

## New CEO for VicHealth

At VicHealth's Annual General Meeting in December 1996, Victorian Health Minister, The Hon. Rob Knowles announced the appointment of Dr Rob Moodie as the new Chief Executive Officer of VicHealth. Dr Moodie will replace Ms Rhonda Galbally, who left in April 1998 to take up a position as head of the newly created Australian International Health Institute at the University of Melbourne.

Dr Moodie is currently stationed in Geneva as Head of Country Support for UNAIDS, a joint United Nations Program on AIDS, where he is responsible for developing and coordinating responses to the growing epidemic of AIDS/HIV in over 150 countries across the globe.

Dr Moodie graduated from Melbourne University with a medical degree in 1976 and since that time has built a distinguished career in public health, particularly in the area of aboriginal health, and has forged an international reputation in the prevention of STDs and AIDS.

In 1991 he completed a Master of Public Health at Harvard University where he was awarded the inaugural Albert Schweitzer Prize in Public Health.

From 1992 as Director of the International Health Unit at the Macfarlane Burnet Centre for Medical Research, he led a variety of consultancies to leading international organisations.

Dr Moodie will take up his appointment in July 1998 when he will return to Australia with his wife Anne, and their two children.



## Farewell to Rhonda Galbally

Rhonda Galbally, the founding CEO of VicHealth was farewelled at a dinner hosted by the Chairman of VicHealth, Professor John Funder on the evening of Tuesday 21 April 1998.

The highlight of the dinner, which was attended by leaders from the private, public and community sectors, was the presentation of Certificate of Appreciation by the Minister for Health, the Hon. Rob Knowles MLC and signed by all Ministers who held the Health portfolio during Rhonda's 10 year term with VicHealth.

Rhonda has taken up the position of Managing Director of the Australian International Health Institute at the University of Melbourne. Her new contact details are as follows:

Australian International Health Institute  
Ground Floor, Connibere Building  
Royal Melbourne Hospital  
Victoria Australia 3050  
Telephone: +61 3 9342 8429  
Fax: +61 3 9342 7903  
Email: rgalbally@vicnet.net.au  
aihi@medicine.unimelb.edu.au

Pictured below, Rhonda is presented with her Certificate by (from L-R), the Hon David White, the Hon Caroline Hogg, the Hon Rob Knowles and Professor John Funder, Chairman of VicHealth.



## Workplace Health Events:

"Your Guide to the 1998 VicHealth Workplace Calendar" is now available. It outlines an exciting and innovative series of seminars and events showcasing the latest thinking and practice in organisational health. Some approaching events include:

VicHealth Annual Symposium Partnerships with Healthy Industry presents

*"Emotions at Work" - The relationship between the individual's wellbeing and a healthy workplace.*

The program will focus upon a range of workplace issues that affect the individual's sense of security and wellbeing in the workforce. Emotional health factors that arise from such issues and which will be explored and presented include: workplace changes and family life; workaholics as stress carriers; depression in the workplace; humour and tough workplace situations; happiness at work; the bully and violence in the workplace.

The format involves speakers presenting issues and "painting the picture" during the morning session. Afternoon workshops will provide opportunities for learning about practical approaches to solving workplace problems and strategies that have been implemented to ensure "happy" employees and healthy workplaces.

All symposium delegates will receive one complimentary invitation to the annual VicHealth Awards Dinner to be held on the evening of the symposium at the Victorian Arts Centre, ANZ pavilion.

Details: Thursday 27 August, 1998  
Mary Aikenhead Centre  
St Vincent's Hospital  
Fitzroy, Melbourne Australia

For more information and bookings, contact Lisa Pittard at VicHealth's Workplace Health Program on (03) 9345 3200 or email: lisap@vichealth.vic.gov.au

# VICHEALTH

## LETTER

## HEALTH IN RURAL COMMUNITIES

### PREVENTING EYE PROBLEMS

### SUPPORT FOR NEW MOTHERS

### EASING ISOLATION WITH EXERCISE

### ART BREAKS THE DROUGHT

### TARGETING YOUNG PEOPLE AND HEALTH

### COUNTRY SPORT



Although comprehensive rural health statistics are limited in Australia, we know that people living in non-metropolitan areas have higher death rates than metropolitan residents. In fact death rates are 15% higher for men and 9% higher for women. The differentials for avoidable death are even larger: 47% for men and 30% for women.

Victoria like most States of Australia has most of its population gathered in its capital city, Melbourne. With over 3/4 of people in the State concentrated in one city, there is often a tendency for health providers to intensify health resources in metropolitan areas because the population is easy to access and service.

Paradoxically, Australians continue to identify strongly with, and have great affinity for “the bush”. Yet the stereotypes and idealised images that we have of rural Australia are in many cases vastly different from the realities that exist in these areas.

People in rural and remote communities face many barriers which reduce access to appropriate health care. In particular, the issues of distance, a shortage of health care professionals, reduced opportunities for local access to a wide range of primary health care services, difficulties with intersectoral coordination, economic and financial pressures and decreasing services falling in line with declining populations greatly affect the quality of community life.

In addition, people in the bush are facing difficulties on the economic front as commodity prices fall or stagnate and the rural economy shrinks. Socially, there is growing dislocation within communities as young people turn to the city for employment and lifestyle opportunities.

The majority of Australia's Aboriginal and Torres Strait Islanders also live in rural and remote communities and therefore, their particular health concerns which are often serious and urgent become classified as predominantly a rural issue.

Because of distinct patterns in rural mortality and morbidity, the barriers and service disadvantages faced by rural people, it is imperative that we develop different social structures and delivery mechanisms. Replicating methods that work efficiently and effectively in metropolitan areas is often not the best approach for our rural and remote communities.

As you will read in this newsletter, VicHealth has been developing health promotion programmes in rural communities which take particular account of the social and cultural context in which they operate. The rural sector has been a focus for VicHealth and projects which target disadvantaged groups in rural Victoria have become a funding focus over the last few years.

Rural health promotion challenges the orthodoxy of many of our traditional approaches and we must continually develop new collaborative approaches to reduce the inequities in health status which exist within the Victorian community.

Front cover: Ngaere Donald from Lockend.  
See story on page 11

# Rural Health

### Overview

Rural populations have been defined as those which equate with non-metropolitan areas such as major provincial centres, country towns, mining and isolated communities (Commonwealth Department of Human Services and Health, 1994).

Rural Victoria is characterised by large distances, small sparsely distributed populations, harsh environments, and considerable geographical and social diversity. Such a situation necessitates specific and unique health promotion strategies in order to meet the health care needs of rural communities.

Compared with their metropolitan counterparts, many rural residents experience significant problems of inequity with respect to access to, and provision of, health services, employment, and cultural and social supports which determine a population's health status.

### Demographic profile

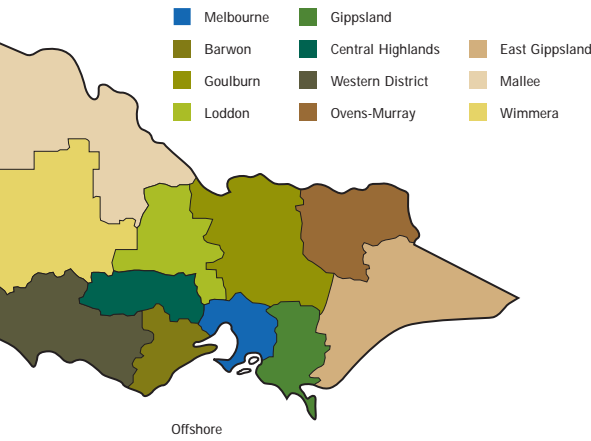
Victoria is divided geographically into ten population regions. Rural Victoria comprises nine country regions: East Gippsland; Goulburn; Western District; Wimmera; Mallee; Central Highlands; Ovens-Murray; Loddon; and Offshore. According to 1996 census figures, approximately 27% of the Victorian population live throughout these rural areas (ABS, 1998).

The 1996 census data reveals a number of demographic differences between rural populations and urban populations living in this state.

In terms of gender differences, unlike in urban locations, males outnumber females in the Goulburn (50.3%), Ovens-Murray (50.2%), and Mallee (50.1%) regions (ABS, 1998).

In terms of age differences between rural and metropolitan residents, there are proportionally more children and more people aged over 65 years living in rural regions compared with metropolitan regions. Thus, the median age in rural regions ranges from 33 years in Central Highlands, and Ovens-Murray, to 37 years in Wimmera. High proportions of people aged 65 years and over live in the Wimmera (16.5%), Mallee (14.2%), East Gippsland, and Western District Regions (14.0%) (ABS, 1998).

Figure 1: Victorian population regions.



Source: Australian Bureau of Statistics, 1998.

### Major health promotion issues

The health status of Australia's rural population varies enormously. Evidence of significant health differentials exists. Some health problems, such as mental illness, youth suicide, injuries, road trauma, alcohol and substance abuse, are most acute in rural areas, and provide ample justification of the need for specific health promotion approaches.

#### i. Ischaemic heart disease and cancer

Within the health differentials between the regions of Victoria, overall death and premature death rates are highest in males in the Grampians, Gippsland and Western Metropolitan regions. Death rates from ischaemic heart disease are highest in males and females in the Grampians and Gippsland regions and lowest in metropolitan areas (DHS, 1995). And death rates from all cancers are greater in both males and females in rural Victoria than in urban areas (DHS, 1995).

#### ii. Injury

Injury deaths can be divided into three broad categories according to the role of human intent: unintentional injury (unintentional); intended self harm (suicide); and intended harm of another (interpersonal violence) (NISU, 1996).

Differences in mortality rates can be attributed to two main components: the incidence of severe injurious events and the availability of appropriate rescue and treatment facilities (NISU, 1996).

When injury deaths rates are considered, a clear pattern of higher rates of unintentional injuries in rural areas emerges. Higher rates of interpersonal violence are also noticeable in remote rural areas (NISU, 1996).

The nature of the areas and the lifestyle of people living in them is closely related to exposure to risk factors for injury. People living in rural areas are, for example, more likely to be exposed to high speed, long distance motor vehicle travel and to unsealed roads than capital city dwellers. Rural workers are more likely to be exposed to agricultural machinery. Examination of differences in injury rates between the areas provide clues to the impact of these differences and forms a foundation for targeting appropriate prevention (NISU, 1996).

The results of the National Health Survey have revealed differences in the distribution of reported injuries across the Victorian regions, the greatest variations being among injuries incurred in the home and at work. These included injuries treated outside hospital as well as those requiring hospitalisation. In general, public hospital separation rates for all injuries are significantly higher in rural areas (DHS, 1995).

#### iii. Suicide and mental health

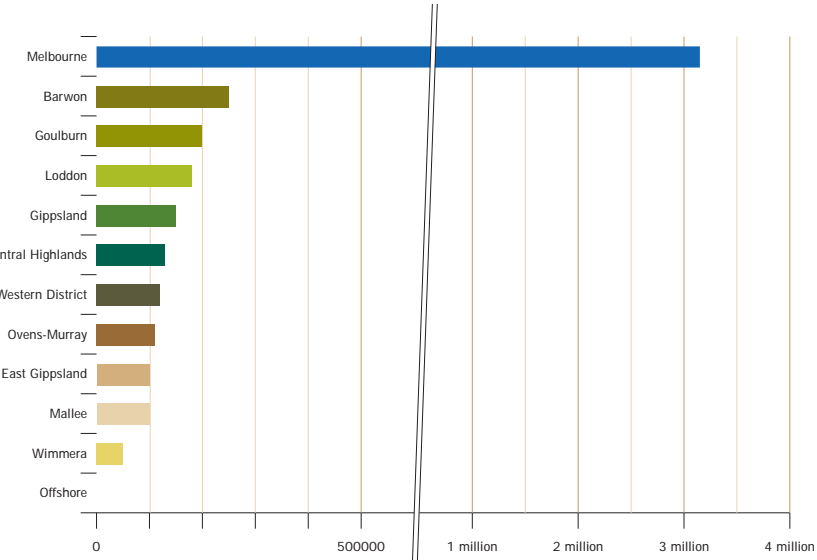
The rural recession has meant a tragic rise in suicide, particularly among the young, as well as social erosion and loss of population. These are just some of the reasons given by mental health advocates to explain the disproportionate rates of suicide between rural and urban areas. Approximately, 20% of the State's suicides occur in rural areas (DHS, 1995).

Recent research findings suggest that unemployment, rural boredom, failure at school, drug use, and lack of social interaction are likely causes of suicide. Lack of essential services, limited employment, education, health services, and cultural enrichment, are also considered to be major risk factors for suicide.

#### iii. Sexual health

Unsafe sex and early teen pregnancy are two areas of concern in terms of rural youth health.

Figure 2: Victorian Population by geographic location (rural versus metropolitan-based)



Source: Australian Bureau of Statistics, 1998.

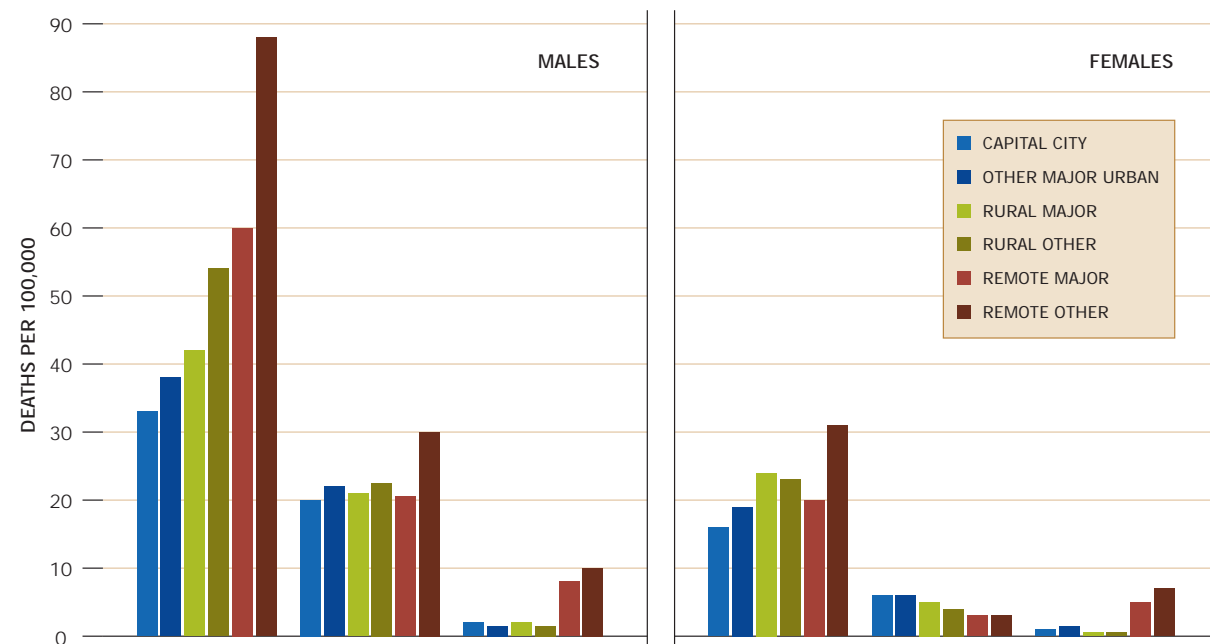
### Risk factors

#### i. Socioeconomic factors

Together, a number of socio-demographic and economic factors contribute to socio-economic status. These include education, occupation, income, family composition and social supports.

The Australian Bureau of Statistics has developed from census data, indices of socioeconomic advantage and disadvantage for statistical localities throughout Australia and its states and territories. These indices have been constructed using socio-economic variables related to education, occupation, employment and economic resources and can be used to describe and compare various sub-groups of the Victorian population.

Annual Average Injury Death Rates, Australia 1990-1992



Source: National Injury Surveillance Centre, 1994.

As well as affecting health, socio-economic status can affect access to, and the use of, health services. Generally, the most disadvantaged groups make the most use of services providing primary and secondary care (for example, outpatient clinics and doctors, and, to a lesser extent hospitals), and the least use of preventive programs (immunisation, screening services and dentists). There are marked intra-regional variations in socio-economic disadvantage.

It is recognised that a number of socio-economic factors, both individually and in combination, can play a major part in the health of individuals and communities. For instance, unemployment can have a direct effect on health through adverse association with health risk factors such as non-nutritious diet, smoking or high levels of alcohol intake. Unemployment has also been associated with decreased immunological function and thus increased susceptibility to transmissible disease. Between the last two census (1991 and 1996), unemployment rates have risen in both men and women, the rates now being highest among 20 to 24 year old males. This is of great concern in rural areas leading to many young people leaving home for urban areas in search of employment but at the same time leaving behind their family and social support networks. Unemployment has been found to be significantly correlated to excessive alcohol consumption, smoking, and poor dietary choices.

#### ii. Geographic isolation

Geographic isolation can affect access to health care. For rural Victorians some degree of inequity of access to health care in comparison to their urban counterparts is accepted as inevitable. Most rural Victorians recognise the need to travel further to access many services readily available in more highly populated towns and cities.

#### iii. Social isolation

Social isolation is also recognised as a potential health risk factor, particularly, in rural areas. Social isolation refers in general to access to sporting and cultural organisations

and other group settings which facilitate social contact as well as access to health care. Social isolation is believed to be a major risk factor for depression and suicide.

#### Developing approaches to rural health promotion

The development of specific approaches to rural health promotion has only recently been addressed. VicHealth is currently exploring health promotion models (e.g. the outreach model) that are applicable in rural localities. This involves taking into account the social pathology of the rural community.

Rural communities are different in terms of their health promotion needs to urban communities. As a result of these differences, many rural communities are disadvantaged not only socially and economically but also in terms of the types of urban-based models of practice they often receive, which can not and do not meet local needs.

In the field of health promotion, an outreach model is being trialed to specifically address this issue. Strategies for developing healthier rural communities include developing networks of service providers and using the networks to combat geographical isolation and community attitudes. Major activities revolve around providing 'on the spot' knowledge and skill building, increasing people's awareness of services and resources available to them within their own geographic region, and increasing the capacity of local services and the community via inter-organisational capacity building. One such example is suicide prevention initiatives which are beginning to focus on developing peer networks in rural areas as a way of eliminating isolation and social withdrawal.

Rural health promotion in this manner is a two-way process requiring community participation and feedback. Because it involves piloting different models within a context of change, it must also be adaptable and flexible. The coming years will be a challenging phase in rural health.

# Making Decisions About Pre-Natal Testing

Ten years ago, fewer than five per cent of pregnant women in Victoria were over the age of 37.

Today, more and more women are choosing to delay their decision to become pregnant. In 1996, the number of pregnant women over 37 had almost doubled, highlighting the need for pre-natal diagnostic tests that can detect foetal abnormalities.

Researchers at the Murdoch Institute, based at the Royal Children's Hospital, have obtained VicHealth funding to identify the reasons why women choose to have or not have pre-natal testing.

All pregnant women are at risk of giving birth to babies with a chromosome problem such as Down Syndrome, the most common form of intellectual disability. As women age, the risk slowly rises. At age 37, the odds are 1 in 220 live births, at 40 it is 1 in 100 and at 42, it has increased to 1 in 55 live births, says the project's chief investigator, Dr Jane Halliday.

Every year, more than 5,000 pre-natal diagnostic tests are undertaken by Victorian women. The study is seeking to establish why rural women over 37 - along with migrant women who already have had more than three children - are less likely than other women to have an examination.

"What we want to know is whether women are making an informed choice not to have the test or they are not having the test because they simply don't know about it," says Dr Halliday.

Approximately 100 pregnant women over 37 years of age in rural Victoria who have not had a pre-natal test will be asked to complete a confidential questionnaire giving their reasons for not having an examination.

The participants will be women attending hospitals in major rural centres this year (1998), who are more than

26 weeks pregnant and past the deadline for the pre-natal test. Their responses will be combined with those from 350 metropolitan women, to identify whether there is a need for more pre-natal testing and genetic counselling services in rural areas.

The questionnaire also asks for information on who - partners, family members, doctors - influences the decision-making process so that the research team can recommend health promotion and educational strategies to ensure that women know about their diagnostic options.

Pilot testing of the questionnaire with women attending the Royal Women's Hospital has confirmed that 70 per cent say they have had a test, usually amniocentesis and chorion villus sampling (CVS).

Amniocentesis involves analysis of foetal cells taken from the amniotic fluid surrounding the baby. It is commonly performed at 14-16 weeks, while the CVS procedures are performed between 10-12 weeks.

Dr Halliday says both tests carry a risk of causing a miscarriage, but the risk of a naturally-occurring miscarriage is higher for older women.

"Our philosophy is that our main purpose is to ensure that women have the appropriate reproductive choices," she says. "For some women and their partners, finding out that they have a baby with Down Syndrome allows them to plan better".

- For further information contact: Dr Jane Halliday, Geraldine McDonald or Rosemary Warren at the Murdoch Institute on (03) 9345 5158.







## Closer Look At

# Eye Problems

**Rural Victorians are more likely than city dwellers to experience eye problems**

People over 40 are at increased risk of developing eye disease. By the time they reach 50, their risk will have doubled, and it will be higher again by the time they are 60, doubling for every decade in older-adult life.

A new study suggests that where people live also affects their chances of experiencing eye problems, a finding that has implications for the way health campaigners educate people about disease prevention.

The Visual Impairment Project, a multi-faceted research enterprise undertaken by the Centre for Eye Research and the University of Melbourne's Department of Ophthalmology in partnership with VicHealth, has found that rural Victorians are more likely than city dwellers to experience eye problems due to an active, outdoors lifestyle.

For 1,473 residents of the Victorian towns of Donald, Sale, Beaufort and Bright, the chance of developing cataracts, glaucoma (loss of peripheral vision) or visual problems caused by diabetes was similar to their city counterparts.

But rural men were 5.5 times more likely to develop pterygium, skin that grows on the inside of the eye as though it is protecting the eye from the vagaries of sun and sand, says the Visual Impairment Project's director, Dr Cathy McCarty.

Women (both rural and city) are more likely to get cataracts, the most common cause of eye surgery in people over 40. Yet pterygium and cataracts are both preventable by wearing a hat or sunglasses, even on cloudy days, to screen harmful UVB rays.

"We are trying to encourage people to wear sunnies so that it's not just slip, slop slap but slip, slop, slap, sunnies," says Dr McCarty.

The study involved interviews with rural residents over 40 to examine whether their environment, health habits and access to health services affect vision. The study

compared the rural residents with 3,271 Melbourne people interviewed during the first phase of the study between 1992 and 1994.

Ninety percent of people door-knocked by locally recruited staff agreed to participate - a high turnout rate that Dr McCarty believes is due to the way rural people are accustomed to sporadic health services and access to visiting specialists.

The interviews revealed that half the people with diabetes had never seen an ophthalmologist, despite evidence that all people with diabetes eventually experience visual deficits and their symptoms often go unnoticed.

"If you live long enough and you have diabetes you will get eye problems, but you don't have to lose your vision - 98 percent of vision loss can be prevented," says Dr McCarty.

To establish why people with diabetes are not having regular eye tests, the Visual Impairment Project has begun pilot testing a community-based service for the early detection of diabetes-related eye diseases.

With funding from VicHealth, 1,180 people with diabetes living in the Latrobe and Goulburn Valleys were tested in 1996 using a non-mydratic camera, a new device that rules out the need for eye drops to produce a photo of the eye and which is easily operated by people without eye specialist training.

The Head of the Eye Health Promotion Unit, Dr Jill Keefe, says almost 18 per cent of the participants were diagnosed with diabetes-related eye diseases. They will be followed up when the research team returns to the area this year (1998) to track down those it missed in the first round and to fine-tune strategies to persuade diabetic patients to have an eye test every two years.

• *For further information contact Dr Cathy McCarty or Dr Jill Keefe on (03) 9665 9564.*

# Chipping Away The Isolation of Illness

**Imagine that you're 15 years old and you've missed yet another two weeks of school due to your battle with a chronic illness.**

You return to school, still weak, a little nervous. You know you're already way behind in the year's work, and you have no idea about the 'party' everyone is talking about.

You don't even bother asking, because you think no one will tell you anyway. Your classmates reckon you probably won't be able to make it - you miss so much school as it is.

This is the kind of isolating situation experienced by many young Victorians who live with a chronic illness - be it asthma, AIDS, chronic fatigue syndrome, diabetes or one of the myriad of other chronic illnesses that can profoundly affect lives.

The good news is that there is support for Victorian children with chronic illness. Since 1993, the ChIPS (Chronic Illness Peer Support) program, run by the Centre for Adolescent Health in Melbourne, has helped more than 300 young people with chronic illness find their way to new opportunities, confidence, friendship and leadership skills.

ChIPS provides an opportunity for young people to come together with others who live with a chronic illness to take part in a peer support program which "allows them to leave their illnesses at the door", says ChIPS coordinator Mark Boyce.

"One girl said to me recently that the first time she attended a ChIPS group was the first time she had been treated as an adolescent by her peers."

Now, the program is spreading its wings to set up in several regional areas, with the aid of VicHealth funding. There's already a ChIPS group in Geelong, Ballarat and Shepparton and there are plans to establish groups in Warrnambool, Bendigo, Frankston, Gippsland and in the north-west of the state.

ChIPS co-ordinator Mark Boyce: "Young people living with chronic illnesses will experience many of the same kinds of difficulties as their city counterparts. In some cases, the isolation experienced may be even more severe."

In establishing the rural ChIPs groups, links are currently being established with agencies able to include the program in their service delivery. The Centre for Adolescent Health, which also receives VicHealth funding, will offer training and resources to start the programs, as well as helping to promote community awareness about issues facing chronically ill adolescents.

Mark says the ChIPS model is flexible and can be adapted to suit the needs of individual agencies and communities.

"For example, it could be run through a hospital or a school, or the groups can be run immediately after school to fit in with transport issues."

ChIPS programs run over an eight-week period and are co-led by a health professional and a young person with a chronic illness. Group discussions focus on topics including school, hospital, family, medication, stress, recreation, relationships, sexuality, and body image.

At the end of the eight weeks, participants often join 'Chippers', a social group for young people who've been through the program. Many become involved in other ongoing opportunities including regular workshops, and others train to become ChIPS leaders, providing an opportunity to be a leader otherwise unavailable to them in their school lives.

Mark is available to meet with agencies in the rural areas ear-marked for the development of ChIPS programs. Young people who have also been through the ChIPS program are also available to talk about their involvement and experiences.

"It's a really terrific program which ultimately we hope to see running not only in every major regional Victorian area, but in every capital city in Australia."

• *For further information on the ChIPS program contact Mark Boyce at the Centre for Adolescent Health on (03) 9345-6616*





# Exercise

## Makes Good Company

The social aspect is most important in keeping people involved in regular physical activity.

In Ballarat, a trip for two to the Gold Coast was donated as an incentive which last year helped kick-start hundreds of locals into a successful walking program.

In the state's north-west tip, it was gentle exercise activities with a strong social component, like gardening and tai chi, which lured many of Mildura's senior citizens into a more active lifestyle.

Both initiatives were funded through the VicHealth *Active for Life* Small Grants Program, which in the past three years has helped more than 200 community-based organisations across Victoria develop and run projects which encourage continuing participation in regular, moderate physical activity.

In that time, VicHealth has invested more than \$668,000 in the program, which offers both Community Grants and Sports Grants. Almost half this amount has been spent on projects either based in, or serving, rural communities.

Many of the projects funded, for amounts of up to \$5,000, have continued long after the project's completion, often because those who came together, take the initiative to continue meeting on a regular basis.

In the case of the *Active for Life* Sports Grants, aimed at encouraging older Victorians to take part in regular sporting and recreational opportunities, more than 78% of the programs funded in 1997 indicated they would continue to offer ongoing opportunities for older people.

This occurred with the Mildura City Council's "Growth through Ageing Program", funded for six months in 1996 through an *Active for Life* sports grant. Around 350 older residents, many who were socially isolated, initially took part in 'come and try' activities, and a weekly gentle exercise program.

Coordinator Lee Davey said around 30 older people - including one who recently turned 100 - continued to pay \$1 a week to continue the exercise classes. Several had



also formed their own regular walking group. Another group continued to meet regularly to tend a garden they had transformed in one of the city's public parks.

Lee commented on how so many of the participants 'had simply blossomed' through their involvement. "The socialising aspect of the activities we organised was central to the program's continued success," she said.

"There are a lot of older people in Mildura living alone in units or flats, with little social contact, and these were the kinds of people we successfully encouraged to get involved, and stay involved."

A series of VicHealth *Active for Life* Community Consultations held recently across Victoria confirmed the social aspect to be of utmost importance in keeping people involved in regular physical activity programs.

Affordability, safety and the facilitation of a group leader, particularly in a program's early stages, were also identified as being of significance.

In the Ballarat Community Health Centre's 'Walk North' program, funded by an *Active for Life* community grant, it was again the social aspect of the program that largely encouraged around 650 residents to walk 100kms over six weeks.

"The trip to the Gold Coast may have got a few extras along to begin with, but it was the social element which kept people walking on a regular basis," said coordinator Maree Rootes.

The program kicked off with 350 people walking around the city's Lake Wendouree. Many who attended found walking partners and groups in those they met at the launch.

The *Active for Life* message, to "just find 30 minutes a day for regular moderate physical activity", is heavily promoted through all VicHealth *Active for Life* small grants programs.

Research has shown the most significant health benefits are to be gained by encouraging sedentary populations to move from being inactive to moderately active most days of the week.

- For further information on the VicHealth *Active for Life* Small Grants program contact Carole Bailey on (03) 9345-3247.



# Peer Support

## For Young Bendigo Men

The VicHealth-funded Bendigo Rural Male Health Program, has been developed to address the emotional and psychological needs of young rural men.

'Tony' is a nineteen-year-old Bendigo father of two. He left school at sixteen, and has only had sporadic labouring work since then. Mostly, he's been unemployed.

When Tony was invited to be involved in a program which would train him to facilitate peer group workshops for young men considered at 'high risk' of injury or risk-taking behaviour, Tony thought they'd asked the wrong bloke.

"He didn't think he had it in him," said Louise Simm, coordinator of the program. "He didn't think he was good at anything."

As Tony and five other young Bendigo men were led through a training program by Mick Turner, a local social worker skilled in facilitating groups, his confidence blossomed.

Now he's looking forward to the opportunity to use his new communication skills and what he has learned about himself, to help other 'at risk' young men in the region.

The project, being run by the Bendigo Collaborative Health and Research Centre, is targeting young men to address mental health issues which contribute to risk-taking and anti-social behaviour, relationship breakdown and youth suicide.

Louise Simm says the Bendigo region has significantly higher rates of youth suicide, road accident injury and death, and higher rates of men receiving psychiatric treatment, than the state averages.

A recent Men's Health research project, undertaken by the Bendigo Health Care Group, further confirmed the significance of these problems for Bendigo and the surrounding region.

The training of the five facilitators has now been completed through the Bendigo Regional Institute of TAFE, and the next phase of the project is about to commence. This will see the five facilitators leading peer workshops of young men referred to the program by local agencies who deal with young men at risk of harming themselves and others.



Between 50 and 70 young men are expected to take part in the program in 1998, which will see them in groups exploring issues like how to identify and label feelings, how to control impulses, how to interpret social cues, stress, self esteem, and understanding the 'perspectives of others'.

There is plenty of research around which shows men often find it difficult to talk about issues like their feelings and health, yet Louise says men's peer support group programs have proved successful in helping men find new ways to communicate.

"They'll be talking in their own language about the issues that affect them like drug and alcohol abuse, safe sex, unemployment, depression, stress and anxiety," Louise said.

"We've seen how much the five guys have grown in confidence through their training and the journals they've been required to keep. We believe we'll see similar kinds of growth in the young guys who join the program in the future, which will obviously have far-reaching effects for both themselves and the rest of the community."

- For further information contact: Louise Simm on (03) 5444 6179 or Dr Robert Jamieson on (03) 5444 6266, at the Collaborative Health, Education and Research Centre (CHERC).



# Community Assists New Mothers

**“As post-natal depression can affect women in many different ways, we try to match the women with volunteers who have had similar experiences”**

‘Kate’ had been looking forward to the birth of her first child, but was shocked to find herself depressed, crying constantly and unable to bear the sound of her baby’s crying.

Unable to cope with caring for her baby, she felt like a failure.

An innovative pilot program in north-east Victoria is providing support and hope to new mothers like Kate who are suffering mild to moderate post-natal depression.

Through the project, women experiencing post-natal depression are visited and supported in their homes by volunteers who themselves have been through the experience.

It’s a preventative approach to a problem which affects as many as one in five women after childbirth. One of its aims is to prevent the depression from deteriorating to levels at which the mother or the child is at risk of harm.

Six months into the Post-Natal Depression Volunteer Visiting Pilot by the Ovens and King Community Health Service in Wangaratta, the results are already promising.

According to coordinator Leeanne Anthony, the project provides hope to the women that recovery is possible.

“The volunteers themselves symbolise the recovery,” she said.

To date, four women have been trained as volunteers. They have been carefully matched to five families in which the mother is experiencing post-natal depression. A father has also sought the services of the project.

“As post-natal depression can affect women in many different ways, we try to match the women with volunteers who have had similar experiences,” Leeanne said. “I used to think it was just the listening which was important, but we’re seeing that the women really gain a lot from knowing that the volunteer has been through the same experience.”

The volunteers meet regularly one-on-one with the women, and attend de-briefing and training sessions with Leeanne. They also meet monthly as a group to discuss their progress, share their experiences, and to determine any future direction of the project.

“The volunteers are fabulous, they’re really committed, and they have very clear insight into what will work for women, and what probably won’t,” Leeanne said.

The project also hopes to establish an ongoing facilitated support group for women who have experienced post-natal depression, the nature of which Leeanne says is constantly changing as the pilot progresses.

Community education about post-natal depression is also being undertaken through placing articles in relevant local newsletters. Leeanne and the volunteers also talk to new

mothers’ groups through Maternal and Child Health Services and other relevant agencies.

The writing of a booklet featuring the stories of local women and their experiences with depression after childbirth is also being explored.

At the end of the 12 months, the project aims to have a clearly documented model which can be adopted within other settings, in particular, in other parts of rural Victoria.

The Ovens and King Community Health Centre has already been acknowledged for the innovative pilot project by receiving a 1997 VicHealth Health Promoting Community Health Centre Award.

VicHealth is funding the project because of recent research into the needs of women with post-natal depression in the Wangaratta region conducted by the Goulburn North-Eastern Women’s Health Centre.

• **For further information contact: Leeanne Anthony at the Ovens and King Community Health Centre on (03) 5722 2355.**



# Art Breaks The Drought

**Many of the women came together to begin their art in workshops across Gippsland.**

**For many, it was their first experience with art.**

Gippsland has been gripped by more than drought in recent times.

It’s also felt the cool breeze of creativity which has tossed into the air some startling new images of women on the land.

Through an art project sponsored by VicHealth titled *Moving the Posts: Active for Life*, around 100 women farmers from across Gippsland last year took some time out from the hard work of farming and families to develop their creative spirit.

The result is a sparkling and often moving collection of ‘self portraits’ in the form of text, wooden boxes, fence posts, and photographs which reflect each artist’s personality, farming concerns, sense of humour, interests and spirituality.

Some women used their own fence posts, while others turned wooden boxes into jewellery or seedling boxes, each with their own unique personality.

Anna Gray, who until recently farmed Angora goats at Swift’s Creek, filled her box with a necklace she had created from goat’s droppings. She titled her work *Life on a Promise*.

“My husband had said if we ever made a profit, he’d buy me a string of pearls,” she explained.

Ayreshire breeder Tricia McCraw, of Poowong, filled her box with memories of a lost son, and had herself photographed with her arms wrapped around one of her cattle.

“This box is designed in memory of the son I lost and the love of the cattle that helped fill the gap in my life,” she wrote in the text accompanying her work.

Created to celebrate World Rural Women’s Day on 15 October 1997, the exhibition challenged commonly held perceptions of women’s role on the land and in rural communities. The exhibition has been shown both in rural and city settings, and it hopes to gain funding to tour Victoria this year.

*Art by Tricia McCraw, Poowong Breeds Ayreshires and promotes them nationally and internationally*



All the women artists who took part in *Moving the Posts: Active for Life* are either farmers, farm labourers or involved in agriculture in some way in the Gippsland area, from Pakenham in the west to Benambra and Gelantipy in the east.

Gippsland beef farmer and artist Cathy Smith, who co-ordinated the project, said the women often remarked they had been given a much-needed chance for a break from their work in a year dogged by drought and hardship.

Many of the women came together to begin their art in workshops across Gippsland. For many, it was their first experience with art.

“I heard so many women say ‘I’m just a farmer,’ ” Cathy said. “I don’t think they had even started to realise their talents until it became obvious at workshops.”

As well as providing a forum for the women to share their stories and concerns, the workshops also provided the opportunity to disseminate information about health issues, including injury prevention and the importance of regular physical activity.

Cathy talked to the participants about the dangers of various farm equipment and chemicals, as well as demonstrating safe work-practices for sculpting “which is potentially fraught with danger”. Participants were also informed about the health and safety messages through a newsletter designed to keep the artists in touch with each other.

Cathy said the women were justifiably proud of the exhibition, and many felt they would continue to make space for a creative outlet in their lives.

“It also was about enhancing self-esteem and giving women the time and space to reflect on their lives, as well as de-mystifying art.”

Women were recruited for the project by word-of-mouth and through organisations including “Women on Farms”, the Foundation for Australian Agricultural Women, and The Victoria Arts Council managed the project. The project was also sponsored by stock and station agents, The Victorian Producer’s Co-operative Pty Ltd.

• **For further information on the Active for Life: Moving the Posts exhibition contact: Cathy Smith Ph: (03) 5625 3556.**



*Christine Dacy, Stradbroke, “A peg:(what holds our land together)”*



# Bush Festivals

## Be Active for Life With Jazz



VicHealth, with the International Diabetes Institute (IDI), has been sponsoring the Wangaratta Festival of Jazz for several years, helping ensure the event is also becoming known for its healthy environment.

As a result of the sponsorship, smoke-free sessions at local hotels were held for the first time. Sun protection in the main outdoor area, fruit give-aways and healthy food choices were also made available, and an *Active for Life* walk through the city on Sunday morning was attended by around 80 enthusiastic early-risers.

A large smoke-free marquee was created in the main street for audiences to watch free jazz performances.

Noelle Wengier from IDI said the smoke-free sessions at hotels were a 'huge success', with both audiences and the hotels being very happy with the outcome. The Pinsent Hotel had already committed to running further smoke-free sessions at the 1998 Festival, despite initially having been apprehensive about audience feedback.

Performer Vince Jones generously agreed to be an *Active for Life* role model for the Festival, and featured in media opportunities and advertisements in the Festival program promoting the message.

The Festival also has a food and beverage policy which ensures all venues which provide food and drinks adhere to healthy food guidelines. Low-alcohol drinks and non-alcoholic cocktails were available at several venues.

These measures helped ensure not one driver in the region was recorded with a blood-alcohol level of .05 during the festivities.

Jazz Festival spokesperson, Robyn Golder said research showed many locals were also choosing to walk to the festival, rather than drive, which combined well with the *Active for Life* message to just find 30 minutes a day for moderate physical activity like walking.

- For further information on the Wangaratta Festival of Jazz call (03) 5722 1666 or contact Noelle Wengier at IDI on (03) 9258 5050.

### Apollo Bay Music Festival

The Apollo Bay Music Festival is another rural music festival which brings the *Active for Life* message to thousands of people each year through creative means, including the incorporation of clauses into the performers' contract that they don't smoke on stage.

Performers are also provided with complimentary bottles of water rather than alcohol, in another measure to present a positive image to the audience.

In recognition of its success in promoting the *Active for Life* message, the festival was last year a recipient of the 1997 VicHealth Health Promoting Arts Award.

## Festival Awakens Hidden talent

Around 120 performers, many with some form of disability, had the chance to show themselves, and others, what they were capable of in the Awakenings *Active for Life* Performing Arts Festival, held over three days in Horsham last October and sponsored by VicHealth.

Awakenings Co-ordinator Paul Denson of Wimmera Leisure Options said many who had taken part had promised to return next year with 'bus loads' of participants and spectators.

Participants already come from right across Victoria, many from rural areas, and even further afield.

He said the aim of the festival was to provide all sections of the community with an opportunity to participate in the performing arts.

The festival also incorporated Wimmera Wonders, providing an opportunity for people with disabilities to take part in recreational experiences including rock-climbing, canoeing, pistol-shooting, fishing and sailing.

While promotion about the festival to date has referred to including people who are disadvantaged, or who have a disability, organisers hope such labels will eventually be removed from all promotional materials.

"The festival is about being pro-active and therefore we believe its main focus is about promoting ability and achievements within our communities and the performing arts," Paul said.

- For further information contact Paul Denson at Wimmera Leisure Options on (03) 53826789.

## Theatre goes "Up The Ladder" for Health

Another theatre project which reached a diverse audience with a targeted health message was the play "Up The Ladder", featuring a mainly indigenous cast.

The rags-to-riches story of an Aboriginal boxer trying to make a living out of the sideshow boxing tents in the 1940s and 1950s has recently finished a successful season at The Festival of the Dreaming in Sydney, as well as a Victorian regional tour.

The regional tour was marketed through local Aboriginal groups, with tickets being produced and prices set by the groups. "Up The Ladder" was performed in Horsham, Echuca, Morwell, Wodonga and Bairnsdale.

The *Active for Life* message about the importance of 30 minutes a day of light exercise to help prevent and control diabetes for Indigenous people, was promoted through the sponsorship of the play by VicHealth with the International Diabetes Institute (IDI).

The production, by the Melbourne Workers Theatre, has been creative in making the *Active for Life* message relevant and of interest to its audiences.

"For a start, the show itself is very much about being physical," said Company Manager for the Theatre, Kevin Brennan. "We set up sideshow alleys outside venues which people took part in before the show. The *Active for Life* message also featured prominently in banners and in showbags distributed to audiences."

Some of the cast members also met with Koori school children from several schools in Bairnsdale and at the KODE School in Morwell, to talk as role models about the theatre production and about adult-onset diabetes

and the benefits of physical activity for prevention. The cast wore IDI hats and t-shirts, displaying the *Active for Life* message.

Information on healthy eating was circulated before the tour, and the *Active for Life* message featured on television advertisements broadcast throughout targeted regions.

"Surveys of venues indicated each audience featured an average of 60 percent of members of Koori communities, which is a great result," Kevin said.

The original production of "Up the Ladder" by Aboriginal writer Roger Bennett, premiered at the 1990 Adelaide Festival, where it won a "Best of the Fringe" award. Roger Bennett passed away early last year, but left his blessing for the tour to continue.

- For information contact Kevin Brennan at Melbourne Workers Theatre on (03) 9396 1778 or contact Noelle Wengier, IDI on (03) 9258 5050



## Shakespeare With a Healthy Difference

Many famous words have emitted from the mouths of Hamlets in productions of Shakespeare's classic performed around the world.

But rarely has a Hamlet been known to slip in a health message, as one Melbourne Theatre Company (MTC) performer did in performances to students across Victoria as part of the MTC's 1997 Education Program.

The actor ad-libbed a catchy jingle into the script, devised by Diabetes Australia in liaison with funk band *Relax with Max* to help educate students about the importance of a healthy diet in helping prevent and manage diabetes.

This was just one of the ways in which the MTC used its year-long Education Program to help promote Diabetes Australia's *Healthy Diet, Try It* message to 30,000 year ten to 12 secondary school students across Victoria, as part of VicHealth's sponsorship of the program.



The touring program was performed before audiences of schools in Ballarat, Geelong, Bendigo, Albury, Hamilton, Warrnambool, Warragul and Mt Gambier, as well as metropolitan schools.

MTC Sponsorship Manager, Sue Roff, says the regional touring show is well-received wherever it goes. "We're the last major Victorian theatre company which is still able to visit theatres in regional areas, so there's quite a big demand for our programs from right across the state. We find that schools are prepared to put their students on buses and will travel several hours to be able to attend a performance or workshop."

While the MTC is in the business of building future audiences through its Education Program, it is also strongly committed to building healthy audiences and healthy environments for both performers and artists.

Other measures to disseminate the health messages to students through the Education Program included the handing out of fresh fruit and fruit bars at performances, and the availability of Diabetes Australia spokespeople to talk to interested students.

Theatre company workers and performers also wore specially-designed t-shirts featuring the *Healthy Diet, Try It* message. The promotion worked well, with between 95-98 per cent of students surveyed after each performance being able to recall the health message.

- For further information contact Sue Roff, MTC on (03) 9684 4546 or Chris Tice at Diabetes Australia Victoria on (03) 9654 8777



# Country Sport

## Sends a Message

“...sport can reach targeted audiences with specific health messages”



You won't see football players drinking cans of beer on the ground to celebrate their finals victory in the Victorian Country Football League's (VCFL) *Booze Less* Country Championships.

Nor will you find smoke in any of the stadiums or clubhouses of netballers competing in Netball Victoria's *Hearthealth* Country Cup.

These two major events, sponsored by VicHealth, have a large spectator following and are able to reach carefully targeted audiences with specific health messages.

### Football

The sponsorship of the *Booze Less* Country Championships aims to promote responsible attitudes to alcohol among country football clubs, their players, members and spectators, in a climate traditionally used to celebrating with alcohol.

In the past two years, the Australian Drug Foundation has promoted the *Booze Less* message to the 17 country football leagues represented in the VCFL championships.

Greater awareness about the responsible use and serving of alcohol and the *Smokefree* message has resulted since the sponsorship began eight years ago, according to Barry Senior, General Manager of the VCFL.

“Clubs are thinking carefully about where the use of alcohol is appropriate, and where it's not. There's also a greater understanding of what the message means among players.”

Barry says the VCFL is acutely conscious of the influence footballers and football clubs can have on both players and the wider community, especially young people.

“A balanced attitude to drinking will attract more people to football and give participants a healthier and happier time in their sporting lives,” he said.

He said the VCFL would continue working with the Australian Drug Foundation to assist clubs to practice responsible attitudes to alcohol while still maintaining much-needed funds.

There are plans ahead to introduce more structural health policy changes to leagues involved in the championships, held in rural areas across Victoria over four weekends between May and July.

Morwell and Leongatha Football Clubs last year participated in a pilot as part of the Drug Foundation's Sporting Clubs' Alcohol Project, trialing ventures which included fundraising without using alcohol and training bar staff and volunteers in responsible serving of alcohol practices.

“We had a pretty positive response from the clubs, with neither losing income and both reporting better environments due to the responsible serving of alcohol measures,” Barry said.

“We'll now use the two clubs as models to show other clubs how it can work, and we hope to see participation spreading to other clubs.”

- For further information on the *Booze Less* Country Championships contact Barry Senior at the VCFL on (03) 9643 1981 or contact Georgia Loupos, ADF on (03) 9278 8100. For more information on the *Hearthealth* Country Cup contact Marne James at Netball Victoria on (03) 9329 7766 or Sandy Shaw at Heart Foundation on (03) 9329 8511.

### Netball

The *Hearthealth* Country Cup aims to boost the participation of girls and women in regular physical activity. It also enables the Heart Foundation to reach communities in regional Victoria, where the incidence of heart and blood vessel disease is higher than in the metropolitan area.

Last year, the Heart Foundation's *Hearthealth* message about the importance of being smoke-free, eating healthy food and being active, was promoted through VicHealth's sponsorship of Netball Victoria's Country Cup.

Prior to the Heart Foundation's partnership, the Quit message was promoted through many junior and elite netball programs across Victoria through VicHealth sponsorship between 1988 and 1996.

According to Netball Victoria's Marketing Manager Marne James, the health message is promoted through several avenues, including the availability of healthy food choices at netball functions and canteens, the promotion of smoke-free facilities, role models and through newsletters, signage and media opportunities.

One successful initiative in 1997 was the 'Hearthealth Healthiest Region and Association Award', for clubs who had excelled in promoting and implementing the *Hearthealth* message. Winners were the Latrobe Region, North Central Region, Barwon Region, Glenelg Region, Western Border Association and the Western Region.

Netball Victoria has more than 110,000 members in Victoria, with 60 percent of members living in the country. Sixteen country regions last year competed in the *Hearthealth* Country Cup, held in various country centres in March, April and May. The event involves 480 players, 20 organisers and 7,600 spectators.

- For more information on the *Hearthealth* Country Cup contact Marne James at Netball Victoria on (03) 9329 7766 or Sandy Shaw at Heart Foundation on (03) 9329 8511.



### Major Investment in Sport

Over the past decade, VicHealth has invested more than half a million dollars in Regional Games, organised by regional sports assemblies throughout Victoria.

Regional Games are major events on a region's sporting calendar, providing an opportunity for women, men and children of all ages to participate in a smorgasboard of sports against teams from surrounding areas.

VicHealth has recognised the health promotion opportunities available through the Games, as well as the potential to highlight sport as a community activity in specific regional areas.

Regional Sports Assemblies work with sporting clubs in their region to develop smoke-free areas, healthy food choices, sun protection options and responsible drinking and serving of alcohol practices.

Local organisations involved in the running of the games have enthusiastically embraced the health promotion objectives of VicHealth sponsorship, with the messages of health and participation complementing the Regional Games concept.

*Regional Games sponsored by VicHealth since 1998*

- Western Region Games
- Glenelg Sports Assembly
- Goulburn Valley Sports Assembly
- Wimmera Regional Sports Assembly
- Loddon-Campaspe Regional Games
- East Gippsland Sports Assembly
- Central Gippsland Sports Assembly
- Northern Mallee Games
- Central Highlands Sports Assembly



# Pushing Youth Issues

**There is no smoke clouding the vision of performers or audiences at any Push events.**

Growing up in a country town or region can make it difficult to access live music, or if you're part of a local band, to find venues where you can play if you're under 18.

But thanks to The Push - a non-profit, statewide youth entertainment organisation - music remains a vibrant part of the youth culture of many rural Victorian centres, also helping deal with issues such as drug and alcohol abuse, self-esteem, boredom and isolation.

Each year The Push organises a regional tour which takes big name bands into country areas to perform in front of sell-out crowds of young people. Each gig also features a young local band, providing the unique opportunity for the band to appear with major artists and before a large audience.

A unique aspect of the Push gigs is that they are all planned and organised by young people from Push Clubs in the various communities, with the assistance of resources and staff from Push and from a youth or arts worker in the local area.

Another unique aspect of the gigs - including the major *Pushover* event in Melbourne which this year attracted 7,500 young people, many from rural Victoria - is that they are all drug and alcohol-free. There is no smoke clouding the vision of performers or audiences at any Push events.

Push Executive Director Paul Sladdin says the rules work because they are made and enforced by young people themselves. "Kids listen to other kids, not to adults coming in and saying what they can and can't do," he said.

VicHealth sponsors the Push Regional Tour, the Pushover and the Push Club network which operates clubs in several rural areas, promoting the Australian Drug Foundation's *Be Your Best* message to young audiences.

"None of the bands smoke or drink alcohol on stage which presents a powerful image to young people," Paul said. "The message is also being subtly promoted through signage and more non-traditional methods of health promotion."

Club representatives also meet in regular workshops to discuss strategies for youth issues - from transport, isolation, safety, boredom and drug and alcohol abuse - in their individual communities.



The Push operates through a network of clubs in metropolitan Melbourne and regional Victoria. Club members are young people of an average age of 15, who do everything from planning, promoting and implementing the events to helping the bands set up.

The rural Push clubs also organise busloads of young people to travel to the annual *Pushover* event in Melbourne, providing another opportunity for young people to access top live music in a safe and well-organised environment.

"The Push recognises that the arts in Australia, especially popular arts like rock music, are a source of pleasure for most young people. For some, the arts provide satisfying work, useful skills and a forum for participating in public or community affairs. We're essentially a youth organisation, but music is the hook that that gets young people in."

In the Push's 10-year history, clubs have been set up in Bacchus Marsh, Ballarat, Bendigo, Colac, Echuca, Geelong, Hamilton, Horsham, Traralgon, Wangaratta, Warrnambool and Wodonga.

The Push Regional Tour was held in April, with gigs planned in Wodonga, Morwell, Ballarat and possibly Melton and Warrnambool. Sell-out crowds of up to 800 people attend at each gig.

"The tour is held at the same time every year so there's a great sense of anticipation towards it. We often have to turn kids away, because the events are so popular."

- For further information contact: Paul Sladdin at The Push on (03) 9417 1655. Email: [push@thepush.asn.au](mailto:push@thepush.asn.au).

## Koori Sports Calendar



**Aboriginal people are often gifted sports people. Just look at the skills of world champion athlete Cathy Freeman, or the AFL players who dazzle the crowds with their athletic prowess.**

In Victoria, the Koori community has its own Annual Koori Sports Calendar to celebrate the community's love and talent for sport and recreation. Sponsored by VicHealth for four years, the Calendar features five sporting carnivals in major regions of Victoria, which provide a range of sporting and recreational activities including football, soccer, basketball, netball, cricket, swimming and water sports.

Between 3,000 and 4,000 Aboriginal people participate in each of the carnivals in both junior and senior events. All carnivals are well supported by spectators of family, friends and local community members.

"The Calendar is about strengthening cultural and social ties and encouraging more people to get involved in sport and recreation from a young age," said Gavin Brown, State Director of the Victorian Aboriginal Youth Sport Recreation Co-operative. "It's also about bringing the community together in a healthy social environment."

"Sport has traditionally played a vital role in the Koori community in developing a whole range of skills in the tribe and community. Through the Calendar we are aiming to help build our communities and assist our people to achieve their fullest potential in their respective sport or recreation."

The carnivals provide healthy environments for participants and spectators, with all events promoting smoke-free areas and responsible serving of alcohol practices. This is the first year that the Australian Drug Foundation has promoted the *Booze Less, Be Your Best* message at these events.

Last year's major senior football and netball carnival in Echuca Moama also had a 'Family, Fun and Fitness' theme, in recognition of the importance of family life.

Cultural themes are also promoted through the festivals, and positive sporting role models from the Koori community participate in events. Elite and potentially elite sportspersons and teams are also supported and nurtured through the carnivals.

Events already held on the 1997 Calendar include the Senior Football and Netball Carnival in Echuca Moama and the Victoria versus South Australia Challenge in Shepparton, both in October. A regional swimming carnival and indoor tri sports events were held across Victoria in January, 1998. Regional cricket, indoor tri-sports and junior basketball tournaments will be held in several rural locations between March and June.

Gavin says the Annual Koori Sports Calendar is 'institutionalised' in Victoria's Koori community. "We hold the events on the same dates every year and the numbers keep on growing," he said. "It's a great atmosphere."

- For further information contact Gavin Brown, Victorian Aboriginal Youth Sport Co Op Ltd. & Recreation on (03) 9417 2426.







# Wheeling Through Barriers

**Wheelchair Sports Victoria has 715 members across the state and branches in several regional areas which coordinate sporting and recreational opportunities for people in wheelchairs.**

Murtoa's Tom Fraser doesn't let being in a wheelchair get in the way of his commitment to playing sport and being active.

Tom, who lost his leg as a result of cancer, is 18 years old and last year represented Australia in the Under 23 Youth World Basketball Championships, helping his team to a bronze-medal victory.

Tom is also an *Active for Life* role model for the Role Model and Regional Focus Program. The program is sponsored by VicHealth and supported by Life. Be in it, as part of a broad sponsorship of Wheelchair Sports programs and events.

There are role models in six other regional areas - Wodonga, Bendigo, Horsham, Geelong, Gippsland, Shepparton - who make presentations regularly to community groups and schools about the importance of people with a disability staying active and participating in sport.

"We are really trying to tap into wheelchair people in regional areas who may not have had the chance to participate in sporting and recreation opportunities," said Wheelchair Victoria's Sharon Stanley.

"Being involved in sport can really improve quality of life, which is what we're all about."

Wheelchair Sports Victoria has 715 members across the state and branches in several regional areas which

coordinate sporting and recreational opportunities for people in wheelchairs.

The network extends to five regional centres - Shepparton, Bendigo, Geelong, Horsham and Wodonga, and there are plans to develop a sub-branch in the Gippsland region.

Throughout the year, there are many events organised in rural areas to ensure access to opportunities for all. Events include the VicHealth Junior Summer Wheelchair Camp in Anglesea in December, lawn bowls championships in Swan Hill in October, the Goulburn Valley Regional Games in January, and participation in the Albury-Wodonga Festival of Sport in February.

Wheelchair sports range from archery and athletics to lawn bowls, weight lifting, martial arts, water-skiing, snow-skiing, snooker and parachuting.

The active lifestyle of many people in wheelchairs was also brought to public attention in 1997 through the National Junior Wheelchair Games in Ballarat. The games, which involved 225 athletes, many from rural Victoria, were the focal point for junior sport in 1997.

• *For further information contact Max Kelleher at Wheelchair Sports Victoria on (03) 9246 9333.*

## Good Health Par For The Course

**Golf clubs are beginning to adopt structural health policy changes through VicHealth sponsorship involvement.**

Good health is par for the golf course among clubs who participate in the annual *Smokefree* Pro-Am Series across regional Victoria.

The series, conducted by the Professional Golfing Association (PGA), demonstrates how effectively a sporting association can work with local clubs to promote health. With funding from VicHealth, the Heart Foundation works closely with the PGA to promote health awareness and healthy environmental changes through the series.

Last year seven Victorian golf clubs - Clifton Springs, Creswick, Midlands, Traralgon, Trafalgar, Horsham and Shepparton - and 1,955 golfers took part in the series, which carried the *Hearthealth* message to an audience of nearly 8,000.

The 1998 series has been renamed the *Smokefree* Pro-Am Series, and will continue to help create healthier environments for the clubs involved - Clifton Springs, Shepparton, Trafalgar, Traralgon, Horsham, Midlands and newcomer Bacchus Marsh.

Each participating club now provides a permanent smoke-free area of greater than 75 per cent of the club, offers healthy food alternatives and serves alcohol in a responsible manner, with both light beer on tap and alcohol-free alternatives offered.

The clubs are also keen supporters of sun-protection and provide sunscreen to their members. At each tournament, fresh fruit is served at the first and tenth holes, which are also smoke-free.

Trafalgar Golf Club has this year committed to going 100 per cent smoke-free. "They're leading the way for other golf clubs to follow, and we're very excited about the move," said the Heart Foundation's Sponsorship Manager Sandy Shaw.



The *Smokefree* Pro-Am series is one of the major events on the PGA club calendar, according to PGA Executive Director David Healy.

"The Pro-Am series is really the grass-roots of professional golf in Australia and it's a chance for professionals and amateurs to play together. The *Smokefree* series lifts the awareness and profile of Pro-Ams in regional Victoria."

In a new initiative this year, the PGA also aims to increase participation by women and children, by offering and promoting clinics lead by professional golfers at each tournament.

A 'Healthy Clubs' award program is also being introduced to encourage participating clubs to develop policies in four key areas - healthy food choices, smoke-free facilities, sun protection and the responsible serving of alcohol.

Through their involvement in the series and the enhanced climate of public awareness about health issues, many of the clubs have already adopted structural health policy changes. VicHealth sees structural change as an important component of sponsorship because of its lasting impact.

The profile of the health message at the series has not gone unnoticed by spectators.

Of 285 people who took part in a social marketing survey by the Heart Foundation, awareness of the health message was high (88 per cent): the 'Be smoke free' message was recognised by 71 per cent, 'enjoy healthy eating' by 54 per cent and 'exercise regularly' by 38 per cent.

• *For further information contact David Healy, Professional Golfers' Association (PGA) on (03) 9558 0002 or contact Sandy Shaw, Heart Foundation on (03) 9329 8511*