Sports Victoria

- \$20,000

Tennis Victoria

- \$20,000

Victorian Little Athletics Association

- \$20,000

Victorian Soccer Federation

- \$20,000

Victorian Softball Association

- \$20,000

Volleyball Victoria

- \$20,000.00

Women's Golf Victoria

- \$20,000

**SPORT AND RECREATION
EVALUATION INITIATIVES**

**Health Through Sport and Active
Recreation Evaluation – Phase 2**

University of Ballarat

- \$46,000

Sport Program Evaluation Support

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 evaluation framework.

- \$3,000

DEVELOPMENTAL WORK – SPORT

**Scoping local sports' structures to
address participation**

VicSport

This study explores the potential for single sport clubs to operate under a larger 'sports club' umbrella, for the purposes of strengthening their capacity for attracting more participants.

- \$15,000

**Sport and Recreation Vic: AC Nielsen –
Exercise, Recreation and Sport Survey**

*Department for Victorian
Communities*

The Victorian oversample of the Exercise, Recreation and Sport Survey is a joint initiative between VicHealth and the Department for Victorian Communities to collect adequate data to plan, evaluate and monitor interventions to increase community participation in physical activity.

- \$28,866.37

Football Victoria Planning Project

Football Victoria

- \$8,000

INNOVATION PROGRAMS – SPORT

**Broadening the Base for Victorian
Surfing – A Pilot Program**

Surfing Victoria

A pilot project to encourage and facilitate opportunities for girls, young women and young Koori's to participate in surfing activities.

- \$50,000

Hands Up, Hands On

*Melbourne 2005 Deaflympic Games
Ltd*

Project fostering participation of deaf and hard-of-hearing people in the Deaflympic Games 2005 as sports officials and volunteers and as members of the 15 Game's sports.

- \$18,750

**PHYSICAL ACTIVITY –
COMMUNICATIONS**

**Taking it to the Streets – Official
Supporter street-level messages
campaign**

VicHealth

A local area marketing campaign, trialled in 4 metropolitan LGAs and Docklands involving pavement stencilling of messages that support being physically active and engaging

- \$198,227

**Caribou Publications: Herald Sun Tour
2003 – 2005**

Caribou Publications

Promotion of physical activity for health through a high profile statewide cycling event.

- \$50,000

TL Sports: Herald Sun Tour – 2005

TL Sports

First stage payment for 2005 Herald-Sun Tour

- \$50,000

**Herald Sun Tour 2003 – 2005 Support
Function**

VicHealth

Support of community participation events staged at several locations throughout the Herald-Sun Cycling Tour.

- \$46,578.62

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

VicSport Newsletter

VicSport

Project to use the VicSport Newsletter 'Sportsview' as a communication mechanism to the sports sector about developing healthy sporting environments.

- \$30,000

**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 delivers considerable health, environmental and safety benefits.

Bass Coast Shire Council

- \$29,500

Baw Baw Shire Council

- \$30,000

Boroondara City Council

- \$30,000

Brimbank City Council

- \$30,000

Central Goldfields Shire Council

- \$30,000

Central Highlands Sports Assembly	Bike Ed Challenge Guidelines	Planning for Health
• \$25,000	<i>Bicycle Victoria</i>	<i>Planning Institute Australia (Victoria Branch)</i>
City of Greater Geelong	Bicycle Victoria will work with VicRoads to develop formal Bike Ed Challenge Guidelines. VicRoads is proposing to use these Guidelines to encourage a cross government/sector approach to supporting a Bike Ed Challenge for 3 years.	Funding to support 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. Focus for activity is to strengthen the monitoring and advocacy capacity of planners and to implement, consolidate and evaluate strategies implemented.
• \$8,000	• \$14,416	• \$62,120
City of Kingston		
• \$8,000	PLANNING AND HEALTH INITIATIVES TO PROMOTE PHYSICAL ACTIVITY	PHYSICAL ACTIVITY AND HEALTHY EATING RESEARCH INITIATIVES
City of Yarra	Building Local Government Capacity for Pedestrian and Bicycle Friendly Actions-Phase 2	Public Health Fellowships
• \$30,000	<i>International Council for Local Environmental Initiatives (ICLEI)</i>	Critical Windows: Understanding transitions in children's and adolescents' eating, physical activity and risk of obesity
East Gippsland Shire Council	This project will further develop a tool initially created in 03/04 for quantifying the social, economic and environmental benefits of walking and cycling as opposed to driving.	<i>Deakin University</i>
• \$30,000	• \$50,000	Dr Anna Timperio. This Fellowship examines the influence of individual, social and environmental factors on eating, physical activity and risk of obesity between childhood and adolescence, and between adolescence and young adulthood. These life transition periods are times of increased risk of obesity through changing eating and physical activity habits.
Grampians Pyrenees		• \$100,000
• \$30,000	Leading the Way – A Strategy For The Future	Environmental causes of obesity and measurement of the impact of approaches to prevention
Greater Shepparton City Council	<i>PDF Management Pty Ltd</i>	<i>Deakin University</i>
• \$8,000	To investigate what might be done to build on the successes of Leading the Way by:	Dr Colin Bell. This Fellowship aims to contribute to our understanding of environmental causes of obesity and measure the impact of innovative approaches to prevention.
Hobsons Bay City Council	• Identifying opportunities to include Leading the Way in future councillor and staff orientations;	• \$80,000
• \$30,000	• Examining how practitioners involved in health planning can be supported to embed Leading the Way in local government planning;	Interventions to improve cardiovascular health in Aboriginal people
Horsham Rural City Council	• Examining opportunities to establish Leading the Way as a brand that can be expanded to include other strategies and resources;	<i>The University of Melbourne</i>
• \$8,000	• Exploring opportunities to extend Leading the Way as a 'brand' beyond the local government sector.	Dr Kevin Rowley. This Fellowship evaluates the effectiveness of programs run by Aboriginal communities that aim to improve opportunities for better diet and exercise.
Hume City Council	• \$11,875.00	• \$100,000
• \$30,000	Leading the Way To Health Promotion and Integrated Planning	
Lower Hume Primary Care Partnerships	<i>PDF Management Services Pty Ltd</i>	
• \$30,000	This project is funded to develop and deliver 8 training sessions designed to build the capacity of local government officers to engage in integrated planning across council and with their communities using the Leading the Way framework.	
Macedon Ranges Shire Council	• \$17,375	
• \$30,000		
Maribyrnong City Council		
• \$8,000		
Maroondah City Council		
• \$8,000		
Moira Shire Council		
• \$30,000		
Mornington Peninsula Shire		
• \$30,000		
Rural City of Wangaratta		
• \$8,000		
Shire of Melton		
• \$30,000		
Swan Hill Rural City Council		
• \$30,000		
Warrnambool City Council		
• \$8,000		
Wyndham YMCA		
• \$33,000		

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

Monash University

Dr Anna Peeters. This Fellowship aims to comprehensively describe the burden of obesity through the lifetime experience of disease and disability.

• \$100,000

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

Deakin University

Dr Jo Salmon. This Fellowship 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

Public Health Scholarships

Changing diet and physical activity behaviours improves mental and physical wellbeing in women in midlife

Monash University

Mrs Catherine Lombard. This scholarship seeks to determine the contribution of individual lifestyle components to physical and mental wellbeing in women in mid life. The study aims to develop and test a multifaceted, sustainable, cost effective health promotion strategy to improve physical and mental wellbeing in women, and to determine if the adopted healthy behaviours can be sustained.

• \$20,837

Contributions of parental socialisation to food intakes and body weight in children in two cultures

Deakin University

Ms Catherine Russell. This scholarship jointly funded with Heart Foundation seeks to contribute to our understanding of how Australian and German parents influence their children's eating behaviours, and our understanding of the determinants of healthy and unhealthy eating.

• \$10,800.32

Development of an instrument to measure physical activity behaviours of adults with an intellectual disability

Royal Melbourne Institute of Technology

Ms Kerrie Lante. This scholarship aims to develop and test a simple, low cost measurement tool (IPAQ-ID) that can be used by proxy respondents to report the physical activity behaviour of adults with an intellectual disability.

• \$21,697

Improving body composition and function in overweight and obese adolescents

RMIT University

Ms Leah Brennan. This scholarship examines the impact of cognitive behaviour therapy and motivational interviewing on eating and physical activity habits, body composition and function, physical health and psychological wellbeing in overweight and obese adolescents.

• \$21,697

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

Deakin University

Mrs Sylvia MacKay Pomeroy. This scholarship aims to improve the quality of care for older Australians by evaluating strategies utilised by general practitioners when promoting healthy eating in adults that have experienced a major event (cardiovascular or diabetes mellitus).

• \$21,697

Public Health Research Grants

ARC Linkage Grant: The adoption and maintenance of physical activity for sedentary females in young adulthood

Victoria University of Technology

Prof. Tony Morris. Contribution to research which investigates interventions based on proven elements of theories on the adoption and maintenance of increased physical activity and psychological wellbeing in women aged 25-45 years, who are at risk of becoming inactive.

• \$5,000

The predictors of healthy eating and physical activity in Health 2000

The Cancer Council Victoria

Prof. Graham Giles. This project is a follow up of 40,000 people in the Health 2000 cohort in order to investigate why some people's patterns of eating and physical activity improve or worsen with age.

• \$76,000

Parental Perceptions of Sports Injury Risk

Ballarat University

A/Prof. Leonie Otaga. This qualitative research project seeks to gauge the extent to which parental perceptions of injury risk are preventing children from participating in organised sport. Respondents are drawn from parents nominated by the 51 State Sporting Associations funded by VicHealth.

• \$75,000

HEALTHY EATING INVESTMENTS

Healthy eating is the flipside to physical activity in the fight to reduce obesity.

The unit's investment in healthy eating focuses on socio-economically disadvantaged areas, as it is known that people from low SES areas are more likely to be overweight or obese.

FOOD FOR ALL PROGRAM

The Food for All Program supports local councils to increase regular access to and consumption of a variety of foods, in particular fruit and vegetables, by people living in disadvantaged communities. The Program aims to:

- Reduce systemic and infrastructure barriers to accessing a variety of foods;
- Develop actions and strategies that address food access in local government areas;
- Increase community participation in advocating for improved access to a variety of foods.

The Community Food Chain Project

City of Greater Dandenong

- \$67,500

Food for All – Swan Hill

Swan Hill Rural City Council

- \$70,000

Food for All in Wodonga

City of Wodonga

- \$50,000

Food for Life

Frankston City Council

- \$55,000

Food Security Network

Victorian Local Governance Association

- \$20,000

Improving Access to Food for Healthy Eating in Brimbank

Brimbank City Council

- \$66,550

Maribyrnong Fruit and Vegetables For All Project

Maribyrnong City Council

- \$70,000

Sprouting New Ideas

Cardinia Shire Council

- \$100,000

Veg Out Van Pilot Project

Melton Shire Council

- \$70,000

HEALTHY EATING RESEARCH INITIATIVES

See Physical Activity and Health Eating Research Initiatives, page 52.

MENTAL HEALTH AND WELLBEING INVESTMENTS

In promoting mental health and wellbeing, VicHealth focuses on three socio-economic determinants of mental health investment and action:

- social inclusion;
- freedom from discrimination and violence; and
- access to economic resources.

PROMOTING MENTAL HEALTH AND WELLBEING THROUGH FACILITATING SOCIAL INCLUSION

ARTS AND ENVIRONMENT SCHEME

The scheme aims to increase social inclusion and strengthen community cohesion through the engagement of eight local governments and local communities in creative approaches to re-designing built environments.

Evaluation – Mental Health and Wellbeing Art and Environment Scheme

McLeod Nelson & Associates Pty Ltd

Evaluation of the eight Local Governments funded under the Arts and Environment Scheme and the scheme's success in achieving its aims of increasing social inclusion and strengthening community cohesion.

- \$32,000

AUDIENCE ACCESS SCHEME

The funded projects in the Audience Access Scheme aim to strengthen the capacity of arts organisations to facilitate social inclusion and promote mental health. It is important that all members of our community are able to access the broad range of activities and events that form part of community life. However, research indicates that those experiencing social and economic disadvantage are less likely to attend and participate in arts events and activities.

2005-2007 Artistic Program

Melbourne Workers Theatre

- \$60,000

Accessing Indigenous Theatre

Ilbijerri Aboriginal & Torres Strait Islander Theatre Co-Op Ltd

- \$60,000

Arts Access at Frankston

Frankston Arts Centre

- \$60,000

Latrobe Young Ambassadors

Latrobe Regional Gallery

- \$60,000

Mentor Project

HotHouse Theatre

- \$60,000

Mentor Project

Footscray Community Arts Centre

- \$60,000

Mentor Project

Geelong Performing Arts Centre

- \$60,000

Orchestra Victoria

Orchestra Victoria

- \$60,000

Performance Partners – Opening the Doors Even Wider

La Mama

- \$60,000

'What We Want' Youth & Young Families – Burrinja

Dandenong Ranges Community Cultural Centre Inc.

- \$60,000

COMMUNITY ARTS PARTICIPATION PROJECTS

Participation in Community Arts activity provides opportunities for social inclusion as a means to promote mental health and wellbeing. Grants are provided to assist community members to work in collaboration with artists to create a performance, exhibition or public event that expresses or raises issues important to that community. Through this process people are provided with the opportunity to: get involved in group activities, access supportive relationships, build self esteem and confidence, develop skills and express and celebrate their culture, and increase a sense of self determination and control.

<p>2005 Community Workshop Program & Research Strand <i>Back to Back Theatre Inc.</i> • \$25,000</p>	<p>Indigenous Community Arts Music Project <i>Community Connections (Vic) Ltd</i> • \$30,000</p>	<p>'A Violent World' – SCRAYP Youth Arts with an Edge <i>Footscray Community Arts Centre (auspice for SCRAYP)</i> • \$25,000</p>
<p>The Artful Dodgers Studios – Change and Renewal <i>Jesuit Social Services</i> • \$20,000</p>	<p>Making Mallacoota's Music <i>Mallacoota Arts Council Inc</i> • \$15,000</p>	<p>Visible <i>Multicultural Arts Victoria Inc.</i> • \$18,640</p>
<p>Camera Connections: Every picture tells a story <i>Caulfield Community Health Service</i> • \$30,000</p>	<p>Medicine Trade <i>North Richmond Community Health Centre</i> • \$20,000</p>	<p>The Welcome Place – A circus project for newly arrived and refugee young people <i>Westside Circus Inc</i> • \$60,000</p>
<p>Celebration of Culture – World Music Fusion Project <i>Hume City Council</i> • \$20,000</p>	<p>Metamorphosis <i>Colac Area Health</i> • \$30,000</p>	<p>A Woman's Tale <i>Australian Centre for the Moving Image</i> • \$25,000</p>
<p>Changing Identity <i>Courthouse Youth Arts Centre Inc.</i> • \$25,000</p>	<p>Munawwaat <i>Victorian Arabic Social Service</i> • \$30,000</p>	<p>Victoria Sings <i>Community Music Victoria Inc.</i> Community Music Victoria will conduct Victoria Sings, a three-year program of support and skill development for choir leaders and community groups to encourage and develop singing groups across Victoria. • \$100,000</p>
<p>Clowning Around <i>Baw Baw Shire Council</i> • \$20,000</p>	<p>Napier Studios <i>Yarra City Council</i> • \$25,000</p>	<p>Cultural Development Network Business Program 2005 <i>Cultural Development Network Inc.</i> The Cultural Development Network is a professional development and advocacy organisation working with councils, communities and artists across Victoria. The project aims to elevate and embed the role of culture and community based arts into public life at all levels. • \$30,000</p>
<p>Community Theatre Project <i>Mildura Arts Festival Inc</i> • \$25,000</p>	<p>Not Dead Yet <i>Auspicious Arts Projects Inc</i> • \$20,000</p>	<p>Locality, Community and Cultural Vitality – Cultural Development Network <i>Cultural Development Network</i> A project to undertake a feasibility study to develop six local government community-based projects designed to promote mental health and wellbeing through cultural activity as well as strengthen the capacity of local government planning to include cultural development. • \$15,000</p>
<p>The Echo Boomers <i>Platform Youth Theatre Inc</i> • \$25,000</p>	<p>Plan B <i>Auspicious Arts Inc</i> • \$30,000</p>	
<p>The Fence <i>Maribyrnong Festival Ltd (T/A: Big West Festival)</i> • \$17,000</p>	<p>Real to Reel <i>St Luke's</i> • \$30,000</p>	
<p>Festival for Healthy Living – Consolidation Project <i>Royal Children's Hospital</i> • \$30,000</p>	<p>Sharing Diversity through Design <i>Koorie Heritage Trust Inc.</i> • \$50,000</p>	
<p>Flow <i>Melbourne's Living Museum of the West</i> • \$25,000</p>	<p>Smart Arts <i>Inner East Community Health Service</i> • \$30,000</p>	
<p>HIP CAT CIRCUS presents... <i>Frankston Arts Centre</i> • \$28,500</p>	<p>SPIN <i>Arts Access Society Inc.</i> • \$15,000</p>	
<p>Human Momentum <i>Melbourne Fringe Festival</i> • \$30,000</p>	<p>Studio Freestyle: Street Stage & Screen <i>Colac Adult and Community Education Inc.</i> • \$30,000</p>	
	<p>Swan Hill SOCIAL FABRIC Project <i>Murray Mallee Training Co. Ltd</i> • \$15,700</p>	

Community Arts Participation Scheme – Evaluation

Effective Change Pty Ltd

Evaluation of the effectiveness of the Community Arts Participation Scheme to meet the objectives of the Arts for Health Program.

- \$10,000

COMMUNITIES TOGETHER SCHEME

The Communities Together Scheme seeks to promote mental health and wellbeing by reducing barriers to participation in community celebrations and festivals for groups disadvantaged by social, cultural, geographic or economic circumstances. This scheme facilitates social inclusion by providing opportunities for involvement in group activities, skills development, relationship building and civic engagement.

Alpine Discovery Weekend

Tambo Valley Racing Club

- \$4,000

ANTaR's Eureka 150 International Music Hall

ANTaR Victoria Incorporated

- \$2,000

Autumn Equinox Harvest Festival (Rice Around the World)

CERES environment and community arts park

- \$10,000

Art is...

Art Is...Festival

- \$10,000

Arts for All Celebrating Diversity

Power Neighbourhood House

- \$1,800

Assyrian New Year (Kha B'Nissan)

Assyrian-Chaldean Women's Association

- \$6,200

Bada Dashain Festival & Cultural Celebration

Nepalese Association of Victoria

- \$6,000

Battle of Trafalgar Festival 2005

Trafalgar Community Development Association

- \$6,000

Big West Festival

Maribyrnong Festival Ltd

- \$10,000

Building Bridges

Darebin Community Health for Al-amel TPV Holders Association

- \$10,000

Braybrook's Big Day Out

Braybrook and Maidstone Neighbourhood Association Inc.

- \$8,000

Braybrook Celebrates Diversity

Braybrook College

- \$2,272

Celebrating Community Inclusiveness & Diversity at LLINC

Living and Learning Inc.

- \$5,000

Clayton "Planet Meltdown" Festival 2005

Church of Christ, Clayton

- \$8,350

Cobram Celebrates Diversity

Moira Shire Council

- \$8,000

Collingwood Harvest Festival

Good Shepherd Youth & Family Service Inc.

- \$10,000

Connected Park Going Potty Festival

Rosewall Neighbourhood House

- \$10,000

Country Music Hoe Down & Truck Show

St Arnaud Country Music Club Inc.

- \$6,300

A Day in the Park – Wellbeing Festival

Kyabram Community & Learning Centre

- \$8,000

Doveton and Eumemmerring Show Day

Brotherhood of St Laurence and Doveton Eumemmerring Neighbourhood Renewal (DENR)

- \$8,500

Enchanted River Festival

Murray Arts

- \$5,000

Globe to Globe Global Village Kitchen

City of Kingston

- \$8,000

The Heathdale BBQ Festival

Heathdale Residential Association

- \$9,000

Here at Last – East Timorese Community Celebration

Doggies to Highpoint (Mission Australia) and at Last East Timorese Social Club

- \$8,000

Horn of Africa Live Night 2

Horn of Africa Communities Network Inc.

- \$10,000

Hume Harmony Day Festival

Hume City Council

- \$6,000

International Women's Day Celebration

Women's Health West

- \$8,000

Koori Healthy Lifestyles: Christmas Celebration

Bendigo Local Aboriginal Education Consultative Group

- \$8,000

Lake Bolac Eel Festival

Lake Bolac Development Association

- \$10,000

Live the Life & Forget the Age Celebration

Indochinese Elderly Refugees Association Victoria Inc.

- \$5,000

One day a year in Wedderburn

Wedderburn Football Club

- \$5,000

The 'Other' Awards – Boolarra

Boolarra Community Development Group

- \$3,000

PRIDE (Positive Reaction in Different Environments)

CELAS

- \$9,800

Rainbow Families 2

The Victorian Gay and Lesbian Rights Lobby

- \$5,000

Shakespeare Sings Project

Stratford on Avon Shakespeare Association

- \$5,500

Sunday Family Day

Eaglehawk Dahlia & Arts Festival

- \$6,500

Travelling Cultural Food Festival

Belgium Avenue Neighbourhood House Inc.

- \$10,000

Warrnambool Multicultural Festival

Warrnambool City Council

- \$10,000

Where the Heart Is...Community Festival

Royal District Nursing Service

- \$10,000

Willaura Harvest Cut Out

Ararat Rural City Council (on behalf of Willaura & District Community Development Group)

- \$4,550

Women on Farms Gathering 2005 – Taking the time to smell the roses

The Australian Alpine Valleys Agribusiness Forum

- \$8,000

Woodland Gathering

City of Wodonga

- \$5,000

INDIVIDUAL PROJECTS TO SUPPORT SOCIAL INCLUSION

“A Gap in the Calendar” Program

Greyhound Racing Victoria

One of three initiatives in VicHealth’s Rural Racing Program that aims to link family friendly community race meets with local community groups and organisations.

- \$50,000

Children of Parents with a Mental Illness

Murdoch Children’s Research Institute / Centre for Adolescent Health

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.

- \$350,000

Children of Parents with a Mental Illness – VicChamps

Eastern Health

The project will 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: (1) providing direct support to children; (2) supporting families/carers and (3) developing awareness of and responsiveness to these children and their families by the community and existing service systems.

- \$235,000

Communication Development

SANE Australia

Project to establish partnerships between SANE Australia and the Bendigo Bank to provide Victorians, particularly those from rural and regional areas, with information which will enable early intervention and support for people experiencing mental health problems.

- \$12,500

Cultural Country Race Days

Country Racing Victoria

One of three initiatives in VicHealth’s Rural Racing Program that aims to link family friendly community race meets with local community groups and organisations.

- \$150,000

Rural Racing Project

Harness Racing Victoria

One of three initiatives in VicHealth’s Rural Racing Program that aims to link family friendly community race meets with local community groups and organisations.

- \$50,000

Statewide Advocacy, Policy and Networking for Refugees Project

Victorian Schools Innovation Commission

Project to develop strategies to make education environments more conducive to refugee and new arrival children’s learning, including after-hours educational support.

- \$70,000

RESEARCH

The influence of ‘hands-on’ nature-based activities on the mental health of children

Deakin University

Ms Cecily Maller. Research to explore the effect of ‘hands-on’ nature-based activities encountered during primary schooling on the mental health and wellbeing of children aged 8-12.

- \$32,115.50

Pathways to success and wellbeing for Australia’s young: Australia 21 Ltd

Youth Research Centre, University of Melbourne

Prof. Johanna Wynn. Project to connect existing research into issues affecting young people’s health with broader social theories. Project aims to lead development of evidence that stimulates fresh policy approaches in Australia and stimulate further research around gaps in knowledge.

- \$60,000

The wellbeing of communities: cultural activities, social health and community sustainability

RMIT University, Globalism Institute

Prof. Paul James. Contribution to a four-year ARC-Linkage research project to investigate the connection between arts activity and mental health and wellbeing at a community level. It will examine the full impact of cultural activities such as arts events, festivals and commemorations on the wellbeing of communities.

- \$68,772

Off to a healthy start: A longitudinal ethnography of the social contexts and determinants of health and wellbeing among newly arrived refugee youth

La Trobe University

Prof. Sandy Gifford. The aim of this 5-year 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. Broader contextual factors that facilitate or hinder wellbeing will be assessed at the level of the school, family and community.

• \$125,111

What is the social impact of the creative industries on regional and metro communities?

Deakin University

Ms Tabitha Ramsey White. Research to identify and evaluate: 1) The potential role of the creative industries in influencing positive social impact in the community; 2) Create a model for measuring the actual and anticipated social impact of the arts based indicators appropriate to all arts activities pursued by Local, State and Federal governments.

• \$20,837

PROMOTING MENTAL HEALTH AND WELLBEING THROUGH REDUCTION OF DISCRIMINATION AND VIOLENCE

INVESTMENTS SPECIFICALLY ADDRESSING DISCRIMINATION

Programs/Projects

Sir Douglas Nicholls Indigenous Fellowship

Brotherhood of St Laurence

Funding to assist development of The Sir Douglas Nicholls Fellowship for Indigenous leadership. Established by a partnership of the Melbourne Community Foundation, Brotherhood of St Laurence and VicHealth, with contribution from government and philanthropic organisations, the Fellowship provides opportunities for recognised Indigenous leaders to pursue their vision, learn skills in leadership, mentorship and strategic planning and networking.

• \$60,000

Wayout: Rural Victorian youth and sexual diversity project

Cobaw Community Health Service Inc.

Project to reduce discrimination of same-sex-attracted young people in rural communities, as well as having a broader focus on building community cohesion.

• \$39,500

Research

The production of Aboriginal art and its relationship to the health and wellbeing of the Koori community

The University of Melbourne

Frances Edmonds. This 3-year research project will investigate and provide a social analysis of the relationship between engagement in creative processes and mental health and wellbeing for the Koori community.

• \$20,484

INVESTMENTS SPECIFICALLY ADDRESSING VIOLENCE

Community Arts Development Scheme

This scheme aims to improve the capacity of experienced community arts organisations to facilitate and maintain social inclusion, civic engagement and the valuing of diversity to prevent discrimination and violence.

Somebody's Daughter Theatre Company

Project to develop and expand Somebody's Daughter Theatre Company's model of working through the Arts to enhance mental health and wellbeing. The funding supports a three year program of activity developing theatre and visual arts with young people at risk and women in prisons.

• \$110,000

The Torch Project

A three year program of arts activity across Victoria, engaging Indigenous and non-indigenous community members in dialogue about mental health and wellbeing with specific focus on discrimination and violence. The activity results in a theatre production that promotes increased community participation.

• \$110,000

Women's Circus

A three year program of activity promoting circus skills and personal expression for women, many of whom have experienced violence and abuse. Outreach work will extend the workshop opportunities and development to regional areas. A large scale production results annually which engages with a large audience reflecting issues of concern to the broader community.

• \$110,000

Programs/Projects

Violence Against Women – Refugee Women

Immigrant Women's Domestic Violence Service

This is a community consultation project seeking to improve understanding of risk and protective factors for intimate partner violence in culturally and linguistically diverse communities and effective interventions for primary and secondary prevention. It will have a particular focus on families from refugee backgrounds.

• \$30,000

Research

Mosaic

The Centre for Mother and Child Health Research, La Trobe University

MOSAIC, funded in conjunction with the NH&MRC, is a community intervention trial evaluating whether trained and supportive general practitioners and mentor mothers can reduce intimate partner abuse and depression as well as strengthen the health, wellbeing and mother-child bonds among women pregnant or with children under 5 years.

• \$25,000

Promoting women's mental wellbeing by reducing intimate partner violence: Building an evidence base and expanding our knowledge

La Trobe University

Dr Angela Taft – Senior Research Fellowship. This 5-year research program evaluates whether formal and informal primary health care strategies (especially social support) improve the mental health, wellbeing and mother-child bonds of women at risk of or experiencing partner abuse. Consultation with communities and analysis of longitudinal data will identify further opportunities to reduce partner abuse in marginalised communities.

• \$100,000

Violence Against Women – Community Attitudes Survey

The Social Research Centre (and Australian Institute of Criminology)

This project involves the design, implementation and analysis of a survey on Victorians' attitudes on violence against women. Targeted qualitative research will also be conducted to explore attitudes in culturally and linguistically diverse and Indigenous communities. To enable assessment of changes in community attitudes over time, the findings will be compared with previous research, in particular, surveys conducted by the Australian government's Office of the Status of Women (OSW) in 1987 and 1995.

• \$250,000

Violence Against Women – Evidence Project

Borderlands

Part of VicHealth's Violence Against Women – Community Attitudes Project, this project will involve review and documentation of the evidence and theory pertaining to the range of social and economic factors influencing the development of community attitudes on violence against women. This material will be analysed with a view to identifying its implications for planning future strategies to address attitudes that compromise women's safety.

• \$20,000

PROMOTING MENTAL HEALTH AND WELLBEING THROUGH INCREASED ACCESS TO ECONOMIC RESOURCES

Capacity building project

Whitelion Inc.

This project establishes inter-sectoral partnerships to promote young offenders' mental health by linking these young people with role models and supported employment prior to and upon release from juvenile justice facility.

• \$80,000

Indigenous school-to-work project Shepparton/Mooroopna

Ganbina: Koorie Economic Employment Training Agency

The Indigenous School to Work Project provides continuity between school, training and the workplace as a means of achieving employment for Indigenous youth. The project is a joint endeavour of the Indigenous community, industry and schools in the Mooropna/Shepparton district.

• \$60,000

New arrivals regional relocation evaluation

Victoria University

Project to conduct 3-year multi-site evaluation of refugee regional relocation projects in Swan Hill and Warrnambool to assess their impact on mental health and wellbeing, and identify good practice approaches.

• \$40,000

Refugee relocation guide dissemination project

Warrnambool City Council

Project to support development and dissemination of a guide to the establishment of programs to support refugee resettlement in rural areas. The guide will identify practices that promote mental health and wellbeing of both new arrival and regional communities. The primary audiences for the dissemination strategy will be other regional local councils and state and commonwealth governments.

• \$20,000

Youth collaboration forum

Youth Affairs Council of Victoria

Funding to further partnerships between agencies working in youth economic development. Project will identify and advocate for systems change which will strengthen employment pathways for young people at risk.

• \$30,000

MENTAL HEALTH PROMOTION – WORKFORCE DEVELOPMENT

VicHealth provided training to at least 500 people across Victoria to develop the mental health promotion knowledge and skills of workers in diverse sectors.

Evaluation of the Mental Health Promotion Short Course

Effective Change

Project to evaluate effectiveness of VicHealth's Mental Health Promotion Short Course in strengthening conceptual and practical skills of workers from diverse sectors including the arts, education, sport, local government, community and health.

• \$80,000

TOBACCO CONTROL INVESTMENTS

Quit Campaign Program

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 are used to achieve objectives adding up to a comprehensive program on tobacco addressing cessation, prevention, exposure reduction and policy advancement.

- \$3,447,012

Quit Social Marketing – Sport

Carlton Football Club

An initiative to support Optus Oval becoming a smoke free venue.

- \$25,000

HealthToC: A fund linking health improvements with tobacco control investment

Bainbridge Consultants

An investigation into whether health care funders could be persuaded to invest anticipated savings from reduced smoking rates into a fund that will invest in tobacco control programs.

- \$20,000

RESEARCH

VicHealth Centre for Tobacco Control

The Cancer Council of Victoria

Mr Todd Harper. The Centre, which has a national and international profile, contributes 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

- \$450,000

Impact of changes in anti-smoking advertising: Effects on adults and children

The Cancer Council of Victoria

Prof. Melanie Wakefield. This Research Fellowship develops and tracks indices of Australians' exposure to anti-smoking advertising, news coverage about tobacco on television, radio and in newspapers; and film, television and music video clip portrayal of tobacco, and constructs retrospective indices where data are available. The project relates such indices to state and national survey measures of tobacco-related beliefs, intentions and behaviour among adults and school children, and records of per capita tobacco consumption.

- \$165,000

Pathways of the link between socio-economic status and smoking behaviour

The Cancer Council Victoria

Dr Mohammed Siahpush. This Research Fellowship examines why smoking prevalence among socially/economically disadvantaged groups is markedly higher than among other groups.

- \$100,000

RESEARCH WORKFORCE INVESTMENTS

Australian Institute of Health Policy Studies

La Trobe University

Australia's first collaborative national institute devoted to health policy research with the capacity to better inform long-term decision making in order to improve the Australian health care system and the health of the Australian people.

- \$20,000

Public Health Advocacy Project 2003-2005

VPHREC

Victorian Public Health Research Education Council (VPHREC) is a body established to foster cooperative research; strengthen links between research organisations, industry, and educational, government and non-government institutions; and to develop a strong culture of public health research and education in Victoria.

- \$50,000

RESEARCH CENTRES

Australian Research Centre in Sex, Health and Society

La Trobe University

Prof. Marian Pitts. The Centre is dedicated to the advancement of knowledge and applied skills in sexual health research and education locally, nationally and internationally. Through research, teaching and community activities the Centre strives to develop and sustain a direct and organic link with the wider community.

- \$100,000

Mother and Child Health Research

La Trobe University

Prof. Judith Lumley. The Centre is a multi-disciplinary research centre which aims to undertake, study and interpret research on mothers' and children's health; contribute to policy development; provide advice and resources to researchers in related fields; and be involved in postgraduate and continuing education.

- \$100,000

PUBLIC HEALTH RESEARCH FELLOWSHIPS

Child health epidemiology and new vaccines in an Asian country

The University of Melbourne

Dr Kim Mulholland. This project describes the epidemiology of childhood illness and injury in an urban and rural Asian community; defines the burden of disease due to important respiratory and enteric pathogens in the same community; and conducts trials of new vaccines and vaccination strategies that have the potential to improve child health in both Australian and Asian societies.

- \$165,000

Contribution and interactions of individual, community and environmental characteristics on health (supplementary Fellowship)

The University of Melbourne

Dr Margaret Kelaher. To effectively address disparities in health, health policy and promotion must strike a balance between addressing individual, family and community risk factors. This research program aims to find out the best method of striking this balance by building bridges between the body of evidence concerning individual risk factors, community level intervention research and population health research.

- \$13,200

The determinants of health in Australia: An economic framework with public health implications

Monash University

Dr Bruce Hollingsworth. The focus of this research is on determinants of individual's lifestyle, activities and the impact on health. This will inform public health policy so disadvantaged groups can be supported to achieve good health and wellbeing.

- \$80,000

Environmental determinants of alcohol use

The University of Melbourne

A/Prof. Anne 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.

- \$26,296

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

The University of Melbourne

Dr Lyndal Bond. (Joint VicHealth and 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

Is it possible to prevent harmful youth substance use and enhance mental health by encouraging prosocial behaviour in children and young people?

The University of Melbourne

A/Prof. John Toumbourou. Theories and measures are used to examine the health and social consequences of prosocial behaviour in adolescents. Measures and analyses will be incorporated within the applicant's existing research program including longitudinal follow-up of children and youth cohorts and parent and community intervention studies.

- \$125,000

Measurement of individual and social benefits for the reallocation of resources in the Australian health sector (supplementary Fellowship)

Monash University

Prof. Jeff Richardson. The project will identify and measure individual and social benefits arising from health and health promotion activities which have until now been neglected in economic evaluation studies, leading to improved evidence for future health promotion programs and health systems. Areas will include obesity, mental health, child/adolescent health and tobacco.

- \$29,250

Men, sexuality and health: New issues, new directions

La Trobe University

A/Prof. Gary Dowsett. This research program seeks to investigate men's sexual health in Victoria by looking at the connections between masculinity, sexuality and health through three new research projects.

- \$165,000

Muslim youth, social connectedness and reproductive/sex education (supplementary Fellowship)

La Trobe University

Dr Linda Bennett. This research explores how religion, ethnic identity, and Islamic education, impact upon the social connectedness of Muslim youth in Melbourne.

- \$80,000

The outcomes associated with non-fatal heroin overdose in Melbourne

Turning Point Alcohol & Drug Centre

Dr Paul Dietze. Research designed to provide a more complete understanding of non-fatal heroin overdose and its consequences by following a group of people who experience non-fatal heroin overdose in Melbourne over three years.

- \$100,000

Using innovative epidemiological methods to understand and reduce the transmission of blood-borne viruses and sexually transmitted infections (supplementary Fellowship)

Macfarlane Burnet Institute

Dr Margaret Hellard. This research aims to accurately measure the prevalence and risk factors leading to the transmission of blood borne viruses and sexually transmitted infections in the community using innovative epidemiological sampling techniques and mathematical modelling.

- \$16,500

Social and health outcomes of the Australian needle and syringe program (NSP)

The University of Melbourne

Dr John Fitzgerald. A study to document how NSP services work and develop sustainable social and health outcome data collection strategies to foster an evidence-based culture of service provision.

- \$125,000

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 explores the ways which they are related to sexual and reproductive health.

- \$125,000

**Women's health after childbirth:
A prospective cohort study**

La Trobe University

Dr Stephanie 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

RESEARCH SCHOLARSHIPS

Affirming diversity in health and sexuality education: From research to policy to practice

La Trobe University

Ms Debbie Ollis. A project evaluating: a) the ability of professional development to translate research into policy and practice in health and sexuality education; and b) the effectiveness of a framework for bringing about change that leads to better health outcomes for same sex attracted young people.

- \$13,707.14

Australian women's childbearing decisions

The University of Melbourne

Ms Sara Holton. The aim of this research project is to investigate the contributions of gender beliefs, psychosocial factors and health variables to the childbearing decisions of contemporary Australian women.

- \$20,837

An investigation of interventions aimed at enhancing women's sexual health

The University of Melbourne

Mr Richard Hayes. The project aims to develop and test interventions designed to encourage women to raise the more common sexual difficulties with their clinicians at sexual health centres and subsequently in general practice. To support the primary care physicians, tools will be developed for detecting these conditions and increase access to appropriate interventions.

- \$20,837

Long-term outcome after stroke and its association with the management of stroke risk factors

The University of Melbourne

Ms Seana Paul. To determine long-term (3-5 year) outcome after stroke, and in particular: 1) to determine long term survival, recurrence and dependency for stroke subtypes; 2) to identify factors at baseline that predict mortality, recurrent stroke, and good outcome; 3) to determine whether the management of known stroke risk factors by patients can influence their long-term outcome.

- \$21,697

Risk factors of illegal behaviour in intellectually disabled people

Monash University

Ms Emma Lourey. This study aims to investigate psychological, psychiatric and environmental factors which may predict offending behaviour in people with intellectual disability.

- \$20,837

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

The University of Melbourne

Ms Sarah 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.

- \$11,102

A study exploring the health of Bendigo call centre workers

The University of Melbourne

Ms Nicola Welch. This research will explore issues of health and wellbeing amongst call centre workers in Bendigo.

- \$3,414

PUBLIC HEALTH PROFESSIONAL DEVELOPMENT AWARDS

17th International Symposium on Epidemiology in Occupational Health

Monash University

The award is to be presented to an outstanding young researcher attending the symposium.

- \$500

CONFERENCE SUPPORT FUND

Through the Conference Support Fund, VicHealth provides limited support to conferences conducted by other providers to facilitate knowledge transfer in the field of health promotion, to ensure supported conferences are accessible to a range of delegates, and to ensure supported conferences take place in healthy environments.

4th National Sports Injury Prevention Conference

Sports Medicine Australia Victorian Branch

- \$5,000

5th Australian Women's Health Conference

Deakin University

- \$5,000

5th National Physical Activity Conference

Sports Medicine Australia Victorian Branch

- \$5,000

6th National Men's Health Conference

*Crisis Support Services
Incorporating Mensline Australia*

- \$10,000.00

Challenge, Debate, Inspire, Survive Adolescent Health in 2005

Royal Children's Hospital

- \$10,000

"Challenges and Opportunities – What's Next For U3As?"

U3A Network – Victoria Inc

- \$5,000

Consumer Participation and CALD Communities – Working Together Towards Good Practice

Centre for Culture Ethnicity and Health

- \$3,000

Creating Caring and Safe School Communities

The Alannah and Madeline Foundation

- \$10,000

Diversity In Health 2005 – It's Everybody's Business

Australian Multicultural Foundation

- \$10,000

Health Happiness and Productivity

Donald Garden Club Inc.

- \$2,000

Lower Hume Community Conference – “Strengthening our Communities”

Murrindindi Shire Council

- \$3,000

Men’s Sheds – Where are they heading? Building Community and Organisation Capacity in Men’s Health Promotion

Orbost Regional Health

- \$5,000

Researching Refugee Health: A National Conference on Networks, Method and Practice

La Trobe University

- \$5,000

Risky Business Symposium – The Creative Arts as an Intervention Activity for Young People at Risk

The University of Melbourne

- \$6,000

Strengthening Family Responses to Alcohol and Drug Misuse

Self Help Addiction Resource Centre (SHARC) Inc.

- \$2,000

Thinking Drinking: Achieving Cultural Change by 2020

Australian Drug Foundation

- \$8,000

INVESTMENTS SPECIFICALLY TARGETING HEALTH INEQUALITIES

CENTRE

Onemda VicHealth Koori Health Unit

The University of Melbourne

The Onemda VicHealth Koori Health Unit is an integrated academic program in Aboriginal Health with three areas of focus: Research, Community Development, and Teaching & Learning. Funding will provide opportunity for the consolidation and development of the Unit as it moves towards the establishment of a sustainable organisation.

- \$365,000

RESEARCH FELLOWSHIPS

Developing Sustainable Aboriginal Health Research Practice

The University of Melbourne

Dr Priscilla Pyett. This project supports a researcher to work in partnership with Aboriginal communities to implement and evaluate an innovative program of research reform that will improve ethical, relevant and sustainable research practice in Aboriginal health, build research capacity and ultimately lead to improved health outcomes for Aboriginal peoples.

- \$100,000

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

The University of Melbourne

Dr Catherine Lazaroo. Research examining the impact of the policy of repatriation of East Timorese asylum seekers on their physical and mental health.

- \$21,697

Masculinities and the health of young refugee males from Southern Sudan

Victorian Foundation for Survivors of Torture

Mr Ndungi wa Mungai. Research into how notions of masculinities can help in analysing the health issues of young males from Southern Sudan in Melbourne (who have arrived on refugee or humanitarian visas). The research will analyse how masculinities intersect with gender, class, race, ethnicity, age and culture to impact on the physical and psychological wellbeing of the target group.

- \$20,837

Health, development and wellbeing of young children in Victoria

Deakin University

Dr Elizabeth Waters. This project supports a researcher to use of epidemiological data on the health, development, and wellbeing of young children in Victoria to review the evidence base for characteristics and factors associated with effective public health interventions in childhood.

- \$100,000

Integrated, community-based approaches to health promotion for Victorian blue-collar workers

The University of Melbourne

A/Prof. Anthony LaMontagne. This project supports a researcher to develop new intervention approaches, focusing on community participation, to address the parallel patterns of high health behavioural risks and adverse working conditions among low status workers.

- \$165,000

Intervening early: Young people, families and community

The University of Melbourne

Dr Shelley Mallett. Early intervention programs for vulnerable young people and their families are currently divided between governments and across service sectors, resulting in replicated services and significant service gaps. This project supports a researcher to develop an evidence base to support the development of cross-sectoral, early intervention policies and services for this marginalized population.

- \$100,000

Understanding the importance of place in health inequalities

The University of Melbourne

A/Prof. Anne Kavanagh. This project supports a researcher to investigate whether living in socio-economically deprived areas is associated with poorer health status and document variations in the social and physical environments of places (eg public transport and housing) in socially contrasting areas.

- \$165,000

RESEARCH SCHOLARSHIPS

Why do women eat what they do? Personal, social and environmental influences on eating behaviours of women from different socio-economic backgrounds.

Deakin University

Ms Victoria Inglis. This scholarship investigates the role of individual, psychosocial and environmental influences on the eating behaviours of women from different socio-economic backgrounds.

- \$20,837

RESEARCH GRANTS

Economic analysis of costs on health system of delayed dental treatment

Health Issues Centre in conjunction with Dental Health Services Victoria

This project involves an analysis of the economic costs of delayed and incomplete dental treatment and the implications for the health care system. It will also provide recommendations for future data collection methodology that more accurately tracks these costs.

- \$30,000

Inequalities and health research

The University of Melbourne

A/Prof. Anne Kavanagh. The Australian Health Inequities Program seeks to: 1) Increase understanding of the complex social, economic and environmental factors that contribute to health inequities, and 2) improve policy, program and practice designed to reduce these inequities. The project is funded in collaboration with the National Health and Medical Research Centre.

- \$15,000

Key Centre for Women's Health in Society: Dissemination strategy

Key Centre for Women's Health, The University of Melbourne

This project is designed to develop and implement a rigorous approach to the dissemination of outcomes and learnings arising from the Centre's research activity, thereby strengthening the links between research policy and practice.

- \$35,000

A profile of adolescent problem gambling: Risk and protective factors informing prevention strategies

La Trobe University

Ms Sophia Vasiliadis. This research project will identify and explore gambling activities among young people in Victoria, in particular the differences between socio-demographic groups (eg gender, socio-economic status, ethnicity), and model risk and protective and developmental factors associated with gambling careers.

- \$20,837

Victorian Local Government Community Wellbeing Indicators Project

Victoria University of Technology

Prof. John Wiseman. This is a project to engage Victorian local governments to develop a common framework for selecting and developing indicators of community wellbeing. A common core set will be developed, along with locality specific indicators, to measure progress on key social, economic, cultural and environmental determinants of health for priority setting, planning, monitoring and advocacy at the local level. Systems for data collection and centralised pooling, analysis and reporting, along with feedback systems to local communities will be established, as well as activities to build the capacity of local government to select and use indicators.

- \$300,000

PROGRAMS/PROJECTS

Rumbalara Football Netball Club: Capacity Building 2004-2006

Rumbalara Football Netball Club

The project aims to increase the organisational capacity of Rumbalara Football Netball Club to achieve its health, social, cultural, economical and sporting goals by building appropriate organisational structures and systems and generating income.

- \$110,000

Rumbalara Football/Netball Club: Capacity Building 2004-2006 Evaluation

Effective Management Solutions Pty Ltd

This project will evaluate and document the 3 year project to increase the organisational capacity of Rumbalara Football Netball Club.

- \$15,000

OTHER HEALTH PROGRAM INVESTMENTS

Community Alcohol Action Network (CAAN)

Australian Drug Foundation

The Network aims to improve the quality of life in Victoria by reducing social and cultural pressures to drink alcohol at unsafe levels in unsafe circumstances.

- \$40,000

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

SunSmart Program 2003-2006

The Cancer Council of Victoria

Major statewide 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

Trends in sun protection, tanning and sunburn – CBRC

The Cancer Council Victoria

This project aims to: assess the effect of SunSmart and pro-tan media on tanning attitudes, sun protection behaviour and sunburn; determine the extent to which people are self-reporting desirable sun protection behaviours; and complete a previous analysis of trends in Victorian sun protection, tanning and sunburn from 1990 through to 2002.

- \$40,000

HEALTH PROMOTION INNOVATIONS INVESTMENTS

Connecting for Health: The role of networks and partnerships in improving health and wellbeing (Public Health Fellowship)

The University of Melbourne

Dr Jenny Lewis. (Joint VicHealth and DHS Public Health Fellowship.) Research that analyses the role of collaborative arrangements in improving health and well being in Victoria by examining public networks and policy development and investigation case studies of partnerships.

- \$104,000

Cochrane Field for Health Promotion – Public Health

Cochrane Collaboration

Investment to create greater capacity in Australia to support evidence-based health promotion through the production and dissemination of systematic reviews and contributing to the overall research capacity in conducting and evaluating systematic reviews.

- \$130,000

DISCOVERY GRANT SCHEME

Integrating human rights and bioethics into public health research and policy

Monash University

This grant supports two projects:

- 1) The first project responds to a concern expressed by the Victorian Public Health Research and Education Council of the relationship between ethics review and research governance.
- 2) The second project is to assess the impact of integrating ethical and human rights debate into public health policy debate within special interest groups of the Public Health Association of Australia.

- \$25,000

Community-Campus Partnership for violence prevention

La Trobe University

This project is to support the development of a partnership between two universities (La Trobe and Melbourne) to facilitate community-based participatory research to address violence issues in the City of Whittlesea.

- \$25,000

Painless service at the checkout

Arthritis Foundation of Victoria

To develop and trial protocols that would safely allow workers to choose whether to stand or sit (on ergonomically designed sit/stand stools) as they carry out their duties at the checkout.

- \$21,500

WaterMatters: Understanding the relationship between the management of water and community health in North East Victoria

The Centre for Continuing Education Inc.

Project to develop a cross-sectoral history of the changes to the environment, community, regulation and management of water and how these link to community health in North East Victoria.

- \$30,000

FEASIBILITY STUDIES/SPECIAL STUDIES

Workplace stress in Victoria: Developing a systems approach

The University of Melbourne

Study exploring workplace stress in Victoria and developing an understanding of systems responses to the issue. Involves a literature review as well as an investigation into current Victorian workplace practice.

- \$40,260

Project sustainability: Developmental study and pilot

Royal Melbourne Institute of Technology

A study to develop and pilot an evaluation methodology that will determine if (and how) funded projects have continued beyond their initial funding. It will involve assessing project documentation, development of an appropriate survey tool, and piloting of the tool with a selection of projects.

- \$40,000

REPORT OF OPERATIONS 2004–2005

1. ESTABLISHMENT OF THE VICTORIAN HEALTH PROMOTION FOUNDATION

The Victorian Health Promotion Foundation is established by the *Tobacco Act 1987* No. 81 (the Act). The responsible Minister is the Minister for Health, The Hon. Bronwyn Pike MLA.

2. OBJECTS

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

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

3. FUNCTIONS

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

- (a) to promote its objects;
- (b) to make grants from the Health Promotion Fund for activities, facilities, projects or research programs in furtherance of the objects of the Foundation;
- (c) to provide sponsorships for sporting or cultural activities;
- (d) to keep statistics and other records relating to the achievement of the objects of the Foundation;
- (e) 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;
- (f) to make loans or otherwise provide financial accommodation for activities, facilities, projects or research programs in furtherance of the objects of the Foundation;
- (g) to consult regularly with relevant Government Departments and agencies and to liaise with persons and organisations affected by the operation of this Act; and
- (h) 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:

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

4. POWERS

As set out in the Act, 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 Act.

6. ORGANISATIONAL CHART

(a) Members of the Board of Governance 1 July 2004 – 30 June 2005

Professor Glenn Bowes
Ms Elaine Canty
Ms Susan Cormack (*from 3 November 2004*)
Mr Hugh Delahunty MLA
Ms Jane Fenton (Chairperson)
The Hon. Bill Forwood MLC
Mr Lindsay Gaze
Professor David Hill
Mr John Howie
Ms Belinda Jakiel
Ms Maxine Morand MLA
Ms Jerril Rechter
Dr Judith Slocombe
Professor Richard Smallwood

(b) Audit Committee

Ms Jane Fenton
Ms Linda Berry (*until 8 December 2004*)
Mr Hugh Delahunty MLA
The Hon. Bill Forwood MLC
Mr John Hayes (Chairperson)
Mr John Kehoe
Ms Maxine Morand MLA

(c) Finance and Human Resources Committee

Ms Jane Fenton (Chairperson)
Ms Linda Berry (*until 8 December 2004*)
Ms Anne Fairhall
Mr John Hayes
Mr Leigh Johns (*from 27 April 2005*)
Dr Judith Slocombe

(d) Chief Executive Officer

Dr Rob Moodie

(e) Senior Officers as at 30 June 2005

Director: Communications and Marketing, Ms Jackie Van Vugt

Director: Finance and Administration, Mr Randall Kent

Director: Health Promotion Innovations, Ms Barbara Mouy

Director: Mental Health and Wellbeing, Ms Lyn Walker

Director: Physical Activity, Ms Kellie-Ann Jolly

Director: Research Workforce and Tobacco Control, Mr John Biviano

7. WORKFORCE DATA

	30 June 2005		30 June 2004	
	No.	EFT	No.	EFT
Staff establishment	47	39.3	44	39.5
Cost recovery and special projects	5	4.4	4	3.8
Total	52	43.7	48	43.3

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

8. APPLICATION OF MERIT AND EQUITY PRINCIPLES

The Foundation is an equal opportunity employer.

The Foundation complies with relevant Government guidelines and employment principles.

9. FINANCIAL INFORMATION

	2004-05 \$ 000's	2003-04 \$ 000's	2002-03 \$ 000's	2001-02 \$ 000's	2000-01 \$ 000's
(a) Summary of Financial Results					
Income					
Health Promotion Grant	28 427	27 707	27 140	26 216	25 400
Investment Income	401	453	413	362	485
Other	846	1 150	1 053	993	715
Total Income	29 674	29 310	28 606	27 571	26 600
Expenditure					
Grants and Associated Expenses	24 178	25 931	25 039	23 091	23 663
Business Projects Expenses	422	586	257	-	-
Operating	4 204	4 155	3 820	3 717	3 614
Total Expenditure	28 804	30 672	29 116	26 808	27 277
Net Result	870	(1 362)	(516)	763	(677)

Balance Sheet as at:	30/6/05 \$ 000's	30/6/04 \$ 000's	Change \$ 000's
(b) Summary of Significant Changes in Financial Position			
Current Assets	1 082	2 066	(984)
Non-Current Assets	3 805	2 407	1 398
Total Assets	4 887	4 473	414
Current Liabilities	1 759	2 229	(470)
Non-Current Liabilities	281	267	14
Total Liabilities	2 040	2 496	(456)
Equity	2 847	1 977	870
Total Equity and Liabilities	4 887	4 473	414

10. OPERATIONAL OBJECTIVES, SIGNIFICANT ACTIVITIES AND ACHIEVEMENTS

(a) Operational Objectives

The Foundation's primary operational objectives for 2004/05 were:

1. Innovating for excellence in health promotion.
2. Building on and sharing health promotion knowledge and skills.
3. Working across sectors to broaden the benefit.

Research, development and implementation activity was primarily focused in the areas of tobacco control; promoting mental health and wellbeing; promoting physical activity and healthy eating; and tackling health inequalities.

The key sectors the Foundation collaborated with were:

- Sport and Active Recreation
- Community
- Local Government
- Health
- The Arts
- Education

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

Significant activities and achievements in relation to these objectives are set out elsewhere in the Foundation's 2004/05 Annual Report.

(b) Summary of Major Changes

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

(c) 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.

(d) Consultancies

Six consultancies costing less than \$100,000 were engaged during the year. The total cost of consultancies was \$167,000 (2003/04 \$172,000).

(e) Compliance with Legislation

No requests for information were received and no critical incidents arose during the year under the following legislation. To the best of my knowledge the Foundation has complied with this legislation or policy, where relevant.

Freedom of Information Act 1982

Information Privacy Act 2000

Whistleblowers Protection Act 2001

Equal Opportunity Act 1995

Occupational Health and Safety Act 1985

Victorian Managed Insurance Authority Act 1996

Building Act 1993

National Competition Policy

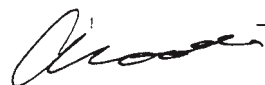
Victorian Industry Participation Policy

(f) Occupational Health and Safety

The Foundation had no Workcover claims or critical occupational health and safety incidents during the year.

(g) Other Information

Additional information, as listed in Financial Reporting Direction 22, has been prepared where applicable and is available to the responsible Minister, Members of Parliament and the public on request (subject to the FOI Act).



Dr Rob Moodie
Chief Executive Officer

Signed at Melbourne this 31st day of August 2005

FINANCIAL STATEMENTS 2004–2005

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 2005 and the financial position as at that date.

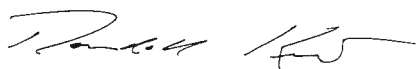
At the date of signing these statements we are not aware of any circumstances which would render any particulars included in the statements to be misleading or inaccurate.



Professor Richard Smallwood
Acting Chairperson



Dr Rob Moodie
Chief Executive Officer



Mr Randall Kent
Director: Finance and Administration

Signed at Melbourne this 31st day of August 2005



AUDITOR GENERAL
VICTORIA

AUDITOR-GENERAL'S REPORT

To the Members of the Parliament of Victoria and Members of the Board of the Victorian Health Promotion Foundation

Scope

The Financial Report

The accompanying financial report for the year ended 30 June 2005 of the Victorian Health Promotion Foundation consists of the statement of financial performance, statement of financial position, statement of cash flows, notes to and forming part of the financial report, and the supporting declaration.

Members' Responsibility

The Members of the Board of the Victorian Health Promotion Foundation are responsible for:

- the preparation and presentation of the financial report and the information it contains, including accounting policies and accounting estimates
- the maintenance of adequate accounting records and internal controls that are designed to record its transactions and affairs, and prevent and detect fraud and errors.

Audit Approach

As required by the *Audit Act* 1994, an independent audit has been carried out in order to express an opinion on the financial report. 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:

- examining information on a test basis to provide evidence supporting the amounts and disclosures in the financial report
- assessing the appropriateness of the accounting policies and disclosures used, and the reasonableness of significant accounting estimates made by the members
- obtaining written confirmation regarding the material representations made in conjunction with the audit
- reviewing the overall presentation of information in the financial report.

These procedures have been undertaken to form an opinion as to whether the financial report is presented in all material respects 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, and its financial performance and cash flows. The audit opinion expressed in this report has been formed on the above basis.

Independence

The Auditor-General's independence is established by the *Constitution Act* 1975. The Auditor-General is not subject to direction by any person about the way in which his powers are to be exercised. The Auditor-General and his staff and delegates comply with all applicable independence requirements of the Australian accounting profession.

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 2005 and its financial performance and cash flows for the year then ended.

JW Cameron
Auditor-General

MELBOURNE 12 September 2005

Victorian Auditor-General's Office

Level 34, 140 William Street, Melbourne Victoria 3000
Telephone (03) 8601 7000 Facsimile (03) 8601 7010
Email comments@audit.vic.gov.au
Website www.audit.vic.gov.au

STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2005

	Notes	2004/05 \$ 000's	2003/04 \$ 000's
Revenue from Ordinary Activities			
Operating Revenue			
Health Promotion Grant	1(k)	28 427	27 707
Other Operating Revenue	2	827	1 080
		29 254	28 787
Non-Operating Revenue			
Investment Income		401	453
Proceeds of Sale of Assets		19	70
		420	523
		29 674	29 310
Expenses from Ordinary Activities			
Grants and Associated Expenses	4	24 178	25 931
Business Projects Expenses	1(m),5	422	586
Operating Expenses	3	4 204	4 155
		28 804	30 672
Net Result for the Year	6	870	(1 362)
Adjustment Directly to Retained Earnings		0	0
Total changes in equity other than those resulting from transactions with the Victorian State Government in its capacity as owner		870	(1 362)

The accompanying notes form part of these financial statements.

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2005

	Notes	2005 \$ 000's	2004 \$ 000's
Current Assets			
Cash Assets	7	118	36
Receivables	8	458	457
Prepayments		1	24
Other Financial Assets	1(h),9	505	1 549
Total Current Assets		1 082	2 066
Non-Current Assets			
Other Financial Assets	1(h),9	3 005	1 506
Furniture, Fittings, Equipment and Motor Vehicles	12	800	901
Total Non-Current Assets		3 805	2 407
Total Assets		4 887	4 473
Current Liabilities			
Payables	1(f),10	1 413	1 858
Deferred Lease Benefit	15(b)	18	18
Provisions	1(d),11	328	353
Total Current Liabilities		1 759	2 229
Non-Current Liabilities			
Provisions	1(d),11	195	163
Deferred Lease Benefit	15(b)	86	104
Total Non-Current Liabilities		281	267
Total Liabilities		2 040	2 496
Net Assets		2 847	1 977
Equity			
Funds Held for Restricted Purposes	1(e),6	302	257
Retained Earnings		2 545	1 720
Total Equity		2 847	1 977
Contingent Liabilities and Contingent Assets	17,18		
Future Grant Commitments	14		

The accompanying notes form part of these financial statements.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2005

	Notes	2004/05 \$ 000's	2003/04 \$ 000's
		Inflows (Outflows)	Inflows (Outflows)
Cash Flows from Operating Activities			
Receipts from health promotion grant		31 270	30 477
Investment income		419	490
Other receipts		937	1 360
Total Receipts		32 626	32 327
Payments of grants and associated expenses		(27 064)	(29 278)
Payments to suppliers and employees		(4 393)	(4 091)
GST remitted		(548)	(113)
Total Payments		(32 005)	(33 482)
Net Cash Provided By (Used in) Operating Activities	16(b)	621	(1 155)
Cash Flows from Investing Activities			
Proceeds from sale of assets		19	70
Proceeds from redemption of investments (investment outlays)		(455)	445
Payments for purchase of fixed assets		(103)	(142)
Net Cash Provided By (Used in) Investing Activities		(539)	373
Net Increase in Cash Held		82	(782)
Cash at 1 July		36	818
Cash at 30 June	16(a)	118	36

The accompanying notes form part of these financial statements.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2005

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 (2003/04 \$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 2003/04.

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

(i) Annual leave

Calculations of provisions for annual leave are based on remuneration rates expected to apply when the obligation is settled in accordance with AASB 1028. Calculations of provisions for long service leave are based on pay rates current at balance date.

(ii) Superannuation

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

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 New Scheme the notional share of unfunded liabilities attributable to the Foundation, as assessed by the State Superannuation Scheme as at 30 June 2005, was nil.

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

During 2004-05 the Foundation's contributions to the above schemes totalled \$227,000 (2003/04, \$238,000). No contributions were outstanding at 30 June 2005 (2003/04, Nil).

The policy adopted for calculating employer contributions is based on the advice of the Scheme's actuary. The employer contribution rates for 2004/05 varied from 9% to 9.7% depending on the scheme and the rate contributed by each employee (2003/04 9% 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.

(iv) Employee benefits on-costs

Employee benefit on-costs (Workcover and superannuation costs) are recognised and included in employee benefit liabilities and costs when the benefit to which they relate are recognised as liabilities in accordance with AASB 1028.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2005

1. STATEMENT OF ACCOUNTING POLICIES (CONTINUED)

(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* 1987 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 2004/05. These instalments were unpaid as at 30 June 2005 and have been disclosed as a current liability. The accrued grants are expected to be paid within 12 months.

Grants approved for payment in 2004/05 and subsequent years have been recognised in the notes to these financial statements as commitments (see Note 14).

(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 recognized as the interest accrues.

Investments consist of five commercial bank bills. Maturity dates range from 66 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. Since 1 July 1998, annual funding for the Foundation has been determined 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) Adopting Australian Equivalents to International Financial Reporting Standards (A-IFRS)

The Australian Accounting Standards Board (AASB) is adopting International Financial Reporting Standards for application to reporting periods beginning on or after 1 January 2005. The AASB has issued a number of A-IFRS and the Urgent Issues Group has issued a number of interpretations originated by the International Financial Reporting Interpretations Committee. The adoption of A-IFRS will be first reflected in an entity's financial statements for the half year ending 31 December 2005 and the year ending 30 June 2006. In April 2004, the AASB issued AASB 1047 Disclosing the Impacts of Adopting Australian Equivalents to International Financial Reporting Standards which applies to all reporting entities for interim and annual reporting periods ending on or after 30 June 2005. Refer to note 21 for further information.

(m) Business Projects

The financial statements include transactions relating to the Premier's Drug Prevention Council business project, *ConnectUs*. Transactions for *ConnectUs* have been brought to account in accordance with an agreement between the Foundation and the Secretary of the Department of Human Services.

(n) Comparatives

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

(o) Rounding

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2005

2. OTHER OPERATING REVENUE

	2004/05 \$ 000's	2003/04 \$ 000's
Government Project Grants	268	442
Non-Government Project Grants	82	67
Consulting and Training Fees	62	30
Sundry Income	2	6
	414	545
Business Projects Revenue		
ConnectUs Project Revenue	413	421
IUHPE Conference Revenue	-	114
Total Other Operating Revenue	827	1 080

3. OPERATING EXPENSES

	2004/05 \$ 000's	2003/04 \$ 000's
General Administration	72	59
Occupancy Costs	362	371
Office Costs	238	267
Personnel Costs	3 145	2 919
Transport Costs	59	102
Members Fees	102	114
Depreciation	194	214
Provision of Long Service Leave	22	53
Written Down Value of Assets Sold	10	56
Total	4 204	4 155

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2005

4. GRANTS AND ASSOCIATED EXPENSES

	2004/05 \$ 000's	2003/04 \$ 000's
Payments to Sport and Recreation Bodies for Purposes of Health Promotion		
Partnerships for Health Grants	3 273	3 413
Participation in Community Sports and Active Recreation Grants	2 685	2 123
Health Enhancing Clubs and Venues Grants	538	1 170
Other Payments	1 968	1 702
Total Payments to Sport and Active Recreation Bodies	8 464	8 408
Payments to Community Bodies for Purposes of Health Promotion		
Arts for Health Grants	2 223	2 136
Population Group Grants	885	1 510
Quit Program and SunSmart Grants	3 947	3 591
Other Payments	1 670	1 707
Total Payments to Community Bodies	8 725	8 944
Public Health Research		
Public Health Research Project Grants	1 324	1 048
Centres for Research and Practice	1 015	2 013
Surveillance and Applied Research Grants	75	469
Fellowships and Scholarships	2 916	2 779
Total Public Health Research Grants	5 330	6 309
Research Dissemination Expenses	28	59
Evaluation Expenses	460	470
Total Payments for Public Health Research	5 818	6 838
Associated Expenses		
Developmental Activities	318	456
Communications and Marketing	853	1 285
Total Associated Expenses	1 171	1 741
Total Grants and Associated Expenses	24 178	25 931

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2005

5. BUSINESS PROJECT EXPENSES

	2004/05 \$ 000's	2003/04 \$ 000's
ConnectUs Business Project	422	413
IUHPE Conference	-	173
Total Business Project Expenses	422	586

6. EQUITY AND MOVEMENTS IN EQUITY

	2004/05 \$ 000's	2003/04 \$ 000's
RETAINED EARNINGS		
Balance at 1 July	1 720	2 913
Surplus (Deficit) for the Year	870	(1 362)
Transfer (to) from Funds Held for Restricted Purposes	(45)	169
Balance at 30 June	2 545	1 720
FUNDS HELD FOR RESTRICTED PURPOSES		
Sporting Bodies Commitments Fund		
Balance at 1 July	82	110
Transfer (to) from Retained Earnings	93	(28)
Balance at 30 June	175	82
Common Solutions Commitments Fund		
Balance at 1 July	67	57
Transfer (to) from Retained Earnings	60	10
Balance at 30 June	127	67
ConnectUs Commitments Fund		
Balance at 1 July	8	0
Transfer (to) from Retained Earnings	(8)	8
Balance at 30 June	-	8

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2005

6. EQUITY AND MOVEMENTS IN EQUITY (CONTINUED)

	2004/05 \$ 000's	2003/04 \$ 000's
Mental Health Promotion Commitments Fund		
Balance at 1 July	100	200
Transfer (to) from Retained Earnings	(100)	(100)
Balance at 30 June	-	100
IUHPE Conference Commitments Fund		
Balance at 1 July	-	59
Transfer (to) from Retained Earnings	-	(59)
Balance at 30 June	-	0
Total Equity	2 847	1 977

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 \$93,000 from Retained Earnings to the Sporting Bodies Commitments Fund represents the amount by which payments to sporting and active recreation bodies for 2004/05 were less than 30% of the health promotion grant for 2004/05.

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 \$60,000 from Retained Earnings to the Common Solutions Commitments Fund represents the difference between grants received, and expenditure incurred, for the Common Solutions project, during 2004/05.

The ConnectUs Commitments Fund represents the difference between grants received for the ConnectUs project and the expenditure incurred for this project on a cumulative basis. The transfer of \$8,000 to Retained Earnings from the ConnectUs Commitments Fund represents the difference between grants received, and expenditure incurred, for the ConnectUs project, during 2004/05.

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 \$100,000 from the Mental Health Promotion Commitments Fund to Retained Earnings represents the difference between the grant received, and expenditure incurred, for the mental health promotion projects, during 2004/05.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2005

7. CASH ASSETS

	2004/05 \$ 000's	2003/04 \$ 000's
Bank Balance	(305)	(386)
At Call Deposits	423	422
Total	118	36

8. RECEIVABLES

	2004/05 \$ 000's	2003/04 \$ 000's
Sundry Debtors	435	416
Accrued Income	23	41
Total	458	457

9. OTHER FINANCIAL ASSETS

	2004/05 \$ 000's	2003/04 \$ 000's
Current Investments		
Commercial Bank Bills	505	1 549
Total	505	1 549
Non-Current Investments		
Commercial Bank Bills	3 005	1 506

\$302,000 of financial assets relate to Funds Held for Restricted Purposes (2003/04 \$257,000).

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2005

10. PAYABLES

	2004/05 \$ 000's	2003/04 \$ 000's
Trade Creditors	753	1 103
Grants Payments Accrued	511	587
Accrued Salaries	65	59
Other Accrued Expenses	84	109
Total	1 413	1 858

11. PROVISIONS

	2004/05 \$ 000's	2003/04 \$ 000's
Current		
Employee entitlements		
Annual Leave	195	211
Long Service Leave	133	142
Total	328	353

Non-Current

Employee entitlements		
Long Service Leave	195	163
Total	195	163

Aggregate Carrying Amount of Provisions

Current	328	353
Non-Current	195	163
Total	523	516

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2005

12. FURNITURE, FITTINGS, EQUIPMENT AND MOTOR VEHICLES

(a) Written Down Value

	At Cost \$ 000's	Accumulated Depreciation 30/06/05 \$ 000's	Written Down Value 30/06/05 \$ 000's	Written Down Value 30/06/04 \$ 000's
Office Furniture	143	77	66	78
Fixtures and Fittings	826	331	495	576
Office Equipment	455	326	129	99
Motor Vehicles	160	50	110	148
Total	1 584	784	800	901

(b) Reconciliations

	Balance 1 July \$ 000's	Additions \$ 000's	Disposals \$ 000's	Depreciation \$ 000's	Balance 30 June \$ 000's
2005					
Office Furniture	78	-	-	(12)	66
Fixtures and Fittings	576	1	-	(82)	495
Office Equipment	98	102	-	(71)	129
Motor Vehicles	149	-	(10)	(29)	110
Total	901	103	(10)	(194)	800
2004					
Office Furniture	90	1	-	(13)	78
Fixtures and Fittings	658	0	-	(82)	576
Office Equipment	142	51	(6)	(89)	98
Motor Vehicles	139	90	(50)	(30)	149
Total	1 029	142	(56)	(214)	901

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2005

13. 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's	Fixed interest maturing in 1 year or less \$ 000's	Fixed interest maturing in more than 1 year \$ 000's	Non-interest bearing \$ 000's	Total 30/6/05 \$ 000's	Total 30/6/04 \$ 000's
Financial Assets						
At-call deposits (refer note 7)	423				423	422
Receivables				458	458	457
Investments		505	3 005		3 510	3 055
Total	423	505	3 005	458	4 391	3 934
Weighted Average Interest Rate %	5.06	6.57	7.62			
Financial Liabilities						
Payables				1 413	1 413	1 858
Bank Balance (refer note 7)				305*	305*	386*
Total				1 718	1 718	2 244

*Amount relates to unrepresented cheques. The Foundation has not operated an overdraft during the year. Accordingly, no interest has been charged.

(b) Credit Risk Exposures

The credit risk on financial assets of the Foundation, which have 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 are not materially different to the carrying value of the financial assets and liabilities recognised in the statement of financial position.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2005

14. 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:

	30/6/05 \$ 000's	30/6/04 \$ 000's
Payable within one year	14 820	10 093
Payable later than one year but not later than five years	15 954	9 031
	30 774	19 124

Grants approved for payment in future years, but where funding agreements are yet to be executed are:

Payable within one year	460	1 860
Payable later than one year but not later than five years	3 422	4 124
	3 882	5 984

15. 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:

	30/6/05 \$ 000's	30/6/04 \$ 000's
Payable within one year	258	258
Payable later than one year but not later than five years	959	959
Payable later than five years	312	570
	1 529	1 787

(b) The Foundation relocated its offices to 15 Pelham Street, Carlton in April 2001 and 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 is being amortised over the 10 year term of the lease.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2005

16. 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:

	2004/05 \$ 000's	2003/04 \$ 000's
Bank balance	(305)	(386)
At Call Deposits	423	422
Cash at 30 June	118	36

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

	2004/05 \$ 000's	2003/04 \$ 000's
Net Result for the year	870	(1 362)
Adjustment directly to Retained Earnings	0	0
Total changes in equity	870	(1 362)
Adjustments for non-cash income and expense items		
Depreciation	194	214
Increase in provisions	7	124
Net loss (profit) on sale of assets	(9)	(14)
Increase (decrease) in grants payments accrued	(76)	(107)
Decrease (increase) in prepayments	23	(23)
Net decrease (increase) in accrued income	18	36
Increase (decrease) in trade creditors and accruals	(369)	(149)
Increase (decrease) in deferred lease benefit	(18)	(18)
Net decrease (increase) in trade debtors	(19)	144
Net Cash Provided / (Used) By Operating Activities	621	(1 155)

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2005

17. CONTINGENT LIABILITIES

As at 30 June 2005 the Foundation had no legal matters outstanding and is not aware of any other contingent liabilities, other than future grant commitments disclosed in Note 14. (30 June 2004, Nil.)

18. CONTINGENT ASSETS

Contingent Assets as at 30 June 2005 was Nil. (30 June 2004, Nil.)

19. 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 Glenn Bowes

Ms Elaine Canty

Ms Susan Cormack (*from 3 November 2004*)

Mr Hugh Delahunty MLA

Ms Jane Fenton (Chairperson)

The Hon. Bill Forwood MLC

Mr Lindsay Gaze

Professor David Hill

Mr John Howie

Ms Belinda Jakiel

Ms Maxine Morand MLA

Ms Jerril Rechter

Dr Judith Slocombe

Professor Richard Smallwood

(c) Remuneration of Members of Board of Governance

The total remuneration paid by the Foundation to eleven Members of the Board of Governance was \$84,000 (2003/04 \$81,000). No payment was made to three Parliamentary Members.

Remuneration \$	2004/05 No.	2003/04 No.
0-9 999	10	13
10 000-19 999	1	0

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2005

19. RESPONSIBLE PERSONS AND RELATED PARTY DISCLOSURES (CONTINUED)

(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	Member	Nature of Relationship	2004/05 \$ 000's	2003/04 \$ 000's
The Cancer Council of Victoria	Professor D Hill	Employee	4 803	4 461
The Sports Federation of Victoria (VicSport)	Mr J Howie	Chairman	197	172
Royal Children's Hospital	Professor G Bowes	Employee	40	155
Murdoch Children's Research Institute	Ms J Fenton Prof G Bowes Professor R Smallwood	Board members	350	400
Footscray Community Arts Centre	Ms J Rechter	Employee	85	105
Total			5 475	5 293

(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 \$	Total Remuneration		Base Remuneration	
	2004/05 No.	2003/04 No.	2004/05 No.	2003/04 No.
100,000 – 109,999	4	3	5	1
110,000 – 119,999	2	2	1	1
160,000 – 169,999				1
180,000 – 189,999			1	
190,000 – 199,999		1		
200,000 – 209,999	1			
Total Number	7	6	7	3
Total Remuneration	856,000	735,000	811,000	383,000

Total remuneration includes performance incentive payments. Comparatives for 2003-04 excludes Executive Officers with base remuneration below \$100,000 in that year.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2005

20. AUDITOR'S REMUNERATION

	2004/05 \$ 000's	2003/04 \$ 000's
Audit fees paid or payable to the Victorian Auditor-General's Office for the audit of the Foundation's financial statements	10	10

21. IMPACTS OF ADOPTING AASB 1047 EQUIVALENTS TO IASB STANDARDS

Following the adoption of Australian equivalents to International Financial Reporting standards (A-IFRS), The Foundation will report for the first time in compliance with A-IFRS when results for the financial year ended 30 June 2006 are released. Under A-IFRS there are requirements that apply specifically to not-for-profit entities. Where appropriate, the Foundation applies those paragraphs in accounting standards applicable to not-for-profit entities.

An A-IFRS compliant financial report will comprise a new statement of changes in equity in addition to the three existing financial statements, which will all be renamed. The Statement of Financial Performance will be renamed as the Operating Statement, the Statement of Financial Position will revert to its previous title as the Balance Sheet and the Statement of Cash Flows will be simplified as the Cash Flow Statement. For the purpose of disclosing the impact of adopting A-IFRS in 2004-05 financial report, which is prepared under existing accounting standards, existing titles and terminologies are retained. With certain exceptions, an entity that has adopted A-IFRS must record transactions that are reported in the financial report as though A-IFRS had always applied. This requirement also extends to any comparative information included within the financial report. Most accounting policy adjustments to apply A-IFRS retrospectively will be made against accumulated funds at the 1 July 2004 opening balance sheet date for the comparative period. The exceptions include deferral until 1 July 2005 of the application and adjustment for AASB 132 Financial Instruments: Disclosure and Presentation and AASB 139 Financial Instruments: Recognition and Measurement.

The Foundation has taken the following steps in managing the transition to, and implementation of, A-IFRS:

- established a A-IFRS project team to review the new accounting standards to identify key issues and the likely impacts resulting from the adoption of A-IFRS and any relevant financial reporting directions as issued by the Minister for Finance.
- participated in an educational and training process to raise awareness of the changes in reporting requirements and the processes to be undertaken.

The financial report has been prepared in accordance with current Australian accounting standards and other financial reporting requirements (Australian GAAP). Differences between Australian GAAP and A-IFRS have been identified as potentially not having a material impact on the Foundation's financial position and financial performance following the adoption of A-IFRS. The following tables outline the estimated significant impacts on the financial position of the Foundation as at 30 June 2005 and the likely impact on the current year result had the financial statements been prepared using A-IFRS.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2005

21. IMPACTS OF ADOPTING AASB 1047 EQUIVALENTS TO IASB STANDARDS (CONTINUED)

The estimates below are the Foundation's best estimates of the significant quantitative impact of the changes as at the date of preparing 30 June 2005 financial report. The actual effects of transition to A-IFRS may differ from the estimates disclosed due to:

- (a) change in facts and circumstances
- (b) ongoing work being undertaken by the A-IFRS project team.
- (c) potential amendments to A-IFRS and interpretations
- (d) emerging accepted practice in the interpretation and application of A-IFRS and UIG interpretations

Reconciliation of net result as presented under Australian GAAP and that under A-IFRS

Note	Year ended 30 June 2005 \$ 000's
Net result as reported under Australian GAAP	870
Estimated A-IFRS impact on revenue	-
Estimated A-IFRS impact on expenses	-
Employee benefits	-
Total estimated A-IFRS impact on net result	-
Net result under A-IFRS	870

Reconciliation of total assets and total liabilities as presented under Australian GAAP and that under A-IFRS

Note	Year ended 30 June 2005 \$ 000's
Total assets under Australian GAAP	4 887
Estimated A-IFRS impact on assets	-
Total assets under A-IFRS	4 887
Total liabilities under Australian GAAP	2 040
Estimated A-IFRS impact on Liabilities	-
Provisions	(1)
Total liabilities under A-IFRS	2 039

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2005

21. IMPACTS OF ADOPTING AASB 1047 EQUIVALENTS TO IASB STANDARDS (CONTINUED)

Reconciliation of equity as presented under Australian GAAP and that under A-IFRS

	Note	Year ended 30 June 2005 \$ 000's
Total equity under Australian GAAP		2 847
Estimated A-IFRS impact on equity		
Retained earnings		1
Total estimated A-IFRS impact on equity		1
Total equity under A-IFRS		2 848

Employee Benefits: Under existing Australian accounting standards, employee benefits such as wages and salaries, annual leave and sick leave are required to be measured at their nominal amounts regardless of whether they are expected to be settled within 12 months of the reporting date. On adoption of A-IFRS, a distinction is made between short-term and long-term employee benefits. AASB 119, Employee Benefits, requires liabilities for short-term employee benefits to be measured at nominal amounts and liabilities for long-term employee benefits to be measured at present value. AASB 119 defines short-term employee benefits as benefits that fall due within twelve months after the end of the period in which the employees render the related service. Therefore liabilities for employee benefits such as wages and salaries, annual leave and sick leave are required to be measured at present value where they are not expected to be settled within 12 months of the reporting date. The effect of the above requirement on the Foundation's Statement of Financial Position as at 30 June 2005 will be an estimated decrease in employee benefits liability of \$552. For the year ended 30 June 2005, employee benefits expense is expected to increase by \$243 as the present value discount on the liabilities for long-term employee benefits unwinds.

ORGANISATIONAL CHART

Chief Executive Officer

Dr Rob Moodie

Senior Officers as at 30 June 2005

Director: Communications and Marketing, Ms Jackie Van Vugt

Director: Finance and Administration, Mr Randall Kent

Director: Health Promotion Innovations, Ms Barbara Mouy

Director: Mental Health and Wellbeing, Ms Lyn Walker

Director: Physical Activity, Ms Kellie-Ann Jolly

Director: Research Workforce and Tobacco Control, Mr John Biviano



BOARD APPOINTED ADVISORY PANELS 2004–2005

Research Excellence/Workforce Development

Prof. Andrew Wilson (Chair)	University of Queensland
Mr John Biviano	VicHealth
Prof. Glenn Bowes	VicHealth Board
Dr John Carnie	Department of Human Services
Prof. John McNeil	Monash University
Dr Cathy Mead	Victorian Public Health Research and Education Council
Dr Julia Shelley	Deakin University
Prof. Richard Smallwood	VicHealth Board
Dr Melanie Wakefield	The Cancer Council of Victoria
Prof. Anthony Zwi	University of New South Wales
Dr Michelle Callander (Convenor)	VicHealth

VicHealth Centres for Research and Practice

Prof. David Hill	VicHealth Board
Mr John Biviano	VicHealth
Prof. Glenn Bowes	VicHealth Board
Dr Ross Bury	Department of Human Services
Dr Stephen McMahon	Institute of International Health
Dr Rob Moodie	VicHealth
Prof. Doreen Rosenthal	La Trobe University
Dr Michelle Callander (Convenor)	VicHealth

Mental Health and Wellbeing

Ms Jane Fenton (Chair)	Chair VicHealth Board
Mr Paris Aristotle	Victorian Foundation for the Survivors of Torture
Mr Paul Briggs	Koori Resource and Information Centre
Judge Jennifer Coate	Children's Court
Ms Suzanne Cooper	Ovens and King Community Health Services
Mr Mick Daniher	Football Victoria
Commander Ashley Dickinson	Victoria Police
Ms Carmel Guerra	Centre for Multicultural Youth Issues
Prof. Helen Herrman	St Vincent's Mental Health Service
Ms Vivienne McCutcheon	Council of the Ageing
Mr Bernie Marshall	Department of Justice
Ms Jerril Rechter	VicHealth Board
Ms Cath Scarth	Brotherhood of St Laurence
Ms Jenny Smith	Department of Human Services
Ms Kerry Webber	Department of Health and Ageing
Prof. Johanna Wyn	University of Melbourne/Youth Research Centre
Ms Leonie Young	beyondblue
Ms Lyn Walker (Convenor)	VicHealth

Audience Access Scheme Sub-Panel of Mental Health

Ms Jane Fenton (Chair)	Chair VicHealth Board
Ms Sue Beal	City of Melbourne
Ms Marion Crooke	Consultant
Dr John McLeod	McLeod, Nelson and Associates Pty Ltd
Mr Andy Miller	Arts Victoria
Ms Sue Ball (Convenor)	VicHealth

Community Arts Development Scheme Sub-Panel of Mental Health

Ms Jerril Rechter (Chair)	VicHealth Board
Ms Bernice Gerrand	The Australian Council for the Arts
Prof. Sandy Gifford	La Trobe University Refugee Health Research Centre
Ms Regina Hill	Women's Circus Board
Ms Clare Keating	Effective Change Pty Ltd
Dr Darryl Mabery	Charles Sturt University, Wagga Wagga
Ms Judy Spokes	Cultural Development Network (Vic)
Ms Sue Ball (Convenor)	VicHealth

Community Arts Participation Scheme Sub-Panel of Mental Health

Ms Victoria Marles (Chair)	Circus Oz
Ms Fiona Beckwith	Arts Victoria
Ms Elaine Canty	VicHealth Board
Ms Fay Chomley	Arts Victoria
Ms Nicki Melville	Upper Hume Health Centre
Dr Paul Morgan	SANE Australia
Mr Steven Richardson	Department of Premier & Cabinet, Eureka 150 Project
Ms Elena Vereker	Melbourne Fringe
Ms Sue Ball (Convenor)	VicHealth

Communities Together Scheme Sub-Panel of Mental Health

Ms Belinda Jakiel (Chair)	VicHealth Board
Ms Carmel Guerra	Centre for Multicultural Youth Issues
Ms Julieanne Hilbers	University of Technology Sydney
Mr Dean Michael	Brimbank City Council
Mrs Melika Yassin Sheikh-Eldin	Horn of Africa Communities Network
Ms Jennifer Stokes	Department of Justice
Ms Sheah Sutton	Arts Victoria
Ms Philippa McLean (Convenor)	VicHealth

Short Course Sub-Panel of Mental Health

Mr Martin Horrocks	Department of Human Services
Dr John McLeod	Evaluator
Ms Maxine Morand	VicHealth Board
Ms Irene Verins (Convenor)	VicHealth

Victorian Community Indicators Sub-Panel of Mental Health

Prof. Glenn Bowes (Chair)	VicHealth Board
Ms Clare Hargreaves	Municipal Association of Victoria
Prof. Jenny Onyx	University of Technology Sydney
Mr Andrew Rowe	Victorian Local Governance Association
Ms Lori Rubenstein	Department of Human Services, Tasmania
Kim Webster (Convenor)	VicHealth

Children of Parents with a Mental Illness Project Management Group

Mr Craig Hodges	beyondblue
Ms Alexandra Athanasiadis	young person's representative
Ms Christine Matthews	young person's representative
Ms Verena Ross	Family and Mental Health Network
Ms Amanda Smith	Mental Health Branch Department of Human Services
Ms Dee Basinski (Convenor)	VicHealth

Indigenous Advisory Group

Mr Paul Briggs	Rumbalara Football Netball Club
Ms Karen Milward	Victorian Indigenous Leadership Strategy
Ms Daphne Yarram	ATSIC Binjirru Regional Council
Ms Dee Basinski (Convenor)	VicHealth

Violence Against Women Advisory Group

Prof. Jenny Morgan (Chair)	University of Melbourne
Prof. Jill Astbury	Victoria University
Mr Danny Blay	Family Violence Prevention
Hon. Justice Sally Brown	Family Court of Australia
Ms Antonella Caruso	Australian Bureau of Statistics
Judge Jennifer Coate	Children's Court
Ms Rhonda Cumberland	Women's Domestic Violence Crisis
Prof. Rob Donovan	Curtain University
Ms Tania Farha	Victoria Police
Assistant Commissioner Leigh Gassner	Victoria Police
Ms Virginia Geddes	Domestic Violence and Incest Resource Centre
Ms Rachael Green	Department for Victorian Communities
Dr Melanie Heenan	Australian Institute of Family Studies
Ms Therese McCarthy	TMA Consultants
Ms Diana Orlando	Immigrant Women's Domestic Violence Service

Associate Prof. Bob Pease	RMIT University
Mr Anthony Peek	Australian Football League
Ms Deb Pietsch	Department of Human Services
Ms Jan Shield	Crime Prevention Victoria
Ms Rose Solomon	Aboriginal Women's Refuge
Associate Prof. Julie Stubbs	University of Sydney
Dr Angela Taft	La Trobe University
Ms Carolyn Worth	Southern Healthcare Network
Ms Daphne Yarram	Binjirru Regional Council
Ms Fiona Yule	Commonwealth Department of Family & Community Services

Participation in Community Sport and Active Recreation

Ms Sue Cormack (Chair)	VicHealth Board
Ms Valerie Benson	Sport and Recreation Victoria, Department for Victorian Communities
Mr Michael Fotheringham	Public Health, Department of Human Services
Ms Sue Hendy	Council of the Ageing
Ms Belinda Jakiel	VicHealth Board
Ms Megan Kerr	VicHealth
Mr Tony Kiers	VicSport
Mr Michael Neoh	Sports Assemblies Vic.
Mr Jared Osborne	Victorian Local Government Association
Ms Sharon Ruyg	Department for Victorian Communities
Mr Peter Utri	Parks & Leisure Aus-Vic.
Ms Kate Rathbun (Convenor)	VicHealth

Planning and Health

Mr Hugh Delahunty (Chair)	VicHealth Board
Dr Bob Birrell	Monash University
Ms Mandy Charman	Department for Victorian Communities
Ms Bernadette George	Planning Institute of Australia
Ms Clare Hargreaves	Municipal Association of Victoria
Ms Kellie-Ann Jolly	VicHealth
Ms Monica Kelly	Public Health, Department of Human Services
Mr Neville Kurth	City of Whittlesea
Mr Tony McBride	Health Issues Centre
Mr Phil Parbutt	Department of Infrastructure
Ms Maria Simonetti	International Council for Local Environmental Initiatives
Dr Judith Slocombe	VicHealth Board
Ms Leigh Snelling	Victorian Local Government Association
Mr David Williamson	City of Darebin
Ms Rita Butera (Convenor)	VicHealth

Healthy Sports Clubs/Venues

Mr Lindsay Gaze (Chair)	VicHealth Board
Mr Nello Marino	Sports Medicine Australia-Vic. Division
Ms Maxine Morand	VicHealth Board
Mr John Strachan (Convenor)	VicHealth

Healthy Eating

Ms Elaine Canty (Chair)	VicHealth Board
Ms Sue Baudinette	South West Health Care
Dr Sue Booth	Sydney University
Prof. David Crawford	Deakin University
Ms Veronica Graham	DHS, Public Health
Ms Kellie-Ann Jolly	VicHealth
Mr Colin Mitchell	Vic. Aboriginal Health Services
Ms Sue Noy	Consultant
Ms Ernestine van Herweden	National Heart Foundation Vic.
Ms Janet William-Smith	Brotherhood of St Laurence
Dr Beverley Woods	Consultant, Food & Nutrition
Ms Lee Choon Siau (Convenor)	VicHealth

VICHEALTH STAFF

Current at time of publication

Photo: *The Standard/Damian White.*

VicHealth funded an evaluation of two projects in Swan Hill and Warrnambool to support people with a refugee background to relocate from Melbourne to regional Victoria. This important body of work will be used to inform future programs on how best to build social connections, support services and a welcoming environment for new settlers.

CEO's Office

Chief Executive Officer	Rob Moodie
Executive Assistant	Jenny Williams

Physical Activity Unit

Director	Kellie-Ann Jolly
Program Staff	Rita Butera Megan Kerr Shelley Maher Monica O'Dwyer Kate Rathbun Lee Choon Siau John Strachan Roopa Umesh

Research Workforce and Tobacco Control Unit

Director	John Biviano
Program Staff	Michelle Callander Rebecca Conning

Mental Health and Wellbeing Unit

Director	Lyn Walker
Program Staff	Sue Ball Dee Basinski Betty Bougas Phlippa McLean Kenton Miller Irene Verins Kim Webster

Health Promotion Innovations Unit

Director	Barbara Mouy
Program Staff	Michele Agustin-Guarino Ali Barr Ngare Knight Jane Potter Caroline Sheehan Francois Tsafack
Librarian	Shirley Pandolfo

Finance and Administration Unit

Director	Randall Kent
Senior Finance Officers	Iromi Kodikara Ajay Vazirani
Finance Officer	Len Tan
Office Manager	Chris Huggins
Records Management	Norma Bradley Chris Davis
Information Systems	Darryl Berg Xa Dinh
HR Support Officer	Lisa Pittard
Administration	Robyn Flett

Communications and Marketing Unit

Director	Jackie Van Vugt
Media Relations	Robyn Thompson Ian Jackson
Publications	Samantha McCrow
Administration	Jo Hillas Natalie Leonart
Receptionist	Helene Finnie

Associates

Cochrane Collaboration	Rebecca Armstrong Jenny Bartlett
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