Young people: A target group for health promoting programs
Cover image: During a person’s life, participating in healthy environments will encourage good health.
Over the past year VicHealth has seen a range of healthy changes. Though we farewell three Board members at the changeover, we welcome five new appointments, to include replacements for intercurrent vacancies. David Hill replaces Rob Burton as the Director of the Cancer Council of Victoria; Glenn Bewes, previously Director of the VicHealth Centre for Adolescent Health, and then CEO of the Royal Children’s Hospital, now Stevenson Professor of Paediatrics at the University of Melbourne; Luise Grantham, Telstra Business Woman of the Year 1997 and former CEO of Melbourne 2002 World Masters Games (with Luise and Lindsay Gaze we’re well on the way to becoming a major basketball strength); Judith Skocimba, Telstra Business Woman of the Year 2001, founder of Victorian Veterinary Pathology Services and now a senior manager with Gibbses; and John Howie, Managing Partner of Howe & Maher, Solicitors, and Director of VicSport. A great team, broadly representative and already committed to the things VicHealth stands for.

Though new staff and Board members are the life blood of any organisation, public or private, some degree of corporate memory is also by most accounts a good thing. To this end we would like to commend to the Minister and Parliament of Victoria this fantastic initiative, now in the full flight of its maturity.

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

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

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

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

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

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

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

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

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

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

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

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

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

Dr Judith Slocombe  
Judith Slocombe established her veterinary diagnostic business in 1989, sold it to the Gribbles Group and is now General Manager of their Veterinary Division. She is the 2002 Telstra Australian Business Woman of the Year.

Departing Board Members  
VicHealth would like to sincerely thank former Board members Mr Gerald Ashman, Mr Ron Best, Professor Robert Burton, Professor Helen Hermann, Ms Jenny Lindell and Professor Graeme Ryan for their wonderful contribution to VicHealth.
Health promotion is a powerful, cost-effective and efficient way to maintain a healthier community.

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

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

Improving the health of all Victorians is our objective

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

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

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

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

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

To ensure we have the right range of skill sets and the appropriate structure to meet these diverse needs we undertook an extensive and rigorous review of progress towards our Strategic Plan 2003–2006. We renewed our focus on core health issues: physical activity, promotion of mental health and wellbeing, tobacco control, healthy eating, as well as sun protection, through our partnership with SunSmart, and to address inequalities in health.

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

Partnerships are a key strategy to promote health. Of constant encouragement to us throughout 2002–2003 was the collaboration and skill we saw within programs actively promoting health. VicHealth set the objectives and, based on accumulated evidence, some basic parameters, but it was people in the field making it happen. Local government responded magnificently to the package ‘Leading the Way: Councils Creating Healthier Communities’ and are a key partner in improving health throughout the state. The Partnerships for Health and Participation in Community Sport and Active Recreation programs saw the sport and community sector work closely with VicHealth to identify ways to increase participation in physical activity and create healthy environments (see case study on page 28).

To promote mental health and wellbeing as part of the Community Arts Participation Scheme, Community Music Victoria’s Community Singing Access Victoria program saw around 100 people trained not only to sing, but to become community choir leaders. Each took regular singing groups in their local community, thereby connecting people in regional communities, many of whom were otherwise isolated; this has become a sustainable model for future activity (see case study on page 18). Our relationships with QUIT – we came together in 2003 to reinforce the importance of a smokefree MOG (see page 29) and SunSmart remain strong and productive, while the organisation received great support from parliament and government departments.

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

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

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

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

Dr Rob Moodie
CEO, VicHealth

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

Number of funded projects
In 2002–03 VicHealth funded 1,238 projects. There were 496 projects, plus 442 Sport Injury Prevention projects and 290 Sun Shade projects. The total amount of funding to these projects was $24,494,120.

Figure 1: Demonstrable contribution to population health
Investment in health action areas
Figure 1 demonstrates VicHealth’s investment in strategic health action areas. Over 62% of our investment was in tobacco control, mental health and physical activity.

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

- In 2002–03 if the project had a focus on multiple health action areas, the expenditure was split among the areas, based on a rating scale.
- Some investments in sporting organisations focused on mental health aspects. These were reported in mental health expenditure rather than physical activity expenditure.
- *Other health action area includes cancer prevention, communicable disease prevention, and sexual and reproductive health.
- *Miscellaneous includes program support activities.

Figure 2: Greater Investment in groups most in need
There was a decrease in investments in general community from 57.2% in 2001–02 to 50.6% in 2002–03 and a corresponding increase in investments to specific population groups. The Active Participation Grants presented under the Health through Sport and Active Recreation Program targeted specific population groups to promote physical activity. This, along with the investment in Regional Sports Assemblies, saw a rise in the percentage of investment towards specific groups.

Figure 3: Investments in statewide and local projects
Figures remained relatively stable between years.

Figure 4: Investments in metro, regional and rural projects
There was a decrease in investments from 66.2% in 2001–02 to 48.7% in 2002–03 in metropolitan areas, with a corresponding increase in investments in regional and rural areas from 11.5% in 2001–02 to 17.2% in 2002–03 in regional areas and from 22.3% in 2001–02 to 34% in 2002–03 in rural areas. This is a real increase in investments in regional and rural areas due to increased investments to Regional Sports Assemblies, and targeted investments in Communities Together, and Youth Economic participation projects to geographically disadvantaged areas.

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

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

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

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

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

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

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

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

“Many factors influence health. We must collaborate to address them effectively.”
SOCIAL CONNECTION
MANY CONNECTIONS TO HEALTH

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

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

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

References
“People are looking to find that community connection again and they can do it so easily and comfortably through singing.”
PARTICIPATION
ACTIVE, INVOLVED, VALUED ARE GOOD INGREDIENTS FOR HEALTH

Active participation helps people to feel mentally and physically healthy. There is a growing evidence base to suggest that community participation on various levels is a key element to an individual’s sense of wellbeing and to the state of health of the community generally. Well-connected communities with strong social networks are more likely to have lower crime figures, better health, higher educational achievement and better economic growth. Participation is a key driver of VicHealth’s policies and programs. The Community Arts Participation Scheme, Participation in Community Sport and Active Recreation Scheme, and the Youth Economic Participation Scheme literally encourage participation in the arts, sport and active recreation, and the economy. These schemes are designed to promote mental health and wellbeing, and increase physical activity, among the community and individuals within the schemes.

A Minnesota study, which sampled more than 50,000 young teenagers, found that those who participated in a range of social and sporting activities also had significantly higher odds for healthy self-image and significantly lower odds for emotional distress and suicidal behaviour. Boys who participated in sport and other activities were 40% less likely to have been binge drinking in the past two weeks than boys who were not involved in sport or other activities. Evidence also shows that civic participation, even more than participation in activities and recreational pursuits, is very powerfully linked with wellbeing. Volunteers stand out from workers in having the highest levels of wellbeing. Mostly aged over 55, they enjoy high levels of satisfaction with their lives, work and leisure, health, sense of community connection and religion and spirituality.

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

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

References

Dahl Boren: it’s not competitive, just lively at Active Agers
The same skills that help win games and put recreational activities in the effort to increase participation. In each case there is a dependence on connections, relationships, partnerships and teamwork. To increase participation, particularly by groups not currently active, VicHealth began the Participation in Community Sport and Active Recreation (PICSAR) scheme. Jason Trembath, VicHealth Project Officer, reviews experiences of the eight Regional Sports Assemblies (RSA) critical to the success of the scheme, says PICSAR has filled a gap between the sport and recreation sector and the health care sector. It has brought seemingly diverse, but obvious, partners together to increase physical activity in local communities. For example: a walking program in south-west Victoria called Beyond the Farmgate connects health centres, planners and local governments to get local women walking; a forty-ﬁve program in Goulburn and Hordern brings old footballers back to the training track to have a run and get involved in a non-competitive manner—increasing physical activity levels and improving mental health and wellbeing; the Surf Life Saving Association collaborates with culturally and linguistically diverse communities in the Goulburn area to get young people involved in surf lifesaving, and make them feel safer around water; and Keen-Agers, a club offering recreational table tennis for older players in the Gippsland region, is gaining one member every 10 days and has become a progressive model for the sport throughout Victoria. VicHealth Project Officer Caroline Sheahan says that we need to move past the type of thinking that says “That’s the way we’ve always done it” to consider ways of being active that will involve more people in active participation. We want sport and active recreation clubs to provide alternative ways for people to get ﬁt and stay involved. This means being ﬂexible in some cases to address barriers to participation. Sports may mostly rules to allow different age groups and skill levels to become involved, or reduce costs to participants, or play the sport at less-structured times. At the very least, ensuring that a welcoming environment exists for all will attract participants.

Keen-Agers
Keen-Agers is the name of a table tennis club with a difference. Established in Bairnsdale in 2001, the club is designed speciﬁcally to encourage older people to participate. John Gale, the club’s secretary, lists the elements that make the club successful more quickly than the worst ﬂick that turns an average cross-court backhand into a winner. “It’s non-competitive, we don’t have a handicap, we don’t have matches as such; you just turn up, pay the three dollars, pair off with someone, and play doubles or singles if you prefer. Plainly, we’re having fun.” Keen-Agers has quickly grown to 80 members who will participate in 2002 weekly or twice-weekly playing sessions between them this year and the model is being exported to the Keen-Agers club by the end of 2003, while Table Tennis Victoria is working to establish clubs in Moreham and Hamilton shortly. Moves also are afoot to take the concept to Melbourne clubs and Goulburn. All that’s needed, says Gale, are two or three people with energy, good contact with health support groups, a slice of local media, and then word-of-mouth grows the membership base. “When you open the doors the energy comes through and you immediately have a permanent ongoing committee that looks after it,” says Gale.

The impact on the health—both physical and mental—for the over 60s is very real and very tangible. Many have experienced the recuperative beneﬁts of the program after surgery, injury or illness and local hospitals have referred rehabilitation patients to Keen-Agers to get them back in action. It’s not just the activity, Gale says, though, that brings the health beneﬁts. With the emphasis squarely on fun and participation, the club is very inclusive. “When a new person walks in, they’re going to be welcomed. Most people are just here to enjoy it. The group works with an understanding, a hum or a friendly support that money can’t buy.”

Opportunities to participate in sport and active recreation should be available to all, regardless of age or background. With innovation, barriers can become more ﬂexible, boundaries can become welcome mats, and ﬂexibility can add more layers of potential activity to our sporting and recreation scene. Issues such as cost, transport (or lack thereof), cultural environment, time, lack of available age- or skill-specific opportunities, or even lack of opportunities offered—a particular problem in rural and regional Victoria—might play a role in people’s willingness to participate. However, these barriers can be overcome with persistence and a good game plan. The Chief Executive Ofﬁcer of VicHealth, Dr Rob Moodie, said a growing body of evidence reinforced the importance of providing opportunities to join in a range of activities and social networks. “These enable us to build friendships, increase ties to our community, and develop a sense of belonging. The bottom line is, being active improves you physically, psychologically and may even save your life,” explained Dr Moodie.

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

PICSAR – Targeting Groups
Women, youth, older adults, Kiwis and culturally and linguistically diverse people are being targeted because their current levels of participation in physical activity are low.

Walking School Bus: A participation success story
The Walking School Bus program expanded in 2002–2003. A Walking School Bus encourages groups of children to walk to school along a set route under adult supervision. Adult supervisors are either parents or volunteers. It increases physical activity and social connection for the children and adults—important for physical and mental health. The pilot program funded four local councils in 2002–2003 and had 13 participating schools. It was such a success VicHealth funded 33 local councils to implement phase 2 and 3 of the Program. In Victoria there were 145 primary schools involved. A Walking School Bus network including the Departments of Human Services, Infrastructure, Tourism, Sport and Recreation, Justice and Education and Training; VicRoads; Environment Victoria; WOFs; the National Heart Foundation; and VicHealth was also established to ensure the concept is built on sustainable foundations. For example in some council areas, VicRoads and Victoria Police were involved in identifying safe and walkable routes and councils posted walking school bus signage along the routes.
DIVERSITY
GUARDING AGAINST ISOLATION

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

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

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

References
LEADING TO HEALTH AND WELLBEING
KOORI LEADERSHIP PROGRAM

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

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

Leadership identified as critical

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

The program also sought to nurture the capacity to lead within the Koorti community at the grassroots level and for the moment Karin is keen to keep working on the ground. Karin, who joined the Bert Williams Youth Support Service after 18 years in Aboriginal health, spends most days advocating for young people who are facing court or seeking health services. She also works in partnership with other agencies organizing counselling for young people at risk.

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

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

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

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

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

Young people lead the way

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

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Reference
HEALTHY ENVIRONMENTS
WHAT’S A HEALTHY ENVIRONMENT?

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

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

We also work with racing clubs and major venue managers such as the MCG to ensure that long-term changes in train continue to benefit the community’s health.
In the sporting sector, creating healthy environments is not merely an end in itself. It underpins strategies to increase physical activity, ensures that participants receive the full health benefits of engaging in sport, and creates opportunities for social connection. VicHealth Project Officer Shelley Maher says healthy environments make sporting clubs attractive and inclusive. “If you’ve got a place where people feel welcome and valued, they will be more likely to join a club, and then to come back the next week, and the week after that.”

Partnerships for Health

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

“Making people feel welcome and included is just one component of a healthy environment. All SSAs are expected, as a condition of their involvement in the scheme, to have affiliated clubs support 100% indoor smoke-free environments. SSAs will also work with their clubs and associations to promote practices that present sport-related injury, encourage responsible alcohol management, provide healthy-eating choices, and promote sun safety.”

Johannes Johansen, General Manager/Head Coach of Waverley Advanced Gymnastics Club, says having both smoke-free and healthy-eating practices and policies in place at her club is essential to having a good overall program. “I don’t think people say, ‘Hey, I’m going to go to that gym because they’re really well managed’, but the overall result is a top-quality program. I think that’s the key.”

Gymnastics Victoria supports healthy environments

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

Tanya Johannsen, General Manager/Head Coach of Waverley Advanced Gymnastics Club, says having both smoke-free and healthy-eating practices and policies in place at her club is essential to having a good overall program. “I don’t think people say, ‘Hey, I’m going to go to that gym because they’re really well managed’, but the overall result is a top-quality program. I think that’s the key.”

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

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

It’s not all one-way traffic, though. Benefits are made available from Gymnastics Victoria to the clubs at each level. For instance clubs with Star 2 accreditation receive vouchers to events, two-for-one deals, and discounts for level-one coaching courses. By embedding the healthy environments in an overall program, clubs know they are working within a framework that gives them exemples to follow and assistance if required. Johannsen says sample smoke-free and healthy-eating policies were a major assistance to implementing practical changes: “These sample policies mean that any club can do it, even if there’s 10 people at the club.”

It’s a long-term collaborative process

Farance admits that, contrary to her initial expectations, the program itself rather than the fringe benefits attached to it, has become the driver. “They can actually see the overall benefits,” says Farance. For such a program to work, though, clubs must have trust and faith in their SSA. Farrance says you can’t work for them, we say, “Hey, I’m not going to work for you, we say, ‘Okay, let’s find something that does.’”

This approach is a consistent health promoting philosophy. Maher says VicHealth understands that implementing healthy environments will take time. “Time is needed to build trust, to implement any changes, and to change to have a positive impact. “We’re taking a long-term approach.”

Smoke-Free MCG

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


“"If you’ve got a place where people feel welcome and valued, they will be more likely to join a club, and then to come back the next week, and the week after that."
Socio-economic status is a major predictor of health across all societies. Low socio-economic status is associated with higher rates of disease in most systems of the body, and is related to higher rates of death for all leading causes of death.

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

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

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

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

References


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

Connecting socially
The beauty of the program from a mental health aspect is that homeless people eat where everyone else eats. “A key component of the program,” says Doljinan, “is to make people feel welcome, feel a part of society, and interact with staff owners and even other café patrons.” Doljinan says they focus on the social aspect of the program as much as getting out and eating a meal. Building confidence, as well as physical health, can lead to other issues being tackled. Sam Conti’s café is involved in the program. He observes its value every day. He’s seen the changes in some of the participants as they build up an affinity with the staff and rebuild their self-esteem. “Our objective is first to make them feel welcome, and secondly to make them feel part of society. We get them involved, talk to them – all our staff does this,” says Conti.

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

It is pleasing that the North Central Metropolitan Primary Care Partnership is now involved in some aspects of this project. Many health-promoting ingredients
The program has several important health-promoting strengths. It improves access for participants to nutritious, affordable and prepared meals, in an environment that connects them to their community. The meals, by being provided in a way that is culturally appropriate, use food as an integrating mechanism – the role food plays for a significant section of the community. “Half the time you wouldn’t know who’s who,” says Conti.

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

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

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

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

Who could possibly experience food insecurity in Victoria?
- People with no, low or inadequate income: pensioners, people with no incomes, such as asylum seekers; people over committed financially or ‘branched’ by Centrelink.
- People with inadequate accommodation: homeless people; people in substandard accommodation, rooming houses and supported residential services.
- People from culturally and linguistically diverse backgrounds: those who have difficulty understanding the ‘system’ and accessing appropriate food.
- People who, because they have a limited capacity to buy food (limited money, transport, skills, cooking facilities, time, mobility and social supports), are provided to participants at a reduced price. A membership card plus $2 allows them to purchase a meal up to the value of $8.80 at any one of the four cafés once per day. The program has been well patronised from day one. By December 2002, 41 people were registered to use the program, with 70 people on the waiting list.

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

Partnerships
Two food insecurity demonstration projects were funded by VicHealth and the Department of Human Services to develop, implement and evaluate innovative and sustainable strategies to reduce the prevalence and impact of food insecurity in the City of Maribyrnong, and to address food insecurity for homeless people in the City of Yarra. The City of Maribyrnong project took place between July 2001 and December 2002. The City of Yarra project took place between August 2001 and December 2002. North Yarra Community Health worked in partnership with Yarra Community Housing and the City of Yarra.
Good research (as well as monitoring and evaluation) has been an essential element of all public health successes to date. VicHealth invested just over $5 million in research during 2002–2003. VicHealth is involved with others in building the infrastructure in health promotion and public health research. It’s a big change for many, but we are building connections – connections between research and practice, researchers and practitioners and, vitally, research and improved health.

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

A strategic research investment
VicHealth has made a significant investment in a senior research fellowship program, a public health research program and a public health scholarship program. We currently have eight Senior Research Fellows, 10 Public Health Research Fellows and eight Public Health Scholarships. This is in addition to another 13 NIMHRC scholarships that receive VicHealth supplement funding. Each fellowship supports the researcher for five years of public health and health promotion research within Victoria, and the scholarships are over three years.

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

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

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

Fellowships and Scholarships Program
The overall investment by VicHealth in this financial year was just under $2.5 million. The program, which began four years ago, is designed to grow research in VicHealth’s priority areas—tobacco control, mental health, healthy eating, physical activity and substance misuse—while promoting innovative public health/promotion research in non-traditional areas such as the arts, sport, education, transport and the built environment.

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

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

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2002 VICHEALTH AWARDS

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

EXCELLENCE IN HEALTH PROMOTION RESEARCH

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

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

Winner – Nagal College: Changing Lanes Project

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

HEALTH PROMOTION THROUGH COMMUNITY PARTICIPATION AWARD: SECTION 1

Winner – CERES: Return of the Sacred Kingfisher Festival

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

HEALTH PROMOTION THROUGH COMMUNITY PARTICIPATION AWARD: SECTION 2

Winner – Immigration Museum: VicHealth Cultural Connections

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

HEALTH PROMOTION THROUGH COMMUNITY PARTICIPATION AWARD: COMMENDATION

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

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

CONFERENCE PAPERS AND PRESENTATIONS

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

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


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

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

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

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


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


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

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


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

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

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

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

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


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

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


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

Veils I. Mental Health and Work, VECCI, February 2003

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

Veils I. Mental Health Promotion, Policy and Youth Issues, RMIT Youth Policy Study, May 2003

ARTICLES/BOOKS

Moodie R., Veils I. “Whom does mental health belong to?”, Australian eJournal for the Advancement of Mental Health (AALMH), vol. 3, issue 2, 2002

Veils I. Freedom from discrimination and social connectedness: VicHealth’s response to the mental health of refugees and new arrivals to Australia”, Children’s Rights News (member of the Australian Section of Defence for Children International 2002

Veils I. Work and Mental Health: Issues and Perspectives, co-edited with Auseinet and Findlers University Auseinet, 2002

0520 VCH AnRep_03_FA.qxd  17/10/03  4:47 PM  Page 36
In 2002–03 VicHealth funded 1,228 projects. There were 496 grant projects, 442 Sport Injury Prevention Grant projects and 290 SunShade Grants. The total amount of funding to these projects was $24,494,120.

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

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

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

Outdoor Sport Shade Grants
There was $498,791 distributed among 290 sporting clubs to enable sun protection for participants (see page 47).

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

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

PROGRAMS/SCHEMES
Building Local Government Capacity for Pedestrian and Bicycle Friendly Actions-Phase 2
International Council for Local Environmental Initiatives (ICLEI)
This project aims to increase the implementation of pedestrian and bicycle-friendly local government greenhouse actions.
$104,840

THE WALKING SCHOOL BUS PROGRAM
VicHealth’s Walking School Bus Program is a partnership between local government councils/shires and community agencies, who work with local primary schools to establish Walking School Buses in their municipalities. The purpose of the program is to create change in the school travel patterns of Victorian primary school children. The Walking School Bus Program has the potential to deliver considerable individual and community benefits.

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

Walking School Bus
Banyule City Council $30,000
Braybrooke City Council $30,000
Stawell City Council $30,000

Surf Coast Shire Council $26,084
Rural City of Wangaratta $30,000
Warrnambool City Council $30,000
Wellington Shire Council $30,000
City of Whittlesea $29,430
City of Greater Dandenong $29,950
Horsham Rural City Council $30,000
City of Kingston $30,000
Koroit City Council $30,000
Lahorah Shire $30,000
Marybank City Council $30,000
Mornington Peninsula City Council $30,000
Morobe City Council $30,000

PARTNERSHIPS FOR HEALTH
This year was the second of a two-year transition, working with the sports sector to achieve increases in physical activity. Under the Partnerships for Health Scheme, state sporting associations have undertaken a range of activities to increase participation and create welcoming environments within their sports. This has involved the associations in:
• developing sport-wide policies and practices that promote health;
• promoting environments that are conducive to health;
• encouraging communication of the role sport plays in improving the health of Victorians;
• expanding the range of people who participate in sport; and
• contributing to the evidence base on the promotion of health through sport.

Partnerships for Health and Sport and Recreation Initiatives
Victorian Amateur Fencing Association $8,000
Athletics Victoria $52,800
Victorian Little Athletics $47,300
Backgammon Victoria $17,211
Victorian Baseball Association $30,000
Basketball Victoria $70,000
Royal Victorian Bowls Association $15,242
Boxing Federation of Victoria $8,000
Victorian Ladies’ Bowling Association Inc. $40,000
Calisthenics Victoria Inc. $51,170
Victorian Canoe Association $39,800
Victorian Croquet Association $8,490
Football Victoria $335,000
Victorian Gymnastics Association $127,903
Women’s Golf Victoria $110,000
Handball Federation of Victoria $4,345
Hockey Victoria $38,400
Indoor Sports Victoria $35,000
Lacrosse Victoria $36,272
Royal Life Saving Society Australia $70,176
Militarising Victoria $9,900
Netball Victoria $57,200
VicSport Tennis Victoria $257,170
Victorian Walking Association $4,345
VicSport Taekwondo Victoria $11,020
Victorian Walking Association $10,220

PARTNERSHIPS FOR HEALTH SUPPORT AND DEVELOPMENT PROJECTS
Evaluation of the Partnerships for Health Scheme (transitional phase)
Milkwood Nelson & Associates Pty Ltd $20,000

Partnerships for Health – Support Function – Participation
VicSport $8,000

Partnerships for Health – Support Function – Injury Prevention – Creating Healthy Environments in Sporting Clubs and Venues
Sports Medicine Australia – Victoria $85,000

Partnerships for Health – Support Function – Healthy Eating – Creating Healthy Environments in Sporting Clubs and Venues
Diabetes Australia Victoria/International Diabetes Institute $85,000

Partnerships for Health – Support Function – Healthy Eating – Creating Healthy Environments in Sporting Clubs and Venues
National Heart Foundation of Aust. – Vic. Division $85,000

Partnerships for Health – Support Function – Healthy Eating – Creating Healthy Environments in Sporting Clubs and Venues
VicSport Newsletter $150,800

Sportsview Project to use the VicSport newsletter, Sportsview, as a communication mechanism to the sports sector about developing healthy sporting environments.
$20,000

VicSport Awards
VicSport Initiative to give profile to the role the sporting industry plays in promoting health within Victoria and to highlight examples of best practice.
$12,000
PARTICIPATION IN COMMUNITY SPORT AND ACTIVE RECREATION (PICSAR)

PICSAR supports community sport and active recreation projects delivered in a flexible manner to accommodate groups that do not normally participate. Initiatives that offer sport and active recreation at more flexible times, modify uniform or rule requirements, encourage social participation and specifically target particular sections of the community are the types of initiatives VicHealth supports through the scheme.

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

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

Deakin University

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

$6,700

Participation in Community Sport Scheme

Maw Sport Assembly

$82,683

Wimmera Regional Sports Assembly

$37,995

Sports Focus

$75,000

Central Highlands Sports Assembly

$75,000

Valley Sport

$75,000

South West Sports Assembly

$75,000

Leisure Networks

$75,000

Apparat

$75,000

Volunteer – on behalf of North East Victoria

$54,830

PICSAR SUPPORT AND DEVELOPMENT PROJECTS

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

Participation in Community Sport Scheme – Women’s Support Function

WomenSport and Recreation Victoria Inc.

$75,200

Participation in Community Sport Scheme – Women’s Developmental Project

WomenSport and Recreation Victoria Inc.

$70,000

Participation in Community Sport Scheme – Koori Support Function

Victorian Aboriginal Youth Sport and Recreation Cooperative (VARYSCAR)

$75,200

Participation in Community Sport Scheme – Metropolitan Scoping Project

Melbourne Sports Network

$58,640

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

Victorian Aboriginal Youth Sport and Recreation Cooperative (VARYSCAR)

$106,600

ACTIVE PARTICIPATION GRANTS

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

The Active Participation Grants aim to:

• support community sport and active recreation projects that encourage and increase participation in physical activity for population groups that are currently inactive, or may traditionally encounter barriers to participation;

• support community sport and active recreation projects that specifically address the target population groups identified by VicHealth, in a culturally appropriate way and enhance their connection to community;

• support community sport and active recreation projects that facilitate development of partnerships within the community to increase physical activity, and

• evaluate, document and disseminate the outcomes of the funded activity to ensure continued learning in community sport and active recreation regarding health promotion.

There were 17 Partnership Grants and 68 Local Grants

Partnership Grants

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

Friends and Fitness

Swan Hill Rural City Council

$27,607

POW – Participation on Wednesdays

City of Greater Geelong

$24,500

Koor-Agers Gippsland

Koor-Agers Inc.

$29,945

Koor Aquatics

Victorian Aquatic Industry Council

$30,000

Physical Exercises for a Healthier Multicultural Community

City of Dandenong

$14,760

Direct Rec Link

Moose Valley City Council

$30,000

Aussie Wheel Hoops

Vic doo Athlete Wheelchair Basketball Association

$30,500

Active Fawkner

Moreland City Council

$30,000

Starting Blocks

Mordialloc City Council

$30,000

Youth and Recreation Project (YARP) – Cranbourne

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

$29,790

Footy Fit Program

Football Geelong Inc.

$25,000

Older Adults Participation Project

Yarram Shire Council

$30,000

Plus 50 Participate

Wodonga City Council

$30,000

Emmarakeek Active Participation

Emmarakeek Association Incorporated

$30,000

Choices and Changes – A Healthy Lifestyle

Warrnambool Leisure Centre

$30,000

Barwon Shire Active Communities Project

Barwon Shire – Sport and Recreation Department

$30,000

Creating a Sporting Chance

Bunyip Netball and Sports Centre

$25,583

Local Grants

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

Club Development

Heathcote Baseball Club

$3,000

Warragul – Traralgon After-School Team Bowls

Mid Gippsland Bowling Association – Junior Bowls Committee

$2,800

Keep Exercising Everyone

Wodonga and District Advisory Group

$2,760

Youth Night

Ararat YMCA

$2,607

Exercise Equipment for Older Adults

The BEAT Exercise and Training Group

$3,000

Do Weights

Warragul After School Team Bowls

$2,760

Friends and Fitness

Swan Hill Rural City Council

$27,607

Active Schools Program

Goonawarra Golf Club

$2,790

Women in Soccer

Warrnambool Junior Soccer Club Inc.

$2,800

Women’s Golf Clubs

Europa Golf Club

$550

‘Golf Croquet’ Social Game

Sale Croquet Club

$540

Fish Creek Youth Participation Project

South Gippsland Shire Council

$2,950

Community Fitness Development

Ballarat YMCA Inc.

$2,800

See How She Rides

Riding for the Disabled Association of Victoria

$2,950

ISCB Slate School

Ice Skating Club of Bendigo

$3,000

Golf

Roving Golf Club

$2,750

Moonah Activities Program

Moonah Community Group

$3,000

Tai Chi For All

Brunswick Neighbourhood House

$2,950

Active Participation Grants were made as part of the Participation in Community Sport and Active Recreation Scheme.
Swimming Women
Hobsons Bay City Council  $3,000
Tai Chi for Seniors
Astral Rural City Council  $3,000
Walking In Whitehorse
City of Whittlesea  $3,000
Wangaratta Vintage Club
Rural City of Wangaratta  $4,000
Dandenong Pram Walkers
City of Dandenong  $3,000
Exercise Program for Over Fifties
Ballarat Football Club  $3,000
Together We Can ...
Brunswick Baths  $2,992
Integration of Disabled into Local Cricket Club
United Cricket Club  $2,400
Mt Helen Hospin With Hoppy Ball Skills
Balwyn Basketball Association  $3,000
Fire Twirling Group for Youth
Castlemaine Community House  $3,000
Golf for Fun – Beginners Program for Women and Older Persons
Kenston Golf Club Inc.  $3,000
Golf Participation Program
Skynburn Golf Club  $1,500

Junior Tennis
Halls Gap Tennis Club  $2,800
Croquet For Mind, Body & Soul
Wimmera Croquet Association  $2,800
Youth Health Through Sport
Myreene Shire Council  $3,000
Leich Sport Community House
Badminton Group
Leich Sport Community House  $2,426
Somali Learn to Swim and Water Awareness Program
Bayside City Council  $3,000
Reach Out
Vermont Tennis Club  $3,000
Diversifying Membership & Participation
Base of Surf Life Saving
Ocean Grove Surf Life Saving Club Inc.  $3,000
Young Women – On the Move
Central Goldfields Shire Council  $3,000
Development of Women and Youth In Athletics
Benalla YMCA Harveys  $3,000
Establish Junior Badminton In Korumburra
Korumburra Badminton Association  $2,990
Active Bellarine
Ocean Grove Memorial Recreation Reserve Management Com. Inc.  $2,025
Get Back to Tennis
Warrnambool Lawn Tennis Club  $3,000
Stretch and Strengthen for Women
Coburg Leisure Centre – YMCA  $2,480
Strength in Training for the Aged
Lang Lang Community Centre Inc.  $1,944
Encouraging Healthy Lifestyle
St Matthew’s Tennis Club  $3,770
Athletics
South Benalla Athletic Club Inc.  $3,000
A over T Acrobatic Tumbler
Romsey Gymnastic Club Inc.  $2,924
Bowls For Young and Old
Newnham District Bowling Club  $3,000
Toroa Football Club Youth Participation
Toroa Football Club  $3,000
Young Women’s Soccer
Yeppoon State School/Soccer Club/Bendigo Soccer League  $2,730
Funky Move, Come On and Groove Project
Midgley Shire Council  $3,000
Carpet Bowls and Minor Games for Older Adults
Southern Mallee Older Adults Recreation Network (Mallee Sports Assembly)  $2,100
Everyone Can Dance
Balgove South Community House Inc.  $3,000
Participation Programs
Mogo Aboriginal Council East Gippsland Inc.  $3,000
Yarragon Adolescent Active Participation Project
Yarragon Football Netball Club Inc.  $2,995
Set Up a Women’s Baseball Competition
Benalla Bendigo Baseball Association  $3,000

Eligibility of Sport Bodies for Public Funding
Deakin University
To scope the viability of constitutional structures within the sports industry and provide policy options in the context of the distribution of public funds.
$10,000

Sponsorship of Sporting Events
This year has been the final year of transition from sponsorshopy promoting awareness of health messages to a more programmatic approach to working with sports organisations in order to increase Victorians’ participation in physical activity.

Beyond the Farm Gate
Wangaratta Vintage Club
Participation in physical activities by people from low socio-economic areas, and consists of an environmental intervention in collaboration with Parks Victoria.
$10,000

Rural City of Wangaratta

SPORTING EVENTS
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Wangaratta Athletic Carnival
Wangaratta Athletic Carnival inc.
Participation in physical activities by people from local communities in a local rural athletic carnival.
$3,500

Herald Sun Tour
Carبدو Publications
Project to promote and support physical activity, as well as other health promotion outcomes, during the elite bicycle racing, via the media and within the towns the riders pass through.
$100,000

RESEARCH AND EVALUATION
Evaluation of a Community-Based Strength Training Model for Type 2 Diabetes
International Diabetes Institute
Prof. P. Zimmet. This study investigates the effects of an innovative physical activity maintenance model that combines strength training in the community setting and healthy lifestyle education for people with Type 2 diabetes.
$559,862

The Relationship Between the Built, Social and Policy Environment and Physical Activity in Families
Deakin University
Dr J. Salim. This research aims to establish a much-needed evidence base of the relationship between the built, social and policy environment and physical activity in families. The focus is on young families living in low socio-economic areas, and consists of an environmental intervention in collaboration with Parks Victoria.
$100,000

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A much-needed evidence base of the relationship between the built, social and policy environment and physical activity... living in low socio-economic areas, and consists of an environmental intervention in collaboration with Parks Victoria.
Children’s Free Play and Independent Mobility: Relationships with the Built and Open Environment

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

$24,978

The Influence of the Environment on Children’s Physical Activity

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

$19,998

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

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

$74,938

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

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

$57,000

Environmental and Individual Determinants of Physical Activity and Dietary Behaviour

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

$131,063

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

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

$46,000

Research: Physical Inactivity Amongst Children In Victoria

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

$34,441

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

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

$78,438

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

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

$37,730

Promoting Health Through Sport Program – Evaluation Framework

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

$45,000

Sport Program Evaluation Mentor

RMIT University – C.I.R.C.L.E
Investment in evaluation expertise and advice for the developmental phase of the Health Through Sport and Active Recreation Evaluation framework.

$12,000

Community Participation in Sport and Recreation – A Developmental Initiative

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

$157,439

Multi-Site Evaluation – Recreation

VicHealth University
Multi-site evaluation of 27 projects funded under an Active Recreation Scheme with a particular focus on the risk of organisational partnering.

$10,566

ADRESSING BARRIERS TO PHYSICAL ACTIVITY

PROGRAMS/SCHÉMES

SPORT INJURY PREVENTION PROGRAM

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

$22,000

Smartplay Program

Department for Victorian Communities on behalf of Sports Medicine Australia-Victoria
Program to support sports injury prevention through a range of communication, educative and advocacy approaches in recognition of injury being a major barrier to participation.

$45,000

OUTDOOR SPORT SHADE GRANTS PROGRAM

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

$98,791

SIPS Workshops 2003

Leisure Networks

$840

SIPS Workshops 2003

GippSport

$32,400

SIPS Workshops 2003

Central Highlands Sports Assembly

$840

SIPS Workshops 2003

WakoolSport

$2,820

SIPS Workshops 2003

Sports Focus

$840

SIPS Workshops 2003

Maitland Sports Assembly

$1,260

SIPS Workshops 2003

South West Sports Assembly

$840

SIPS Workshops 2003

Winmera Regional Sports Assembly

$1,260

SIPS Workshops 2003

Melbourne Sports Network

$7,140

Sport Related Injury Review – 2001-2002

Monash University Accident Research Centre
Project to review the literature and scope approaches to prevent sport and active recreation injuries.

$840

Food Insecurity: Community Demonstration Project

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

$30,000

Food Insecurity: Community Demonstration Project

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

- involving representatives of relevant key agencies to develop broad strategies, highlighting food security as a priority community work issue; and
- engaging clients and cafés owners in the development and delivery of the subsidised café meal and cooking-class group programs.

$25,000

RESEARCH


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

$330,000

HEALTHY EATING

PROGRAMS/SCHÉMES

Food Insecurity – Community Demonstration Project

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

$19,659

MENTAL HEALTH AND WELLBEING

PROGRAMS/SCHÉMES

COMMUNITY ARTS PARTICIPATION

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

$58,000

Leading Singing Groups in Community Settings

Grapevine Music

$6,000

Y-Grant Project

Monash Community Health Service

$15,000
Open House at the Famous Spiegel Tent
Melbourne Festival
■ $15,000

Heart Songs in the Key of C
Heart Songs in the Key of C Steering Committee
■ $10,000

Re-igniting Communities 2003
The North – Brotherhood of St Laurence
■ $30,000

Other Gardens Foyerscapes Installations
Belgium Ave Neighbourhood House
■ $30,000

Youth Dimensions
Mildura Rural City Council
■ $20,000

Voicing the Community
The Brunswick Women’s Theatre (BWT)
■ $10,000

Cream of the Country
Tearing Resources Inc.
■ $30,000

High Water Theatre – Rural Youth
Somebody’s Daughter Theatre
■ $30,000

FOOTPRINTS – Youth Circus Project
Worldake Circus Inc.
■ $30,000

Yull Wurrak
Maart Inc.
■ $30,000

Seven Chapters from a Shattered World
St Martin’s Youth Arts Centre -
■ $15,000

Dream Out Loud
Goulburn Murray Local Learning & Employment Network
■ $5,000

Express Yourself
St Laurence Community Service
■ $30,000

Living in Park Towers: African Women’s Ceramic Project
Port Phillip Community Group
■ $12,220

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

Margins, Memories and Markers
City of Port Phillip
■ $5,727

The Yarra Junction – Rail Trail Project
Shire of Yarra Ranges
■ $79,456

The Art of Gardening: Braybrook Community Art and Garden Project
Maribyrnong City Council
■ $80,000

The Phoenix Mall Project
City Of Ballarat
■ $55,000

Random Radio
Rocket Program – Dootta Gaak Community Health Service
■ $3,000

Healthy Spirit Pathways
Drouin & Warragul Elderly Citizens Assoc.
■ $12,000

The Production Company – Productions 2003
The Production Company
■ $150,000

Theatre Mentorship Program
La Mama Inc.
■ $30,000

Hidden Lives
Westernport Speaking Out
■ $20,000

Chamber Music In The City
Melbourne International Chamber Music Competition
■ $150,000

Community Arts Participation Scheme – Evaluation
Effective Change Pty Ltd
■ $65,000

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Port Phillip Community Group
■ $12,220

Making Waves Theatre Program
Inner East Mental Health Services Assoc.
■ $8,000

Public Art Public Housing
North Richmond Community Health Centre
■ $25,000

Random Radio
Rocket Program – Dootta Gaak Community Health Service
■ $3,000

Healthy Spirit Pathways
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Maribyrnong City Council
■ $80,000

The Phoenix Mall Project
City Of Ballarat
■ $55,000

Dallas Shopping Centre Urban Renewal Project
Hume City Council
■ $80,000

Celebrating Croydon’s HeART
Mandurah City Council
■ $80,000

Building Community Cohesion and Mental Health in Carisbrooke
Central Goldfields Shire
■ $150,000

Outdoor Life – Embrace Community Living
Injune Shire Council
■ $80,000

Destination 109
City of Whittlesea
■ $79,930

Evaluation of Mental Health & Wellbeing
Arts Access
■ $30,000

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

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

• Health & Culture’ Australian Arabic Women’s Festival
Victorian Arabic Social Services
■ $20,000

• Platform Theatre: Workshop Program
McLeod Nelson & Associates Pty Ltd
■ $80,000

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

• facilitate access to arts events by people who experience high levels of social or economic disadvantage;

• enable people to become socially connected;

• value diversity and work against discrimination;

• ensure arts activities take place in healthy environments; and

• build the capacity of arts organisations to promote Health.

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

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

• Footprint Community Arts Centre
■ $50,000

• Geelong Performing Arts Centre
■ $50,000

• Hofmeyr Theatre
■ $50,000

• Immigration Museum
■ $50,000

• Koorie Heritage Trust Inc.
■ $50,000

• Melbourne Festival
■ $50,000

• Mabo Arts Festival
■ $50,000

• Playbox Theatre Co.
■ $50,000

• Regional Arts Victoria
■ $50,000

• Victoria Arts Centre
■ $50,000

• McLeod Nelson & Associates Pty Ltd
■ $70,000

Flying Feathers Festival
Shire of Strathtayg
■ $10,000

Loddon’s Celebration of Health and Wellbeing
CDEE The Public Correctional Enterprise
■ $3,520

Big West Festival
Big West (Maribyrnong Festival Ltd)
■ $10,000

Grassroots Celebration of Community Successes
Benalla Stories: Building Inclusion
Dezable Community Health Service
■ $10,000

Autumn Equinox Harvest Festival
CEES
■ $10,000

Pake Festa
Geelong Ethnic Communities Council Inc.
■ $5,000

Shakespeare on the River
Stratford on Avon Shakespeare Association Inc.
■ $6,000

Easter Arts Festival
Maribyrnong Arts Council
■ $8,000

Fun 4 Kids Festival
Warrnambool City Council
■ $5,500

Multicultural Day
Hume City Council
■ $4,000

The Buninyong Gold Ring Festival
The Buninyong Gold Festival
■ $5,000

Welcome Platypus Festival
Allied Neighbourhood House Inc.
■ $5,000

A Celebration of Our Global Village
Benidga Festival of Cultures Inc.
■ $10,000

Tamer Festival 2003
Tamer-Gundi Project
■ $10,000

Flying Feathers Festival
Shire of Strathtayg
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A Celebration of Our Global Village
Benidga Festival of Cultures Inc.
■ $10,000

Tamer Festival 2003
Tamer-Gundi Project
■ $10,000
TET Festival
North Richmond Community Health Centre Inc.
$7,500

Bruthen Blues Bash
Bruthen Events & Arts Council – Sub Committee of Bruthen Citizens Assoc.
$4,500

CSF’s Free Outdoors Community Program
Castlemaine State Festival Ltd
$5,000

Beechworth Community Lantern Festival
InNlogo Shire Council
$6,000

Art Is... Freedom
Art Is Festival
$10,000

Building Community Through Music
Hobcawdward Folk Festival
$2,500

Ouyen Rain Dance
Ouyen Inc.
$7,000

Mixed Blessings Elders and Seniors Festival
Buninyong Aboriginal Co-operative
$5,000

NAIDOC Week (Community Healthy Lifestyle Day)
Ballarat and District Aboriginal Co-operative
$8,000

Awakenings Festival
Wimmera Undying Care
$6,000

Berringama Lucylie Wabba Bash
Lucylie Tenicy Club Inc.
$1,500

Birregurra Weekend Festival
Birregurra & District Action Group
$8,000

Thong on the Roof
Lead on Mildura
$1,000

Links
NorthWest Melbourne Neighbourhood Centre
$8,000

Club Wild In East Gippyland
St Laurence Community Service
$7,000

Kids Stuff Winter Festival
Baw Baw Shire Council
$5,000

High Tide Festival
Surf Coast Shire
$7,000

CRACAS Spectacular Family Fun Day
CRACAS
$6,000

Nalmituk Fringe Festival
Arapiles Community Theatre
$10,000

Chiltern Inn Bark Festival
Chitten Tourism
$8,000

Celebrating Difference
Broadmeadows Health Service
$10,000

Party in the Parks
Central Goldfield Shire
$10,000

Alberton Goes Fringe/Fringe Feast
Melbourne Fringe
$8,000

Building Wickid
Gawler Arts Park
$8,000

Community Participation, Pathways to Health, Wealth and Success – Economic Participation for Mental Health Program for New Arrivals to Australia
Ethnic Council of Shepparton and District Inc.
Project to enhance the mental health of people from newly arrived communities through economic participation in employment and training areas available in the Shepparton district.
$50,000

AMES – Strengthening Communities Project
Adult Migrant Education Services
Evaluation of a Mental Health promotion project designed to decrease isolation experienced by older people who are new arrivals to Australia.
$30,000

Children of Parents with a Mental Illness
Murdoch Children’s Research Institute/Centre for Adolescent Health
Mental Health Promotion Project to implement, evaluate and document a model of cross-sectoral collaboration in five sites across Victoria, which will engage and support young people (12–18 years) of parents who have a mental illness.
$150,000

Wellbeing Capacity Building Project
Whiteline Inc.
Project to promote young offenders’ mental health through linking these young people with role models and supported employment prior to and upon release from a juvenile justice facility.
$150,000

Eastern Health
Project to implement, evaluate and document a model of good practice which promotes the health and wellbeing of children (5–12 years) who have a parent with a mental illness by: (i) providing direct support to children; (ii) supporting families/carers; and (iii) developing awareness of and responsiveness to these children and their families by the community and existing services.
$30,000

Koori Leadership
This program addresses the challenges for the future survival and growth of Koori culture, community and self-determination, by integrating the promotion of emotional and spiritual wellbeing with the future of leadership in communities.
Projects funded under this program provide opportunities for young Kooris to increase leadership skills and undertake leadership activities in their local community and between Aboriginal communities and the mainstream community. They will still be in receipt of funding in 2002–03 include:

- Premiers of Emotional and Spiritual Wellbeing in Koori Communities Program – The Victorian Koori Community Leadership Project
  Winda Mara Aboriginal Corporation
  $150,000

- The Victorian Koori Community Leadership Project
  Victorian Aboriginal Community Controlled Health Organisations Inc.
  $65,000

- The Victorian Koori Community Leadership Project
  Ballarat and District Aboriginal Cooperative (BAAC)
  $50,000

Healthy Lifestyles Program and Management
Rumbalara Football and Netball Club
Project to support Rumbalara Football and Netball Club in the continuation of the Healthy Lifestyles Program, which promotes and supports healthy environmental and behavioural choices.
$150,000

DHS/VicHealth Mental Health Promotion Resource
Deakin University
This partnership project between VicHealth and Department of Human Services developed a mental health promotion resource to enhance the ability of workers to adapt an evidence-based approach to their work.
$75,000

Mental Health Promotion Short Course
Deakin University
Project to develop a two-day course on mental health promotion that will build the capacity of workforce across a range of sectors.
$20,000

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

Family Violence in Rural Communities
Grampians Community Health Centre
Forum will:
(i) encourage men in the community to reflect on their role in the family and promote positive and non-violent images of maleness;
(ii) discuss the incidence and effects of family violence affecting the mental health of women and children in rural communities;
(iii) aim to achieve a better co-ordinated and more effective health and social network for men, women and children; and
(iv) strengthen community responses to family violence, particularly for those in isolated communities with limited access to services.
$2,100

Responding to Violence against Women: Policy Issues Confronting Health Provider Organisations
Centre for the Study of Mothers’ and Children’s Health, La Trobe University
A forum for health provider organisations to:
(i) share the challenges and experiences of developing and implementing health policy to respond to violence against women;
(ii) provide an opportunity to learn from each other and international experience;
(iii) resource participants to be catalysts for change; and
(iv) develop enhanced strategies and support to agencies seeking to respond individually and collectively.
$5,000

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(iv) develop enhanced strategies and support to agencies seeking to respond individually and collectively.
$5,000
Best Practice in Health Promotion to Address Emotional Health Issues for Marginalised Women

Women’s Health East

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

|$\ \ 52,000$

Keeping Connected – the Social Dimension

U3A Network – Victoria Inc.

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

|$\ \ 3,000$

Mental Health and Wellbeing in Rural Communities

Aspire a Pathway to Mental Health Inc.

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

|$\ \ 4,000$

Stop the Traffic 2

Project Respect

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

|$\ \ 3,000$

RESEARCH

Social Connectedness in Victoria: Is it Related to Wellbeing?

Deakin University

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

|$\ \ 22,075$

Exploring the Relationship between Social Value, Social Connection and Health

Deakin University

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

|$\ \ 24,959$

Arabic Communities and Wellbeing: Supports and Barriers to Social Connectedness

Deakin University

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

|$\ \ 24,806$

Social Connectedness and Common Serious Pregnancy Disorders: Pilot Study

The University of Melbourne

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

|$\ \ 24,987$

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

The University of Melbourne

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

|$\ \ 24,990$

Social Connectedness and Policy Development: Modelling Strategies and Measures

The University of Melbourne

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

|$\ \ 22,640$

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

AMT University

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

|$\ \ 34,972$

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

The University of Melbourne

Dr Jenny Lewis. (This fellowship is a joint fellowship with the VicHealth Centre for Tobacco Control in order to counter stressors of low tobacco use in Australia.)

|$\ \ 30,000$

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

The University of Melbourne

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

|$\ \ 100,000$

Tobacco Control Signage

Promotion of the SmokeFree message through signage.

|$\ \ 26,000$

Substance Misuse

Programs/Schemes

Good Sports Program 2003–2005

Australian Drug Foundation

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

|$\ \ 200,000$
CONFERENCE SUPPORT

2003 Rural Victorian Alcohol & Drugs Forum
Warmambal Alcohol and Drug Advisory Committee (WADAC)
Forum to: (i) update, motivate, stimulate and educate country-based workers and their communities on alcohol and drug-related health promotion; community development, project development and research; and (ii) focus on alcohol and drug issues affecting young people, indigenous communities and the socially isolated.

$5,500

Anex Harm Reduction Conference: Practice, Politics, Policy.
Anex
Conference to discuss harm-reduction strategies associated with injecting drug use that have been initiated by workers in the field, researchers, government and the police.

$3,000

RESEARCH

Environmental Determinants of Alcohol Use
La Trobe University
Dr A. Kavanagh. A project that describes the contribution that local environment (density of alcohol outlets, sales and price of alcohol) in explaining socio-economic variations in acute and chronic alcohol misuse.

$36,308

Research: Wangaratta Accord Development & Evaluation Project
Australian Drug Foundation
To examine the question, “What can licensed venues do to reduce alcohol-related harm in their local communities?” The aim of the project is to create safer environments and in around licensed premises in the Rural City of Wangaratta.

$24,227

Health Promoting Sponsorship Package
Sponsorships to promote and support SunSmart activities, policies and behaviour as well as other health promotion activities through Clubs and events.

VicHealth

$100,000

Social Meanings of Inhaling Mixture in Victoria: Implications for the Development of Policy and Intervention
The University of Melbourne
Ms S. MacLean. This research aims to document inhaling mixture prevalence and to critically analyse the social meanings around inhaling mixture in Victoria, to stimulate this analysis to the development of policy and effective intervention.

$9,830

A Study Exploring the Cultural Basis of Drug and Alcohol Consumption and Health Outcomes in a Rural Centre
The University of Melbourne
Ms N. Welch. Research exploring the cultural basis of drug and alcohol consumption and health outcomes in a rural centre (Bendigo), using a number of qualitative tools.

$19,659

MULTIPLE FOCUS

PROGRAMS/SCHEMES
Planning for Health
Planning Institute Australia (Victoria Branch)
To form a strategic partnership with the Planning Institute Australia (PIA) and build the capacity of planners to consider the health and wellbeing implications of their planning activity.

$60,000

Leading the Way – Councils Creating Healthier Communities
DFPS Management Services Pty Ltd
In partnership with DHS, continue to promote the distribution and use of the resources package, Leading the Way, among councillors and senior managers in Victorian councils.

$55,000

VicHealth and VECCL Organisational Health Alliance
Victorian Employers’ Chamber of Commerce and Industry
Alliance to establish a co-operative relationship for the purposes of organising and conducting the Partnerships with Healthy Industry Calendar of Events; and considering opportunities for VicHealth and VECCL to collaborate on other workplace health initiatives.

$25,000

CONFERENCE SUPPORT

The Social Determinants of Health: We Make an Impact!
East Metropolitan Community Health
Conference to:
(i) focus on building on the understanding of the social determinants of health and their possible contribution to health inequalities in the Eastern Metropolitan Region; and
(ii) demonstrate how services within a community health setting can effectively address the determinants of health at a local level.

$1,000

VicHealth and VicHealth Organisational Health Alliance
Victorian Maccabi and Melbourne Sports Network
Symposium to: (i) promote a healthy lifestyle through participation in sport;
(ii) support and enhance effective management of sporting organisations;
(iii) offer a range of educational and skill-focused workshops for not-for-profit sporting clubs, their members and the wider community; and
(iv) encourage participation of young people in sport outside of the school.

$37,500

The 2004 World Congress on Drugs and Alcohol Consumption and Health Outcomes in a Rural Centre

$60,000

The Malaise Aged Males Holding It Together Conference
Western Melbourne Division of General Practice
Conference to: (i) address men’s health issues by bringing together key stakeholders in men’s health; (ii) discuss successful and innovative health promotion strategies; (iii) enhance health promotion skills; and (iv) provide a broader knowledge of services available to men.

$1,500

FORGING THE LINKS: XV World Congress
International Association of Health and Family Judges and Magistrates
The conference will provide the opportunity to establish links:
(i) between courts of many nations making judicial decisions on the same issues;
(ii) between courts and the communities in which they serve; and
(iii) between agencies working in and around the courts.

$10,000

Lodden Mallee Regional Women’s Health Conference 2002 – Responding to the Evidence

$36,308

VicHealth and VicHealth Organisational Health Alliance

$25,000

Third Victorian Community Health C Conference
Hepatitis C Council of Victoria
The conference will:
(i) promote the transfer of knowledge, education and information about the social, economic and physical dimensions of hepatitis C; and
(ii) provide a forum for professionals and service consumers to discuss issues in order to advocate for improved outcomes; and
(iii) build on previous conferences and generate an action plan for the hepatic C sector.

$2,000

VicHealth and VicHealth Organisational Health Alliance

$100,000

Implementing and Evaluating System-level Change to Improve Adolescent Health and Wellbeing
The University of Melbourne
Dr L. Bond. (This Fellowship is a joint VicHealth & DHS Public Health Fellowship). A project that will develop and disseminate evidence-based and research methods to assess sociocultural and policy interventions.

$100,000

Averting Harm in Health and Sexuality Education: From Research to Policy to Practice
La Trobe University
Ms D. Ollis. A project evaluating: (i) the ability of professionals to translate research into policy and practice in health and sexuality education; and (ii) the effectiveness of frameworks for bringing about changes to better health outcomes for same-sex-attracted young people.

$20,519
Centre for the Study of Mothers' and Children's Health  
La Trobe University  
Prof. J. Lumley. The centre is a multidisciplinary research centre which aims to undertake and interpret research on mothers’ and children's health, to contribute to policy development and provide advice and resources to researchers in related fields.  
$325,000

Koori Health Research and Community Development Unit  
University of Melbourne  
A/Prof J. Anderson. The Koori Health Research and Community Development Unit’s key goal is to integrate high-quality health services research with a community development program focusing on Koori issues throughout south-east Australia.  
$165,000

Koori Health Unit-Capacity Development Program  
The University of Melbourne  
The Community Development Program provides a critical link between the research activities of the VicHealth Koori Health Research Centre and Community Development Unit (VICKHROCDU) and the Aboriginal community-controlled health sector by: supporting and resourcing community activities; providing advice and guidance to mainstream health researchers and services; developing and facilitating community forums and seminars; producing community publications on health issues; and maintaining ongoing links with Koori communities across Victoria.  
$101,548

How Research Methods Shape Public Health Knowledge and Practice  
La Trobe University  
Dr A. Kavanagh. This study describes the use of research methods across a range of health issues and settings. Through an analysis of opinion-shapers in public health research, the research team is identifying ways to ensure public health research to use a broader range of methods.  
$14,199

Cochrane Collaboration Health Promotion – Public Health Field  
Munrooch Children’s Research Institute  
Dr E. Waters. Funding for the financial and administrative support for the relocation of the Health Promotion - Public Health Field of the International Cochrane Collaboration from Canada to Victoria, and for the further development of the field.  
$120,000

Trial of a Sustainable School-community Child Health Promotion and Obesity Prevention Intervention  
Royal Children’s Hospital  
The project aims to determine whether an 18-month school-community-school intervention can improve dietary intake, increase physical activity, improve child health and wellbeing and be sustainable. The project aims to evaluate the impact and cost effectiveness of the intervention using a randomised control trial methodology, across rural and metropolitan Victoria, on both the school as an environment and the children who pass through it.  
$25,000

Off to a Healthy Start: A Longitudinal Ethnography of the Social Contexts and Determinants of Health and Wellbeing Among Newly Arrived Refugee Youth  
Deakin University  
The aim of this ethnographic study is to describe the social contexts and determinants that promote mental and social wellbeing for newly arrived refugee youth and their families during the settling process. The study will recruit 200 newly arrived young people from refugee backgrounds, aged 12-17 years, and follow those youth for over a five-year period. VicHealth funded a pilot study in 2000 and in 2003 approved an additional $15,000 for further development work.  
$15,000

Taking it to the Streets: Health Impact Assessment as a Health Promoting Activity to Reduce Inequalities Within the Community  
Deakin University  
The aims of this ethnographic study is to: understand the role of Health Impact Assessment (HIA) at community level as a tool for promoting health and reducing inequalities in health, focusing on ways in which it is being used, the scope of possible applications, the practical lessons that can be learnt, the ways in which inequity issues are incorporated within HIs, the methods used and identification of possible future applications in Victoria. The funding sought is a supplement to a PHR funded study currently in its second phase.  
$21,240

Scoping and Pilot Study for a Victorian Survey of Child Health, Development, Wellbeing and Service Utilisation  
Munrooch Children’s Research Institute  
This scoping pilot study will develop and test the feasibility of an epidemiological study of children’s health, development, wellbeing and service utilisation in Victoria. It will provide significant leverage for a major study in Victoria describing health issues and their associations for children aged 0-12 years. This would contribute to children’s policy directions and to understanding of inequalities in child health. It has the potential to stimulate program development in relation to local health issues, and to value-add to the federally funded, nation-wide longitudinal Study of Australian Children.  
$50,000

Research: Trust, Reciprocity and Health  
Deakin University  
Dr Daniel Reidpath. This project will investigate whether living in socio-economically deprived areas is associated with poorer health status and will document variations in the social and physical environments of places (e.g. public transport and housing).  
$125,000

Understanding the Importance of Place in Health Inequalities  
La Trobe University  
Dr A. Kavanagh. This study will investigate whether living in socio-economically deprived areas is associated with poorer health status and will document variations in the social and physical environments of places (e.g. public transport and housing).  
$165,000

Interventions to Improve Cardiovascular Health Among Aboriginal People  
The University of Melbourne  
Dr K. Rowley. This project evaluates the effectiveness of programs run by Aboriginal communities that aim to improve opportunities for better diet and exercise.  
$135,000

Predictors of Functional Outcome Following Major Road Trauma in Victoria  
Monash University  
Ms Fiona Clay. The primary aim of this project is to examine the incidence and predictors of functional outcomes in major road trauma patients across the state of Victoria over a three-year period. Outcome measures will be defined not just in terms of mortality and morbidity but in terms of return to pre-trauma lifestyle (work status, quality of life) and level of functional independence (physical, mental and social).  
$100,000

Evaluating the Effectiveness of a Health and Wellbeing Interventions for Victoria Police Fire and Emergency Services Workers  
La Trobe University  
Dr A. Lamontagne. This research is developing new intervention approaches to address the complex nature of high health related behavioural issues and adverse working conditions among low-status workers.  
$165,000

Environmental Causes of Obesity and Measurement of the Impact of Approaches to Service Utilisation  
Deakin University  
Dr Colin Bell. This research program will contribute to our understanding of environmental causes of obesity and measure the impact of innovative approaches to prevention.  
$180,000

Measuring the Effect of Social, Cultural and Environmental Context on Health and Wellbeing  
Deakin University  
Dr Daniel Reidpath. It is increasingly being recognised that context and not just individual factors affect health and wellbeing, but how this occurs is less well understood. The relationship between the contextual factors and health will be the focus of the research.  
$100,000

Health, Development and Wellbeing of Young Children in Victoria  
Royal Children’s Hospital  
Dr Elizabeth Waters. Collection of epidemiological data on the health, development and wellbeing of young children in Victoria, review of the evidence base for characteristics and factors associated with public health interventions in childhood; and development of evidence-based public health and health promotion strategies to address child health inequalities.  
$200,000

Effectiveness of Headgear and Mouthguards in Preventing Head/Neck/Dental Injuries in Australian Football Players  
Monash University  
Miss Rebecca Braham. This study will determine the effectiveness of mouthguards, headgear or a combination of the two for preventing head/neck/facial injuries in football players.  
$3,000

A Prospective Study of Cumulative Brain Injury in Boxers  
Monash University  
Ms Thordi Zazryn. The overall aim of this project is to describe the incidence of injury in Australian boxers and to identify risk factors for these injuries. There will be a major focus on head injury and evidence for chronic brain injury. This study will provide recent and relevant data for improved injury surveillance.  
$3,000

Assessing Change in Public Health Research: The Impact of the Indigenous Research Reform Agenda  
The University of Melbourne  
Dr Emma Kowal. To assess the impact of various structural reforms of indigenous public health research. This project will critique the rationale of shifting control to indigenous people, and assess the ability of organisational reform to produce changed research practices using a multidisciplinary evaluative framework.  
$3,000

Policy Networks and Research to Policy Transfer in Aboriginal Health  
The University of Melbourne  
Mr Mark Lutskoch. To determine and describe the network structure of Aboriginal health policy in Australia; to analyse this network structure in order to identify the barriers affecting access to and utilisation of key people and research. This project will bring to Victoria a unique knowledge base that will assist in promoting more effective strategic alliances to create environments for sustainable improvements to Aboriginal health.  
$3,000

Comparison of Health and Settlement Experiences of Unauthorised Refugees in Australia and New Zealand  
The University of Melbourne  
Dr Vanessa Johnstone. The aims of the project are to: (i) identify and compare the pre-and post-migration experiences that impact upon the health of unauthorised refugees in Australia and New Zealand; (ii) to compare the impact of current migration policy as it relates to onshore arrivals on the health of unauthorised refugees who enter Australia and New Zealand; (iii) to identify and compare positive and negative predictors of healthy settlement for unauthorised refugees in Australia and New Zealand; and (iv) to compare the actual and perceived need for health care utilisation of unauthorised refugees in Australia and New Zealand.  
$3,000

Cochrane Review: Effectiveness of Sporting Programs to Improve Health Outcomes  
Cochrane Health Promotion and Public Health Field  
The Cochrane Health Promotion and Public Health Field will conduct two systematic reviews of the effectiveness of programmes organised by sporting organisations to improve health outcomes.  
$550,000

OThEr hEalth issues  
reSeArCh  
reProductivE and sExuAl hEalth  
Australian Research Centre in Sex, Health and Society  
La Trobe University  
Prof. M. Pitts. A Centre for Research and Practice undertaking social research and training into the areas of sex, sexuality, their place in society and their relationships to health.  
$1,000,000
Epidemiology & Control of Genital Chlamydial Infection in Victoria
Macfarlane Burnet Centre for Medical Research
Dr N. Crofts. A project that examines genital chlamydial infection in Victoria in order to address major gaps in data currently available to inform control strategies. Project includes the estimation of the population-based prevalence, collection of testing activity and behavioural data, and evaluation of GP diagnostic and treatment practices.

$150,000

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

$86,951

PRISM: Program of Resources, Information and Support for Mothers
Centre for the Study of Mothers’ and Children’s Health
Contribution to a program to reduce the prevalence of depression and physical health problems in mothers up to two years after birth, using an integrated program of community-based and primary care strategies.

$6,040

Maternal Nutrition in Pregnancy and Growth in Infancy Outcome in Children
The University of Melbourne
Dr P. Morley. A series of inter-linked projects investigating the role of maternal nutrition and infant growth in determining outcomes for children from twin and singleton pregnancies.

$165,000

Women’s Health After Childbirth: A Prospective Cohort Study of 1,900 Women Having a First Child
La Trobe University
Dr S. Brown. This study examines the extent to which common health problems affecting women after childbirth occur as new problems in pregnancy, or after childbirth. It involves following women having a first child and measuring their health in pregnancy and the first year after birth.

$100,000

The Social Determinants of Sexual and Reproductive Health
La Trobe University
A/Prof. Anthony Smith. Social inequality and socio-economic status are associated with many adverse health outcomes. This study will explore the ways in which they are related to sexual and reproductive health.

$125,000

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

$3,000

PREVENTION OF CANCER

Determinants of Breast Cancer Risk
The University of Melbourne
Dr D. Gardig. A study of the modifiable risk factors of breast cancer and common genetic factors that may identify sub-groups of younger women at higher risk of breast cancer in order to enable targeted screening.

$165,000

COMMUNICABLE DISEASE PREVENTION

Child Health Epidemiology and New Vaccines in an Asian Country (Senior Fellowship)
The University of Melbourne
Prof. K. Muthurak. This project’s aims are to: - describe the epidemiology of childhood illness and injury in an urban and rural Asian community; - define the burden of disease due to important respiratory and enteric pathogens in the same community; and - conduct trials of new vaccines and vaccination strategies that have the potential to improve child health in both Australian and Asian societies.

$165,000

A Cross-national Longitudinal Study of HCV Risk Practices and Health Outcomes in Homeless Youth
La Trobe University
Mr Paul Myers. This research has two aims: (i) to examine differences in correlates of Hepatitis C Virus (HCV) infection and health outcomes, including mental health, among homeless young people in two very different policy and practice environments, namely Australia and the United States; (ii) to examine changes in patterns of HCV testing, infection, outcomes and antecedents of risk and safety over time in homeless young people.

$3,000

ABFAB: The Effect of Breastfeeding Education in the Middle of Pregnancy on the Duration of Breastfeeding
La Trobe University
Ms Delta Foster. The principal aim is to study whether breastfeeding education during pregnancy with a focus on either attitudes to breastfeeding, or on technical aspects of breastfeeding, has an effect on the breastfeeding rate at hospital discharge and on the duration of breastfeeding. This project is one of the few large randomised controlled trials aimed at evaluating two interventions that may increase both the initiation and duration of breastfeeding.

$19,659
1. ESTABLISHMENT OF THE VICTORIAN HEALTH PROMOTION FOUNDATION

The Victorian Health Promotion Foundation is established by the Tobacco Act 1987 No. 81. The relevant Minister is the Minister for Health, Hon Bronwyn Pilk MP.

2. OBJECTS

The objects of the Foundation, as set out in the Tobacco Act 1987, 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 Tobacco Act 1987, 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;

4. POWERS

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

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

5. NATURE AND RANGE OF SERVICES

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

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

<table>
<thead>
<tr>
<th>MEMBER</th>
<th>PERIOD OF MEMBERSHIP</th>
<th>PERIOD OF PROSPECTIVE MEMBERSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof John Funder (Chairman)</td>
<td>1 July 2002 – 31 March 2003</td>
<td>1 April 2003 – 30 June 2003</td>
</tr>
<tr>
<td>Ms Jane Fenton (Deputy Chairman)</td>
<td>1 July 2002 – 31 March 2003</td>
<td>1 April 2003 – 30 June 2003</td>
</tr>
<tr>
<td>The Hon. Gerald Ashman MLC</td>
<td>1 July 2002 – 30 November 2002</td>
<td></td>
</tr>
<tr>
<td>The Hon. Ron Best MLC</td>
<td>1 July 2002 – 30 November 2002</td>
<td></td>
</tr>
<tr>
<td>Professor Robert Burton</td>
<td>1 July 2002 – 19 August 2002</td>
<td></td>
</tr>
<tr>
<td>Mr Hugh Delahunty MLA</td>
<td>27 March 2003 – 30 June 2003</td>
<td></td>
</tr>
<tr>
<td>Ms Maxine Morand MLA</td>
<td>27 March 2003 – 30 June 2003</td>
<td></td>
</tr>
<tr>
<td>Ms Susan Holmes</td>
<td>1 July 2002 – 31 March 2003</td>
<td>1 April 2003 – 30 June 2003</td>
</tr>
<tr>
<td>Mr Tim Jacobs</td>
<td>1 July 2002 – 31 March 2003</td>
<td>1 April 2003 – 30 June 2003</td>
</tr>
<tr>
<td>Ms Jenny Lindell MLA</td>
<td>1 July 2002 – 30 November 2002</td>
<td></td>
</tr>
<tr>
<td>Ms Maxine Morand MLA</td>
<td>27 March 2003 – 30 June 2003</td>
<td></td>
</tr>
<tr>
<td>Professor Graeme Ryan</td>
<td>1 July 2002 – 31 March 2003</td>
<td></td>
</tr>
<tr>
<td>Professor Glenn Bowes</td>
<td>1 April 2003 – 30 June 2003</td>
<td></td>
</tr>
<tr>
<td>Ms Leanne Grantham</td>
<td>1 April 2003 – 30 June 2003</td>
<td></td>
</tr>
<tr>
<td>Dr John Howie</td>
<td>1 April 2003 – 30 June 2003</td>
<td></td>
</tr>
<tr>
<td>Dr Judith Slocombe</td>
<td>1 April 2003 – 30 June 2003</td>
<td></td>
</tr>
<tr>
<td>Professor David Hill</td>
<td>1 April 2003 – 30 June 2003</td>
<td></td>
</tr>
</tbody>
</table>

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

7. CHIEF EXECUTIVE OFFICER

Dr Rob Moodie

8. SENIOR OFFICERS AS AT 30 JUNE 2003

Director: Communications and Marketing, Ms Jackie Van Vugt
Director: Finance and Administration, Mr Randall Kent
Director: Planning, Ms Barbara Mooy
Director: Programs, Ms Vonne Robinson

9. WORKFORCE DATA

<table>
<thead>
<tr>
<th>30 June 2003</th>
<th>30 June 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. EFT</td>
<td>No. EFT</td>
</tr>
<tr>
<td>Staff establishment</td>
<td>44</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
</tr>
<tr>
<td>Cost recovery and special projects</td>
<td>1.9</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
</tr>
</tbody>
</table>
| Note: Whole time data represents actual numbers of staff employed at 30 June 2003.

10. APPLICATION OF MERIT AND EQUITY PRINCIPLES

The Foundation is an equal opportunity employer. The Foundation complies with relevant government guidelines and employment principles.

11. FREEDOM OF INFORMATION

No requests for information under the Freedom of Information Act 1982 were received during the year.

12. FINANCIAL INFORMATION

(A) SUMMARY OF FINANCIAL RESULTS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health promotion grant</td>
<td>27 140</td>
<td>26 216</td>
<td>25 400</td>
<td>24 761</td>
<td>24 040</td>
</tr>
<tr>
<td>Investment income</td>
<td>413</td>
<td>362</td>
<td>485</td>
<td>369</td>
<td>274</td>
</tr>
<tr>
<td>Other</td>
<td>1 053</td>
<td>993</td>
<td>715</td>
<td>1 413</td>
<td>760</td>
</tr>
<tr>
<td>Total Income</td>
<td>28 606</td>
<td>27 571</td>
<td>26 600</td>
<td>25 643</td>
<td>25 074</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and associated expenses</td>
<td>25 396</td>
<td>23 091</td>
<td>23 663</td>
<td>21 879</td>
<td>21 232</td>
</tr>
<tr>
<td>Operating</td>
<td>3 820</td>
<td>3 717</td>
<td>3 614</td>
<td>3 720</td>
<td>3 325</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>29 216</td>
<td>26 808</td>
<td>27 277</td>
<td>25 599</td>
<td>24 557</td>
</tr>
<tr>
<td>Net Result</td>
<td>(516)</td>
<td>763</td>
<td>(877)</td>
<td>944</td>
<td>517</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Balance Sheet as at</th>
<th>30/6/03</th>
<th>30/6/02</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td></td>
</tr>
<tr>
<td>Current Assets</td>
<td>3 456</td>
<td>2 553</td>
<td>903</td>
</tr>
<tr>
<td>Non-Current Assets</td>
<td>2 529</td>
<td>2 611</td>
<td>82</td>
</tr>
<tr>
<td>Total Assets</td>
<td>5 985</td>
<td>5 164</td>
<td>821</td>
</tr>
<tr>
<td>Current Liabilities</td>
<td>2 794</td>
<td>2 691</td>
<td>475</td>
</tr>
<tr>
<td>Non-Current Liabilities</td>
<td>2 529</td>
<td>2 611</td>
<td>82</td>
</tr>
<tr>
<td>Total Liabilities</td>
<td>5 323</td>
<td>5 302</td>
<td>557</td>
</tr>
<tr>
<td>Equity</td>
<td>3 332</td>
<td>3 862</td>
<td>229</td>
</tr>
<tr>
<td>Total Equity and Liabilities</td>
<td>5 985</td>
<td>5 164</td>
<td>821</td>
</tr>
</tbody>
</table>

(B) SUMMARY OF SIGNIFICANT CHANGES IN FINANCIAL POSITION

- Current Assets: Increase of $2 553 to $3 456.
- Non-Current Assets: Increase of $82 to $2 529.
- Total Assets: Increase of $821 to $5 985.
- Current Liabilities: Increase of $475 to $2 794.
- Non-Current Liabilities: Increase of $82 to $2 529.
- Total Liabilities: Increase of $557 to $5 323.
- Equity: Increase of $229 to $3 332.
- Total Equity and Liabilities: Increase of $821 to $5 985.
(C) OPERATIONAL OBJECTIVES, SIGNIFICANT ACTIVITIES AND ACHIEVEMENTS
The Foundation’s primary operational objectives for 2002–03 were to contribute to:
- advancing knowledge and building evidence for interventions;
- supporting innovative contributions in a range of settings and sectors;
- systematically transferring health promotion knowledge to targeted spheres of influence; and
- advocacy for health promotion.
Research, development and implementation activity was primarily focused in the health promotion action areas of:
- tobacco control
- mental health
- physical activity
- healthy eating
- substance misuse (alcohol and illicit drugs)
- sun protection
- injury prevention.
The key delivery sectors and settings were:
- sport
- recreation
- education
- community
- local government
- health
- the arts.
These were consistent with Victorian Government priorities and National Health Priority Areas.
Significant activities and achievements in relation to these objectives are set out elsewhere in the Foundation’s 2002–03 Annual Report.

(D) SUMMARY OF MAJOR CHANGES
There were no major changes or factors which affected the achievement of the Foundation’s operational objectives for the year.

(E) EVENTS SUBSEQUENT TO BALANCE DATE
There have been no events subsequent to balance date that may have a significant effect on the operation of the Foundation in subsequent years.

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

(G) COMPLIANCE WITH PROVISIONS OF THE BUILDING ACT 1993
To the best of my knowledge all relevant provisions of the Building Act 1993 have been complied with.

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

Dr Rob Moodie
Chief Executive Officer
Signed at Melbourne this 26th day of September 2003.
AUDITOR-GENERAL’S REPORT

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

Audit Scope

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

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

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

Audit Opinion

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

J.W. CAMERON
Auditor-General
MELBOURNE 17 September 2003

CERTIFICATION

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

(i) have been prepared in accordance with Directions of the Minister of Finance under the Financial Management Act 1994, Australian Accounting Standards and other mandatory professional reporting requirements; and

(ii) present fairly the results of the financial transactions of the Foundation for the year ended 30 June 2003 and the financial position as at that date.

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

Professor John Funder
Chairman

Dr Rob Moodie
Chief Executive Officer

Mr Randall Kent
Director: Finance and Administration

Signed at Melbourne this 17th day of September 2003
### Statement of Financial Performance for the Year Ended 30 June 2003

<table>
<thead>
<tr>
<th>Revenue From Ordinary Activities</th>
<th>2002-03</th>
<th>2001-02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>27 140</td>
<td>26 216</td>
</tr>
<tr>
<td>Health Promotion Grant</td>
<td>1(k)</td>
<td>2(k)</td>
</tr>
<tr>
<td>Other Operating Revenue</td>
<td>2 992</td>
<td>2 941</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>413</td>
<td>362</td>
</tr>
<tr>
<td>Investment Income</td>
<td>61</td>
<td>52</td>
</tr>
<tr>
<td>Proceeds of Sale of Assets</td>
<td>474</td>
<td>414</td>
</tr>
<tr>
<td>Total Expenses from Ordinary Activities</td>
<td>28 606</td>
<td>27 571</td>
</tr>
</tbody>
</table>

| Grants and Associated Expenses   | 25 296  | 23 091  |
| Operating Expenses               | 3 820   | 3 717   |
| Net Result for the Year          | 29 116  | 26 808  |
| Adjustment Directly to Retained Earnings | 5 763   | 6 763   |

The accompanying notes form part of these financial statements.

### Statement of Financial Position as at 30 June 2003

<table>
<thead>
<tr>
<th>Current Assets</th>
<th>2002-03</th>
<th>2001-02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Assets</td>
<td>6 818</td>
<td>87</td>
</tr>
<tr>
<td>Receivables</td>
<td>7 637</td>
<td>440</td>
</tr>
<tr>
<td>Prepayments</td>
<td>1 2</td>
<td>2</td>
</tr>
<tr>
<td>Other Financial Assets</td>
<td>2 000</td>
<td>1 998</td>
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<tr>
<td>Total Current Assets</td>
<td>3 456</td>
<td>2 527</td>
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</table>

<table>
<thead>
<tr>
<th>Non-Current Assets</th>
<th>2002-03</th>
<th>2001-02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Financial Assets</td>
<td>1(h),8</td>
<td>1 500</td>
</tr>
<tr>
<td>Furniture, Fittings, Equipment and Motor Vehicles</td>
<td>11 1 029</td>
<td>1 111</td>
</tr>
<tr>
<td>Total Non-Current Assets</td>
<td>2 529</td>
<td>2 611</td>
</tr>
<tr>
<td>Total Assets</td>
<td>5 985</td>
<td>5 138</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Current Liabilities</th>
<th>2002-03</th>
<th>2001-02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payables</td>
<td>2 114</td>
<td>761</td>
</tr>
<tr>
<td>Deferred Lease Benefit</td>
<td>14(b)</td>
<td>18</td>
</tr>
<tr>
<td>Provisions</td>
<td>262</td>
<td>184</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td>2 394</td>
<td>963</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Non-Current Liabilities</th>
<th>2002-03</th>
<th>2001-02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisions</td>
<td>1 010</td>
<td>130</td>
</tr>
<tr>
<td>Deferred Lease Benefit</td>
<td>14(b)</td>
<td>122</td>
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<tr>
<td>Total Non-Current Liabilities</td>
<td>352</td>
<td>330</td>
</tr>
<tr>
<td>Total Liabilities</td>
<td>2 646</td>
<td>1 283</td>
</tr>
<tr>
<td>Net Assets</td>
<td>3 339</td>
<td>3 855</td>
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</table>

<table>
<thead>
<tr>
<th>Equity</th>
<th>2002-03</th>
<th>2001-02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds Held For Restricted Purposes</td>
<td>426</td>
<td>965</td>
</tr>
<tr>
<td>Retained Earnings</td>
<td>2 913</td>
<td>2 890</td>
</tr>
<tr>
<td>Total Equity</td>
<td>3 339</td>
<td>3 855</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2003

<table>
<thead>
<tr>
<th>Notes</th>
<th>2002-03</th>
<th>2001-02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inflows (Outflows)</td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>Inflows (Outflows)</td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>Cash Flows From Operating Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from health promotion grant</td>
<td>29 853</td>
<td>28 838</td>
</tr>
<tr>
<td>Investment income</td>
<td>628</td>
<td>356</td>
</tr>
<tr>
<td>Other receipts</td>
<td>880</td>
<td>1 222</td>
</tr>
<tr>
<td>Total Receipts</td>
<td>31 161</td>
<td>30 416</td>
</tr>
<tr>
<td>Payments of grants and associated expenses</td>
<td>(27 096)</td>
<td>(25 168)</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(2 685)</td>
<td>(4 670)</td>
</tr>
<tr>
<td>GST remitted</td>
<td>(554)</td>
<td>(238)</td>
</tr>
<tr>
<td>Total Payments</td>
<td>(30 335)</td>
<td>(30 076)</td>
</tr>
<tr>
<td>Net Cash Provided By Operating Activities</td>
<td>15(a)</td>
<td>826</td>
</tr>
<tr>
<td>Cash Flows From Investing Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds from sale of assets</td>
<td>61</td>
<td>52</td>
</tr>
<tr>
<td>Proceeds from redemption of investments (investment outlays)</td>
<td>(2)</td>
<td>(18)</td>
</tr>
<tr>
<td>Payments for purchase of fixed assets</td>
<td>(1 54)</td>
<td>(353)</td>
</tr>
<tr>
<td>Net Cash Provided By (Used in) Investing Activities</td>
<td>(95)</td>
<td>(319)</td>
</tr>
<tr>
<td>Net Increase in Cash Held</td>
<td>731</td>
<td>21</td>
</tr>
<tr>
<td>Cash at 1 July</td>
<td>87</td>
<td>66</td>
</tr>
<tr>
<td>Cash at 30 June</td>
<td>818</td>
<td>87</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2003

1. STATEMENT OF ACCOUNTING POLICIES

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

(a) Accrual Basis of the Preparation of the Accounts

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

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

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

(c) Fittings, Equipment and Motor Vehicles

The Foundation has adopted a capitalisation policy for fixed assets for capital purchases in excess of $1,000 (2001-02 $1,000). Furniture, fittings, equipment and motor vehicles are carried at cost, in accordance with AASB 1041. Assets are depreciated at rates based upon their expected useful economic lives to the Foundation, using the straight-line method. The Foundation reviews the remaining useful lives of assets each year. There has been no change in estimated useful lives of assets since 2001-02.

<table>
<thead>
<tr>
<th>Fixed Asset Category</th>
<th>Depreciation Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Furniture</td>
<td>10.0</td>
</tr>
<tr>
<td>Fixtures and Fittings</td>
<td>10.0</td>
</tr>
<tr>
<td>Computer Equipment</td>
<td>33.3</td>
</tr>
<tr>
<td>Other Office Equipment</td>
<td>20.0</td>
</tr>
<tr>
<td>Motor Vehicles</td>
<td>17.5</td>
</tr>
</tbody>
</table>

(d) Employee Entitlements

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

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

In the reporting periods prior to 30 June 2002, provisions for employees' benefits (annual leave) were measured using remuneration rates current at reporting date. For the period ending 30 June 2003, the Foundation is required by ASB 1028 ‘Employee Benefits’ to measure provisions for employees' benefits at remuneration rates expected to apply when the obligation is settled, including the expected future increase in remuneration rates.

The impact of this change is:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease in Retained Earnings</td>
<td>$6,000</td>
</tr>
<tr>
<td>Increase in Annual Leave Provision</td>
<td>$6,000</td>
</tr>
</tbody>
</table>

(ii) Superannuation

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

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

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

The Victorian Superannuation Fund ViSuper Scheme is fully funded and there are no unfunded liabilities with this scheme.
1. STATEMENT OF ACCOUNTING POLICIES (CONTINUED)

The Health Super Defined Benefit Scheme has advised the Foundation that an unfunded liability of $13,634 exists at 30 June 2003 in respect of employees who are members of that Scheme. This unfunded liability has been recognised by the Department of Treasury and Finance during 2002-03 the Foundation’s contributions to the above schemes totalled $215,000 (2001-02, $186,000). No contributions were outstanding at 30 June 2003 (2001-02, Nil).

The policy adopted for calculating employee contributions is based on the advice of the Scheme’s actuaries. The employer contribution rates for 2002-03 varied from 9% to 19.5% depending on the scheme and the rate contributed by each employee (2001-02 8% to 15.5%).

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

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

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

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

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

(ii) Grants payable
Grants payable represent grant instalments which have been approved for payment during 2002-03. These instalments were unpaid as at 30 June 2003 and have been disclosed as a current liability. The accrued grants are expected to be paid within 12 months. Grants approved for funding in 2003-04 and subsequent years have been recognised in the notes to these financial statements as commitments (see Note 13).

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

(h) Investments
Investments are brought to account at cost. Interest revenue is recognised as the interest accrues. Investments consist of four commercial bank bills. Maturity dates range from 15 days to 5 years.

(i) Leases
Expenditure relating to leases deemed to be operating leases is expensed as incurred.

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

(k) Health Promotion Grant
From its inception in 1987 until June 1992 the Foundation was funded by a hypothecated percentage of Victorian ad valorem tobacco franchise fees. Since July 1992, the annual amount allocated to the Foundation from tobacco franchise fees has been determined by the Treasurer. On 5 August 1997 the High Court of Australia invalidated State and Territory business franchise and licence fees, including tobacco fees. In order to maintain the Foundation’s funding the Victorian Treasurer arranged for funds to be transferred from the Consolidated Fund, for the remainder of the 1997-98 year.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2003

1. STATEMENT OF ACCOUNTING POLICIES (CONTINUED)

2. OTHER OPERATING REVENUE

<table>
<thead>
<tr>
<th></th>
<th>2002-03</th>
<th>2001-02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Project Grants</td>
<td>566</td>
<td>725</td>
</tr>
<tr>
<td>Non-Government Project Grants</td>
<td>375</td>
<td>72</td>
</tr>
<tr>
<td>Consulting and Training Fees</td>
<td>28</td>
<td>90</td>
</tr>
<tr>
<td>Sundry Income</td>
<td>23</td>
<td>54</td>
</tr>
<tr>
<td>Total Other Operating Revenue</td>
<td>992</td>
<td>941</td>
</tr>
</tbody>
</table>

3. OPERATING EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>2002-03</th>
<th>2001-02</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Administration</td>
<td>90</td>
<td>128</td>
</tr>
<tr>
<td>Occupancy Costs</td>
<td>351</td>
<td>309</td>
</tr>
<tr>
<td>Office Costs</td>
<td>264</td>
<td>252</td>
</tr>
<tr>
<td>Personnel Costs</td>
<td>2,699</td>
<td>2,564</td>
</tr>
<tr>
<td>Transport Costs</td>
<td>94</td>
<td>99</td>
</tr>
<tr>
<td>Member’s Fees</td>
<td>78</td>
<td>86</td>
</tr>
<tr>
<td>Depreciation</td>
<td>205</td>
<td>188</td>
</tr>
<tr>
<td>Provision of Long Service Leave</td>
<td>8</td>
<td>41</td>
</tr>
<tr>
<td>Written Down Value of Assets Sold</td>
<td>31</td>
<td>50</td>
</tr>
<tr>
<td>Total Operating Expenses</td>
<td>3,820</td>
<td>3,717</td>
</tr>
</tbody>
</table>
### 5. EQUITY AND MOVEMENTS IN EQUITY

#### RETAINED EARNINGS

<table>
<thead>
<tr>
<th></th>
<th>2002-03 $000</th>
<th>2001-02 $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July</td>
<td>2 890</td>
<td>2 582</td>
</tr>
<tr>
<td>Surplus (Deficit) for the Year</td>
<td>(510)</td>
<td>763</td>
</tr>
<tr>
<td>Adjustments resulting from change in Accounting Policy</td>
<td>(6)</td>
<td>–</td>
</tr>
<tr>
<td>Transfer (to) from Funds Held for Restricted Purposes</td>
<td>539</td>
<td>(455)</td>
</tr>
<tr>
<td>Balance at 30 June</td>
<td>2 913</td>
<td>2 890</td>
</tr>
</tbody>
</table>

#### FUNDS HELD FOR RESTRICTED PURPOSES

##### Sporting Bodies Commitments Fund

<table>
<thead>
<tr>
<th></th>
<th>2002-03 $000</th>
<th>2001-02 $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July</td>
<td>213</td>
<td>110</td>
</tr>
<tr>
<td>Transfer (to) from Retained Earnings</td>
<td>(103)</td>
<td>103</td>
</tr>
<tr>
<td>Balance at 30 June</td>
<td>110</td>
<td>213</td>
</tr>
</tbody>
</table>

##### Public Health Research Commitments Fund

<table>
<thead>
<tr>
<th></th>
<th>2002-03 $000</th>
<th>2001-02 $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July</td>
<td>440</td>
<td>400</td>
</tr>
<tr>
<td>Transfer (to) from Retained Earnings</td>
<td>(440)</td>
<td>40</td>
</tr>
<tr>
<td>Balance at 30 June</td>
<td>0</td>
<td>440</td>
</tr>
</tbody>
</table>

##### Common Solutions Commitments Fund

<table>
<thead>
<tr>
<th></th>
<th>2002-03 $000</th>
<th>2001-02 $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July</td>
<td>31</td>
<td>–</td>
</tr>
<tr>
<td>Transfer (to) from Retained Earnings</td>
<td>26</td>
<td>31</td>
</tr>
<tr>
<td>Balance at 30 June</td>
<td>57</td>
<td>31</td>
</tr>
</tbody>
</table>

##### Mental Health Promotion Commitments Fund

<table>
<thead>
<tr>
<th></th>
<th>2002-03 $000</th>
<th>2001-02 $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Transfer (to) from Retained Earnings</td>
<td>200</td>
<td>–</td>
</tr>
<tr>
<td>Balance at 30 June</td>
<td>200</td>
<td>–</td>
</tr>
</tbody>
</table>

##### IUHPE Conference Commitments Fund

<table>
<thead>
<tr>
<th></th>
<th>2002-03 $000</th>
<th>2001-02 $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July</td>
<td>281</td>
<td>–</td>
</tr>
<tr>
<td>Transfer (to) from Retained Earnings</td>
<td>(222)</td>
<td>281</td>
</tr>
<tr>
<td>Balance at 30 June</td>
<td>59</td>
<td>281</td>
</tr>
<tr>
<td>Total Equity</td>
<td>3 339</td>
<td>3 855</td>
</tr>
</tbody>
</table>

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

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

The Common Solutions Commitments Fund represents the difference between grants received for the Common Solutions project and the expenditure incurred for this project on a cumulative basis. The transfer of $26,000 from Retained Earnings to the Common Solutions Commitments Fund represents the difference between grants received, and expenditure incurred, for the Common Solutions project, during 2002-03.
5. EQUITY AND MOVEMENTS IN EQUITY (CONTINUED)
The Mental Health Promotion Commitments Fund represents the difference between a grant received for mental health promotion projects and the expenditure incurred for these projects. The transfer of $200,000 from Retained Earnings to the Mental Health Promotion Commitments Fund represents the difference between the grant received, and expenditure incurred, for the mental health promotion projects, during 2002-03.

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

10. PROVISIONS
Current
Employee entitlements
Annual Leave 175 153
Long Service Leave 87 31
Total 262 184
Non-Current
Employee entitlements
Long Service Leave 130 179
Total 130 179
Aggregate Carrying Amount of Provisions
Current 262 184
Non-Current 130 179
Total 392 363

11. FURNITURE, FITTINGS, EQUIPMENT AND MOTOR VEHICLES
(a) Written Down Value

<table>
<thead>
<tr>
<th></th>
<th>2002-03</th>
<th>2001-02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Furniture</td>
<td>141</td>
<td>90</td>
</tr>
<tr>
<td>Fixtures and Fittings</td>
<td>625</td>
<td>658</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>405</td>
<td>142</td>
</tr>
<tr>
<td>Motor Vehicles</td>
<td>180</td>
<td>139</td>
</tr>
<tr>
<td>Total</td>
<td>1 551</td>
<td>1 029</td>
</tr>
</tbody>
</table>

(b) Reconciliations
2003

<table>
<thead>
<tr>
<th></th>
<th>Balance</th>
<th>Additions</th>
<th>Depreciation</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Furniture</td>
<td>98</td>
<td>5</td>
<td>(13)</td>
<td>90</td>
</tr>
<tr>
<td>Fixtures and Fittings</td>
<td>722</td>
<td>17</td>
<td>(81)</td>
<td>658</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>166</td>
<td>61</td>
<td>(5)</td>
<td>142</td>
</tr>
<tr>
<td>Motor Vehicles</td>
<td>125</td>
<td>71</td>
<td>(31)</td>
<td>139</td>
</tr>
<tr>
<td>Total</td>
<td>1 111</td>
<td>164</td>
<td>(205)</td>
<td>1 029</td>
</tr>
</tbody>
</table>

2002

<table>
<thead>
<tr>
<th></th>
<th>Balance</th>
<th>Additions</th>
<th>Depreciation</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Furniture</td>
<td>81</td>
<td>30</td>
<td>(13)</td>
<td>98</td>
</tr>
<tr>
<td>Fixtures and Fittings</td>
<td>709</td>
<td>90</td>
<td>(77)</td>
<td>722</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>63</td>
<td>192</td>
<td>(66)</td>
<td>166</td>
</tr>
<tr>
<td>Motor Vehicles</td>
<td>143</td>
<td>41</td>
<td>(32)</td>
<td>125</td>
</tr>
<tr>
<td>Total</td>
<td>916</td>
<td>353</td>
<td>(188)</td>
<td>1 111</td>
</tr>
</tbody>
</table>
12. FINANCIAL INSTRUMENTS

(a) Interest Rate Risk Exposures

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

<table>
<thead>
<tr>
<th>Floating interest rate</th>
<th>Fixed interest maturing in 1 year or less</th>
<th>Fixed interest maturing after 1 year but not later than 5 years</th>
<th>Non-interest bearing</th>
<th>Total 30/06/03</th>
<th>Total 30/06/02</th>
</tr>
</thead>
<tbody>
<tr>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>Financial Assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At-call deposits (refer note 6)</td>
<td>238</td>
<td>238</td>
<td>1 694</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank balance (refer note 6)</td>
<td>580</td>
<td>580</td>
<td>(1 517)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables</td>
<td></td>
<td>637</td>
<td>637</td>
<td>440</td>
<td></td>
</tr>
<tr>
<td>Investments</td>
<td>2 000</td>
<td>1 500</td>
<td>3 500</td>
<td>3 498</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>818</td>
<td>2 000</td>
<td>3 500</td>
<td>4 025</td>
<td></td>
</tr>
<tr>
<td>Weighted Average Interest Rate %</td>
<td>4.50</td>
<td>5.59</td>
<td>5.80</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(b) Credit Risk Exposures

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

(c) Net Fair Values of Financial Assets and Liabilities

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

13. FUTURE GRANT COMMITMENTS

The Foundation has entered into certain agreements for funding of grants for multiple years. The payment of future years’ instalments of these grants is dependent on the funded organisations meeting specified accountability requirements. Installments of grants to be paid in future years subject to the funded organisations meeting accountability requirements are:

<table>
<thead>
<tr>
<th>2002-03</th>
<th>2001-02</th>
</tr>
</thead>
<tbody>
<tr>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>Payable within one year</td>
<td>11 536</td>
</tr>
<tr>
<td>Payable later than one year but not later than five years</td>
<td>9 917</td>
</tr>
</tbody>
</table>

Grants approved for funding in 2003-04 or later years, but where funding agreements are yet to be executed are:

<table>
<thead>
<tr>
<th>2002-03</th>
<th>2001-02</th>
</tr>
</thead>
<tbody>
<tr>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>Payable within one year</td>
<td>2 897</td>
</tr>
<tr>
<td>Payable later than one year but not later than five years</td>
<td>4 843</td>
</tr>
</tbody>
</table>

14. LEASES

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

<table>
<thead>
<tr>
<th>2002-03</th>
<th>2001-02</th>
</tr>
</thead>
<tbody>
<tr>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>Payable within one year</td>
<td>258</td>
</tr>
<tr>
<td>Payable later than one year but not later than five years</td>
<td>1 055</td>
</tr>
<tr>
<td>Payable later than five years</td>
<td>831</td>
</tr>
</tbody>
</table>

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

15. CASH FLOW INFORMATION

(a) Reconciliation of Cash

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

<table>
<thead>
<tr>
<th>2002-03</th>
<th>2001-02</th>
</tr>
</thead>
<tbody>
<tr>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>Bank balance</td>
<td>580</td>
</tr>
<tr>
<td>At-call deposits</td>
<td>238</td>
</tr>
<tr>
<td>Cash at 30 June</td>
<td>818</td>
</tr>
</tbody>
</table>

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

Net result for the year | (510) | 763 |
Adjustment directly to Retained Earnings | (6) | - |
Total changes in equity | (516) | 763 |
Adjustments for non-cash income and expense items
Depreciation | 205 | 188 |
Increase in provisions | 29 | 31 |
Net loss (profit) on sale of assets | (30) | (2) |
Increase (decrease) in grants payments accrued | 476 | 173 |
Decrease (increase) in prepayments | 1 | 75 |
Net decrease (increase) in accrued income | 16 | (6) |
Increase (decrease) in trade creditors and accruals | 877 | (1 041) |
Increase (decrease) in deferred lease benefit | (19) | (23) |
Net decrease (increase) in trade debtors | (213) | 124 |
Decrease (increase) in lease incentive | - | 58 |
Net Cash Provided By Operating Activities | 826 | 340 |
16. CONTINGENT LIABILITIES
The Foundation has entered into an agreement (Sponsorship Agreement) with the Commonwealth of Australia, as represented by the Department of Health and Ageing for the provision by the Commonwealth of $200,000 in sponsorship monies to assist with the April 2004 IUHPE conference. The Foundation is responsible for providing certain sponsorship benefits to the Commonwealth and for accounting to the Commonwealth in accordance with the terms and conditions set out in the Sponsorship Agreement.
As at 30 June 2003 the Foundation had no legal matters outstanding and is not aware of any other contingent liabilities (Nil 2001-02).

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

18. RESPONSIBLE PERSONS AND RELATED PARTY DISCLOSURES
(a) Responsible Minister
The Hon. Bronwyn Pike MLA, Minister for Health, is the responsible Minister.

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

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

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

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

18. RESPONSIBLE PERSONS AND RELATED PARTY DISCLOSURES (CONTINUED)

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

<table>
<thead>
<tr>
<th>Remuneration Band $</th>
<th>2002-03</th>
<th>2001-02</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9,999</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>10,000-19,999</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

(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.

<table>
<thead>
<tr>
<th>Amounts paid to Board Member</th>
<th>2002-03</th>
<th>2001-02</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Cancer Council of Victoria</td>
<td>Prof. R. Burton, Prof. D. Hill</td>
<td>4,524</td>
</tr>
<tr>
<td>Sports Federation of Victoria</td>
<td>Ms S. Holmes, Mr J. Howie</td>
<td>55</td>
</tr>
<tr>
<td>Victorian Arts Centre</td>
<td>Mr T. Jacobs</td>
<td>50</td>
</tr>
<tr>
<td>Royal Children’s Hospital</td>
<td>Prof G. Bowes</td>
<td>125</td>
</tr>
<tr>
<td>Murdoch Children’s Research Institute</td>
<td>Ms J. Fenton, Prof. G. Bowes</td>
<td>420</td>
</tr>
<tr>
<td>Total</td>
<td>5,174</td>
<td>4,849</td>
</tr>
</tbody>
</table>

(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

<table>
<thead>
<tr>
<th>Remuneration Band $</th>
<th>Total Remuneration 2002-03</th>
<th>2001-02</th>
</tr>
</thead>
<tbody>
<tr>
<td>100,000 – 109,999</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>110,000 – 119,999</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>170,000 – 179,999</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>190,000 – 199,999</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total Remuneration</td>
<td>409,000</td>
<td>392,000</td>
</tr>
</tbody>
</table>

Total remuneration includes performance incentive payments.

19. AUDITOR’S REMUNERATION
Audit fees paid or payable to the Victorian Auditor General’s Office for the audit of the Foundation’s financial statements:

<table>
<thead>
<tr>
<th></th>
<th>2002-03</th>
<th>2001-02</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>Audit fees</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>
BOARD-APPOINTED STANDING COMMITTEES, 2002–2003

FINANCE AND HUMAN RESOURCES COMMITTEE
Prof John Funder (Chair)
Prof Graeme Ryan (until 31 March 2003)
Ms Jane Fenton
Mr Tim Jacobs
Mr John Hayes
Ms Linda Berry
Ms Anne Fairhall

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

BOARD-APPOINTED ADVISORY PANELS, 2002–2003

RESEARCH EXCELLENCE/WORKFORCE DEVELOPMENT
Prof Terry Nolan (Chair)
Dr John Carnie
Prof Sandy Gifford
Prof Graeme Ryan
Prof Nick Saunders
Dr Andrew Wilson
Dr Melanie Wakefield
Mr Rob Moodie
Dr Julia Shelley
Michelle Callander (Convenor)

VICHEALTH CENTRES FOR RESEARCH AND PRACTICE
Prof John Funder (Chair)
Prof Rob Burton
(under August 2002)
Prof Glenn Bowes
Prof Donwin Rosenthal
Prof Helen Prattz
Dr Stephen McMahon
Dr Ross Bury
Dr Rob Moodie
Dr Julia Shelley
Ms Yvonne Robinson
Michelle Callander (Convenor)

SPORT - PARTNERSHIPS FOR HEALTH
Mr Michael Cahill (Chair)
Mr Lindsay Gaze
Mr Ron Best
Mr Bill Belshaw
Ms Julie Sarff
Prof Caroline Finch
Mr Paul Vair
Ms Lisa Harker
Ms All Evans
Ms Kaye Graves
Ms Yvonne Robinson
Mr John Stachan
Ms Trish Mundy (Convenor)

COMMUNITY PARTICIPATION IN SPORT AND ACTIVE RECREATION
Ms Susan Holmes (Chair)
Mr Gerald Ashman
Ms Belinda Jackson
Ms Maxine Morand
Mr Ron Best
Mr Michael Cahill
Ms Trish Mundy
Ms Caroline Sheehan (Convenor)

MENTAL HEALTH PROMOTION
Ms Jane Fenton
Prof Helen Herrman
Ms Melanie McClelland
Prof Johanna Wynn
Mr. Paris Aristotle
Ms. Suzanne Cooper
Ms Kerry Water
Mr. John McGrath
Fr. Peter Norton SJ
Mr. Stephen Gianni
Ms. Jenny Smith
Ms. Jenny Coats
Ms. Carmel Guerra
Ms. Sue Tait
Mr. Michael Bourne
Asst. Comm. Ashley Dickinson

This organisational chart was current at 30–6–03. On September 8, 2003 a new organisational structure took effect.
### MENTAL HEALTH PROMOTION (continued)

<table>
<thead>
<tr>
<th>Dr Rob Moodie</th>
<th>VicHealth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Lyn Walker</td>
<td>VicHealth</td>
</tr>
<tr>
<td>Ms Irene Veris</td>
<td>VicHealth</td>
</tr>
</tbody>
</table>

### COMMUNITY SCHEME SUB-PANEL OF MENTAL HEALTH

<table>
<thead>
<tr>
<th>Ms Belinda Jakiel</th>
<th>VicHealth Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr David Easte</td>
<td>Fest Net</td>
</tr>
<tr>
<td>Ms Julienne Hillers</td>
<td>Sydney University of Technology</td>
</tr>
<tr>
<td>Mr Dean Michael</td>
<td>Macarthur Ranges Shire</td>
</tr>
<tr>
<td>Ms Carmel Guerra</td>
<td>Multicultural Youth Issues</td>
</tr>
<tr>
<td>Ms Jenny Stokes</td>
<td>Office of Community Building</td>
</tr>
<tr>
<td>Ms Shay Sutton</td>
<td>Arts Victoria</td>
</tr>
<tr>
<td>Ms Yvonne Robinson</td>
<td>VicHealth</td>
</tr>
<tr>
<td>Ms Ost Campbell</td>
<td>VicHealth</td>
</tr>
</tbody>
</table>

### LOCAL GOVERNMENT

<table>
<thead>
<tr>
<th>Ms Claire Hargreaves (Chair)</th>
<th>Municipal Association of Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Navil Kuth</td>
<td>City of Whittlesea</td>
</tr>
<tr>
<td>Mr Tony McBrine</td>
<td>Commonwealth Department Health and Ageing</td>
</tr>
<tr>
<td>Ms Jan Norton</td>
<td>Social &amp; Environmental Health, DHS</td>
</tr>
<tr>
<td>Mr Gerald Ashman</td>
<td>VicHealth Board</td>
</tr>
<tr>
<td>Mr Tony Diamond</td>
<td>City of Ballarat</td>
</tr>
<tr>
<td>Ms Sally Issacs</td>
<td>Victorian Local Government Association</td>
</tr>
<tr>
<td>Ms Stephanie Knox</td>
<td>Planning Institute of Australia, Monash University</td>
</tr>
<tr>
<td>Dr Bob Bremell</td>
<td>Population &amp; Urban Research, Monash University</td>
</tr>
<tr>
<td>Ms Yvonne Robinson</td>
<td>VicHealth</td>
</tr>
<tr>
<td>Ms Kellie-Anh Jolly</td>
<td>VicHealth</td>
</tr>
<tr>
<td>Rita Butora (Convenor)</td>
<td>VicHealth</td>
</tr>
</tbody>
</table>

### LOCAL GOVERNMENT ART & ENVIRONMENT SUB-PANEL

<table>
<thead>
<tr>
<th>Ms Veronique McCutcheon</th>
<th>Council of the Ageing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Jan Black</td>
<td>City of Darebin</td>
</tr>
<tr>
<td>Mr Andy Miller</td>
<td>City of Yarra</td>
</tr>
<tr>
<td>Dr Iain Buttersworth</td>
<td>Department of Human Services</td>
</tr>
<tr>
<td>Ms Toni Morton</td>
<td>Department of Human Services</td>
</tr>
<tr>
<td>Prof Kim Dowie</td>
<td>University of Melbourne</td>
</tr>
<tr>
<td>Ms Lyn Walker</td>
<td>VicHealth</td>
</tr>
<tr>
<td>Ms Rita Butora</td>
<td>VicHealth</td>
</tr>
<tr>
<td>Ms Kellie-Anh Jolly (Convenor)</td>
<td>VicHealth</td>
</tr>
</tbody>
</table>

### HEALTHY EATING (Research and Programs)

<table>
<thead>
<tr>
<th>Prof Robert Burton (Chair)</th>
<th>VicHealth Board (until Nov. 2002)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Cathy Cooper</td>
<td>National Heart Foundation (Victorian Branch)</td>
</tr>
<tr>
<td>Ms Veronica Graham</td>
<td>Department of Human Services, Public Health</td>
</tr>
<tr>
<td>Ms Beverley Woods</td>
<td>Consultant, Food, Nutrition and Dietetics</td>
</tr>
<tr>
<td>Dr David Hill</td>
<td>Cancer Control Research Institute, TOCV</td>
</tr>
<tr>
<td>Ms Sue Noy</td>
<td>Consultant</td>
</tr>
<tr>
<td>Ms Sue Booth</td>
<td>PhD Student, Flinders University, SA</td>
</tr>
<tr>
<td>Dr Julia Shealey</td>
<td>VicHealth</td>
</tr>
<tr>
<td>Ms Yvonne Robinson</td>
<td>VicHealth</td>
</tr>
<tr>
<td>Ms Kellie-Anh Jolly</td>
<td>VicHealth</td>
</tr>
<tr>
<td>Ms Lee Choon Siauw (Convenor)</td>
<td>VicHealth</td>
</tr>
</tbody>
</table>

### PRIMARY CARE PARTNERSHIP ADVISORY PANEL

<table>
<thead>
<tr>
<th>Ms Jane Fenton</th>
<th>VicHealth Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr David Riley</td>
<td>Department of Human Services</td>
</tr>
<tr>
<td>Ms Bronwyn Olliffy</td>
<td>Department of Human Services</td>
</tr>
<tr>
<td>Ms Susan Howard</td>
<td>Department of Human Services</td>
</tr>
<tr>
<td>Ms Sylvia Barry</td>
<td>Department of Human Services</td>
</tr>
<tr>
<td>Ms Diana Hurd</td>
<td>Department of Human Services</td>
</tr>
<tr>
<td>Ms Danielle Eickerss</td>
<td>Barwon South-Western Region, DHS</td>
</tr>
<tr>
<td>Ms Gail Roberts</td>
<td>Benalla Community Health (until Sept 2002)</td>
</tr>
<tr>
<td>Ms Helen Walsh</td>
<td>Benalla Community Health</td>
</tr>
<tr>
<td>Mr Karen Riley</td>
<td>Department of Human Services</td>
</tr>
<tr>
<td>Ms Carolyn Wallace</td>
<td>Department of Human Services</td>
</tr>
<tr>
<td>Ms Julie Hoy</td>
<td>Upper Hume Community Health</td>
</tr>
<tr>
<td>Mr Phil Browne</td>
<td>Central East Primary Care Partnership</td>
</tr>
<tr>
<td>Ms Penny Anderson</td>
<td>Mansfield City Council</td>
</tr>
<tr>
<td>Ms Yvonne Robinson</td>
<td>VicHealth</td>
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<tr>
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</tbody>
</table>

### COMMUNITY ARTS PARTICIPATION ADVISORY

<table>
<thead>
<tr>
<th>Ms Vic Marles (Chair)</th>
<th>Circus Q'Z</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Elaine Carty</td>
<td>VicHealth Board</td>
</tr>
<tr>
<td>Ms Elizabeth Jones</td>
<td>Arts Victoria</td>
</tr>
<tr>
<td>Mr Paul Morgen</td>
<td>SANE Australia</td>
</tr>
<tr>
<td>Ms Fiona Beckwith</td>
<td>Arts Victoria</td>
</tr>
<tr>
<td>Ms Suzanne Cooper</td>
<td>Ovens and King Community Health Services</td>
</tr>
<tr>
<td>Mr Stephen Richardson</td>
<td>Next Wave Festival</td>
</tr>
<tr>
<td>Mr Bernie Marshall</td>
<td>Deakin University</td>
</tr>
<tr>
<td>Ms Yvonne Robinson</td>
<td>VicHealth</td>
</tr>
<tr>
<td>Ms Sue Ball (Convenor)</td>
<td>VicHealth</td>
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</table>

### LOCAL GOVERNMENT (continued)

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