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VIC HEALTH

LETTER



CULTURAL DIVERSITY & HEALTH

MOTHERS IN A NEW COUNTRY

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MANAGING WORKPLACE DIVERSITY

This edition of the *VicHealth Letter* is focusing on cultural diversity and health. Australia is a world leader in successful multiculturalism. We have generated the world's best practice in developing mutual benefit from multiculturalism for Australia's quality of life. The benefits to Australia have been mammoth. Our economic development, our culture and life style have improved monumentally because of the immigration to Australia over the last forty years.

Multiculturalism means respect and maintenance of the culture of origin, while also participating fully in the Anglo-Australian culture. It is the respect and celebration of the old culture while still participating fully in the new that is the key to the success of multiculturalism. It is also the key to maintenance and improvement in health status in culturally diverse communities.

There is now an extensive research literature that shows that when the culture of origin is denied or destroyed, the health status of the individuals within the cultural group deteriorates significantly in a physical and emotional context. But of course, physical, psychological and cultural health status is always intertwined.

Thus, one of the most important health promotion steps that can be taken, is to promote culture of origin and to develop health promotion programs that both enhance the culture, as well as promoting healthy lifestyle.

It is also important to recognise that the health status in many multicultural communities is better than the Anglo-Australian in many areas.

For instance, in areas such as sudden infant death syndrome, food and nutrition and physical activity, and care and respect for the health of the elderly, in all of these areas, different cultural groups have a lot to teach Anglo-Australia.

As well as learning from culturally diverse communities, it is also very important that health promotion programs, as well as the entire health system, do not discriminate against culturally diverse groups with lack of access, via language and lack of cultural appropriateness. Respect for different religious and culture beliefs and practices, is of paramount importance to the delivery of effective health promotion programs.

In this newsletter, we bring you many of VicHealth's projects with a focus on cultural diversity. The emphasis is on the exchange between communities of different approaches and programs. The exchange is always based on mutual respect, which in itself, is a health enhancing approach.

Rhonda Galbally

Culturally Relevant Health Promotion

Overview

The health status model used by VicHealth attempts to change the focus of health promotion to the health status of population groups. In this model, priorities in terms of health promotion programs, key settings and the best combination of methods are selected and measured against the changing health status of the selected population group. Health promotion funders and implementers are thus held accountable for contributing to the health status of population groups, including those most disadvantaged by structural, physical, social and psychological factors.

A population groups approach considers groups with special needs and their risks at different stages of life. For instance, some ethnic communities such as newly-arrived migrants, refugees, or victims of torture are at risk while other ethnic communities have a better health status than Anglo-Australians in areas such as food and nutrition and sudden infant death syndrome. People with disabilities have particular health risks because of structural and social factors relating to the handicapping aspects of their disability. Unemployed people and people with lower socio-economic status have a general lower health status and are at particular risk. Disadvantaged men and men at mid-life are also a particular at-risk group requiring specific health promotion attention. Women are at particular risk for gender-specific health issues at different stages of the lifecycle.

Use of the population groups as the starting point to health promotion, rather than a risk factor or a disease approach, will ensure that the multiplicity of factors contributing to the health status of the population group are considered. For instance, to fully address the issue of alcohol misuse amongst any group, consideration must be given to the contributing factors of their history, their social status, their employment status, their self-esteem and self-concept, and biomedical factors. In this case, concentrating only on a single risk factor or disease in the design of the intervention will assuredly result in continuing failure to comprehensively address the health status of that population group, as well as the failure to address the particular risk factor.

This edition of the *Letter* will focus on the health needs of people from Non-English Speaking Background (NESB) groups - just one of the many population groups that health promotion aims to target.

Victorians of Non-English-Speaking-Background (NESB) and their countries of birth

Australia is a multicultural nation with the second highest proportion of overseas-born citizens in the world, after Israel. We have a population that speaks more than 100 languages and has 160 different ethnic origins.

Demographic trends show that over the last two decades the number of immigrants from South East Asia has increased and the proportion from Europe has decreased.

The latest census figures show that 27% of the Victorian population were born outside Australia. Of these, 8% were born in English-speaking countries and 19% in non-English speaking countries. The majority of immigrants are aged under 45 years.

The statistics also show that more than 20% of Victorians speak a language other than English at home. The most widely spoken languages are Italian, Greek, Chinese, and Vietnamese, reflecting the largest birthplace groups in Victoria outside the United Kingdom and Ireland. The majority of NESB Victorians live in urban centres such as Melbourne and Geelong.

Ethnicity

Obtaining health information for the ethnic community is currently not easy. Depending on the context, people may be included as members of ethnic communities because of shared characteristics such as geographic location, language or religion. Certain ethnic groups may form a very small proportion of the total population. Collecting data of adequate numbers from any one group requires studies which focus specifically on that group. However, the most common method for obtaining health information is by extracting information from ethnic members who participate in large-scale surveys or from hospital in-patient data. In this issue of the *Letter*, indicators of ethnicity are place of birth, and language spoken at home.

Major Health Issues

With few exceptions, Australians of Non-English Speaking Background suffer the same sorts of illnesses, injuries, and disabilities as Anglo-Celtic Australians, although at generally lower rates. This pattern is illustrated most clearly by the respective mortality rates of NESB Australians which is lower across all age groups.

Longer life in general though, is offset by levels of illness and disability that increase in tandem with length of residence in Australia. This phenomena is the major challenge facing the field of NESB health promotion. It is generally accepted that the source of this trend is the outcome of material circumstances related to unemployment and socio-economic status, and social integration and its effects on mental health. The challenge of health promotion is to prevent this group reverting to the Australian general rates as they draw away from the lifestyle practices and the native and familiar surroundings of their homelands.

For some birthplace groups, the level of mortality increases with longer duration of residence. However, this fact needs to be interpreted with care as those migrating during one time period may differ from those migrating during another period. However, almost all birthplace populations in Australia experience lower levels of mortality than all Australia (Table 1). Furthermore people who migrate to another country are generally among the healthiest members of their original countries, as Australia requires very stringent medical examinations of migrants prior to acceptance. There is also the speculation that once in Australia, the sick are more likely to return to their country

of origin. However, there is no data available to support this suggestion. In relation to this, of further interest is research that shows that some of the major immigrant groups with the lowest levels of mortality are also those with the lowest socio-economic status.

The National Health and Risk Factor Prevalence Surveys have collected data on lifestyle factors, such as exercise habits, alcohol consumption, smoking, weight, and more prevalent chronic diseases. These studies have produced information that pinpoints some interesting contradictions. For example, most Southern European populations rate poorly on lifestyle factors, yet they also have some of the lowest mortality rates among the groups studied (See Table 1), particularly from diseases of the circulatory system. There are also birthplace differences between the level of reported illness and the level of mortality for a particular health condition. Some findings may be explained by the heterogeneity of the health outcomes studied, and by differing perceptions of illness in the birthplace groups.

TABLE 1: Standardised Mortality Ratios (SMRs) of Birthplace Groups in Australia at Ages 15-74 years. (Source: ABS, 1990)

BIRTHPLACE	SMR 15-74 Males	SMR 15-74 Females
Hong Kong and Macao	51	56
Vietnam	59	57
Greece	59	60
Philippines	64	74
Central and South America	64	69
Lebanon	65	78
Italy	73	69
China	74	83
India	83	83
United States	92	114
Malta	95	94
United Kingdom and Ireland	96	98
Australia	103	103
New Zealand	105	108
Canada	106	90
Poland	108	102
Other Oceania	117	132

The SMR is given as: $\frac{\text{Observed number of deaths}}{\text{Expected number of deaths}} \times 100$

(An SMR of less than 100 therefore indicates that a given birthplace group has a low level of mortality relative to the total population in Australia, while an SMR greater than 100 indicates a relatively high level of mortality.)

Detailed analysis of migrant risk factor profiles, shows that migrant groups, in general have a better risk factor profile than the Australian-born population with regard to blood pressure, hypertension, total cholesterol levels, and alcohol consumption, but not with regard to exercise. The overall differences with regard to smoking and being overweight are small, but there is marked variation among countries of birth.

Of particular importance is the workplace setting. NESB workers make up the largest proportion of the manufacturing industry and trades, plant operator and labour occupation groups. Few data are available on workplace injury, illness, and mortality according to country of birth. However, the research that has been done in this area, shows that a higher rate of work-related chronic illness and disability exists in the more hazardous areas of the market where a large proportion of NESB Australians work. Women of NESB have some of the more hazardous jobs. As well as injuries sustained in such work, the emotional wellbeing of these women is often at risk.

Lack of proficiency in English also poses a major problem for many new Victorians, particularly in relation to access to health and welfare information and services.

Table 2 shows the latest census figures. In 1995, 9.2% of Victorians aged over 5 years did not speak English well and a further 1.8% did not speak English at all.

To promote health successfully to different ethnic groups, it is important to design programs that acknowledge links with the culture of origin. A VicHealth funded study, 'Cultural Factors Associated with SIDS', conducted by La Trobe University in 1990,

found that women from Asia held different beliefs about infant care and health compared to their Anglo counterparts. Asian mothers were more likely to stress the importance of close maternal contact, such as co-sleeping and were less likely to think of Sudden Infant Death Syndrome as a major child health risk. This study raised important questions about the cultural sensitivity of SIDS health promotion campaigns and identified possible conflict with cultural values, relating to maternal and infant advice about co-sleeping.

Health promotion must move beyond even the translation of brochures to developing culturally relevant programs that are more effective in communicating health issues and information. VicHealth's Sport and Arts Sponsorship Program has found that community events are a proven method of promoting health information to socially and geographically isolated populations throughout Victoria.

Sponsorship of community festivals creates a link to a particular township or ethnic group, and provides opportunities to promote relevant health messages, healthy activities and healthy festival environments for patrons. For example, VicHealth sponsors festivals in the Arabic, Greek, Vietnamese, Turkish, Timorese and Chinese communities, promoting messages about the benefits of exercise, healthy eating, sun protection and being smokefree.

In conclusion, we need strategies to address the different cultural needs of NESB Victorians and greater access to services in all sectors, not just the health sector, is essential if we are to improve overall health in the community. Health promotion can learn much from these many diverse cultures.

TABLE 2: 1996 Census of Population and Housing for Victoria

SELECTED CHARACTERISTICS			
	Male	Female	Persons
Total persons	2,150,301	2,223,219	4,373,520
Aboriginal	9,064	9,320	18,384
Torres Strait Islander	1,290	1,232	2,522
Both Aboriginal and Torres Strait Islander(a)	282	286	568
Australian-born	1,553,575	1,615,273	3,168,848
Born overseas: Canada, Ireland, NZ, South Africa, UK and USA	146,978	149,348	296,326
Born overseas:.....Other country	370,725	373,035	743,760
Total	517,703	522,383	1,040,086
Speaks English only (aged 5 years and over)	1,522,522	1,587,174	3,109,696
Speaks language other than English (aged 5 years and over)	402,421	414,137	816,558

DATA SOURCES:

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Refugees'

Food Problems Examined

Many refugees who arrive in Australia come from vastly different cultural experiences of life in a concentration camp, or of a dangerous escape to freedom after the death of loved ones in war.

Health care services have an important role to play in assisting refugees to recover from their traumatic experiences and to settle into their new country. A new and innovative project, with a particular focus on diet and nutrition, will provide health care workers, such as general practitioners, community health workers and maternal and child health nurses, with information and resources to do this more effectively.

The project, with funding from VicHealth, will be carried out by the Foundation for the Survivors of Torture in co-operation with the Springvale and Western Region Community Health Centres. The Foundation is a rehabilitation service for people who have been tortured or traumatised prior to their arrival in Australia.

Project Co-ordinator Kim Webster said there was need for an approach which takes into account the specific histories of people who have been subjected to torture and trauma.

"We have found that exposure to conflict, torture and trauma often seriously affects peoples' nutritional status as well as their ability to make healthy food choices. This is often the result of food shortages in their war-torn countries of origin, or in concentration camps," Ms Webster said.

"There are also psychological and social barriers to healthy eating, with many people feeling guilty about eating, knowing that people they have left behind face continuing food shortages. Others may adopt eating habits which lead to food intolerance and allergies as well as increasing their risk of developing tooth decay and obesity."

Many refugees, particularly men and young people, have little experience of shopping and cooking for food because it was the role of women in their countries of origin. Separated from their families, or having lost family members, they are faced with these tasks for the first time in their lives.

Other refugees have little experience of storing food, having come from parts of the world where subsistence agriculture is practised and refrigeration not widely available.

Ms Webster said refugees faced problems such as reading food labelling, knowing where to buy traditional foods and understanding unfamiliar foods. They also risked replacing many of their healthy traditional eating habits with the worst aspects of the western diet, including 'junk' foods.

The project will draw on the Foundation's experience of working with recently arrived refugees to develop an approach to diet and nutrition which is sensitive to their specific needs. Information and training for other primary health care workers will be developed on the basis of this approach and piloted with the co-operation of the Springvale and Western Region Community Health Services. Once refined, the model will be promoted directly to refugees through English language services, as well as to other health care providers who work with refugees.

The project will focus on people from the Middle East, Horn of Africa and the former Yugoslavia.

- For further information contact Kim Webster, Foundation for the Survivors of Torture on (03) 93880022.





Mothers in a New Country Need More Attention

One quarter of children born in Victoria in 1995 were delivered to women who had been born overseas.

Fewer than a third of women of non-English speaking background who participated in a recent Victorian study were 'very happy' with their care in hospital after birth.

Only one in five women described their antenatal care as 'very good', and more than half said their midwives and doctors had been 'less than very helpful' during birth.

These are some of the recently-released findings of the Mothers in a New Country (MINC) project which involved over 300 Vietnamese, Filipino and Turkish women who gave birth at the Monash Medical Centre, the Mercy Hospital for Women and the Royal Women's Hospital between July 1994 and November 1995.

Women were interviewed in their own language six months after the birth and asked about their views of care in pregnancy, their experiences of giving birth, care during their stay in hospital and their experiences of the first six months following birth.

Partly funded by VicHealth and conducted by the Centre for the Study of Mothers' and Children's Health, the MINC findings were launched by the Victorian Minister for Health, Mr Rob Knowles, last month.

According to co-investigator Jane Yelland, the research clearly highlights that aspects of care need to be improved

to make the experience of child birth more positive for women of non-English speaking background.

"The findings have very real implications for care-givers across the state," she said.

Ms Yelland said approximately one quarter of children born in Victoria in 1995 were delivered to women who had been born overseas. Of these women, 73.5 percent came from non-English speaking countries.

Other key findings of the MINC project included:

- More than a third of women said they would have liked more information about their options for pregnancy care.
- While shared care has been promoted as better for women of non-English speaking backgrounds because

care is closer to home and women may see a doctor who speaks their language, women in shared care were not more positive about their care than women who only attended public hospital clinics. Two thirds of women in shared care did not see a doctor who spoke their own language.

- During labour, one in five of the women who needed help with English had no one to interpret for them. Over half preferred to have their partner, a family member or friend interpret for them.
- About a third of women wished to observe certain traditional customs (such as adhering to a special diet and washing, but not showering), yet women were rarely asked about such preferences by care-givers. Most women found they could observe their desired practices, but the one in ten women who could not do so fully were less positive about their care in hospital.

- 95% of the women interviewed experienced at least one health problem during the six months after birth.

- One in ten Vietnamese and Filipino women and one in four Turkish women had experienced feeling depressed since the birth.

The findings are currently being disseminated to hospitals with the aim of improving the care available to women of non-English speaking background.

The Centre for the Study of Mothers' and Children's Health is also holding community forums in November for the three groups of women involved in the study.

The findings have been summarised in community leaflets in Turkish, Vietnamese, Filipino (Tagalog) and English, for distribution to the women involved and care-givers in their communities.

The Centre for the study of Mother's & Children's Health was established in 1991 with VicHealth funding.

- *For further information on the MINC project, or copies of the leaflets, please contact Jane Yelland or Rhonda Small on (03) 9348 1047.*

Health Challenges for Turkish Women

"Women who had originally intended returning to Turkey, but had given up on the idea were more likely to have poor mental health."

For many years 'Melda' dreamed of returning to Turkey, where she'd spent her childhood before migrating to Australia.

But after raising three children in Melbourne, Melda, now in her late forties, gave up on the idea. Back pain and a lack of sleep have plagued her for several years, and she finds it difficult to communicate with her limited English.

A recent study into the health of Melbourne's Turkish Community found a significant percentage of women with physical and mental health disorders. Almost one third of the women interviewed reported some form of poor physical or mental health, compared to 13.5 percent of men.

A total of 444 adults were interviewed in the VicHealth-funded study 'The Health of Melbourne's Turkish Community', conducted by the Victorian Transcultural Psychiatry Unit at the University of Melbourne.

Of these, 161 people reported themselves to be in chronic pain, which was 'an unexpected finding' according to the Unit's senior scientist Dr Geoff Stuart, who analysed the risk factors for the development of psychiatric disorders in the community.

Chronic pain was found to be the major risk factor in the development of psychiatric disorders for both Turkish men and women, he said.

For women, two additional factors, combined with chronic pain, resulted in the highest risk of mental disorder. Women who had originally intended returning to Turkey, but had given up on the idea were more likely to have poor mental health. "For women, the number of mental health problems experienced also depended on the level of education," said Dr Stuart.

"Those who had completed high school were found to be worse off than those who had completed junior high school or less, or those who had tertiary education or above. This may indicate a frustration with career options for these women."

Whether or not men were married was the only other key risk factor - apart from chronic pain - found to affect the mental health of men, with married men having better mental health than those divorced or never-married.

The data collected provides a 'rich source of information about one of Melbourne's key ethnic groups', according to Associate Investigator Steven Klimidis. "It also reveals a community which has strong social links within it's community, with ties to Turkey remaining powerful," he said.

Proficiency with English was found to be insufficient to deal with more than basic needs in over half the sample, and there were high levels of unemployment and invalid status.

Almost 60 percent of participants felt the Turkish community was discriminated against, although 56 percent reported they had not had personal experience of discrimination in Australia.

The study also found the participants were more likely to seek help from orthodox medical practitioners than from alternative or folk medicine practitioners, contrary to anecdotal evidence.

The data will be used for further research, and in the development of policies relating to mental health strategies for people of non-English speaking backgrounds in Victoria.

- *For further information contact Geoff Stuart or Steven Klimidis at the Victorian Transcultural Psychiatry Unit on (03) 9417 4300.*



Different Approach needed for STD Prevention

“... People prefer to see their local family doctor rather than visiting an STD clinic.”

The gap in promoting sexual health and preventing STDs in ethnic communities is not so much due to a lack of knowledge about STDs. Rather, it's due to a need for better approaches to sexual health services, according to a three-year study recently completed by the Centre for the Study of Sexually Transmissible Diseases. The Centre was established in 1993 with VicHealth funding.

The study indicated that contrary to popular stereotyping, multicultural communities in Victoria were quite knowledgeable about the prevention of most sexually transmissible diseases (STDs), especially well-publicised conditions such as gonorrhoea, syphilis and HIV/AIDS. However, as in the broader community, there is less awareness about the more prevalent STDs such as chlamydia.

“The outcomes of the study were very positive and the insightful results are now helping to shape the kind of health promotion programs we need to fill the gaps,” said Professor Sandy Gifford, principal investigator of the Culture and Sexuality Research Program.

Participants in the Culture and Sexuality Research Program study included women and men aged 18 to 40 from Turkish, Vietnamese, Chilean and second-generation Greek communities. There were also participants from an Anglo Saxon background. All research was conducted in the participants' choice of language, using bilingual researchers.

Key outcomes of the study, which included a series of sub-studies, included:

- STDs are not the major health concern among men and women. Others which rank higher are stress, feeling tired and general family and work concerns.
- People prefer to see their local family doctor rather than visiting an STD clinic due to the perceived stigma of attending a clinic especially for women.
- People also prefer to see their local family doctor for all their health needs, sexual or otherwise, for reasons of convenience, rapport and trust.
- Lack of knowledge about STDs was not the key barrier to prevention.



- Both second-generation Greek adult children and their parents value their Greek and Australian cultures and consider sexual health education essential regardless of marital status, even though issues such as pre-marital sex are not supported by the older generation.

“To summarise, the ethnic communities in our study clearly do not see STDs in isolation from other health issues. STD specific services, although important, are not effective for reaching the majority of people in the community,” Professor Gifford said.

One of the study's key recommendations was that STD services and other sexual health services should be incorporated into primary health care.

It was also recommended that ethnic communities develop their own health promotion strategies. Since the study's completion, the Centre has conducted several sexuality and health workshops among multicultural communities, each attended by over 100 men and women of all ages.

The team at the Centre has also developed in liaison with young people, a radio and audio-cassette tape drama series which addresses key issues of sexuality and health. The series has been well received by young people.

The Culture and Sexuality Research Program study was funded by VicHealth, the Public Health Research and Development Committee of the National Health and Medical Research Council and the Commonwealth AIDS Research Grants Committee.

- *For more information on the Culture and Sexuality Research Program contact Christine Bakopanos on (03) 9285 5382.*

Encouraging Ethnic Communities To Quit



Stavroula Zandes recalls being made acutely aware of the difficulty in helping some members of the Greek community in Victoria to quit smoking.

While delivering a presentation on the benefits of quitting to a group of elderly Greek men and women, a man in the front row calmly smoked his way through the session - and no one tried to stop him.

“Initially it was really disconcerting,” said Ms Zandes, the Quit campaign's non-English speaking background (NESB) program coordinator. “But when it was over he was one of the first to come and tell me how much he got out of the session.”

Where smoking is very much accepted within ethnic communities - such as in the Greek community where it is a part of social and public gatherings - the Quit Campaign has a special team at work to help encourage NESB smokers to give up.

A bilingual team work with a range of ethnic communities, attending festivals, community and cultural events, giving talks and providing telephone advice and support to help encourage smokers to quit. The Quit Campaign has also developed a selection of resources in 13 different languages to help smokers who want to give up.

Ms Zandes, herself fluent in both English and Greek, says the workers receive considerable favourable feedback at the events they attend. “People often say they're very pleased that we're coming to their community, and speaking their language.”

In order to learn more about the attitudes and beliefs of NESB people towards smoking, the program is currently conducting an extensive survey of members of Victoria's Chinese and Greek communities. The team hopes to interview up to 500 members of each community, and will use the information to develop further strategies for the two groups.

The program also uses ethnic media to raise awareness of the health issues surrounding smoking, and of the resources and assistance available in different languages.

The Quit Campaign is substantially funded by VicHealth. Quit works in a range of settings to promote the smoke-free message.

- *For further information contact Stavroula Zandes at Quit on (03) 9663 7777*

The Quit Campaign has a special team at work to help encourage NESB smokers to give up.



Smoke

Lifts From Bocce

The smoke is gradually clearing from the sport of Bocce in Victoria.



Influenced by 25 years of cigarette sponsorship and European origins, the sport which is pronounced 'bot-chee', has undergone a major transformation since 1996 through its partnership with VicHealth as a new sponsor.

"Smoking is the big issue," said Frank Funari, Secretary of the Bocce Federation of Victoria. "Many of our players have grown up with Bocce in Europe, where it's been associated with a cafe and a bar - and smoking."

But smoking has already been snuffed out on the playing field, and at Federation matches. Clubs affiliated with the Federation across Victoria are also steadily putting up the "No Smoking" signs.

"It's been a very positive change," said Mr Funari. "A healthier and more professional environment is the direction in which we want to take the sport."

Bocce, which resembles lawn bowls, was first introduced to Australia in the early 1900s, arriving with post-war migration from Europe. Since then it has grown from a backyard social event to a competitive sport with annual State and Australian championships.

Players in Victoria are predominantly of an ethnic mix including Italians, Croatians, Slavinians and Maltese. Federation competition players range in age from 10 to 77.

Further life is being added to the sport by the Federation's active promotion of Bocce to Victorian schools and to men and women over 35. A Masters competition is also in the pipeline.

VicHealth promotes the *Active for Life* message through the sponsorship. Cardiovascular disease is the leading cause of death in Victoria. The *Active for Life* program aims to encourage more Victorians to take up regular moderate physical activity to live a longer, healthier and more active life. It also aims to reverse a trend which shows that around 36% of Victorians currently do no physical activity, and 45% of people over 45 years of age exercise at levels unlikely to attract any health benefits.

The *Active for Life* message recommends 30 minutes of moderate exercise a day, such as walking. It is supported by scientific evidence that shows it is not necessary to work up a sweat in formal exercise programs to gain health benefits from being active.

"Bocce is moderate rather than high-intensity exercise, so we see a real opening for adults who may have played some kind of sport when they were younger and would like to get involved in sport again. There's also a real social and recreational element to the game, which appeals to a lot of people."

The sport is also looking at other ways to create healthier environments for both players and spectators. Sun protection measures and responsible serving of alcohol practices are also being introduced and adopted by many clubs.

- For further information contact Mr Frank Funari, Bocce Federation of Victoria, (03) 9632 8385.



Managing Cultural Diversity in the Workplace.

"... management has not always been able to capitalise on the advantages offered by our diverse workforce."

One of Australia's greatest strengths is its cultural diversity - with a population that speaks more than 100 languages and has 160 different ethnic origins.

It's a strength that not enough workplaces have capitalised on, according to VicHealth's Partnerships Program, which has helped Victorian organisations understand how they can better manage cultural diversity in workplaces.

The program promotes the issue as part of its work in the organisational health field, providing advice, support, seminars and training to Victorian industry on a not-for-profit basis.

Mr Hass Dellal, Executive Director of the Australian Multicultural Foundation, shares the concern of the Partnerships Program, also believing Australia could make better use of its multicultural workforce.

"Although we are considered world leaders in managing cultural diversity, unfortunately results still show that management has not always been able to capitalise on the advantages offered by our diverse workforce," Mr Dellal said. "It is in everyone's best interests to overcome the cultural barriers and maximise the contribution of the workforce for productive and healthy outcomes."

Mr Dellal said that since the end of World War II, the Australian labour force had doubled in size, with migrants

contributing to more than half of the growth. "As a result, people born overseas make up a quarter of the total labour force in this country."

The potential gain in productivity arising from more effective use of migrant skills is about \$1 billion per annum, as revealed by a 1993 report from the Victorian Migrant Skills Qualifications Board. The Board also estimated that 450,000 post-war migrants have had their work skills unused or significantly under-used.

Businesses that effectively use the diversity of Australia's ethnic population are already benefiting. For example, Australia's manufacturing industry which employs the largest proportion of NESB workers, has seen an average 16 percent per annum growth in exports in recent years.

The management of cultural diversity in the workplace is not a fad, according to the Partnerships Program. It is a critical factor in improving the productivity, performance and profitability of Australian organisations and boosting the morale of the workplace.

VicHealth's core approach is to bring practical health promotion to Victoria's workplaces with a focus on sustainable change and improvement. The Health Partners Program provides members with access to a wide range of organisational health seminars, health management tools and networking opportunities for an annual membership fee.

VicHealth also works with individual organisations to identify organisational health issues and implement organisational health programs on a fee-for-service basis.

- For further information contact VicHealth's Partnerships with Healthy Industry Program on (03) 9345-3200.

Getting Active for Life

Across Cultures



When it comes to exercise, members of the Italian and Cantonese-speaking communities are being encouraged to become more active.

How do you get the message about the importance of regular physical activity to people of different cultural and ethnic backgrounds?

Improving the understanding of how to deliver this important message was the aim of a Melbourne pilot study into the cultural beliefs and attitudes towards physical activity of those aged over 45 from the Italian-speaking and Cantonese-speaking communities.

Almost 1,000 people participated in the pilot study conducted by the Centre for Culture, Ethnicity and Health (CEH) with VicHealth funding, as part of its involvement in the Active for Life program which aims to increase the activity levels of Victorians.

When it comes to exercise, members of the Italian and Cantonese-speaking communities are in particular need of attention. The Cantonese-speaking community includes immigrants from mainland China, Hong Kong, Vietnam and other South East Asian countries. The two groups have the highest proportion of non-exercisers of all non-English speaking background groups (59.7% and 58.8% respectively). This is significantly higher than the 34 percent of the total Australian population who do no exercise.

In the project's first stage, focus groups from each community were tested to determine their understanding of physical activity, and likely barriers to participation. "While the two groups agreed on definitions of physical activity, each saw different benefits," explained Catia Iervese, Strategic Communications Consultant for the CEH.

"While the Italians viewed activity as a vehicle to social interaction, the Cantonese-speaking community saw it largely as a means of achieving spiritual and physical harmony."

In the project's second stage, a direct communications strategy was developed to address the identified issues through large-scale workshop trialing with members of each community, in their own language.

"The strategy for the Italian group included a strong social component, while the Cantonese-speaking community had a much greater emphasis on goal-oriented activity," Ms Iervese said.

Crucial to the strategies was the identification of appropriate 'ambassadors' from each community who would be prepared to maintain the awareness raising pilot program among groups.

The study found that groups who did not perceive any benefits to exercise and were at a 'pre-contemplative' stage were less likely to be able to identify and nominate ambassadors than those who were aware of the benefits of exercise and 'ready for action'.

The promotion of culturally appropriate activities such as Tai Chi for the Chinese community and dancing for the Italian community were perceived as strategies most likely to succeed.

"The research identified a need for the development of more culturally and linguistically relevant awareness raising strategies and materials, especially for those still at the pre-contemplative stage. For example, running Tai Chi classes in English would not be relevant for older members of the Chinese-speaking community," Ms Iervese said.

- *For further information contact Catia Iervese at the CEH on (03) 9427 8766.*



Mental and Physical Health

Tackled Through Theatre

Fernando Pires once shared a house in Melbourne with a Timorese asylum seeker who was suspicious of every incoming phone call, and who would hide when someone knocked at the door.

Eventually, it came to light that his friend had been a victim of torture in East Timor. Mr Pires, a Trainee Arts Organiser with the North Richmond Community Health Centre's Arts and Culture Program, says many Timorese survivors of torture now living in Australia have few or no outlets for expression of their fears and feelings.

But an innovative theatre project funded by VicHealth, The Timorese Theatre Project, involving Timorese community members, is tackling the mental health needs of its community. Through workshops and the eventual development of a short performance piece, up to 60 members of the community aged between 21 and 60 are coming up with their own ideas about how to deal with this sensitive issue.

It was the group themselves who decided to focus on the issue of mental health through the project. "In our country, talking about mental health issues is taboo," explained Mr Pires. "We are exploring how we can use theatre to develop positive messages about mental health in ways appropriate to us."

Professional artists are running the series of 20 workshops, being held in Richmond and Broadmeadows. The workshops cover performance and street theatre, music, drumming, writing and storytelling.

The project, being run by the North Richmond Community Health Centre, is drawing on the support of the Centre's community nurse and counsellor, Sharon Henderson.

"... many Timorese survivors of torture now living in Australia have few or no outlets for expression of their fears and feelings."

The Centre is a key provider of culturally appropriate health and social services and, as such, has excellent links with advocacy groups, health agencies and cultural groups.

It is also linking in with the Timorese Association's Welfare Committee, and talking to survivors of torture to find out what assistance has been helpful for them.

- *For further information contact Fernando Pires at the North Richmond Community Health Centre on (03) 9429 5477.*





Festivals Bring Communities Together in Health



Cultural festivals provide an excellent opportunity to target specific ethnic communities with relevant health messages in an appropriate context.

VicHealth sponsors a large program festivals because they reach local communities and attract local media attention. Festival organisers are in a unique position to introduce healthy changes at events, by communicating and negotiating with the hospitality sector, local council and other local businesses and community groups.

VicHealth has recently launched a "Health Promoting Festivals" brochure to encourage festivals to support the creation of healthy environments by providing smokefree areas, sun protection measures, safe alcohol practices and healthy food choices.

Pako Festa Celebrates Cultures and Health

At Geelong's annual multicultural Pako Festa, one of the regular patrons confesses to 'tasting her way from one end of the festival to the other'.

"Which is no mean feat when you consider there are seven blocks to travel, and food stalls practically all the way along the route," says the festival's artistic director Ana Vrantzis, of the woman concerned.

Food, you might gather, is one of the major drawcards at the Pako Festa, a project of the Geelong Ethnic Communities Council which attracts almost 50,000 visitors from the Geelong region, as well as others from 28 different ethnic communities. Served up on the day are traditional foods and delicacies from Russia, Spain, Turkey, Holland, Vietnam, Serbia, Italy, Fiji and the Pacific Islands - to mention only a few.

Participants are exposed to healthy food and exercise messages through VicHealth's sponsorship of the festival, in partnership with the International Diabetes Institute. The incidence of diabetes mellitus (non-insulin dependent diabetes) is increasing in Australia and is likely to affect 900,000 people nationally by the Year 2000. Risk factors for diabetes such as obesity and physical inactivity are also on the increase.

Information on diabetes prevention and management in several different languages was also provided to the audience, many of whom belong to communities with a high incidence of the disease. A dietician was also available to answer questions about eating for a healthy lifestyle. Heritage walking tours were also promoted in the program.

Those attending this year's February festival were able to watch the passing parade - which included a 'Carmen Miranda' tossing fresh fruit to the crowd - in smoke-free outdoor cafes protected by sunshade.

The Pako Festa, says Ms Vrantzis, is received with a great deal of affection by the people of Geelong, who come together to celebrate the city's diverse multicultural make-up. "It's a real slice of local life," she said.

- For further information on the Pako Festa contact Ana Vrantzis on (03) 5221 6044.

Lanterns Shed Light on Health

More than 1,000 lanterns lit Richmond streets under the light of the full moon during the annual Moon Lantern Festival in September. Celebrating a traditional Chinese, Vietnamese and Timorese Harvest Festival, the event attracted a diverse crowd from Melbourne's multicultural communities.

"It is a very colourful event. People had made their own lanterns from things like wire, cane and milk cartons in shapes both traditional and innovative. Sculptural lanterns were especially popular this year, and people designed huge lanterns of boats, crocodiles, whales - and even a two-metre Active for Life figure." said festival coordinator Siu Chan.

"One of our aims is to bring communities together to celebrate and share this tradition with other cultures," Ms Chan said.

The Moon Lantern Festival was initiated by the North Richmond Community Health Centre in 1993 and is now an annual festival and parade organised by several community-based organisations.

The Festival was staged in and around the Richmond High Rise Estate, which is home to 8,000 tenants, giving the local community a sense of ownership.

Festivals such as this one provide greater access to cultural expression and the arts for communities that are often excluded from participation in mainstream events. The event gives cultural groups an opportunity to perform for a large and diverse audience and provides valuable employment and development opportunities for local artists who may be disadvantaged by language difficulties.

VicHealth sponsors the event with the *Active for Life* message. Leading up to the festival the benefits of healthy eating and moderate exercise were promoted to participants through lantern-making workshops at local schools and community groups. Groups involved include Chinese language groups, a Vietnamese women's group, the Vietnamese Elderly Group, a Turkish women's group and local neighbourhood centres.

In line with VicHealth's guidelines on healthy environments, the festival was also alcohol-free, and actively promoted and made available healthy food choices.

- For more information on the Moon Lantern Festival contact Siu Chan on (03) 9429 5477.



VicHealth Congratulates Best Practice Health Promotion

At the 10th VicHealth Anniversary Awards Dinner held in August, a range of Victorian organisations were presented with awards for outstanding contribution to health promotion excellence.

Congratulations go to:

Health Promoting Local Government Award to Latrobe Safe Communities

The Latrobe Safe Communities Project has mobilised community involvement in the prevention of injury and received World Health Organisation accreditation as a safe community. The project developed by the La Trobe Community Health Centre has been used as an exemplar for other municipalities and the La Trobe Council is to be congratulated for its commitment to carry the project into the future.

Health Promoting Workplace Award to The Body Shop

The Body Shop is a VicHealth Health Partner and must be congratulated for its innovative approach to health promotion in the workplace and into the wider community. The Body Shop demonstrates that business can achieve healthy profits with a healthy workforce.

Health Promoting Community Health Centre Award to Ovens & King Community Health Centre

The Health Centre has developed an innovative program to support women experiencing depression after child birth. The program involves local women, who have themselves experienced post natal depression, providing home support to new mothers adjusting to coping with a new family member.

Health Promoting Schools Award to Heidelberg Schools Network

The network includes Haig St, Olympic Village and Belfield Primary Schools and LaTrobe and Banksia



Secondary Colleges and the Austin Hospital School. The Network has forged links with organisations in the community and developed strategies, such as a policy on bullying, so that what happens in each school is consistently reinforced within the wider community.

Health Promoting Schools Project Award to Healthy Families Project

The project focuses on mental health promotion in families by targeting curriculum for primary school children that teaches them how to understand the ways in which parenting patterns are passed on and how children can learn to become good parents. The program is expected to be implemented statewide in 1998 and has received national and international interest.

Health Promoting Arts Award to Apollo Bay Music Festival

The Festival Committee and VicHealth have worked together since 1983 to make the entertainment environment healthier by increasing the number of smoke-free and alcohol-free venues available.

Health Promoting Sports Award to Victorian Football Development Foundation

The VFDF has been associated with VicHealth since 1988 to promote the Quit smoking message to young people through football clinics, competitions and Championships in metropolitan and country districts.

Workplace Health Events:

Managing Change and Transition

Tuesday 18th November 1997

Although changes are typically designed to improve the effectiveness of the organisation, people often experience change as stressful and alienating. This workshop will provide participants with a greater understanding of effective change and transition management techniques.

Site Visit to Australian Automotive Air

Tuesday 25th November 1997

Health Partners have the opportunity to be part of a site visit to Australian Automotive Air, a major multi-national manufacturing plant with an outstanding record of employee involvement in Occupational Health & Safety.

For more information and bookings, contact Loraine Callow at VicHealth's Workplace Health Program on (03) 9345 3221 or Email: lcallow@vichealth.vic.gov.au

Approaching Conference:

Control in the Age of Consumption: Challenging Current Approaches to Physical Activity, Healthy Eating and Body Image.

2-3rd April 1998, Melbourne

International and national speakers representing a variety of disciplines will help broaden the thinking and agenda around the interconnectedness of physical activity, healthy eating and weight and body image in modern society.

For further information contact Carole Bailey, on (03) 9345 3247 or Email: cbailey@vichealth.vic.gov.au