

VICHEALTH STRATEGIC PLAN

VicHealth has introduced a new Strategic Plan to guide its contribution to improving health outcomes for the Victorian community. The plan sets out the strategic directions for VicHealth in the period 1999-2002. The plan has been developed through a process of wide consultation and discussion extending over nine months with input from staff, the board, external stakeholders and state, national and international leaders in health promotion and public health. Most significantly, the new plan identifies five key outcome areas by 2002.

2002 Outcomes

- Recognised as a leader in health promotion innovation
- Demonstrable contribution to population health
- Greater investment in population groups most at need
- Shared responsibility for health across sectors
- Innovative organisation

EMPLOYMENT OPPORTUNITIES

The Victorian Health Promotion Foundation (VicHealth) is an independent statutory body established in 1987. VicHealth is a pioneer in health promotion innovation that aims to build partnerships with organisations and communities to create healthy environments to improve the health of Victorians. VicHealth has a new strategic plan that positions it as a leading knowledge and funding broker for health promotion. A rare opportunity is now available for three highly experienced senior professionals to lead the implementation of this plan.

Please send resumes to:

Rilka Warbanoff, Spring Search and Selection
Level 8, 341 Queen Street, Melbourne Vic 3000
Tel (03) 9670 3955, Fax (03) 9670 8685,
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DIRECTOR: Research, Development and Information

VicHealth is seeking an experienced senior executive to direct its strategic intelligence, research, evaluation and policy development functions.

As a member of the senior executive team, working interdependently with and supporting all other VicHealth units, the principal focus will be to lead VicHealth's development as a health promotion knowledge generation and transfer organisation. This will encompass the development of information capacity and evaluation systems, the management of VicHealth's commissioned and investigator-led research grant making in public health and health promotion research, and facilitating interaction between researchers, policy makers and practitioners.

The ideal candidate will possess excellent skills in public health and/or health policy research or a related discipline, as well as excellent communication and administrative skills. Essential to the role is highly developed conceptual and analytical ability, and effective team leadership, planning and organisational skills.

Research, development and implementation of activity will focus on:

Tobacco control, positive mental health, physical activity, healthy eating and substance use (alcohol and illicit drugs.)

Health promotion activities will continue across our key settings of sport and recreation, education, community, arts, culture and entertainment and the workplace. In addition, selected population groups will be targeted.

Copies of the plan will be published and distributed to our stakeholders shortly. VicHealth's new Strategic Plan coincides with the introduction of a new organisational structure. As a result, two newly created senior positions in research, program settings and an existing vacancy in communications have been advertised in this newsletter and within the media.

DIRECTOR: Communications and Marketing Program

VicHealth is seeking a highly experienced senior communications and marketing professional.

As a member of the senior executive team, working interdependently with, and supporting, all other VicHealth units, the key responsibility will be the execution of the VicHealth's positioning and profiling as a leader in health promotion locally, nationally and internationally.

The ideal candidate will possess excellent skills in developing and implementing communications strategies, including publications, campaigns and events management. A proven track record of liaison at senior government and public and private sector levels and managing current health issues with sensitivity is required. Essential to the role are the development of extensive media networks, competent team leadership, planning, and resource management skills.

DIRECTOR: Program Delivery Settings

VicHealth is seeking a highly experienced senior executive to direct its investments in health promotion activities.

As a member of the senior executive team, working interdependently with all other VicHealth units, the primary objectives are to implement activities aimed at promoting the health of the whole Victorian population and of priority sub-groups, particularly those experiencing disadvantage. The focus will be to support innovations, partnerships and sustainable health promotion infrastructure and capacity within a range of specified settings.

The ideal candidate will be experienced in public health policy or a related discipline, and possess excellent skills in program design and development and the management of grant making processes. Essential to the role are high level conceptual and analytical skills, a proven record of team leadership, planning, communication and organisational abilities.

VICHEALTH

LETTER

MOTHERS' AND CHILDREN'S HEALTH

MUM'S THE WORD

YOUNG MUMS MOVE AND GROOVE

POST NATAL DEPRESSION

NEW MOTHERS

GOULBURN VALLEY FESTIVAL

VicHealth is an innovative health promotion agency that, in partnership with others, builds capacity in organisations, communities and individuals to improve health.

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We are very fortunate in Australia to be able to say our children enjoy very good health in comparison to other parts of the world. In fact, Australian children are one of the healthiest groups in our general population.

Despite this record, there are considerable issues that require attention if we are to build upon our relatively healthy start to life. Building the foundation for positive mental health at both an individual and community level is one of these issues.

Earlier this month, a conference held in the nation's capital was told about 1.3 million Australian children and young people suffer mental health problems. Conference reports also suggested social and economic change, including situations where both parents work, may contribute to the risk of youngsters developing mental disorders.

In light of World Health Organisation statistics that suggest depression will become the second leading cause of disability in the world by 2020, we launched a positive mental health program last year.

VicHealth is also currently preparing a three-year mental health plan. The plan is based on consultations with more than 100 Victorian organisations across five major taskgroups – and one of these taskgroups focuses on the needs of young people.

VicHealth's work in mothers' and children's health is designed to complement existing national and state policy guidelines.

Perhaps in no other stage of life is the health and wellbeing of two individuals so intricately bound than during these early developmental years.

This 'link' underscores VicHealth's rationale for establishing and funding the Centre for the Study of Mothers' and Children's Health based at La Trobe University. The centre's primary role is to undertake and interpret research on health services for pregnancy and birth, maternal and infant outcomes and on the long-term effects of reproduction, with an additional focus on cross-cultural issues.

We believe improved outcomes in child and maternal health will influence the health status of the population as we grow older.

For instance, children of this generation are far more aware of the dangers of skin cancer and have adopted 'SunSmart' behaviour in response to programs funded by VicHealth and executed by health partners such as the Anti Cancer Council.

VicHealth has also recently established a new Strategic Plan for 1999-2002. The plan outlines our desired outcomes and priorities over the next three years. It also offers a rare opportunity for three senior professionals to lead our work in the area of communications, research and program delivery settings. If you share our vision for the future, a vision of health as a valued resource, responsibility across different health sectors for creating conditions for good health and improved health outcomes across the community, take a closer look at the back page of this publication. We may be welcoming you on board.

Rob Moodie

Dr Rob Moodie

Mothers' and Children's health

Overview

VicHealth's work in the area of mothers' and children's health is governed by the need to create environments to improve population health.

Mothers' Health

The age for women having their first baby has steadily increased from 27.9 years in 1991 to 28.4 in 1995. In 1995 the majority of babies (63%) were born to mothers aged 25-34 years of age. Australia wide there are a significant number of births to teenage mothers- with 5% of births to mothers less than 20 years of age.

Recent reports suggest Victoria has the lowest rate of teenage mothers. The Australian Institute of Health and Welfare report shows the number of teenage births continued to drop with 5%, or 13,373 being teenage mothers. Of this percentage, more than 4000 or 1.7% were 17 or younger.

VicHealth's experience shows young mothers may be reluctant to access health and community services. In response programs have been funded through organisations such as Family Planning Victoria to ensure information on pregnancy, birth and child development is available to young women across the State.

Smoking during pregnancy has a number of potential ill effects on the foetus, including low birthweight, spontaneous abortion and stillbirth. Nicotine, carbon monoxide and other chemicals in tobacco smoke are passed onto the baby through the placenta. During pregnancy, smokers have a greater chance of miscarriage and during birth they are more likely to experience complications.

The National Health and Medical Research Council also recommends that pregnant women abstain from alcohol. Effects on the foetus include increased heart rate and dilation of the small blood vessels. In very severe circumstances, regular excessive consumption of alcohol during pregnancy may result in foetal alcohol syndrome.

Postnatal depression

Between 6000 and 12000 Victorian women experience some form of maternal depression lasting several months or longer (Birthing Review). In 1993 the prevalence of postnatal depression in Victorian mothers, a year after birth, was estimated at 16.9 per capita based on a population-based sample of mothers across the State. Strategies need to improve recognition and treatment of depression and physical health problems experience by new mothers.

VicHealth provides support funding for a five-year project, Program of Resources, Information and Support for Mothers (PRISM) across sixteen municipalities across the State. The Centre for Mother's and Children's Health conducts the project which aims to reduce the prevalence of depression and physical health problems experienced by new mothers.

Children's Health

The Australian Health Ministers' Advisory Council Working Party on Child and Youth Health has prepared a *National Health Plan for Young Australians*. (1996)

The plan covers seven key action areas identified by a joint statement by the Health Minister's of the Commonwealth, State and Territories.

Key action areas include:

- collections of data including measures of changes over time in the health status of children and young people, together with regular public reporting and dissemination of results.
- use of this data to guide priorities within health care delivery; evaluate health services and programs, feed into mechanisms aimed at improving the standards of health care delivery and health outcomes for children and young people; refocus research towards population based needs and priorities; and inform communities, health providers and customers;
- particular monitoring of the health status of disadvantaged young Australians to help shape planning and service delivery.

Health Goals and Targets for Australian Children and Youth released in 1992 identified five goals to improve health outcomes for young people, namely:

- Reduce the frequency of preventable premature mortality
- Reduce the impact of disability
- Reduce the incidence of vaccine preventable disease
- Reduce the impact of conditions occurring in adulthood, but which have their origins or early manifestations in childhood or adolescence.
- Enhance family and social functioning



Morbidity

Other than the common cold the second most commonly reported respiratory condition for children is asthma. The 1995 National Health Survey reported almost 20% of school age children experienced asthma as a long-term condition.

Within the 1-4 age category, asthma is the principal reason for admission into hospital for males and females.

According to a recent report published by the Epidemiology Unit of the Department of Human Services, asthma hospital rates are highest in young people (15-24) in Barwon-South Western, and children (1-14) years in Hume. Girls (1-14) in the Western Metropolitan Region also have high hospitalisation rates for asthma.

Disability

Targeted areas to reduce disability in childhood include a reduction in the incidence of birth defects, prematurity and low birthweight.

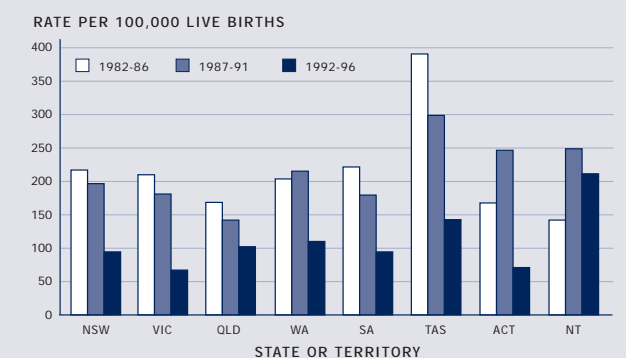
Earlier diagnosis of some disabilities may reduce the likely impact on children, their families and the community. The Victorian Infant Hearing Screening Program conducted by the Royal Children's Hospital is such a program. The program was originally funded through a VicHealth research grant. The project, headed by Dr. Rick Jarman, has been responsible for dramatically lowering the age of detection of deafness in Victoria. In 1997 the program reported the median age for diagnosis as 10.5 months and age for fitting a hearing aid was 11.3 months for children five years old or less. Four years prior, the median age for fitting a hearing aid based on VIHSP figures was 19.7 months.

Neonatal and childhood mortality

Neonatal and childhood mortality death rates continue to decline. Major causes of infant mortality (deaths to babies under one year of age) originate in the perinatal period or as a result of congenital anomalies or sudden infant death syndrome. There has been a strong decline in the number of 'Sudden Infant Death Syndrome'(SIDS) deaths in Victoria during the past decade.

This has been attributed to work undertaken by the Sudden Infant Death Research Foundation that highlighted risk factors and improved understanding of the causes of cot death. During a five-year period (1992-96) Victoria experienced just over 50 deaths per 100,000 live births due to SIDS.

TABLE 1: Average rate of SIDS deaths over 5-year periods
Source: Derived from AIHW Mortality Database.



Mothers' and Children's health (cont.)

Injuries

Nationally, major causes of injury in children and young people include traffic related injury, drowning, fire and suffocation. Other common causes of injury that are less likely to cause death include poisons, falls, burns and scalds.

The AIHW mortality database shows Victoria has recorded the second lowest rate of injury deaths and hospitalisations for children age 0-14. In 1996, Victoria recorded 6.5 deaths per 100,000 due to injury.

Results from an injury surveillance report in 1992 include a list of environmental factors and activities associated with childhood injury. The ten most common activities associated with childhood injury are:

1. Sports and recreation (excluding bicycles)
2. Furniture
3. Structures (doors, steps, concrete)
4. Bicycles
5. Vehicles
6. Natural environment (sticks, potholes)
7. Animals
8. Garden Equipment
9. Drugs and Medicines
10. Food and drink (including hot water)

Mental Health

VicHealth has embarked on a positive mental health campaign targeting key population groups, including young people. VicHealth launched this campaign in December 1998, in response to World Health Organisation predictions that depression will become the second leading cause of disability in the world by 2020.

The ABS National Health Survey 1995 shows 2.6% of children aged less than 15 years of age were reported to have a mental health condition as a recent or long-term condition.

Mental health disturbances in childhood may manifest as delinquent or aggressive behaviour, attention problems, social problems, anxiety, depression or physical complaints without a medically verifiable basis.

Calls to Kids Help Line show 8.4% involve grief, loneliness or suicide.

Exercise/Nutrition

Regular physical activity will help to reduce risk factors for many diseases such as cardiovascular disease, diabetes and obesity in later life. People who are less active may also experience higher levels of anxiety or symptoms of depression. VicHealth supports the Active for Life physical activity program to encourage Victorians to take part in thirty minutes of regular moderate exercise a day.

ABS data shows a little over 60% of children aged 5-14 years participated in organised sport or physical activities during 1995-96. The highest participation rate was in the 9-11 year age group (75%).

VicHealth recognises it is important for children to establish healthy eating habits early in life. Recent evidence suggests prevalence of overweight and obesity in children has increased markedly over the past decade. In 1985 10% of children aged 7-14 years of age were classified obese in comparison to 20% in the same age group by 1995.

VicHealth's involvement in children's health issues also includes other major initiatives such as the Anti Cancer Council's sun protection campaign.

The majority of Victorian primary schools are now SunSmart accredited schools, which means a sun protection policy is in place, shade structures are established and children wear hats outside.

The challenge is to encourage continuation of healthy behaviours adopted in the early stages of life into adolescence and adulthood.

References:

Australia's Children – Their Health and Wellbeing 1998
Australian Institute of Health and Welfare
Commonwealth of Australia, 1998.

The Health of Young Victorians
Department of Human Services
State of Victoria, 1998.

Mental Health and Wellbeing – Profile of Adults
Australia, 1997
Australian Bureau of Statistics

Children, Australia: A Social Report, 1999
Australian Bureau of Statistics

Table 56: Major Categories of Injury Related Hospitalisation 0-24 Years, Victoria 1991-96

Major Category	Count 1991	Count 1994	Count 1996
Drowning/Near Drowning	97	86	40
Other Unintentional	6428	7412	6725
Other	84	25	19
Transportation	3666	4149	4080
Intentional/Self-Inflicted	1084	1378	1406
Undetermined	80	86	80
Poisoning	1265	1387	1456
Fires/Burns/Scalds	657	509	502
Intentional by Other	1041	1282	1265
Falls	5412	6253	6061
Latrogenic	1461	2095	1940

Source VIMD 1991. 1994. 1996



Young Mums Move and Groove

Projects such as the 'Move and Groove' project help build self-esteem through taking risks in a safe environment.



Eighteen-year-old Danielle didn't let being pregnant stop her from trying new skills like juggling, at a circus workshop organised for young mothers in the City of Kingston.

"Though personally I could not master the art of juggling, I'm going to use the juggling balls as stress balls during my labour," said Danielle, after four action-packed sessions which saw many of the young mums trying out stilt-walking, mime, and even the flying trapeze. They also learned relaxation and stress-relief techniques.

Danielle was one of a group of 11 young mothers, aged between 16 and 19, who participated in the VicHealth-funded 'Move and Groove' project coordinated by the Central Bayside Community Health Services in Aspendale.

"Through the project, the women were encouraged to explore movement in a non-traditional way," explained service youth health worker Carol Hankinson.

"There was a strong emphasis on body image, in encouraging the women to feel more comfortable about their bodies, and more creative in their play," she said.

Ms Hankinson said many women who became pregnant during their adolescence felt uncomfortable about their bodies, and had low self-esteem in relation to their achievements.

Projects such as the 'Move and Groove' project helped build self-esteem through taking risks in a safe environment. All sessions were supervised by a representative from the Women's Circus, and child-minding was provided to give the young mums a break from their children.

An unexpected side-benefit of the project was the strong bond which developed between members of the group, who organised a luncheon after the projects conclusion, with many remaining friends.

"Some of the mums went on to seek out local courses in yoga and meditation," said Ms Hankinson. "There was a real sense of having had fun doing something different."

The circus project was organised by the Central Bayside's Community Health Service's 'Young Women's Program', which provides a regular meeting venue for mums under 22 in the region. Health messages are often incorporated into the meetings, often via a guest speaker.

The 'Move and Groove' project was funded through the VicHealth *Active for Life* Community Grant Program which provides small grants for community-based organisations to provide programs which promote and encourage physical activity, particularly to disadvantaged members of the community.

For further information contact Carol Hankinson at Central Bayside Community Health Services on (03) 9580 5777.

Mum's The Word For Jane Clifton

“My advice to first-time mums is, put your feet up and have a break - it's the last break you'll have for the rest of your life.....”

Jane Clifton laughs, remembering how worried she felt while pregnant with her first child, Molly-Rose, now 11.

“My advice to mums expecting for the first time is, put your feet up and have a break - it's the last break you'll have for the rest of your life,” says the popular Melbourne-based actress and singer, most recently seen in the hit stage production, *Mum's the Word*.

Jane can also be sighted on billboards across Melbourne promoting VicHealth's new health message about the importance of “Exercising Your Mental Health”.

It's a subject she cares passionately about, knowing how difficult finding time for a break can be, particularly for ever-in-demand mothers. Yet she believes it's crucial to find the time for a break.

“If you don't give yourself little breaks, if you keep going long enough, you're really going to build up stuff and wait for it to crack,” says Jane.

Despite a demanding schedule of performing and bringing up two young children, one of Jane's most important daily objectives is to “try to allow myself 10 minutes to sit down, relax and think of absolutely nothing.”

Now also a mother to Hank, aged 6, Jane drew on her own experience as a mother for her part in *Mum's the Word* in which, until recently, she played one of six mothers in a warts-and-all portrayal of parenthood.

The show, which has begun a VicHealth-sponsored tour of regional Victoria after sell-out performances in Melbourne and Adelaide, has been a huge hit with audiences, especially among those who are parents themselves.

Jane believes the success of the show is partly due to its “tremendously normalising experience”, showing the ups and downs of what it can be like to be a mother of young children.

“It's a show of recognition,” says Jane. “It's saying that it's okay to feel the range of emotions you feel as a mother, that it's just so natural to be pushed to the limit.”

Jane, who was 38 when Molly-Rose was born, still remembers all the rigors of breast-feeding, and the broken-sleep which tends to go hand-in-hand with babies and young children. She also experienced a “tremendous sense of isolation” in crossing the great divide to parenthood.



“It's really ‘the agony and the ecstasy’,” she says. “For the first couple of years, you've really got your head in the nappy bucket, and when you do surface a few years later, basically you're a different person. No one really prepares you for that.”

Jane and her partner, Paul, waited another five years for their second child, Hank, who was born when Jane was 43. Five years after her daughter's birth, she noticed how much less energy she had for the demanding first two years of her son's life.

“It certainly gets more difficult as you get older,” says Jane. “I feel blessed to have a fully-fledged partner in parenting, and I honestly don't know how single mothers manage to make any time for themselves.”

Many issues around parenting - from differing desires for sex and premature babies to babies that won't stop crying, and post-natal depression - are touched upon in *Mum's the Word*.

“It's not just a laugh fest,” says Jane. “There are some really serious issues touched on, although often in a very positive and very funny way. People often seem to come away from the show feeling very uplifted.”

Mum's the Word will be touring regional Victoria, with VicHealth sponsorship, on the following dates:

Bendigo Regional Arts Centre	28-29 May
Swan Hill Town Hall	1-2 June
Mildura Arts Centre	3-5 June
Shepparton Civic Centre	8-9 June
Albury-Wodonga Performing Arts Centre	10-12 June
Ballarat - Her Majesty's Theatre	18-19 June
Traralgon - LaTrobe P.A.C.	2-3 July
Hamilton Performing Arts Centre	9-10 July
Warrnambool Performing Arts Centre	13-14 July

Many things contribute to your mental health

This is an A-Z Guide of some things you can do to exercise your mental health and all they cost ... is your time.

To start you only need the following...

A moment to think about what you like doing, what you can do for others, and what can be achieved.

A thought for you ...

Take the time to sit and think about whether to read, or weed, or walk or talk.

A thought for your community ...

Discuss with others what you can do to contribute to your community. Activities undertaken on your own, with another person, or as part of a group can all contribute to your mental health.

A Allow time for your mental health exercises every day. Make sure you put the time aside and keep to it - it's worth it.

B Be on your own or with others - whatever is best for you.

C Community contribution can create positive change for all of us. Look in your local paper for information and contacts.

D Dance with someone or on your own, or simply drum your fingers on the table to your favourite song.

E Explore your local parks, galleries and public spaces. Call Parks Victoria on 131 963.

F Friendships and intimacy can give energy and support. Take the time to build these.

G Gardening - whether in a pot or a paddock - plant something and watch it grow.

H Health information: we all need it. Human Services Victoria had published 'A Guide to your Local Health Services' free to all Victorians. Phone 03 9616 7946 for a copy.

I Imagine activities that are not part of your routine. Take a well earned break somewhere new.

J Join a club or activity group, your local Citizen's Advice Bureau, Council of Adult Education or call the Outdoor Recreation Centre for clubs you can join on 03 9455 1890.

K Keep at it - don't let other people or demands get in the way of your mental health exercise time.

L Libraries - for reading, listening and talking. Contact your local council for library locations, activities and times.

M Music, music, music! Listen or play. Free music is advertised in local and metropolitan papers. Watch for special programs in parks, on television or the radio.

N Not all exercise is physical ... exercising your mental health can be done from the armchair or the front step, in your garden or in a gallery.

O Outdoors - check out how to get to your nearest beach, park, river or forest. Contact the Victorian Tourism Information Service on 132 842.

P Public issues affect us all. Involvement in your community or volunteering can do wonders for you and others. Contact your local community health centre or Volunteering Victoria 03 9650 5541.

Q Quiet times are important - factor them into every day.

R Recreation - what is available in your neighbourhood? Ring your local council for information on sporting clubs, leisure centres, swimming pools and community activities.

S Say 'no' and take control of your time. Practising saying 'no' can be the best form of exercise for your mental health.

T Troubles are part of life. Make time to talk them over with a friend. It really does help.

U Under pressure and unsure? Counselling is available. Contact your local community health centre, or Care Ring Crisis Line on 136 169.

V Vary your activities each day. Calm or challenged, relaxed or running, what is best for you today?

W Walking - alone or with others, organised walks or roaming free. Information on walks around Victoria, Melbourne and suburbs is available from Parks Victoria on 131 963.

X X-exercise goodwill ... with yourself and with others.

Y Yoga for some! Meditation for others. Contact your local Neighbourhood House, CAE, local council and Yoga centres for more information.

Z Zest - with regular mental health exercises you'll have more zest in your day.

VicHealth acknowledges that mental health is a resource for life and that a range of factors impact on the mental health of individuals and communities.

VicHealth also recognises that mental health is enhanced through your action for yourself and your community.



Post Natal Depression

for North-East Mothers

“Women who have used this service report that speaking to ‘someone who knows what I’m going through’ gives a sense of perspective and a belief in recovery...”

One in 10 new mothers experience some degree of post-natal depression. For many, there is often little support to help them through what can be a frightening experience.

In North East Victoria, however, the needs of women suffering post-natal depression have been well recognised, and are now well supported in a coordinated service for a region which covers Yarrawonga, Wangaratta, Myrtleford, Bright, Benalla and Mansfield.

A new program “The Post Natal Depression Project” by Wangaratta Community Psychiatry, follows on from local research into the needs of women with post-natal depression and a subsequent VicHealth-funded pilot volunteer-visiting program in the region in 1998.

The initial research in 1996 by the Goulburn North-Eastern Womens’ Health Centre identified a lack of a coordinated approach to the problem, and a lack of specialist support available for the particular needs of women experiencing post-natal depression.

Heeding the research findings, The Ovens and King Community Health Centre worked closely with other local health agencies, including Wangaratta Community Psychiatry, to develop the VicHealth-funded pilot in which women experiencing post-natal depression were visited and supported in their homes by volunteers who themselves had been through the experience.

The concept was well received, and has now been incorporated into the current project as the “Post Natal Depression Visiting Service”. Four local women have been trained as volunteers, adding extra support to the full-time project worker employed to coordinate the overall service. A further three volunteers will soon undergo training.

“Women who have used this service report that speaking to ‘someone who knows what I’m going through’ gives a sense of perspective and a belief in recovery,” said Mr Michael Nuck, Manager of Wangaratta Community Psychiatry.

Volunteer visitors also participate in education sessions for new mothers and other services providers.

The 12-month project began in May 1998, with funding from the Department of Human Services. Already, more than 80 women have been assessed for post-natal depression, with 22 receiving ongoing treatment and support, having been assessed as having moderate to severe symptoms.

Education sessions have also been held with new mother’s groups, Nursing Mother’s Associations and local GPs.

“This education is aimed at promoting early identification and intervention which has been demonstrated to minimise the negative impact upon women and their families,” Mr Nuck said.

Support groups have also been established in Yarrawonga and Benalla, for women experiencing or recovering from post-natal depression.

The project aims:

- To provide a free service to all women in the region suffering from post-natal depression;
- To provide additional counselling and support options for women and their families;
- To develop and enhance collaboration between local services providers to provide an integrated model of service delivery;
- To facilitate support groups for women experiencing post-natal depression;
- To support and provide ongoing resources to the Post Natal Depression Visiting Service; and
- To convene and coordinate a network of all regional service providers who work with new mothers experiencing post-natal depression.

For further information on the Post Natal Depression Project contact Mr Michael Nuck at Wangaratta Community Psychiatry on (03) 57 220347.

Taking The Plunge

“These kids treat all new experiences as a privilege. They don’t have great expectations of themselves which is fantastic because it means they are open to learning.”

Sue Simmons gets almost as excited as her students when they achieve things that many of their carers had considered impossible. For some the great achievement is learning to put a head under water. For one young boy it is holding his hands together in the diving position. And for some children it is getting into the deep end of the pool for the first time in their life.

For many other swimmers at the pools around Melbourne, these may not be great achievements, but for Sue’s young charges, any development towards diving, no matter how small, is worth celebrating. Sue is the project officer for the Victoria Diving Association’s diving program for children and adolescents with disabilities.

Sue recruits the children from special developmental schools around Victoria and offers them the chance to learn to dive. For some of the pupils, it is more about becoming confident in the deep water, than learning to do great elegant dives from a high board.

The program which runs for the first part of this year, has been supported by VicHealth as part of the Active For Life Community Program. The Diving Association applied for the grant after an encouraging pilot study carried out by Sue at the Ashwood School two years ago.

Sue conducted the pilot study as a volunteer after finishing a *Coaching Athletes with Disability* course. The pilot project involved students from the Ashwood School who had disabilities ranging from severe physical to minor intellectual difficulties.

“I had a ball doing that pilot course at Ashwood, mainly because of the attitude of the children. We really concentrated on introducing the kids to the deeper water and helping them develop some level of confidence in their own potential,” Sue said.

“Suddenly these children were doing things that all the other kids in the pool were doing. That does amazing things for their self esteem. Another focus was on acting safely in and around the water, especially the deeper water.”

This year’s program is offered to children ranging in age from 8 to 16 years. The three one-hour lessons are conducted at a pool near the school involved, the Box Hill Swimming Pool or the Melbourne Sports and Aquatic Centre.

Most schools taking up the offer are from Melbourne, however Sue is interested in hearing from rural schools and is endeavouring to find ways of taking the program to them.

“In terms of coordination, diving is very challenging, even for people without a disability. Coordinating hand movements, developing posture and particular movements are all very good for a person’s overall health, regardless of how successful you are at the actual dive,” Sue said.

“These kids treat all new experiences as a privilege. They don’t have great expectations of themselves which is fantastic because it means they are open to learning. They don’t care if they don’t achieve perfection, they just want to enjoy the experiences.”

For further information contact the Victorian Diving Association on (03) 9686 7534.



Little Athletics

Gets on Track

“The kids love the program because they’re kept busy and they have more time to develop confidence and ability in their skills,” Ms Tibballs said.



When an elite sportsman like former 400 metres Olympic hurdler, Rohan Robinson, tells eager young athletes that if they “don’t eat well they don’t run well” - they listen and they learn.

The use of well-known athletes as healthy role models in the Victorian Little Athletics Association’s ‘Athletics in Schools Program’ is one of the successful health promotion approaches employed as part of the association’s partnership with the Heart Foundation and VicHealth.

Many of the role model athletes, like Rohan, first hit their stride at Little Athletics.

The Heart Foundation’s, *Eat Well Live Well*, message is promoted heavily throughout the schools program, and also at all events comprising the Little Athletics state championships. The message is promoted both through promotional materials and signage and structural changes like ensuring the availability of healthy food choices at all events.

“Our mission to develop positive attitudes and a healthy lifestyle in children matches well with the missions of the Heart Foundation and VicHealth,” said Trevor Vincent, Chief Executive Officer of the Victorian Little Athletics Association.

In another revolutionary move to keep children interested in Little Athletics and sport in general, the association is piloting a new initiative called *On Track*, for children aged between 5 and 8.

“The days of young children not getting enough activity at Little Athletics are on their way out,” said the association’s athletic development officer, Sandy Tibballs.

On Track offers children an alternative to the traditional Little Athletics program, introducing a less competitive, more fun and more active program in which children can develop their motor skills and confidence in running, jumping and throwing before becoming involved in competition.

“The kids love the program because they’re kept busy and they have more time to develop confidence and ability in their skills,” Ms Tibballs said.

In one of the Victorian centres piloting the program, the seven-year-olds participating in the *On Track* program were, comparatively speaking, jumping better than their 9 to 10-year-old counterparts.

Some of the Little Athletics Centres and children participating in the program are so impressed, they often incorporate to run *On Track* activities into the program for older children as well.

“We’re very excited about the program because we believe it will go some way towards more Victorian children developing a healthy life-long association with sporting activities,” said Mr Vincent.

For further information contact Trevor Vincent or Sandy Tibballs at the Victorian Association of Little Athletics on (03) 9419 4933



“We found that many parents were taking a back-seat role in relation to decision-making about the health and wellbeing of their child, and seeing the staff as the trained and skilled ones,”

Building a Partnership in Parenting

With both parents working almost full-time and two children under four, Suzie finds it an “enormous relief” to be able to share the care of her children with the staff at her children’s daycare centre.

“My children are so special there,” she says. “The staff show attention to my children and they like being at the centre so much, but I have often wondered what type of feedback I should receive from staff who have spent extensive time with my child.”

With infants and young children spending more time than ever before in non-parental care, the health and well being of children in long daycare has come into the spotlight.

A major project looking at the issue is the VicHealth-funded *The Health and wellbeing of children in long day care settings* project, by the Centre for Community Child Health at Melbourne’s Royal Children’s Hospital.

Key issues identified in the centre’s initial research were that parents relied on experienced staff to let them know if there are concerns about their child, that parents valued the support and role provided by long daycare staff but needed to develop more of a partnership with staff.

“We found that many parents were taking a back-seat role in relation to decision-making about the health and wellbeing of their child, and seeing the staff as the trained and skilled ones,” said project coordinator Judith Gray.

“In response, we have developed a strategy that is more empowering for parents. The strategy recognises parents’ vital expertise, and assists in improving practices which are family-centred and encourages parents to give input to the staff caring for their children.”

One arm of the strategy is the development of the “Pictures of Children’s Development Model”, currently being piloted with long day care centres in the Cities of Shepparton and Darebin.

Resources being tested include a staff manual and an example of an individual folder for each child which can be shared with parents.

“It was important that we tested the innovative concepts involved to fine-tune its relevance to services with diverse groups of parents,” Ms Gray said.

One of the projects main objectives is to increase the numbers of parents who talk with childcare staff about issues relating to their child’s development, by creating an environment in which parents feel more comfortable in asking about their children and their progress.

Another goal is to encourage long daycare staff to promote the maternal and child health monitoring available for three-year-olds, to check the child’s development in areas like vision, hearing and speech.

“This will help parents talk specifically to childcare staff about any concerns relating to their child’s development, and to seek early support from other health professionals where necessary,” Ms Gray said.

She said it was essential that parents and providers of childcare had access to high standard, relevant information about child health, development and behaviour so that parenting confidence, and their attention to any concerns, was encouraged.

“This project has the potential to implement a specific innovative model which recognises the key role of child care centres as health enhancing environments for children and families,” she said.

The model, if seen as valuable by centres, also has the potential to be introduced across Australia in long day care settings, as the centres work through the quality improvement and accreditation system required by the Commonwealth Government.

For further information contact Ms Judith Gray, Health Educator at the Centre for Community Child Health on (03) 9345 6530.

Study Shows Benefit of Community-Based Parenting Support

For many children, learning to read opens up a new world of sounds, words and concepts. But if language skills do not come easily, children can lose heart and act out their frustration.

Few children grow up without testing the patience and limits of the people around them. But, sometimes, what starts out as bursts of rowdy rebellion can develop into a pattern of disruptive, anti-social behaviour that throws children into conflict with the world.

The results can be costly and devastating - social alienation, squandered opportunities, unemployment, delinquency and crime, says Melbourne psychologist Professor Margot Prior.

Professor Prior is the head of a team of psychologists and researchers working at the Royal Children's Hospital who believe the answer may lie in curtailing anti-social, unruly conduct in young children before it becomes entrenched and difficult to change as they grow older.

With the help of VicHealth funding, the team has designed and tested an early intervention program aimed at reducing behavioural difficulties in children before they enter primary school.

The longitudinal study focused on the family and kindergarten lives of four-year-old children attending five preschools in the Melbourne suburb of Brimbank, a diverse, multicultural area facing a mix of social and economic disadvantages that can raise the risk of children developing behavioural problems.

In the first stage of the program, 44 parents were offered group and individual training sessions over 13 weeks to learn ways of helping their children to develop social skills and take responsibility for their own behaviour.

Professor Prior says the results showed the benefit of community-based parenting support: parents claimed they were feeling more competent in handling their pre-schoolers, they were getting more enjoyment out of parenting, they were less likely to over-react to naughty behaviour and their child was being less disruptive.

"They also said they were feeling more confident in handling other children in their family and that they had built up better social networks and had the chance to learn from other parents," she says.

A year later, by the time the children had entered primary school, the parents said the changes were still evident.

Can you give children a head start in literacy?

In the second part of the project, pre-schoolers were introduced to early-reading skills in the hope that it would give them a head start in language and literacy when they began school.

It was hoped that this would target academic failure, which has been linked to anti-social behaviour.

For many children, learning to read opens up a new world of sounds, words and concepts. But if language skills do not come easily, children can lose heart and act out their frustration.

"What starts out as an initial language disadvantage can, in time, trigger a range of other social problems," says Professor Prior. "We wanted to give preschoolers a good start to see if we could stop that pattern being set up".

The team recruited a group of 170 pre-schoolers who were given 30 minutes of pre-reading skills once a week over twelve weeks by their kindergarten teacher. The children were taught that letters and sounds are related and that words have a sound form.

The program boosted the children's letter-sound knowledge but the team found that they were not more advanced in their understanding than a group of 84 children who were not given any training, a finding that had not changed twelve months later.

"What this is showing is that children at this level of risk need more intensive and regular, long-term help if we are going to make a significant change in their early-reading skills," Professor Prior says.

The team discovered that kindergarten teachers varied in the degree to which they were committed to teaching pre-reading skills and that the verbal intelligence level of many children - many of them from multicultural backgrounds - was on average 15 points lower than the national average, a finding that Professor Prior says highlights the need for a more comprehensive language early-reading and language intervention scheme.

"We also found that it was harder to recruit migrant families to the parenting program and it highlighted the need for more research into different ethnic groups," Professor Prior says.

"We need to have a better understanding of the sorts of practices, beliefs and values about child rearing that different communities have, particularly how they judge and respond to good or bad behaviour in children.

"We can't just implant a white, middle-class Australian model on these groups and think that we understand how it is for them."

For further information contact Professor Margot Prior, Psychology Department, Royal Children's Hospital.

"This festival is promoted and run for children and I think the parents and carers who bring the children have their best interests at heart.

Goulburn Valley Festival

Celebrates Children

Ros Dunlop, one of the organisers and passionate advocates of the annual Birralee Children's Festival, describes the event as a celebration of children and a chance for them to laugh, play and create.

It seems that many other people around Victoria's Goulburn Valley share Ros's enthusiasm for the two-day festival which has grown rapidly in the seven years since it was started by parents from the local Steiner School, Milbi. And this year, with continued support from VicHealth and an organising committee which has grown beyond the school, the program of events was more impressive than ever.

The Birralee Children's Festival was held on the weekend of March 13 in the Queens Gardens, in the main street of Shepparton. Almost all the entertainment was held under the shade of trees, umbrellas or marquees, in a bid to reduce the risk of sunburn to children and adults.

In an unusual move early in the festival's history the organising committee decided to make the festival non-smoking. Although the policy is voluntary because it is in a public garden, Ros cannot recall seeing anyone smoke at the festival in the five years she has been involved.

"This festival is promoted and run for children and I think the parents and carers who bring the children have their best interests at heart. So they do their best to follow the health messages we promote - don't smoke near children, wear hats, use sunscreen, stay under the shade and get Active For Life," Ros said. "We also make free fresh fruit available to the children and parents."

Ros said the festival's message was implicit in all the activities available to the children, who were encouraged to join in as many games and workshops as they could.

The festival program included a parade through the street, performances by the Fratellini Brothers, a Koori cultural program, storytelling, music workshops and performances, old time games and dancing.

The Milbi School developed several creative play and fantasy areas that included King Arthur's Court, Never Never Land and Mother Goose Corner. In each of these areas children enjoyed dressing up, face painting, digging for treasures, games in teepees and clay modelling. Most of the activities, except those requiring material such as clay modelling, fairy wand making and candle decorating, are free. But even those ticketed activities are only about \$1 each.

"We don't have sports clinics, or sporting activities, but we have fantastic events that encourage participation from the children. The message we try to convey to them is just 'have a go' and 'do it for fun'," Ros said.

Well-known children's entertainer Franciscus Henri (also known as Mr Whiskers) is the festival patron and he too has applauded the spirit of the festival. He said the festival was a chance for children and adults to join together in play and celebration.

For more information about the annual Birralee Children's Festival contact Ros Dunlop on (03) 58 269453.



Food Fun At the Picnic

The main priorities relevant to this book are promoting variety in diet and investing in women's and children's health.

Samir arrives at the picnic with his sister and his Dad and a huge box of fruit. Ting Ting and her parents turn up with some great tasty bread. The food is similar to what their parents cooked or bought in their country of birth, and these young storybook characters are discovering that these foods are also major part of cuisine in Australia.

Samir and Ting Ting, two of the characters in the new VicHealth-funded activity and colour-in book, called *Eat Well Live Well: Let's Go on a Picnic*, represent thousands of children who arrive in Australia each year. These children, and the others in the book, are faced with different family groupings, unfamiliar environments, a strange language and some new types of food.

The Aussie barbie and park picnic might not be traditional ways of eating for many people who come to Australia from another country, but it's a sight they soon get to see. And for hundreds of Victorian pre-school pupils it will become more familiar through the fun activities in this book.



The 12-page book has been developed by the Richmond-based Centre for Culture Ethnicity and Health, to promote the importance of eating a variety of foods and to show that eating can be a fun and sociable pastime. Launched in February by the Victorian Health Minister, Mr Rob Knowles, the fun book features black and white pictures to colour, a maze, dot to dot, picture matching and drawing.

A Project Officer with the Centre, Ms Rebecca Cole, said the book is aimed at pre-school aged children (3-5 years) from the Arabic, Chinese, Croatian, Serbian and Vietnamese speaking communities. The storyline is written in the five target languages and each version includes English text.

"We had to come up with a story and with foods that would be culturally relevant to all groups. We decided on the theme of a picnic because, although picnicking may not be a common activity for many Chinese or Vietnamese families in their countries of origin, picnics and barbeques are encountered very soon after arrival in Australia," Rebecca said.

The foods represented are from the categories set out in the Australian Guide To Healthy Eating - fruit and vegetables, carbohydrates, proteins and dairy products. The book also addresses the priorities identified in the Victorian Government's report, **Healthy Eating, Healthy Victoria: A Lasting Investment**.

The main priorities relevant to this book are promoting variety in diet and investing in women's and children's health.

The Centre for Culture Ethnicity and Health provides a range of services including social research. It aims to improve policy, planning and service outcomes for culturally diverse communities.

To order please contact Rebecca Cole or Jennifer Perry at the Centre for Cultural Ethnicity and Health on 03 9427 8766. The books are available in any quantity free from the Centre, or up to 100 can be mailed out without charge. For larger numbers, or interstate orders, a postage/handling fee may apply.



Children Urged To Play It Safe

Ms Brown, one of the authors of *Be Bright Be Safe*, said the booklet was developed in a bid to reduce the incidence and severity of accidental injury to children, which is still the primary cause of premature death for all children over one year of age.

Play It Safe, the message conveyed to parents, teachers and children by Safety Centre staff at the Royal Children's Hospital, will continue to be promoted in Victorian primary schools and at major Melbourne events this year, with support from VicHealth.

According to Ms Jennifer Brown, from the Safety Centre, the injury death rates have fallen, but ongoing education is still a vital concern and VicHealth funded resources are a major part of this year's projects.

One of the key resources used by the Safety Centre is the **Be Bright Be Safe** booklet which was developed in response to inquiries and concerns from teachers. Thousands have been distributed throughout Victoria and are used to address safety problems with primary school aged children.

The booklet focuses on being safe with medicines and poisons, fire safety and burns prevention and sports safety. Each topic includes teacher facts, a lesson plan and activities.

Ms Brown, one of the authors of **Be Bright Be Safe**, said the booklet was developed in a bid to reduce the incidence and severity of accidental injury to children, which is still the primary cause of premature death for all children over one year of age.

Ms Brown said that while safety covers a range of issues, from sports and rural injury to nursery furniture related injury, the booklet focuses on three major areas of concern.

The booklet is also distributed at performances by Polyglot Puppet Theatre Company during tours of primary schools. The Safety Centre staff work with Polyglot on early script concepts and develop teacher resources which reinforce health and safety messages.

Safety messages and practices have also become a key feature of the famous Melbourne Moomba Festival Children's Workshops, due to the continued sponsorship support from VicHealth. Safety Centre, messages are well publicised, promotional material is distributed for free and the Centre staff work closely with performers to ensure that the safety messages are conveyed to children through performances.

Ms Brown said the Moomba partnership was continuing to grow because of the Moomba Festival organisers' support and commitment to children's safety.

"It is great to be able to get the performers together, everyone from the acrobats to the jugglers and tell them our key safety messages as well as supply them with resource material. They then incorporate the messages in a really creative way, into their performance," Ms Brown said.

"The artistic directors of the show then monitor the performances and try to follow up on our work. It really is the best way to convey something to a child because they watch what the performer does and use them as models."

For more information about the Safety Centre phone 03 9345 5085.

To Prevent Poisoning:

- Lock away medicines, poisons and cleaning products
- Correctly label all poisons
- Educate children about the care and proper use of poisons and medicines
- Dispose of medicines safely ie. if a medicine is no longer being used take it to a pharmacist

To Prevent Sports Injuries:

- Match players against one another according to size rather than age
- Wear the correct protective gear
- Wear appropriate footwear
- Do warm up exercises
- Less emphasis on winning and more on fun and participation
- No trampoline jumping for children under six

To Prevent Burns:

- Keep all hot drinks well away from the edge of benches and tables
- Put matches and fire lighters away from the reach of children
- Educate children about the dangers of flammable liquids and aerosol cans

New Mothers

IMPROVING CARE FOR NEW MOTHERS

In an attempt to address some of the problems with traditional public maternity care, the Southern Health Care Network (SHCN) is implementing a range of initiatives aimed at promoting greater continuity of maternity care and enhancing postnatal planning.

The Centre for the Study of Mothers' and Children's Health, La Trobe University, is collaborating with the SHCN to undertake a comprehensive evaluation of the new initiatives.

VicHealth has provided major funding to the Centre for the Study of Mothers' and Children's Health since its inception in 1991.

The project, which began in February, will use a range of research methodologies to undertake the evaluation. One survey of recent mothers will take place prior to the new initiatives being put in place, with a second survey taking place once the initiatives have been fully implemented. The Centre is also evaluating the process of implementation and monitoring a range of outcomes related to hospital usage following discharge.

As the population served by the SHCN has a significant percentage of women who were born overseas and who come from non-English speaking backgrounds, separate home interviews will be conducted with a sample of recent mothers who were born in Vietnam or China.

Over 3,000 women will participate in the evaluation, providing the Centre and the Network with valuable information on women's experiences of maternity care, life as a new mother and the impact of the new initiatives on a range of outcomes.

Project Coordinator Jane Yelland of the Centre for the Study of Mothers' and Children's Health, said that the SHCN was well placed to undertake major change, having a history of implementing a range of innovations in maternity care.

"The SHCN will build on this experience and is committed to evaluating the initiatives. The evaluation is essential to both monitoring the implementation process and assessing the strengths, weaknesses and overall impact of the innovations," Ms Yelland said.

The new initiatives and the evaluation have the potential to be transferred and applied to other maternity care settings throughout Australia.

For further information contact Jane Yelland or Stephanie Brown at the Centre for the Study of Mothers' and Children's Health on (03) 8341 8564.



CANCER INCIDENCE IN CHILDREN BORN THROUGH IVF

Reassuring results are emerging from a major Melbourne study into the incidence of childhood cancers among Victorian children born through IVF.

The study of approximately 5,000 children born as a result of IVF between 1980 and 1995 indicates that cancer among IVF children is no more common than in the general population.

The research, by the Centre for the Study of Mothers' and Children's Health at La Trobe University, aimed to address concerns raised by case series reports and case control studies which indicated a possible increased risk of a rare kind of childhood cancer - neuroblastoma - in children conceived using fertility drugs.

In fact, the study found no cases of this particular cancer among its subjects, although six subjects had other types of childhood cancer, according to Chief Investigator Fiona Bruinsma, whose position at the Centre is funded by VicHealth.

The study, "The incidence of cancer in children born after IVF", is the first in Australia to investigate cancer rates among IVF children, and is the largest of its kind in the world. The only other published study on this subject, conducted recently in the United Kingdom, had half the number of subjects but reported similar findings.

The Melbourne study was conducted in collaboration with the Monash IVF, Melbourne IVF and the Royal Women's Hospital. All children conceived at these clinics through IVF and born alive between 1979 and 1996 were included. Children whose parents were living overseas or interstate were excluded.

The study used data from the Victorian Cancer Registry to determine the incidence of cancer among the subjects and compared the data against Victorian population cancer rates.

"For a study of this size you would expect to find approximately four cases of childhood cancer among all the subjects," said Ms Bruinsma.

"The finding, that there's not a significant increase in risk in children born through IVF of developing childhood cancer, will send a reassuring message to families. However, the study was not large enough to exclude a small increase in risk," she said.

Ms Bruinsma said research into the health of children born through IVF was important given the increasing numbers of IVF children conceived since the early 1980s. In 1995, one percent of all births in Australia were a result of IVF.

"There's a lot of research that's been done at the time of birth, but not a lot of research has looked at the longer-term health of children born through IVF," she said.

"Australia is a leader in the IVF field and its national data collection systems are well placed to allow us to conduct further studies."

Complete findings on the study will be published later this year.

For further details contact Fiona Bruinsma at the Centre for Mothers' and Children's Health on (03) 8341 8583.

GIVING VOICE TO MOTHERS IN A NEW COUNTRY

Victoria's hospitals have been made more aware of the needs of immigrant mothers giving birth following a three-year study conducted by the Centre for the Study of Mothers' and Children's Health at La Trobe University.

Completed in 1997, the Mothers in a New Country (MINC) study explored the views and experiences of maternity care of 318 Vietnamese, Turkish and Filipino women giving birth in Melbourne. This was the first time in Victoria that the views of women of non-English speaking backgrounds were systematically sought using a study design that would overcome language and cultural barriers to participation.

Approximately one quarter of all 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 backgrounds.

The women participating in MINC were less happy with almost every aspect of their care when compared with women who attended comparable models of maternity care and participated in a state-wide survey.

"The findings were very sobering and pose many challenges for improving the quality of maternity care received by women of non-English speaking backgrounds," said co-investigator Jane Yelland.



The findings have been widely distributed to women and Vietnamese, Turkish and Filipino community organisations. The findings have also been discussed with the three Melbourne teaching hospitals where recruitment took place. Several other Victorian hospitals have requested study results.

VicHealth, which partly funded the study, also funded the dissemination of the findings. This included production of a brochure translated into the three community languages, and community forums for each group where the findings were presented and discussed.

The experience of conducting cross cultural research of this kind and the study findings have also been presented at conferences and published in medical and health related journals.

"The research and dissemination of the findings helps ensure that the voices of immigrant women about their experiences of maternity care may be heard. For providers of care the challenge is to consider the findings and the implications for practice," Ms Yelland said.

The MINC study was short-listed for a 1998 VicHealth "Health Promotion Award" and received a commendation for Public Health Research by the Department of Human Services Public Health Awards.

The Centre for the Study of Mothers' and Children's Health was established in 1991 with VicHealth funding. Over the last eight years, the Centre has built a strong program of research addressing issues of major public health importance for mothers and children.

For further information or copies of the findings contact Jane Yelland or Rhonda Small at the Centre for the Study of Mothers' and Children's Health on (03) 8341 8564.



Oz Tennis is committed to incorporating the SunSmart message into the coaching clinics and coaches start the session with a talk about the benefits of appropriate SunSmart behaviour and clothing.



Improving Health Outcomes for Rural Children

Susan believes there are solutions to many of the problems encountered by rural families, but it will take commitment....

OZ Tennis Grooms Future Champions

Susie Norton loves watching the champion players at the Australian Tennis Open in Melbourne each year. Not just because the players are great athletes, but among the junior ranks, there is sure to be a graduate of the Oz Tennis program that has operated in Australia since 1983.

Oz Tennis was spearheaded in Australia by former player and leading tennis administrator, Mr Paul McNamee. He was inspired by a similar program he saw run in Harlem in America. The US program was designed to offer tennis to children who were financially or physically disabled.

The program was tailored to meet the needs of young disabled people, or those from a financially disadvantaged background in Australia. From those early days there are now 220 programs for primary school children throughout the country and 120 in Victoria.

Susie, who is Oz Tennis' National Administrator, believes the program gives children a chance to develop an interest in a sport they might not be able to afford at club level. Oz Tennis, with support from VicHealth, offers the program to a school from the list of disadvantaged schools provided by the State and Catholic education offices. The one-hour lessons run at the school for 40 weeks and a different class is given lessons each term.

Oz Tennis is committed to incorporating the SunSmart message into the coaching clinics and coaches start the session with a talk about the benefits of appropriate SunSmart behaviour and clothing.

"Our SunSmart coaches wear hats and long-sleeved shirts and they not only tell the children about being SunSmart, they also take along sunscreen and make sure the children apply it," Susie said. "We have found that the coaches really do become very effective role models for the children."

Oz Tennis classes are organised with the school's support and are conducted at a local tennis court. All equipment is supplied by Oz Tennis and for promising players, support may continue after the program ends. Oz Tennis can sometimes donate racquets to a school, or negotiate with a tennis club to waive fees for a particularly promising child.

"We get a lot of equipment donated and since taking on the position in 1987 I have never had to buy a tennis racquet," she said. "It costs us \$270,000 a year to run Oz Tennis and I think businesses can see the tremendous value of the program."

"It means that children, who have never been considered physically able to participate in local tennis programs, or whose family could not afford it, can learn to play the sport. Lots of Oz Tennis children get really hooked on tennis and their parents then try and save the money to take them a step further into club tennis. If we can, we will help out with that as well."

Susie has been involved with Oz Tennis long enough to know that the benefits go beyond sport and physical activity. She believes the children develop confidence and self esteem during the term.

Susan Sach is familiar with the difficulties of dozens of families who travel to Melbourne to attend the Royal Children's Hospital (RCH).

There is a family who travels hundreds of kilometres to bring their daughter for clinics that are scheduled on different days. They have very little money and cannot afford to book into a motel. So they wait until evening to see if there is a room left at the RCH accommodation unit. If they are out of luck, they head for the cheapest nearby motel.

Another family comes from rural Victoria with their daughter. Her mother must consult with RCH doctors every second day by phone and the family brings her to Melbourne every three months for hospital visits.

Families incur considerable expense to bring children to RCH four or five times a year. They have to find money for the petrol, accommodation, food, parking and the expense goes on and on.

Susan has heard many similar stories of difficulty. She knows the constant pressure these families live under, not to mention the stress felt by a family with a disabled child.

Many of the stories, from people in the Hume and Grampians regions, are a part of a research project carried out by the Association for Children with a Disability in partnership with RCH and funded by VicHealth, to look at ways of improving health outcomes for rural children with a disability.

After documenting the experiences of 20 rural families Susan has developed a strategy document with a series of recommendations designed to address some of the problems. These recommendations were presented at a Rural Forum at the hospital in April.

Susan believes there are solutions to many of the problems encountered by rural families, but it will take commitment and money from several sources. She is determined to improve the delivery of health services to these rural families.

Some of the strategies discussed at the forum included;

- the development of the parent lounge at RCH
- a more accessible hospital accommodation program for rural families
- a room in the hospital for families attending outpatients to undertake personal care for their children
- the promotion of video conferencing between RCH and local doctors
- the exploration of how to provide some form of respite for parents involved in a 24-hour bedside vigil during impatient stays.

"A lot of families in rural Victoria are already enduring hardships and having to attend hospitals in Melbourne really adds to the pressure," Susan said.

"These families recognise the expertise of doctors at the Royal Children's Hospital, but we have to try and make life easier for them."

For further information contact Susan Sach at the Association for Children with a Disability on (03) 9500 1232.

City of Melbourne makes room for babies

With approximately 900 staff in permanent, part-time and casual positions, the City strongly believes that a flexible work environment is in the interests of its employees and customers.

A baby care room complete with rocking chairs, a telephone, cot, a breast pump for mother's need to express milk, and a CD player is one of the new workplaces initiatives at the City of Melbourne.

While it's not a child-minding facility, the room provides a haven for employees who are parents, and other employees with childcare responsibilities, who might need to feed or dress a child before, during or after work, or when the child is on its way to an appointment.

"It's a fabulous room," said Debbie Sonin, Team Leader of the City's Workplace Health, Safety and Diversity Unit, at a recent VicHealth Health Partnerships Program Seminar. "As a mother of young children, I was able to have it designed exactly as I would have liked a room for myself, that's where the rocking chair came from."

A "keep in touch" program for employees on maternity, paternity, long service or extended sick leave, and a "Leap into Life" health promotion program are among other workplace initiatives employed by the City of Melbourne.

With approximately 900 staff in permanent, part-time and casual positions, the City strongly believes that a flexible work environment is in the interests of its employees and customers.

"Flexible work practices provide employees with greater flexibility in balancing customer and business needs with personal and family commitments," said Debbie.

"As well, it assists us to provide our services in a flexible manner to meet the demands of customers, and contributes to us being identified as an 'employer of choice'," she said.

"We recognise, and are very committed to the holistic needs of the individual. If people are happier at work, they'll be happier at home and if they're happier at home, they'll be happier at work, so we try to develop cyclic programs to address health needs at a number of levels."

To keep in touch with employee needs, staff are regularly asked about their needs through a variety of methods including a major staff survey in 1998, to which 684 staff responded.

As part of the City's current Enterprise Agreement, employees are entitled to leave for a variety of reasons including compassionate leave, adoption, maternity and paternity leave.

They also have access to time in lieu or overtime, can accumulate rostered days off for carer's leave, and are also allowed to make up time for carer's leave.

The majority of the City's employees (80 percent) are employed in office-based positions and the other 20 percent in non-office based positions such as child care workers, personal carers, recreation employees and parking and traffic officers.

Ms Sonin presented on the City's workplace program at a recent VicHealth Partnerships with Healthy Industry Program seminar, on the topic, "Getting it right - understanding work and life balance."

The City of Melbourne is one of the 200-plus partners in VicHealth's Partnerships with Healthy Industry Programs, who enjoy access to a wide range of programs and resources related to the workplace as part of their membership.

"We are delighted that progressive organisations like the City of Melbourne are among our growing number of Health Partners, and can share their invaluable lessons and expertise with other Health Partners," said Suzette Corr, Director of Business Development and Workplace Program Manager at VicHealth.

VicHealth Health Partner organisations are entitled to:

- One free place at every Workplace Health Calendar event (and discounted additional places), including Health Partner Network meetings.
- Membership in the Health Partner Network (currently around 250 organisations).
- Regular bulletins of the latest happenings in Health Promotion.
- Free access to the VicHealth Resource Hotline and library.
- A self-administered Health Check package.

For further information on VicHealth's Partnerships with Healthy Industry Program please call Fiona Freemantle on (03) 9345 3220 or visit the VicHealth website at <http://www.vichealth.vic.gov.au>



CONFERENCES

Annual Conference

"The Body Culture: *Challenging current approaches to physical activity, healthy eating, sexual health and body image.*" Darebin Arts and Entertainment Centre, Tuesday 27th July 1999 - Wednesday 28th July 1999

The Body Culture brings together two key health promotion events under the one banner; VicHealth's annual conference and the second National Body Image Conference organised by Body Image and Health Inc.

Key speaker is Susie Orbach, one of Britain's leading psychotherapists and author of "Fat is a Feminist Issue." Susie Orbach is co-founder of The Woman's Therapy Centre in London and the Women's Therapy Centre Institute in New York. This will be her first public speaking engagement and visit to Australia.

The conference includes a series of plenary sessions presented by more than ten state and national speakers, including Associate Professor Adrian Baumann, Professor of Public Health and Epidemiology at the University of New South Wales.

The second day of the conference coincides with VicHealth's Annual Awards presentation to be held on Wednesday 28th July at The Melbourne Town Hall.

Registration inquiries may be directed to Sharon Osman, Events Coordinator, VicHealth on (03) 9345 3262 or email sosman@vichealth.vic.gov.au



Susie Orbach

VicHealth Centres of Excellence

Centre for Adolescent Health presents "Promoting the Mental Health of Generation Next"

Monday June 28th - Tuesday 29th 1999 with a special component for professionals working in a medical inpatient setting on Wednesday 30th June 1999. Old Pathology Lecture Theatre, University of Melbourne, Swanston Street (Gate 3 entrance) Parkville, Victoria

For the last six years, the Centre for Adolescent Health has run a conference focusing on contemporary adolescent health issues. This year, consistent with VicHealth's mental health focus, the conference will focus on the promotion of young people's mental health.

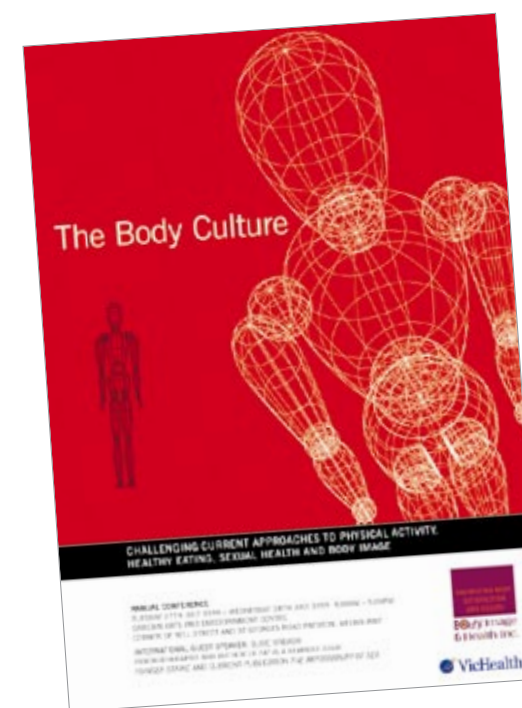
The organisers have been fortunate in securing one of the world's foremost authorities in promoting adolescent mental health, Professor Michael D. Resnick, sociologist, and Professor of Pediatrics in the School of Medicine, and Professor of Public Health at the University of Minnesota.

Other conference speakers include Professor David Bennett and Professor George Patton.

The conference aims to:

- Raise awareness of innovative and well-regarded health promotion programs for young people.
- Showcase adolescent health promotion programs, frameworks, strategies and best practice both within Australia and internationally.
- Encourage community agencies and sectors to establish collaborative relationships with a range of key stakeholders in adolescent health.

Registration information is available from Kylie Strong on (03) 9345-6343 or strok@cryptic.rch.unimelb.edu.au





Australian Summer School in Health Promotion 2000

VicHealth will convene the year 2000 Australian Summer School in Health Promotion, from 31 January to 11 February 2000, in Melbourne.

The structured two week program will provide an overview of health promotion practice in Australia, examining strategies, programs and methods in health promotion for potential adaptation in other countries.

The course content will look at knowledge based health promotion practice in a variety of settings, focusing on risk factors and the social determinants of health particularly in population groups most in need. The Summer School is presented in partnership with leading practitioners and academics from government, non-government organisations and academic institutions.

Earlier this year, 33 health promotion practitioners from 16 countries participated in the Summer School. Countries represented included, The Ukraine, Slovenia, China, Cambodia, Malaysia, South Africa, Thailand, New Zealand, Samoa, India and Vietnam. The participants' professions ranged from pediatricians and directors of health centres to community outreach workers and government health advisors.

For more information on the Summer School in 2000 please contact Ms Tess Pryor at VicHealth, Telephone 613 9345 3224, Fax 613 9345 3222. Email: tpryor@vichealth.vic.gov.au

SEMINARS

Partnerships with Healthy Industry

Preliminary findings of a survey of 400 Victorian companies show the more female employees and the larger the organisation, the more likely a company is 'family-friendly.'

The findings show the most popular flexible work options provided by business include flexitime, job sharing and part-time work.

Anne Bardoel, Senior Lecturer at Monash University presented the findings as part of a VicHealth seminar, "Getting it right- understanding work life balance."

VicHealth's new Director of Business Development and Workplace Program, Suzette Corr, believes the challenge is for more organisations to adopt family-friendly and health promoting practices.

This seminar is part of series of events included in the 1999 Partnership Calendar.

Partnerships with Healthy Industry will hold their next seminar "Beyond 2000 - Progressive Leadership for a Healthy Organisation" on Thursday 27th May 1999 at the VicHealth Boardroom 9.15 am until 12.00 noon.

Michael McConville, an Organisational Development Consultant with Shell Servies International has gained broad exposure conducting consulting, training and research assignments throughout Australia, in the United Kingdom and the Pacific Islands. Based on his extensive experience he will present a variety of key leadership principles that are necessary to consider for progressive healthy organisations.

Contact Lisa Pittard on 9345 3222 or Jenny Borlase on 9345 3221.

PUBLICATIONS

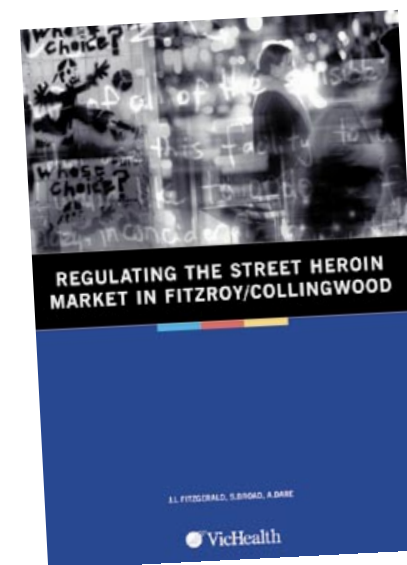
Regulating the Street Heroin Market

VicHealth will reprint the report, "Regulating the street heroin market in Fitzroy/Collingwood" released in March this year, due to continued strong demand for this important research.

"Regulating the street heroin market in Fitzroy/Collingwood" examines reasons for the escalation of injecting and other illegal drug use in inner city Melbourne. It is the first rigorous evaluation of the emergence of street heroin use in our inner-city suburbs. The report's findings call for a radical re-think of current responses to illicit drug use. It presents an evidence-based argument for regulating the consumer drug market in order to reduce drug harm.

Dr. John Fitzgerald's report clearly presents the extent of drug use in this area, amongst its research, identifying a public toilet location, where there were 1200 syringes collected from a syringe disposal unit in just one month.

The report is the result of a two-year study funded by VicHealth and the National Health and Medical Research Council.



Other recent publications

Other recent publications at VicHealth include "Family Caregivers: Disability Illness and Ageing". The book published by Allen and Unwin is a major study of the experience of caring for a disabled or chronically ill relative in 1000 families. The study also focussed on the effectiveness of a series of interventions to help these families and contains invaluable information for researchers, policymakers and caregivers themselves.

A recent review in The Weekend Australian describes the book as a startling look at the unpaid relatives who care for the old and sick. Reviewer and columnist, Dr. Don Edgar says the book "offers some sobering thoughts for a future in which, by 2031, Australia will have more than 5 million people aged over 65."

"Family Caregivers" is available by contacting VicHealth on 9345 3200. Edited by: Hilary Schofield, with Sidney Bloch, Helen Hermann, Barbara Murphy, Julie Nankervis and Bruce Singh.

MENTAL HEALTH

Mental Health

In December 1998, VicHealth embarked on the first Australian campaign promoting positive mental health. The campaign, devised in response to the increasing global incidence of mental health problems aims to prompt people to consider and improve their mental health, in much the same way as people are encouraged to improve their physical health.

VicHealth's decision to encourage Victorians to 'Exercise their Mental Health' is confirmed by WHO's prediction that depression will become the second largest cause of disability by 2020.

An initial communications campaign, featuring well-known Victorian identities, including Merv Hughes and Jane Clifton, has helped raise awareness of the need for everyone to 'take time out' to invest in their mental health for overall good health and wellbeing.

The second phase of the strategy includes development of a comprehensive mental health plan designed to support research programs and projects recommended by five taskgroups.

VicHealth's positive mental health taskgroups include representatives from more than 100 Victorian organisations across the following groups: Koori, new arrivals to Australia, young people, older people and rural communities.

It is anticipated the plan will be published in August.

Other News

Women Towards 2010 is a new project auspiced by the Victorian Council for Women and conducted by Deakin University. Women may register their involvement by contacting Rachel Carlisle, Project Officer, Deakin University on 03 9224 6724 or email carlisle@deakin.edu.au.

Special Seminar

"Towards health and wellbeing through sport - an Aboriginal model of health promotion in action" Presented by Rumbalara Football and Netball Club, in Melbourne on 30th July. For further details contact Karen on (03) 5831 3124.

