

VIC HEALTH

L E T T E R



PHYSICAL ACTIVITY

- CHILDREN AND PHYSICAL ACTIVITY
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From the CEO



Physical Activity

Announcing that Australians are on track to win another world championship isn't necessarily a surprise. But revealing that Australia may also soon be vying to win another championship gold medal as the least active and most obese population in the world would surprise many.

In the afterglow of the Sydney Olympics it's easy to gloss over some statistics which reveal that the numbers of Australians who engage in enough physical activity to receive health benefits - only 30 minutes a day - is declining. Between 1997 and 1999 the proportion of people doing recommended levels of physical activity declined from 62 percent to 57 percent.¹

A sports mad country finding it too difficult to fit 30 minutes of activity into the day? Difficult to believe not so long ago. A stark reality now.

The trend of decreasing rates of physical activity cuts across all ages and social groups. It's not hard to pinpoint why. Opportunities for incidental physical activity or physical activity that occurs as part of our regular routines are shrinking. Australian children don't walk to school or play in local streets in the numbers they once did because of both the perceived dangers lurking outside the front gate (strangers and traffic) and the powerful lure of television, computer games and Nintendos. A study published in the *Medical Journal of Australia* in June revealed that rates of obesity among Australian children aged seven to 15 years had tripled in the last decade.²

It begs the questions: are the two connected?

Members of today's workforce, in general, not only miss the opportunity of reaching the required levels of physical activity through the changing nature of work and reduced manual labour, but are also squeezed by longer working hours that make it more difficult to pursue organised sporting options or even regular exercise.

All of these factors that precipitate declining levels of physical activity are reinforced by our society's heavy reliance on the car. Can we imagine life without the car? Increasing urban sprawl and the rationalisation of business activity in regional areas has pushed people further and further away from activity hubs. The shopping mall epidemic where shopping options are centralised has in fact made the car the only obvious transport option for many people, particularly as you move further away from the central business district. In Western Australia, urban planner Evan Jones has developed the 'litre of milk index' which pinpoints on Perth's map the places you can buy a litre of milk and the possibility of walking to the destination.³ As you move further away from the city centre places to buy milk stand further and further apart. Therefore the likelihood of any physical activity being expended decreases as people choose, or more truthfully are forced, to jump into the car to travel the extra distance to buy their litre of milk.

The health benefits of physical activity are important. Physical activity has been called one of the 'best buys in health promotion'. Lack of activity ranks second only to tobacco smoking in importance for burden of disease and disability from all causes in Australia.⁴ Regular physical activity can reduce the risk of premature mortality as well as the threat of coronary heart disease, hypertension, colon cancer and Type 2 diabetes.

It also impacts positively on both an individual's and society's mental wellbeing. Physical activity provides opportunities for people to become socially connected, a key plank in VicHealth's efforts in promoting mental health.

Physical activity has become, however, an add-on, rather than a regular part of our routine. It has become an extra component in our lives, a component we perceive requires an enormous effort to achieve and, therefore, often becomes one we neglect. Think about it. We have to make a time to visit the gym or take a walk. Sometimes, inevitably, we can't find the time. To ensure we do find the time, regular physical activity needs to be placed closer to the top of our priorities.

VicHealth, particularly through its Active for Life and Active Recreation Grants Scheme, supports the delivery of community based programs that serve to promote and provide opportunities to enable currently inactive individuals to participate in physical activities. By including recreation options, a growing preference for many adult Victorians, individuals are able to achieve regular physical activity through pursuits such as dancing or ten-pin bowling, as well as through playing traditional organised sports such as netball or football.

If we are serious about increasing physical activity rates it will involve much more than simply encouraging people to exercise, however. Achieving a reversal in the current trends involves positive structural change. It involves decreasing the reliance on cars while increasing the value of using public transport. It requires policies which increase opportunities for walking, cycling or even using a scooter to travel to the shops, to school, to work or to sport. What difference would there have been if we had invested the billions of dollars that went into creating CityLink into public transport, bike and walking paths? Developing urban environments that are SAFE (safe, attractive, friendly, efficient) will assist the process. Sport also needs to be responsive to the changing nature of society and demographics.

Increasing rates of physical activity requires a multi-faceted approach at both the policy and community level. In this VicHealth Letter we have sought the views of a range of individuals and organisations from a variety of backgrounds to discuss how the rates of physical activity can be improved. Individuals who want to incorporate more physical activity into their lives need to be supported - by workplaces, by governments, by sporting clubs. A community that wants to be healthy and productive needs to regard increasing levels of activity during their daily routine as a positive rather than a negative. And Australia needs to chase a gold medal worth winning - as the most physically active society in the world.

Dr Rob Moodie
Chief Executive Officer

¹ Armstrong T, Bauman A and Davies J 2000 Physical Activity Patterns of Australian Adults. Results of the 1999 National Physical Activity Survey. Canberra: Australian Institute of Health and Welfare

² Anthea M Margarey, Lynne A Daniels, T John C Boutlon, Prevalence of overweight and obesity in Australian children and adolescents: Reassessment of 1985 and 1995 data against new standard international definitions, *Medical Journal of Australia* 2001

³ Evan Jones, New Urbanism Conference Presentation, Melbourne, April 2001.

⁴ C Mathers & C Stevenson, Burden of Disease and Injury in Australia, AIHW Catalogue PHE 17, Canberra, Australian Institute of Health and Welfare, November 1999.

Physical Activity

Overview

Why focus on physical activity?

Participation in physical activity has important benefits for the physical and mental health of Victorians. People of all ages, both female and male, benefit from regular physical activity.

The options are varied: dancing, cycling, walking, jogging, participating in organised sporting competitions, swimming and even gardening all qualify as physical activity. Many of these options can be built into the regular routines of individuals, particularly if external influences support them.

Urban planning, infrastructure development, schools, the workplace, governments at all levels and sporting organisations all have an impact on people's willingness and capacity to engage in regular physical activity. Research has indicated that individuals can sustain a regular regime of moderate physical activity if it is incorporated into their daily routine. Promoting walking or cycling to work or school, or creating urban and regional environments that are considered safe and promote walkability can therefore achieve significant long-term growth in the level of physical activity in the community.

How much physical activity is enough?

Research indicates that individuals who include a moderate amount of physical activity on most, if not all, days of the week can obtain significant health benefits.¹ There is increasing evidence that benefits occur relatively soon after the adoption of an active lifestyle.² The recommended daily requirement of physical activity is 30 minutes per day. However, three 10-minute sessions per day can be just as effective. Further benefits can be achieved as the duration and intensity of the physical activity increases.

Health benefits

Regular physical activity can reduce the risk of premature mortality as well as coronary heart disease, hypertension, colon cancer and diabetes mellitus (Type 2 diabetes). Regular physical activity also improves mental health and is important for the health of muscles, bones and joints.³ The 1996 Victorian Burden of Disease Study suggests conditions attributable to physical inactivity include ischaemic heart diseases, stroke, colorectal cancer, breast cancer, depression, Type 2 diabetes, falls, hypertension and chronic back pain.⁴ Increasing levels of obesity, particularly among children, are a growing concern. A low level of physical activity is considered a likely determinant of obesity, although further research needs to be done in this area to establish a causal relationship.

Increased participation in sport activities does have one potential downside. Participation may increase the risk of a sport injury. SmartPlay initiatives throughout the State are designed to address that issue.



STICK TOGETHER: Participating in physical activity is a great way to make friends.

Social connections

There is potential for physical activity to contribute to a sense of community and to provide connectedness and freedom from isolation, which in turn can contribute to improved wellbeing.⁵ Evidence suggests that communities with more facilities for physical activity and environments that provide opportunities for incidental recreation and transport related physical activity are more likely to achieve positive outcomes. A higher proportion of residents in these communities may engage in physical activity and there will be higher levels of social capital as determined by measures of trust, reciprocity and membership of clubs and groups.⁶

It is clear that participation can improve social connectedness. It has also been noted that social connectedness is a determinant of participation. The 1996 US Surgeon General's report on physical activity noted that social support from family and friends is consistently and positively related to participation in physical activity.⁷ It appears that people need support to become involved as much as they receive support by being involved.

DEFINITIONS

Physical activity refers to virtually any sustained bodily movement that expends energy. Physical activity can be undertaken in a huge range of structured, planned or incidental forms.

Incidental physical activity is that physical activity which is achieved through regular activity, such as walking or cycling to a specific destination (for example, a train station or a shop).⁸

Victorians and physical activity

Seventy-seven percent of Victorians participate in sport and recreation activities, with 60 percent participating more than once a week. Walking is the main form of physical activity for 43 percent of Victorians. Swimming, golf, fishing, cycling and tennis are other popular activities that are enjoyed on either an informal or organised basis. Some of the most popular team sports in Australia are netball, Australian Rules football, cricket and lawn bowls.⁹ New modified sports and adventure/environmental sports are growing in popularity.¹⁰

The goal for the Victorian Government is to achieve an increase of 3 percent over the next five years in the number of Victorians who are physically active.¹¹

Barriers to access

Nevertheless, one-third of Victorian adults do not participate in regular physical activity and only around 50% undertake enough activity to achieve basic health benefits.¹² This is particularly true of women, those aged over 35, people in rural Victoria and some disadvantaged groups. People with lower educational attainment are also less likely to participate. The cost of some sport and active recreational activity is an important issue in determining the likelihood of participation.

The Victorian *Active for Life Physical Activity Framework* identified 11 barriers to physical activity. They were:

- lack of knowledge
- perceived lack of safety
- fear of injury or health problems
- lack of self-confidence
- inadequate transport
- lack of facilities
- poor design
- lack of time or motivation
- affordability
- lack of support
- lack of physical skills¹³

The *National Physical Activity Guidelines*, released in 1999 by the Department of Health and Aged Care, encompass new moderate and incidental physical activity messages.¹⁴ These Guidelines emphasised four points:

1. Think of movement as an opportunity, not an inconvenience.
2. Be active every day in as many ways as you can.
3. Put together at least 30 minutes of moderate intensity physical activity on most, preferably all, days.
4. If you can, also enjoy some regular vigorous exercise for extra health and fitness.

Strategic approaches

Recognition of the importance of environmental factors has made increasing physical activity a key strategy for a number of government and non-government organisations.

The Physical Activity Framework, underpinned by the principle of 'complementary investment', aims to achieve an increase of 0.5 percent per annum in the number of Victorians who are regularly physically active.¹⁵ Complementary investment means a cross-sectoral approach which facilitates and promotes physical activity.

A lead agency committee, comprising senior officers from across Government, will put in place a process for monitoring the Framework's progress. This committee will also systematically collect information from key agencies on relevant initiatives and programs. Particular emphasis will be placed on reviewing collaborative projects across sectors. The Department of Human Services and the Department of State and Regional Development will provide support to the lead agency committee in coordinating the implementation of the Framework.¹⁶

The Active Australia Alliance, established in 1999, formalises the intersectoral approach of Active Australia to increase participation levels in sport and incidental activity in the Australian population. The Alliance has recently developed a *National Plan 2000–2003* which forms the basis for their approach towards achieving these objectives.¹⁷

The Strategic Inter-Governmental Forum on Physical Activity and Health (SIGPAH)¹⁷ three-year Work Plan is consistent with the Active Australia Alliance national plan. Like its predecessor, *Developing an Active Australia: A Framework for Action for Physical Activity and Health*,¹⁸ it represents the health sector's contribution to the Active Australia initiative.

Health sector and non-health sector investment in physical activity interventions (as distinct from elite sport investment) remains lower than for other risk factors. Campaigns and national strategies directed towards illicit drug use or tobacco control have traditionally received more investment than campaigns designed to promote physical activity.

'There is potential for physical activity to contribute to a sense of community and to provide connectedness and freedom from isolation, which in turn contributes to improved wellbeing.'

FAST FACTS ABOUT PHYSICAL ACTIVITY

Physical activity is ranked second only to tobacco control as the most important factor in disease prevention in Australia according to a burden of disease study conducted by the Australian Institute of Health and Welfare.¹⁹

Burden of disease studies have calculated physical inactivity as a risk factor in its own right. Victorian burden of disease studies on mortality and morbidity identify physical inactivity as responsible for 7.3% of the mortality burden in men, 9.3% of the burden in women and 6.6% of the total burden of disease (see figure 2).²⁰

Physical inactivity is responsible for around 8000 deaths per year in Australia and costs the health system at least \$400 million in direct health care costs.²¹

Fewer Australians were participating in sport and physical activities in 1999–2000 than in the previous 12 months according to the Australian Bureau of Statistics. In Victoria, adult participation in sport and physical activities declined from 58.2% in 1998–99 to 54.7% in 1999–2000.²²



PLAY TIME: Children can find ways to stay active.

Figure 1: Examples of moderate amounts of activity that people can fit into their daily lives

- Washing and waxing a car for 45-60 minutes
- Washing windows or floors for 45-60 minutes
- Playing volleyball for 45 minutes
- Playing touch football for 30-40 minutes
- Gardening for 30-45 minutes
- Wheeling self in wheelchair for 30-40 minutes
- Walking 2.8km in 35 minutes (12.5 min/km)
- Basketball: shooting baskets for 30 minutes
- Bicycling 8 km in 30 minutes
- Dancing fast (social) for 30 minutes
- Pushing a stroller for 30 minutes
- Raking leaves for 30 minutes
- Walking 3.2 km in 30 minutes (9.5 min/km)
- Water aerobics for 30 minutes
- Swimming laps for 20 minutes
- Bicycling 6.4 km in 15 minutes
- Skipping for 15 minutes
- Running 2.4 km in 15 minutes (6.3 min/km)
- Climbing stairs for 15 minutes

Source: New Zealand National Health Committee, *Active for Life: A Call for Action. The Health Benefits of Physical Activity*, Wellington, NZNHC.

¹ US Department of Health and Human Services, Centers for Disease Control, National Centre for Chronic Disease Prevention and Health Promotion, *Physical Activity and Health: A Report of the Surgeon General*, 1999.

² Ibid and Salmon J, Breman R, Fortheringham M, Ball K, Finch C. *Potential Approaches for the promotion of physical activity*, Deakin University, school of Health Sciences, 2000

³ Australian Institute of Health and Welfare (1999) Mathers C, Stevenson C. *Burden of disease and injury in Australia*, AIHW Catalogue PHE 17. Canberra. November 1999.

⁴ Department of Human Services, *The Victorian Burden of Disease attributable to physical inactivity by condition*, Public Health Division, Victoria 1996

⁵ Putnam 1993, *VicHealth Mental Health Promotion Plan*, 1999

⁶ Donovan RJ and Owen N. *Social Marketing and population interventions. In advances in exercise adherence (R.K.Dishman ed) Human Kinetics*, Champaign Illinois, 1994.

⁷ US Department of Health and Human Services, op.cit.

⁸ Victorian Government's *Active for Life Physical Activity Framework*, op.cit.

⁹ Department of Human Services, *Towards a Physical Activity Strategy*, available at: <http://www.dhs.vic.gov.au/phd/9803078/index.htm>

¹⁰ Australian Sports Commission (2000) *Active Australia - A National Plan 2000-2003*, an intersectoral plan developed by the Active Australia Alliance.

¹¹ Victorian Government's *Active for Life Physical Activity Framework*, Sport and Recreation 2000

¹² Department of Human Services, op.cit.

¹³ Victorian Government's *Active for Life Physical Activity Framework*, op.cit.

¹⁴ Australian Institute of Health and Welfare (AIHW) survey available at <http://www.dhs.vic.gov.au/nphp/sigpah/bpgdraft.pdf>

¹⁵ Department of Health and Aged Care, *National Physical Activity Guidelines*, DHAC, 1999.

¹⁶ Australian Sports Commission (2000) *Active Australia—A National Plan 2000-2003*, an intersectoral plan developed by the Active Australia Alliance.

¹⁷ In 1999, a collaborative body with representatives from all state and territory health departments and the Commonwealth was set up to facilitate national coordination for government action in physical activity and health. This body, the strategic Inter-Governmental Forum on Physical Activity and Health (SIGPAH) provides strategic direction on health promoting physical activity and advice to Active Australia Alliance on the health aspects of physical activity. It also works towards building partnerships with other sectors and organisations within and outside the traditional health arena.

¹⁸ *Developing an Active Australia: A Framework for Action for Physical Activity and Health*

¹⁹ C Mathers & C Stevenson, *Burden of Disease and Injury in Australia*, AIHW Catalogue PHE 17, Canberra, Australian Institute of Health and Welfare, November 1999.

²⁰ Department of Human Services, *The Victorian Burden of Disease Study: Mortality*, Public Health Division, Department of Human Services, Melbourne, Victoria, 1999.

²¹ Department of Human Services, *The Victorian Burden of Disease Study: Morbidity*, Public Health Division, Department of Human Services, Melbourne, Victoria, 1999.

²² J Stephenson, A Bauman, T Armstrong, B Smith, B Bellew, *The Costs of Illness Attributable to Physical Inactivity*, Commonwealth Department of Health, Canberra, 2000.

²³ Australian Bureau of Statistics, *Participation in Sport and Physical Activities. Australia 1999-2000*, ABS, Canberra, 2000.

VicHealth's Position on Physical Activity

'Evidence shows the physical and mental health benefits of activity but trends suggest a decrease in physical activity in recent years.'

Increasing physical activity is potentially one of the best buys in health promotion. If those people who are currently sedentary become physically active, the positive outcomes will include reduced health expenditure, additional years of life and decreased incapacity.

Evidence shows the physical and mental health benefits of activity but trends suggest a decrease in physical activity in recent years. This supports increased attention and resources being devoted to promoting physical activity. The promotion of safe practices when participating in sport or recreational activities is an integral component of promotional work.

Multi-level, multi-strategy approaches directed to achieve environmental, policy, community and individual outcomes are likely to be most effective in promoting sustained increases in physical activity in the population.¹

VicHealth recently moved to redirect the focus of its sport and recreation activities to promote participation at the community level rather than concentrating on sponsorship at the elite level.

Many opportunities exist for working with other sectors which have an emphasis on 'active living'.² It is important to acknowledge that the benefits physical activity can deliver relate to the core business of transport, local government, education, planning, environment and sport and recreation.

For example, the focus on organised sporting activity can be extended to encourage overall activity in all levels of sport from social to elite participation. Transportation systems can be better designed to promote walking, cycling and the use of public transport; physical education curricula can be broadened to focus on encouraging active children; and the built environment can be designed to encourage more active (walking and cycling) communities.

Achieving sustainable increases in levels of physical activity in the community, and changes in the physical and social environment to support physical activity choices, will require both strengthening existing and establishing of new partnerships and collaborations with sectors outside health.

¹ RJ Donovan & N Owen, 'Social marketing and population interventions', in *Advances in Exercise Adherence*, ed. RK Dishman, Human Kinetics, Champaign, Illinois, 1994; and,

World Health Organization, *The Jakarta Declaration on Leading Health Promotion into the 21st Century*, WHO, Geneva, 1997.

² The Medical Journal of Australia's supplement on Nutrition and Physical Activity for Australian Children noted: 'Being physically active is the natural and preferred state for most children. We generally do not have to exhort them to be more active. However, contemporary life in urban communities conspires against the natural tendency of children to be active ... Professionals and parents need to be aware of and to take action against this "conspiracy of sedentariness" ... we need to ensure that the environment provides enjoyable, safe opportunities for children to be active...' *BMJ*, vol. 173, supplement August 2000.

VICHEALTH'S UNDERTAKING

In response to these issues, VicHealth will:

- contribute to improving levels of physical activity in Victoria by supporting the development of a comprehensive health promotion approach that combines environmental, community and individual level strategies. The interventions will be located in settings and with population groups in accordance with VicHealth's priorities. In addition, VicHealth will actively complement the Victorian Government's Physical Activity Framework;
- strengthen the capacity of sport and recreation providers and others to provide social and physical environments that promote and enable broad participation in sport and active recreation;
- support research and innovations in physical activity programs that will promote greater participation in physical activity across the population, and in particular by disadvantaged groups;
- be actively involved in physical activity coalitions and collaborations with planners, policy makers and decision makers from a range of sectors;
- support the development of initiatives that will promote walking, cycling and the use of public transport as a means of active commuting; and
- advocate and support efforts to increase the financial resources available for physical activity policies and programs that are commensurate with the burden of the diseases attributable to physical inactivity.

Watching Physical Activity

The effects of physical inactivity are beginning to emerge

Physical activity no longer just happens as a part of our everyday life. Technological change and the changing nature of work are all contributing to differing patterns of social behaviour. These changes impact on our ability to incorporate physical activity into our lives. A number of people and organisations are interested in the level of physical activity in our community and the factors that affect it. VicHealth Letter spoke to Deakin University's Jo Salmon, Professor Paul Zimmet from the International Diabetes Institute, and the Heart Foundation to gain their perspectives on the subject of physical activity.

Physical activity and children

Deakin University

Deakin University's Dr Jo Salmon, Dr David Crawford and Ms Amanda Telford are examining the link between children's activity levels and their habits in the home. The research is looking at both physical activity and sedentary behaviour of children under the age of 13.

In this study, physical activity includes walking, playing and running around as well as organised sport. A recent ABS study showed that 30 percent of Australian children aged between five and six participate in organised sport. A peak occurs at ages 11 to 12 (60 to 70 percent involved in organised sport) but from there the levels drop. As Dr Salmon says, 'Organised sport is only one component of what we look at in the modern era and consider to be physical activity. Basically physical activity is energy expenditure.'

According to Dr Salmon, the whole rationale for doing research on children and the full range of physical activity is that currently there is no data relating to children under the age of 13. This makes it hard to monitor physical activity trends or determine if there has been any decline in activity levels.

The initial stages of the study involved developing evaluation measures that could be used throughout Australia and gaining a better understanding of what the issues are for parents in relation to their children's activities and free time. The final stage of the study will be to assess 700 families in Melbourne. 'We're targeting high and low socioeconomic status areas for comparison and looking at both activity levels and influence of families,' said Dr Salmon.

'Because we're looking at sedentary behaviours, we're examining the family environment rather than the school environment. We're looking at when the children are at home after school and have a choice about what they do. This is a time when they can run around and get their activity up. We're examining what's happening in that environment.'

'Although we have a lack of data about physical activity, we do know the rates of childhood overweight and obesity are going up. The proportion of Australian children overweight has reached



OUTDOORS: Time spent outside is the biggest activity indicator in children.

25 percent. That's doubled in the last decade. Is it because they're less active? Is it because they're less active and eating poor diets?

'We have data which shows that access to, and participation in, 'sedentary' behaviours is increasing. Access to computers, the Internet, electronic games and television viewing is actually increasing. The number of children that have access to computers/television in the house and the time they spend using them has increased. Sedentary time is going up. That being the case, it may be that it's replacing physical activity although we don't have that evidence.' That's part of the evidence the Physical Activity research team at Deakin will gather.

Evidence already available suggests:

- children who are inactive or with low fitness are much more likely to be high television viewers and more likely to be overweight;

- when children are younger the family has more influence but during adolescence peers are a more important influence;
- inactive children become inactive adults; and
- the single biggest activity indicator in children is the time spent outdoors.

Although this research is not due to be completed until December 2001, evidence on the factors which influence the child's level of activity emerged from the qualitative studies designed to discover parental concerns. These studies found four major issues that can influence a child's level of physical activity:

- *Parental modelling:* The activities parents do with their children can affect activity levels. These activities don't have to be structured, they can be walking the dog or walking the kids to school, for example.
- *Rules:* Whether the family has rules about television watching, or about physical activity, and when they can play outside.
- *The physical environment:* A former research student at Deakin, Jesse Winterbine, found children with TV, Play Station and all the mod-cons in their bedrooms were less likely to be engaging in physical activity. Factors in the physical environment affecting activity levels included the children's access to (safe) parks and playgrounds and the walking distance to school.
- *Concerns about traffic safety and strangers:* Many parents say 'when I was in prep I would walk to school on my own but there's no way I'd let my children do it now'. All parents perceive that children spend a lot more time indoors than they did when they were young and that a child's freedom is more restricted today.



OUT AND ABOUT: Any type of physical activity can be beneficial

Physical activity and diabetes

International Diabetes Institute

There has been a 300 percent increase in the number of people with diabetes (mainly Type 2) in Australia since 1981. The number has risen from around 300 000 to nearly 1 million people. At the same time, there has been a doubling in the frequency of obesity. Type 2 diabetes is closely linked to obesity.

Professor Paul Zimmet, Director of the International Diabetes Institute, believes a significant factor, perhaps the most important, causing the escalation in obesity is a major change in the physical activity patterns in the population.

The Australian diabetes, obesity and lifestyle study found that only 49.8 percent of Australian adults aged 25 years and older were undertaking sufficient physical activity to maintain good health. Approximately one in six people (15.6 percent) did not participate in physical activity at all. Although this study did not examine specific activities, the overall impact of societal change on workplace and leisure activity may be implicated. These findings are consistent with studies in developing nations in Asia and the Pacific, where epidemic levels of diabetes have resulted from the change from a traditional lifestyle to Western ways.

Professor Zimmet believes insufficient emphasis has been given to the importance of exercise in the treatment and prevention of chronic diseases such as diabetes. The International Diabetes Institute has recently opened the first physical activity centre for people with diabetes in Australia and one of the first in the world. 'We are concentrating on elderly subjects with Type 2 diabetes in the first instance', said Dr Zimmet. 'Dr David Dunstan, the head of the program, has clearly shown that resistance training improves parameters of metabolic control of diabetes (see page 18). Long-term studies indicate that better control reduces the risk of complications.'

Professor Zimmet considers there is clear evidence that increasing levels of physical activity can reduce the number of people with diabetes. 'There are now several major studies, including a very large one in China and a more recent one in Finland (just reported in the *New England Journal of Medicine*), showing that weight loss and exercise can dramatically cut diabetes risk. These studies looked at people with impaired glucose tolerance, a group at high risk of diabetes. In the Finnish study, diet and exercise counselling resulted in a 58 percent reduction in new diabetes cases among people with impaired glucose tolerance.'

'The level of physical activity needs to be appropriate for the person's age and health,' said Professor Zimmet. 'Regular walking, jogging or strenuous sporting exercises are suitable for people with good levels of fitness. Every person should consult their doctor before embarking on an exercise program and consultation with physical activity experts will allow an appropriate program to be developed. For elderly people, walking around the block or even resistance exercises are appropriate. It is likely that any type of physical activity—whether sport, housework, dancing, gardening or work-related physical activity—is beneficial in preventing diabetes.'

Physical activity and built environment

The Heart Foundation

The Heart Foundation has played a lead role in the promotion of regular moderate physical activity within Victoria for a number of years. The Heart Foundation has been an integral part of the *Active for Life* campaign through its health advisory role, its membership on a number of *Active for Life* advisory committees and its management and implementation of the campaign from 1996 to 1999. Physical activity is one of the Heart Foundation's four priority areas.



BOTH WAYS: Physical activity is available through organised sport or regular walking.

In recent years, the Heart Foundation has realised that to increase the physical activity levels of an increasingly sedentary Australian population more is needed than just promotion of physical activity messages. Hence its recent focus on urban planning and the urban form, acknowledging the relationship between our living and working environments and our ability to accumulate 30 minutes of physical activity each day in the normal course of our daily lives.

To increase the physical activity levels of an increasingly sedentary Australian population more is needed than just promotion of physical activity messages.

In Victoria, the Heart Foundation is committed to developing partnerships with local government to provide environments supportive of all people, regardless of age, mobility, educational attainment, socioeconomic status or culture, being able to enjoy regular moderate physical activity. This occurs primarily through the Supportive Environments for Physical Activity (SEPA) project. This project works at both local and more recently State Government levels to ensure a systematic approach to improving the local environment to make it easier for people to achieve a higher level of physical activity in their daily life, thereby reducing their risk of heart disease and stroke.

Three determining variables or principles known to influence people's ability to be more physically active as part of their daily living and working lives have been identified by the Heart Foundation. These principles, known as the SEPA principles, are:

- *Sharing the road:* Roads and road networks need to be designed for pedestrians, wheelchair users, cyclists and public transport users in addition to motor vehicles.
- *Destinations:* People need safe, accessible and attractive local destinations (shops, post box, park or activity centre) that are linked to and within walking distance of homes, schools and workplaces to encourage them to be more active.
- *Community spirit:* People need to feel safe and part of the community in order for them to be out and about in their environment.

Over the past two years, the Heart Foundation has been working collaboratively with the Cities of Maribyrnong and Whittlesea to apply the SEPA principles to planning processes to provide environments (physical, social and economic) that support people being active as part of their daily lives.

During 2000, the Heart Foundation commenced an advocacy strategy based on the SEPA principles around the Victorian Government's review and development of key planning documents. These documents provide an opportunity to significantly improve the urban environment for pedestrians, cyclists and public transport users — supporting people to achieve the 30 minutes of moderate intensity physical activity on most (if not all) days of the week required to achieve health benefits.

The Heart Foundation also has in place a strategy to ensure more widespread dissemination of the SEPA principles within local government in Victoria during 2001.

The Supportive Environments for Physical Activity (SEPA) project

Australians are demonstrating an increasing preference for participating in unstructured physical activity pursuits which can be incorporated into aspects of their daily living and working lives. This shift in physical activity preference needs to be reflected in local government services and programs, to provide environments supportive of unstructured and incidental physical activity opportunities.

The objective of the SEPA project within local government is to work with and support councils in providing environments that encourage incidental physical activity.

Simple measures such as lighting of footpaths and walking tracks, connecting pathways and providing interesting destinations all help to encourage physical activity such as walking. The SEPA project assists local government to increase recognition of walking, cycling and other incidental activities and encourages actions to allocate resources and programs accordingly.

The SEPA project is part of the solution to achieving increased population physical activity levels. The project provides guiding principles by which local and State Government policies and planning can be developed to ensure that the environment supports all people to be active as part of their daily lives.



OPEN SPACE: Overlooking Melbourne's Botanic Gardens

Creating Future Space

Professor Lyndsay Neilson, the Secretary of Victoria's Department of Infrastructure, understands that the built environment is a significant factor in the development of a physically active community. He explains to *VicHealth Letter* the basis for some of the Department's future planning.

VH Letter: Could you tell readers what the core principles are that the Department of Infrastructure (DOI) adheres to when developing planning ideas?

Professor Neilson: The fundamental guidelines follow the very basic objectives that the Government has set out to achieve. These are improvements in the economy, improvements in community wellbeing and improvements in the environment.

Our Corporate Plan spells out our seven outcome areas. They are: public safety, regional development, mobility and access for people, moving goods, developing livable communities, the local government system, and managing of existing infrastructure assets.

How does the DOI try to facilitate those things that support physical activity or make health promotion a priority? Do you have models you can point to or specific projects?

Not so much models, but certainly some analysis. If we look at people's patterns of leisure and recreation we find there are different patterns for different age groups. Younger people are more likely to be involved in more formally organised sport. As people age, the dependence on more informal leisure and recreation actually grows. The city really does have to provide a diverse range of opportunities for leisure and recreation, particularly with an ageing population. If we have an ageing population, people are more likely to be walking and swimming and maybe cycling than they are to be playing hockey or even playing golf. If the city is not a place that people feel secure walking around, if they think the public spaces are not friendly or inviting, or are not safe places to be, then they're not going to walk around or they will be asking for indoor walking tracks or an area that is supervised.

So we have a responsibility, at the macro scale, to ensure that the city is walkable, or that it has bicycle paths or access to places where people can swim. Through the process of design and management you can actually encourage 'overlooking', so that people who are walking are more likely to be in someone's view than may otherwise be the case. A lot of our suburbs are quite successful at that. Front verandahs, houses close to the street and two or three story dwellings that provide an environment of

security encourage outdoor activity. Things as basic as how good are the footpaths, how good is the street lighting, how open is the city, how much informal overlooking can be created by the way activities are located—all these are fundamental to encouraging people to participate in physically active pursuits.

How do you assess the status of these fundamental conditions in Melbourne at the moment?

They're highly variable. Generally speaking, you'd have to say that the older inner areas are far more user-friendly in that respect (or most of them) than the outer suburbs where there is a tendency for densities to be less.

Some of the new outer urban developments are changing back to a much more pedestrian friendly, community friendly environment, where you've got things like shops and lakes as the focus and people feel free walking around those areas.

Where do you see the DOI fitting in terms of promoting health and physical activity through planning?

I think it's a serious matter. I think that when we look at people's patterns of behaviour we find, for example, that there are over half a million trips a day done by car in Melbourne that are less than half a kilometre. What is it about the city and about our system that says that's the way we want to do things? We would be a much healthier citizenry if we took those half a million trips by foot or by bike. It comes back again to ensuring that the quality of the environment in which we're operating encourages us to walk. In great cities like New York and Paris you just walk forever. People say New York is threatening. It's not. It's got a whole lot of life on the street and activity that draws you in. Now you can't get that ambience all over the place, but you can try to make sure that you are in fact creating a sense of urban excitement and security all at the same time.

On the more macro scale, we have to promote a sense of quality in the environment, and that means managing the quality of the air. We must have strong air quality targets and out of that drive things like travel demand management so that air quality becomes a function which helps you manage the transportation system.

You mentioned New York. In Melbourne there is a range of activities available in the inner city. Once you get beyond, say the tramlines, your options narrow.

I think that's a fair observation. I think that the city in the early part of the century was encompassed by the tram network. Right through until the end of the Second World War most journeys that were done in Melbourne were by public transport. It was only the boom in consumer credit after the war that saw the car and suburban boom rocketing off together. The growth of consumer credit really sponsored that urban sprawl, at least the sprawl away from the public transport system. Now what we're trying to do strategically in the city is to increase development densities around the public transport systems so that we can give people more opportunity to use those fixed track networks. That in turn will see patterns of journeys, hopefully, where people will walk, scooter or cycle from their home to the station to go somewhere to walk, cycle or scooter somewhere else.

Is safety, though, more of an issue as you go further from the city?

Sure, but these things are 'virtuous cycles' if you like. The more people you can get on the system the safer they are and therefore the more people are likely to get on the system. Same with walking — the more people you can get out on the streets the safer the streets are and therefore the more people you'll be able to get to walk on them. We've got to get that cycle going somehow.

One of the things that the health promotion sector has done to engage young people in physical activity is the virtual walking bus. (The Virtual Walking Bus allows two parents to walk children to school 'picking up' designated children along the way) Young people tend not to engage in physical activity because of those same sorts of things that confront the older segment of the population, such as safety.

That's true. The incidence of children walking to school now is very, very low and that's a problem of perception of security. The virtual bus is a way of getting around that. The reality is that children are at no more risk than they were 10 years ago but the perception of risk has increased, so parents are much, much, less prepared to allow their children walk to school. Again, we need to find ways of designing to create a sense of security for the young people.

Can you point to any DOI projects or even models around the world that you see as good examples of the promotion of physical activity in urban centres?

The Urban Land Corporation is trying to design housing estates in innovative ways to encourage a sense of community and community participation. There is early provision of recreational facilities (both formal and informal) and the building of waterways and lakes so there's community space that people can use. VicRoads projects are incorporating bike paths along arterial roads. They're working very actively with Bicycle Victoria to make sure that infrastructure is in place.

Is it a focus for the Department to try to cut down car usage?

It's not quite there yet, but we're starting to look at projects around travel demand management and that's related in part to greenhouse gas management and also to health. One of the things we know is that you're actually more likely to be affected by chemical pollution when you're sitting in the car than when you're standing outside it, given the plastic and other materials inside your car. The sense which travel demand management is aimed at the inefficient short trips is something we're doing work on.

What are the issues for regional and rural Victoria, particularly in terms of physical activity?

First and foremost, sharing in the economic growth of the State and having the infrastructure which enables people to do that.

We have programs such as Pride of Place where we do invest quite a lot of money in rural and regional centres, upgrading public facilities in the centre of country towns and other localities to make them more attractive and friendly places for people. For country people there are a lot of issues around being able to access things. For older people in rural areas this is a particular issue, as there's very little public transport and so you have isolated elderly—that's something we need to address.

Melbourne Metropolitan Strategy

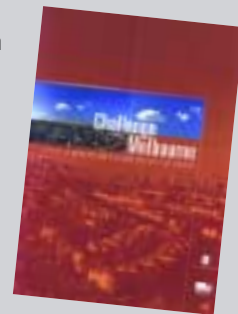
To assist in planning for change the Department of Infrastructure is developing a new integrated transport and land use strategy called the Melbourne Metropolitan Strategy. The strategy will help shape the future of metropolitan Melbourne and will be based on the priorities, needs and wishes of the population.

Community input has been sought and a Metropolitan Strategy Reference Group has been established to provide advice and input from a range of stakeholders on metropolitan issues.

Further information can be obtained at www.doi.vic.gov.au

In relation to the Melbourne Metropolitan Strategy, you're engaging in a significant public consultation process. What have been the outcomes of this to date?

The things that came across as required include a strong focus on improvements to public transport. Even when people don't use public transport they still think it is important. People also want us to manage urban sprawl. They don't want to see the city sprawl forever and, interestingly, at the same time, some people don't want to see higher density.



People are concerned about jobs, concerned about sustainability, concerned about growing disparities in the community. They're concerned to protect the environment both within the city and around it. They want to see better housing developments and they want to see more parks and gardens. People are concerned about the quality of the built environment.

How can the health promotion sector participate in the debate or planning as part of the Melbourne Metropolitan Strategy?

There are several ways of doing that. One was to participate in the round of public forums in April. There will be another round of consultations coming up later in the year.

We also have some professional and interest group forums where people can put in ideas. The third way is through interdepartmental working groups, and the fourth is just by sending material to us. All that material will be taken into account.

Talk that Walk



CITY WALK: People are prepared to walk given the opportunity.

Well planned urban environments can increase our levels of physical activity.

Wendy Morris, director of Ecologically Sustainable Design, an urban design consultancy, believes there is a strong relationship between the form of a city and the ease with which people can use that city for physical activity.

She discussed with the VicHealth Letter how well planned urban environments can impact on levels of physical activity.

If you feel more compelled to walk when you visit the inner city than when you have an hour to kill in the outer suburbs, you're not alone. It's not just whether we want to be physically active that dictates what we do, but whether the environment supports us in our endeavours.

According to Morris, the city has to be structured in a way that puts local services, facilities and public transport stops within easy reach of most residents to encourage them to walk or use their bike. Recreation, sport and exercise opportunities must also be developed that are easily accessible.

A city must be designed to be SAFE. 'SAFE stands for Safe, Attractive, Friendly and Efficient. In other words, a high quality urban environment in which to walk, with strong destinations in close proximity,' says Morris.

Everything needs to come together to make a city SAFE. The street layout needs to be efficient. The buildings need to be attractive. The street shouldn't be dominated by garages out the front with the building set back, as this creates a bleak streetscape. There should be plenty of destinations within reach. In fact, urban planners such as Morris use 400 metres as a rule of thumb for how far people will walk to reach a destination.

This means that a walkable community will have a high percentage of the population living within 400–800 metres of a walkable destinations, such as public transport stops.

When designing new areas Morris utilises the principles of 'new urbanism', which aim to create environments based around accessibility, walkability and attractiveness. They emphasise friendly integrative arterials instead of letting traffic act as a barrier, and capitalise on the new economy by creating opportunities for local jobs and businesses.

An example of new urban design is at Point Cook in Victoria, where a mixed-use walkable town centre has been designed. A town centre has a wide range of community uses. There are opportunities for small business, entertainment and recreation rather than being just an enclosed shopping mall. 'They're much richer places with much greater opportunities for local activity,' says Morris.

'The hardest thing is getting conventional market support for something that looks like it's old-fashioned and out-of-date, even though we have many community surveys across the Western world that show this [local activity] is what people are seeking.'

Morris says that people can change their behaviour if the environment they live in is right. 'If you take someone from a car dependent environment and relocate them into a walkable environment we know their behaviour will change significantly. Even the kids will tell you they use public transport because the environment allows them to do it.'

In Melbourne, the contrast between the inner or new suburbs, where mixed-use walkable communities are the norm, and the outer suburbs, that are designed for the car and which have failed to produce walkable environments, is obvious.

Changing the behaviour of people in a car dependent environment is, of course, more difficult but still possible. Morris cites a project undertaken by the Western Australian Department of Transport which investigated whether it could facilitate change through the TravelSmart program. The program selected a specific suburb which had a reasonable chance for walkability, surveyed the residents to document their current travel behaviour and then identified opportunities to swap some car trips for walking, cycling or combined trips to reduce the amount of car dependence.

The project achieved positive results in changing people's behaviour demonstrating that if people are presented with alternatives they will use them.

Established suburbs, even with ingrained habits and cultures, can also change. In 1995, the Urban Villages Project identified 1000 nodes in Melbourne, most of which had the potential to develop into walkable destinations.

'There are different approaches, depending on the type of city you have. Our programs in outer suburbs need to look at retrofitting or changing their form. The more car dependent and segregated the land, the harder it is to do, but it's not impossible,' says Morris.

Changing car dependant environments is, Morris thinks, one of the biggest challenges for the next 50 years. It's essential that it does happen though. 'There are such strong links between the health agenda, the new economy agenda, the environment agenda and a social wellbeing agenda that we need to bring all these together in relation to the form of our city to maximise opportunities.'

For further details please contact Wendy Morris on 9481 0637.



SMILES ALL ROUND: The Premier Steve Bracks has many incentives to stay physically fit including having a quick hit with tennis star Pete Sampras. Jason South/photo courtesy of The Age.

Keeping Fit and Focused

The Premier is obviously busy but he tries to keep physically active.



Steve Bracks

From Steve Bracks MP, Premier of Victoria

As Premier, I recently hosted a State reception for Tammy van Wisse following her historic swim down the length of the Murray River. Over 106 days, Tammy was in the water for 472 hours and swam a total of 2438 kilometres. On the night of the reception, Tammy looked fantastic: fit, healthy and full of enthusiasm for her adventure. By comparison, my regular 40 laps of the pool seemed very tame and a trifle embarrassing.

'To me the social aspect is a very important part of any physical activity'

Of course, we can't all be marathon swimmers. But athletes like Tammy inspire us to keep fit and to find the time for more exercise and perhaps a bit more adventure in our lives.

My job as Premier doesn't involve a lot of physical activity. Walking the 300 metres from my office in Treasury Place to Parliament House is as good as it gets some days. My wife, Terry, and I also juggle our working lives with being the parents of three young children. So there's not a lot of time for exercise.

My main physical exercise is swimming. I've always enjoyed swimming and I try to swim three times a week, doing 40 to 60 laps of a 25 metre pool. For the past 11 years, I've

participated in the Lorne Pier to Pub swim—although I missed this year due to other commitments. The Pier to Pub is a great event—from both a social and sporting perspective. For me it's more of a personal challenge than a competitive event. I try to beat my previous times and convince myself that I'm as fit as I was 11 years ago.

I play the occasional game of tennis and (very bad) golf. Terry and I walk as much as we can with the kids around Williamstown and my son, Nick, and I go cycling along the waterfront and along the Maribyrnong. This year I also rode in a leg of the Great Victorian Bike Ride—a great adventure organised by Bicycle Victoria and another event where the socialising is as important as the bike riding.

To me the social aspect is a very important part of any physical activity: meeting people from different walks of life, sharing a common interest and learning skills from more experienced or talented people.

Physical activity is also important for my work because it keeps my productivity up and improves my concentration. I feel more relaxed and better able to cope with the demands of what can be a very stressful and time consuming job.

And who knows, when I eventually do retire I might find time for something a bit more adventurous—like a leisurely swim down the Murray.



SURF LIFE SAVING: Understanding and involving people with diverse backgrounds

Sport's Missing an Opportunity

Sport needs to become more responsive to diversity. It can begin by examining its own culture.

Gavin Brown, State Director, Victorian Aboriginal Youth Sport and Recreation Co-op (VAYSAR) and Stephen Wilson, Co-ordinator, Multicultural Sport and Recreation Project, (CMYI)

Sport can provide many benefits to the community, such as increased self-esteem, avenues for social connectedness, a sense of belonging, enjoyment and positive community role models. Creating a positive sporting culture for young people and young people from Koori and non-Indigenous culturally and linguistically diverse (CLD) backgrounds, is an important part of ensuring their participation in sport and, in turn, aiding their physical and emotional development.

However for many Koori and CLD young people, the sporting experience is often negative due to incidents of racism or exclusion, as well as barriers created by the rigid structure within which sport is conducted.

The challenge for sports bodies is to create a sporting culture that is inclusive and responsive to all people, including Koori and CLD youth. In fact, sporting bodies need to stop asking the question, 'How do we increase participation?' The more relevant question is, 'How can we become more responsive to the diversity of backgrounds, skill sets, beliefs and resources that exist within the community and within communities?'

What is culture?

To do this it is important to understand the interplay between sport and culture in young people's lives. Culture is a fundamental component of all communities and societies and broadly comprises a set of shared values, history, traditions, beliefs, rules or traits. Sport also has a culture, but does it understand the culture it represents?

Australia's very strong sporting culture includes both visible and invisible parts that make up a whole. The more visible components of sport are reflected in aspects such as uniforms, structure and rules, amateur or professional status, as well as the equipment it requires and environment in which it is conducted. Well known examples include the 'baggy green' cap of the Australian men's cricket team. Conversely, the invisible components can be described as symbolic. They can shape our sense of self and our national character. They are emotive symbols, which can encourage a range of feelings such as pride and success as well as disappointment. They can include triumphs or defeats of an individual, team or club.

While people participating in sport may be identified as one group—'athletes'—it is never presumed they are a homogenous group. For example, assuming that all cricketers have the same skills, style or personality because they all wear white clothes shows you don't know much about cricket. Each individual's skill level, experience, technique, playing position and physical appearance will vary dramatically. However, those not in contact with young people from Koori or CLD backgrounds often assume that all people from a particular cultural background are homogenous. While people from the same culture may be identified by their similar background, their personal interests, beliefs, physical appearance, self-view and personality vary depending on the individual.

Culture has many dimensions and the cultural background of a Koori or CLD young person plays a defining role in their identity in that it can also determine how they are perceived or treated by others. Again, like sport's cultural traits, there are visible and invisible components in this. The visible parts include features such as language, physical appearance and the clothing they wear. The invisible components may include the person's beliefs, attitudes, perceptions, experiences and communication style. By failing to recognise or value these layers within groups, sporting bodies often miss the chance to be innovative and support increased opportunities for participation.

Distinctions

There are also clear distinctions between cultures of young people from Koori backgrounds to those young people from CLD backgrounds due to different histories, life experiences, language and communication styles and, in the case of CLD young people, the person's, or their family's, country of origin.

To advance a true 'sporting' culture within Australia, one that reflects and is inclusive of all communities and their cultures, it is fundamental to ensure sport is woven into the very fabric of the society. As sport becomes more inclusive, it becomes a fabric of all communities. Koori and CLD young people need the opportunity to design this fabric. This in turn will ensure the inclusiveness of a sporting culture in all these communities.

Initiatives

A model of inclusiveness that values the total sum of communities that make up Australian society could provide a range of simple initiatives that will reflect a true 'sporting' culture. This model needs to address issues such as the structure of sport, the physical design of sporting facilities, uniform requirements, costs, and incidents of racial vilification and discrimination.

Racial vilification and discrimination are significant and damaging issues that require attention within sport. The challenge for sport is to become more culturally responsive and therefore inclusive of all young people living within Victoria. To achieve this, the cultural background of all young people and their families must be valued and respected within the sport and by other athletes.

Development of a simple code of conduct to be adhered to by all athletes, teams, clubs and spectators is one way to address this issue. Displayed through posters in clubrooms, change rooms and facilities, the code of conduct could include other areas of discrimination and unacceptable behaviour such as verbal or physical harassment, sexual harassment and bullying. To be effective this code needs to be reinforced by decisions and processes that ensure the issue is tackled in a timely and consistent manner. Sports teams and clubs might also be required to agree to adhere to the code of conduct as part of the sport's or competition's registration process. While implementing a code of conduct in itself will not guarantee that racial vilification and

discrimination will cease, it does clearly indicate the types of behaviour which sport deems as inappropriate. An education campaign would also be required.

Until racial vilification and discrimination in sport are eradicated the predominant environments that provide support for Koori and CLD young people are culturally specific clubs or competitions. Because of this, culturally specific teams or tournaments should be valued and supported as important avenues for Koori and CLD young people to acquire the skills and confidence to play a specific sport. Instead, sporting bodies often view ethno-specific teams as separatist, exclusive and only perpetuating problems. Culturally specific teams are, however, no different to a group of friends with varying skills but with the same background or interests getting together to play, for example, basketball. Ethno-specific teams may not be the problem. The problem is how they are perceived and accepted in sporting competitions.

Benefits

The creation of a more 'sporting' culture for young people from Koori and CLD backgrounds would result in increased social benefits and outcomes to the community at large. Acceptance of cultural diversity through sport would be evidenced through higher rates of participation, an increased sense of belonging, a greater range of sport played and enhanced physical and mental health.

Continued next page

Centre for Multicultural Youth Issues

The Centre for Multicultural Youth Issues (CMYI) is currently undertaking a Multicultural Sport Project funded by VicHealth in conjunction with Sport and Recreation Victoria. The innovative project aims to increase sport and recreation opportunities for young people from culturally and linguistically diverse (CLD) backgrounds, including those that have migrated to Victoria as refugees.

The benefits young people from refugee and newly arrived communities derive from sport and recreation are far broader than improved physical health. Sport and recreation plays an important role in assisting them to deal with the stress and trauma refugees continue to experience after their arrival in Australia. The significant role sport plays in the culture of Australia also means young people from refugee and newly arrived communities can achieve a sense of inclusion and acceptance within Australian society through participation in sport and recreation. However, if the sporting experience is negative it adds difficulty to the resettlement process for the young person.

The CMYI is a statewide community-based organisation that aims to strengthen and build innovative partnerships between young people, support services and the community to enhance life opportunities for young people from CLD backgrounds. The Centre has a priority focus on CLD young people from refugee and newly arrived communities.

In 1996, the CMYI undertook a project funded by Sport and Recreation Victoria to address the level of participation by CLD young people in sport conducted through affiliated clubs and competitions of Victoria's State Sporting Association. The Ethnic Youth Sports Development Project identified that CLD young people from refugee and newly arrived communities faced numerous barriers to participation in structured community based sport. These barriers included training and competition structure, sporting dress codes, costs, access to

transport, incidents of racial vilification and discrimination, gender stereotyping and physical design of sporting facilities, as well as differing cultural, religious and family expectations.¹

It was also found that, contrary to common belief within the sporting sector and to Australian Bureau of Statistics data, young people from CLD backgrounds had a high level of interest in sport and recreation. However, they participated mainly within school or social settings because fewer barriers existed within these environments.

To redress some of these issues, the current CMYI Multicultural Sport Project is developing new models for administering and conducting sport. One strategy is the development of partnerships between schools, non-government and government youth services, sporting bodies, CLD communities and the local government sector. This model allows greater access to resources and support for the organisations involved and provides the ability to develop and implement sport and recreation in a more flexible and responsive way.

One example of the sporting partnerships model is a project to be undertaken by Surf Life Saving Victoria (SLSV) in 2001 that specifically targets young people from CLD communities. The project's aim is to introduce CLD young people to Surf Life Saving Victoria, Victoria's beaches and the principles of water safety. To ensure the project is responsive and meets the needs of CLD young people, SLSV will develop partnerships with key stakeholders across the school, CLD and youth sectors. SLSV views the new project as a positive step forward in the Association's ability to involve and respond to Victoria's young people.

For further information on the Centre for Multicultural Youth Issues, contact Stephen Wilson at CMYI on (03) 9349 3466

¹ Wilson, Sport: Creating a Level Playing Field: *Increasing the Participation of Young People from Ethnic Communities in Sport*, Sport and Recreation Victoria, Centre for Multicultural Youth Issues, 1998.

Sport has always played a significant part in Koori culture. There is a close connectedness between Koori people and sport because of the important role sport plays within Koori learning techniques. The sporting games Koori young people played prior to colonisation were aimed at teaching and enhancing the skills and techniques that would be required in adult daily life. For example, young people would develop important skills required for hunting in making and playing games with spears, boomerangs and string nets. Sport also played an important social role in 'hands-on learning' as there were no school classrooms. During the period of dispossession, sport also provided a survival tool for Koori communities to generate income. Many Aboriginal men joined travelling boxing troupes as a means of providing an income for their family. The inherent role sport has played in Koori culture is still reflected today through the number of Koori young people who excel in sport at both elite and local levels.

Increasingly, post colonial stress syndrome resulting from the associated trauma of dispossession of land and 'de-culturalisation' since colonisation has been recognised as a major contributing factor to the mental health of Koori people today. As sport in the Koori community is seen as a family based activity, it has the capacity to play an important healing role to address the physical and mental wellbeing of individuals and Koori communities. Although sport and significant sporting achievements are an integral part of Australia's cultural identity, it is only recently that the many contributions and influences of Aboriginal athletes within sport have begun to be acknowledged and credited.

Significant factors that have shaped the cultural identity of young people from CLD backgrounds include the physical, social and political environment of the country from where the young person or their family migrated, the experience of migration and the resettlement process in Australia. Sport can enhance a sense of belonging for these young people within their own community, in the case of ethno-specific sporting teams and competitions, as well as create an important pathway to belonging to the broader Australian community. In this way sport is a tool for acculturation.

Young people from Koori backgrounds and those from CLD backgrounds also have a number of issues in common. Like many Koori communities, CLD refugee communities have also experienced dispossession of their land and disruption to their culture. A large number of both Koori and CLD young people have also experienced to varying degrees incidents of racism and exclusion due to their cultural background. Many Koori and CLD young people also identify having to live within two cultures on a daily basis. On one level during the day at school and in public, interacting, participating and being influenced by Western culture, and on the other hand when at home with family or participating in community gatherings, being part of their family's cultural background.

The challenge for sport is to become more culturally responsive and therefore inclusive of all young people living within Victoria. To achieve this, the cultural background of a young person and their family must be valued and respected within the sport and by other athletes. The sport sector must also develop and implement models for conducting sport that are more flexible and developed in consultation with Victoria's Koori and CLD communities and include young people.

VAYSAR – Calendar of Events

VAYSAR, the Victorian Aboriginal Youth Sport and Recreation Organisation, uses sport and physical activity to bring Aboriginal people together and maintain connections that have served the culture throughout its history.

VAYSAR is a community based organisation that exists to empower, support and encourage Koori participation in sport and recreation at all levels. This is achieved via an annual sports calendar, sports development grants, role model programs and by supporting and working with both indigenous and non-indigenous groups interested in Koori participation in sport and recreation.



TEAMWORK: Getting together the key

The Annual Sports Calendar is VAYSAR's strongest program, with events centred around sporting activities such as football, netball, basketball, swimming and tenpin bowling, is hugely successful. In

fact, its state director, Gavin Brown, says VAYSAR's annual football and netball carnival, which attracts up to 5000 people each year, is actually the largest annual event in the Koori community. 'We're very proud of that,' said Brown.

There are 20 football teams and 35 netball teams competing in the football and netball carnival. A statewide basketball carnival for both seniors and juniors attracts at least 500 children, while the statewide tenpin bowling tournament attracts 150 people.

Brown sees the fledgling tenpin bowling tournament, which attracts a smaller but different crowd to the football or netball carnivals, as an essential component of the organisation's character. 'Diversity is very important,' says Brown. 'It allows the group's reach through sport to extend beyond lovers of the traditional sports of football, cricket and netball to swimming, basketball, women's softball and, of course, tenpin bowling.'

VAYSAR's calendar can be seen as an extension of the Koori cultural heritage. Coming together has always been a part of the Koori tradition. Brown explains that a number of tribes who lived in different regions around Victoria would meet at regular times to discuss the business of the day. It was a sharing of ideas about ecology, family and other items relevant to the era. At these meetings Kooris would play a lot of sport—friendly but prestigious competitions—that were one component of the gatherings' activities. Brown says this is a fundamental reason for the success and necessity of the calendar's events. 'It's so important that we encourage participation from a sporting and cultural point of view. It's important for families and communities to get together in a healthy and active environment.'

EVENTS:

- Statewide football/netball carnival
- Statewide junior football/netball carnival
- Statewide senior/junior basketball carnival
- Four regional cricket events
- Three regional swimming events
- Statewide women's softball
- Statewide tenpin bowling

For further information contact VAYSAR on (03) 9482 4444



To Start, it Helps to Stop

Smoking and levels of physical activity have important links.

Trish Cotter, Director of Communications and Marketing, VicHealth and Dr David Hill, Centre for Behavioural Research in Cancer, Cancer Control Institute, Anti-Cancer Council of Victoria.

Smoking cessation and physical activity are important and independent factors influencing the overall health of the community; they are also connected in important ways. This connection may provide us with an opportunity to exploit the synergies in these areas.

Smoking reduces physical fitness and thereby discourages physical activity (by making it harder to do and enjoy). There is also some evidence that participation in physical activity is inversely related to smoking—those who smoke are less likely to participate at sufficient levels of physical activity to accrue long-term health benefits than non-smokers.

A number of studies have identified associations between smoking and lack of physical activity. One recently reported national survey in the United States found many high school students play for one or more sports teams: 70 percent of boys and 53 percent of girls.¹ Cross-sectional analysis of the data showed that, in boys, playing team sports is associated with eating fruit and vegetables and avoiding cigarettes.

In an Australian study of the health behaviour of 18-year-olds, Burke and colleagues² reported that smoking was associated with non-participation in physical activity by young women. A higher proportion of young male smokers were inactive than young male non-smokers, although this difference did not reach statistical significance.

In Victoria, the current adult smoking rate is 20.7 percent, where male smokers (23.4 percent) outnumber female smokers (18.5 percent).³

Data from a 1999–2000 Roy Morgan survey⁴ indicate that 39.6 percent of people had done some form of formal exercise (for example, gym, aerobics, running and cycling) in the three months preceding the survey. However, only 31.9 percent of smokers exercised while 41.7 percent of non-smokers exercised. Conversely, 17 percent of people who exercised were smokers and 83 percent of people who exercised were non-smokers.

While it is generally understood that around 80 percent of current smokers would like to quit, successful cessation continues to elude many people. There is some evidence to suggest that increasing physical activity in conjunction with a quit attempt can increase the likelihood of the attempt being

successful. This association is possibly explained by the action of brain behaviour mechanisms stimulated by vigorous exercise, plus the reinforcing feeling of ‘getting fit’ and the diversion it provides from cravings and withdrawal symptoms.

Interesting research has also been conducted by Marcus et al⁵ looking at the usefulness of physical exercise for maintaining smoking cessation in women. Much of the work has focused on addressing the methodological problems of prior studies that have examined the contribution of exercise to smoking cessation. However, pilot studies have concluded that exercise training combined with behavioural smoking cessation treatment may be useful for the short and long-term maintenance of smoking cessation in women.

Their overall conclusions are that exercise may enhance the achievement and/or maintenance of smoking cessation due to its effects on three key areas of concern for many women smokers: weight management, mood management and stress management.

There appears to be considerable scope for further research to explore the interaction between smoking and physical activity. Physical activity may be a useful mechanism to assist in attempts to quit smoking, and smoking cessation may be a means of making physical activity more achievable for some segments of the population.

In addition to the concerns we may have for the health of smokers, sporting organisations that want to increase the number of participants have a direct interest in promoting the Quit Campaign: ex-smokers could be the growth market for club membership.

¹ *Archives of Paediatric and Adolescent Medicine*, vol. 154, pp. 904–11, 2000.

² V Burke, RAK Milligan, LJ Beilin, D Dunbar, M Spencer, E Balde & MP Gracey, ‘Clustering of health-related behaviours among 18-year-old Australians’, *Preventive Medicine*, vol. 26, pp. 724–733, 1997. Cited in J Salmon, R Breman, M Fotheringham, K Ball & C Finch. *Potential Approaches for the Promotion of Physical Activity: A Review of the Literature*, Deakin University, School of Health Sciences, October 2000.

³ Trotter L, Letcher T (eds) *Quit Evaluation Studies No 10 1998-1999*. Centre for Behavioural Research in Cancer, Anti-Cancer Council of Victoria. December 2000.

⁴ Roy Morgan Single Source Data. September 2000. (Victoria only)

⁵ B Marcus, A Albrecht, R Niaura, E Taylor, L Simkin, S Feder D Abrams & P Thompson, ‘Exercise enhances the maintenance of smoking cessation in women’, *Addictive Behaviours*, vol 20, no 1, pp. 87–92.

Older, Stronger and Healthier

Older people with Type 2 diabetes may benefit from regular visits to the gym and lifting weights, new research from the International Diabetes Institute in Melbourne suggests.

Dr David Dunstan, NHMRC Post-Doctoral Research Fellow National Project Coordinator (AusDiab), International Diabetes Institute

A study by Dr David Dunstan from the International Diabetes Institute called 'Lift, Loosen and Lose for Diabetes' has found that lifting weights in the gym can lead to enormous health benefits for older people with Type 2 diabetes.

The Lift, Loosen and Lose for Diabetes study, which was funded by VicHealth and conducted by the International Diabetes Institute in association with Deakin University, involved 48 men and women with Type 2 diabetes who reported that they did not participate in regular physical activity. The average age of the participants was 66 years. Participants were divided into three groups: group one performed strength training three days a week combined with a healthy eating plan; group two received the healthy eating plan but did not perform strength training; and group three followed their usual diabetes management program. After six months, researchers examined all groups and found that the people who had done the strength training had substantially better control over their blood sugar levels than those who did not. Furthermore, strength training increased muscle strength and led to moderate weight loss.

Participants in the strength training program also reported remarkable improvements in their emotional and functional wellbeing. According to participants, the strength training program made them feel fitter and more likely to take part in other activities. One participant noted: 'My family and friends now say that I am looking better than I have for the last few years. Each day I wake up and feel like getting into the chores, thanks to the exercises, diet and encouragement from the friendly staff.'

A moderate activity program, such as walking, is usually recommended for older people who have diabetes to manage blood glucose levels and to prevent the complications that can occur with diabetes. However, many older people may find it difficult to participate in a regular activity program because of the physiological changes that typically occur with age, particularly loss of muscle strength. Furthermore, older people with Type 2 diabetes are more prone to physical disabilities that



STRENGTH TRAINING: Benefits older people.

may prevent them from participating in walking programs and, in the absence of suitable alternatives, many may miss the enormous health benefits that can be gained from regular physical activity.

Findings from the Lift, Loosen and Lose for Diabetes study and other related studies around the world show that strength training can be safely incorporated into the exercise plan for people of all ages. Previously strength training has been reserved for athletes and young people. There is now plenty of evidence to suggest that strength training in middle-aged and older-aged people can produce enormous benefits that may not be achieved through traditional programs such as walking. Furthermore, strength training has also been demonstrated to increase muscle size, reduce body fat, halt bone loss and lead to improved quality of life.

In recognition of the benefits of strength training, an innovative endorsement scheme was launched in December 2000 by the Council of the Ageing (Victoria) called 'Living Longer, Living Stronger'. This initiative aims to address the negative stereotyping and myths associated with strength training for older people and to promote the benefits of strength training in the community. The International Diabetes Institute has also commenced a program called 'Lift for Life' which provides specialised strength training programs for people with diabetes. The program has proven to be very popular, with a number of people enjoying the benefits of strength training for the very first time.

Further details regarding the research can be found at <http://www.diabetes.com.au>.



SMARTPLAY TEAM: Having the right equipment is a good start.

Play Hard but

Play Smart



Tackling injury prevention is essential when promoting physical activity

Injury, and the potential for injury, are recognised as significant barriers to participation in physical activity. In recent years, the increased promotion of physical activity has raised concern that more people are being exposed to the risks inherent in many sports and other forms of physical activity. Through partnerships with sporting bodies, local and state governments, Sport Medicine Australia and VicHealth, SmartPlay is working to reduce the incidence and frequency of sport and recreational injuries and to change the perception that injuries are an inevitable part of participation.

It is ironic that while increased participation levels lower the risk of chronic diseases such as cardiovascular disease, diabetes and some cancers, they also expose participants to greater risk of musculoskeletal and other traumatic injuries. The cost associated with overcoming these injuries, to both the individual and society, has been shown to be far greater than the cost of preventing injuries in the first place. These associated costs include treatment costs, physical damage and disability, costs of insurance premiums and work absenteeism.

Contrary to popular perception however, injuries need not be an inevitable part of participating in physical activity and many steps can be taken to prevent them. Whilst there is an acceptance that participating in sport and physical activity does carry some inherent risk, SmartPlay has set about changing the practices of participants at the grass roots level of community sport. This is achieved through strategic partnerships in the sport and recreation industry and the promotion of SmartPlay's slogan, 'WARM UP, DRINK UP, GEAR UP'. According to SmartPlay Program Manager Nello Marino, the slogan represents a sample of the injury prevention issues facing participants and other sporting community stakeholders such as coaches, officials, parents and club administrators.

From a strategic perspective, it is the partnerships SmartPlay is forging with industry stakeholders that hold the key to its success in reducing sport and recreation injuries. One of these important partnerships is the SmartPlay steering committee.

This committee is a partnership between VicHealth, Sport and Recreation Victoria, the Department of Human Services, VicSport and Sports Medicine Australia. SmartPlay has set about aligning a sports safety and injury prevention message with the existing physical activity promotion activities being delivered, funded or influenced by these steering committee partners.

SmartPlay has also been responsible for the development and implementation of sport safety policies at the state sporting association level—a number of the sports involved receive funding through the VicHealth Sport Partnerships program. Partnerships have also been developed with local government authorities such as the City of Casey. These partnerships provide skills and knowledge to the sporting clubs in the region through a coordinated program that incorporates training and resources in the areas of injury prevention and risk management.

While it is unrealistic to think that strategies such as these will eradicate all injuries associated with community sport and recreation, SmartPlay is playing an important role as a resource for the sport and recreation industry. The program identifies and sets out to prevent many of the injuries that are preventable in sport and recreation settings.

If you would like more information on SmartPlay or a free SmartPlay sport safety resource kit, contact SmartPlay on (03) 9654 7733 or email smartplay@vic.sma.org.au.

Active For Life



BIG FACTOR: *Being involved in sport early is important*

It's the variety of projects and ideas generated by the Active for Life Grants Scheme that has made it an ongoing success story. Since 1994, VicHealth has invested \$1,561,182 into 419 Active for Life projects designed to encourage Victorians to be physically active. The range of physical activity programs offered through Active for Life has reflected the diverse needs and interests of the community. From soccer to surfing to cycling to walking to dancing to recreational activities, the focus has been on ensuring people from a range of backgrounds, ages and interests have a range of options in which to be physically active.

Activities for all age groups are being provided in the 2000–01 round of projects (as can be seen in table 1). Of note is that 30.7% of participants are aged 15–24 years. This is particularly pleasing as this age group often begins to drop off in its participation in physical activity. Over 50% of participants are aged over 24 years.

Table 1: Age of participants in 2000–01 Active for Life projects

Age Group	Proportion of participants
Under 5	2.9%
5–14 years	15.8%
15–24 years	30.7%
25–44 years	21.8%
45–64 years	16.6%
Over 65	12.2%

The state of play continues to look good

As the Active for Life projects offer flexibility and a wide range of ways to participate in physical activity, it stands to reason that a variety of groups will take up the opportunities. Local sporting groups, neighbourhood houses, community health centres, Aboriginal co-ops, youth groups, senior citizen groups, migrant resource centres, regional sports assemblies, local government agencies, welfare agencies and scout groups have all been involved in the Active for Life Grants Scheme.

The message

The Active for Life message is simple enough: **'Active for Life—just find 30 minutes a day.'**

Its aim is to encourage more Victorians to take up moderate exercise regularly to live a longer, healthier and more active life. The message is not just a slogan. It is based on scientific evidence that shows engaging in 30 minutes of moderate exercise—such as walking—every day is beneficial. This 30 minutes can be made up of three 10 minute or two 15 minute sessions.

Walking is the easiest and most effective way of increasing activity levels. It's an activity where many of the common barriers to exercise don't apply, so is achievable for the estimated 51 percent of females and 34 percent of males who do not participate in enough physical activity to achieve a health benefit.

It's not just walking that fits the bill when ideas are being generated to encourage participants in an Active for Life project. In projects continuing in 2001, physical activity is promoted through yoga for a multicultural women's group in Hawthorn, indoor bowling in Geelong, aqua aerobics for older members of the Australian Croatian community in Footscray and ballroom dancing classes for elderly Chinese men and women in the City of Maribyrnong. And that's just four out of the 103 projects funded during that round.

Active for Life 2000–01: by the numbers

- 49 projects in rural and regional Victoria
- 54 projects in metropolitan Melbourne
- 10 projects with a specific focus on Koori groups
- 36 projects specifically focused on people from culturally and linguistically diverse backgrounds, including Afghan, African, Bosnian, Somali, Vietnamese, Chinese, Kurdish, Filipino, Iraqi, Croatian, Islamic, Dutch, Horn of Africa, Arabic and Muslim groups
- 9 projects have a focus on males
- 22 projects focus on females
- 3 projects focus on children
- 23 projects focus on young people
- 11 projects focus on older adults
- 15 projects focus on families
- 8 projects specifically target people with a disability



ALL SPORTS: Options for everyone.

A Snapshot

Some of the groups involved in Active For Life programs

Women's Health Grampians
 Keysborough Turkish Islamic and Cultural Centre
 Robinvale Murray CDEP
 Norlane Neighbourhood House
 Footscray YMCA
 Dunmunkle Youth Group
 Loddon Shire Council
 Ranges Community Health Centre
 Geelong West Cycling Club
 Loddon Mallee Housing Services
 Jesuit Social Services
 Gunditjmarra Aboriginal Cooperative
 Mallee Sports Assembly
 Howitt Park Bowls Group
 Carlton Baths Community Centre
 RecLink
 South West Sports Assembly
 Ethnic Council of Shepparton and District
 1st Cobram Scout Group



- 64 percent of funds were expended on participants over 45 years of age;
- 73 percent of funds were expended on women;
- 42 percent of funds were expended on socially isolated people;
- 43 percent of funds were expended on people with disabilities or chronic illnesses;
- 41 percent of funds were expended on people from lower socioeconomic groups;
- 60 percent of projects said they would continue in a revised form, 27.5 percent planned to continue in present form, 7.5 percent did not plan to continue and 5 percent didn't know;
- projects were involved in collaboration at the local level; an average of three partnerships were involved in each project, of which one generally developed as a result of the project. Eighty-five per cent of projects reported they were continuing partnerships developed in the project after the completion of the funding period; and
- the projects appeared to address issues of relevance in implementing their project: 68 percent of projects drew on past experience to ensure the project was accessible and relevant for target groups, 58 percent involved participants in day-to-day decision making, 55 percent included target groups in planning and implementing the project and 53 percent worked with an organisation that represented these groups.

The positive results have been encouraging. Many projects report that participants have gained an increased understanding of the benefits of physical activity, improved health and wellbeing, new friendships and increased self-esteem and self-confidence.

The Active For Life message is an integrated part of the Government's commitment to increase the number of Victorians who are regularly physically active. A Physical Activity Framework has been developed by the Department of Human Services and Sport and Recreation Victoria and is being addressed by a number of government and non-government agencies, including VicHealth.

The Active for Life website—www.dhs.vic.gov.au/activeforlife—contains information about the Active for Life message, downloadable versions of the Active for Life Physical Activity Framework and the Active for Life Victorian Physical Activity Grants as well as information about other activities and initiatives linked to Active for Life.

Applications for the 2001-02 Active for Life round will be available in June 2001 and applications close 10 August 2001. For application forms, visit the VicHealth website or ring VicHealth.

Organised, active, ongoing

As the breadth and reach of Active for Life programs continues, it's possible to learn from past projects.

From the projects that were funded in 1999–2000 we have learnt that:

- the number of participants in projects ranged from 8 to 252 individuals, with a median of 61;
- projects generally ran between February and September. The median duration of projects was 32 weeks;

The VicFit Active for Life InfoLine

The InfoLine offers personalised assistance to people wishing to develop or maintain more active lifestyles. It also provides assistance to organisations involved in the promotion of physical activity.

Call the InfoLine on Freecall 1800 638 594 for:

- assistance in assessing your current activity level and health;
- guidance on the level of activity required for good health;
- advice about appropriate activity options and exercise programs for you;
- printed information on a wide range of activities and health issues;
- links to key activity organisations;
- links to local programs and services;
- referral to specialist health organisations and services as required; and
- follow-up support if you need assistance maintaining your current level of activity.

CASE STUDY 1



Swimming for Life

Mungabareena Aboriginal Corporation, Wodonga

Swimming and water safety lessons for Koori children and their parents provide ongoing benefits.

Two simple facts saw the 'Swimming for Life' project emerge. Firstly, the *Promoting Koori Health Report*, released by VACCHO Koori Community Health Promotion program in 2000 identified that a lack of regular exercise can lead to poor health. Secondly local Kooris had expressed an interest in developing confidence and skills near the water.

The first Swimming For Life project saw 11 Koori Mums and their children complete a four-week swimming program that covered swimming lessons, water safety, and basic CPR skills.

Sessions were held at the local pool each Thursday morning and were enthusiastically attended each week. A key factor in the success of the program was that it was run by the local Aboriginal Co-op for local Aboriginal people. In conjunction with Wodonga City Council, Wodonga Regional Health Service (WRHS) and North East Regional Sports Assembly Inc. (N.E.R.S.A). Transport was provided for those that needed assistance and childcare was provided while mums undertook their swimming and water safety sessions. The children in childcare also experienced the water. Waterplay sessions were held for the younger children whilst swimming lessons met the needs of the older ones.

Participation in the classes provided a great opportunity for the ladies involved to mix with others of similar age and with similar interests and, also allowed them to take a break for a short time and relax. An increase in self esteem was noted, with a group of rather shy women at the beginning of the program, becoming quite confident by its completion. The sessions also gave local Elders the chance to spend some time with the younger ones, to talk to them and help them gain a greater understanding of each other said local Elder Nancee Butler. A broader focus on health and wellbeing was also incorporated into the swimming sessions with each participant receiving a Dilly Bag with the Healthy Cultural Link logo and containing a range of health information, promotional material such as tops, hats and water bottles and information on other programs on offer by the Co-op.

The four weeks of classes have now finished but the women who were involved are still interested in swimming and participating in water activities and being active. The Mungabareena Aboriginal Corporation is looking at using some of the remaining money to purchase some pool entry vouchers to support those wishing to continue swimming.

For more information, please call Melissa Gibson on (02) 60 517 257

CASE STUDY 2



Up and Dancing

Belgium Avenue Neighbourhood House, Richmond

Free dance classes for residents of the North Richmond, Atherton Gardens and Collingwood high rise estates have shown great results in 23 weeks.



DANCING: Collingwood residents take part.

Weekly dance classes are run at three inner Melbourne housing estate sites: North Richmond, Atherton Gardens and Collingwood. Classes at each of the three estates attract up to 30 participants a week. These classes provide an opportunity for people of all ages, cultures and abilities to get together in a fun, safe, and social environment, to participate in physical activity. Believe it or not dancing is a very positive physical activity, although most do it without even realising its extra benefits. Each session starts with a 20 minute meditation and warm up session followed by dance classes. Line, Latin and Barn Dancing have been successfully attempted already. Line Dancing has proved the most popular, with the group able to show off their talents in public at the recent Collingwood Harvest Festival.

The idea for the dance classes came from the local tenants association and have been a huge success. Participants have found they have formed new friendships, and increased their self-esteem and self-confidence while participating in the classes. Sue Kent (Belgium Avenue Neighbourhood House Coordinator) commented that the project has provided opportunities for people to participate in additional social activities and allowed the blending of people from all cultures and with a range of abilities.

Word has got around the estates that these classes are great fun and more people are turning up every week. The project has been promoted using a number of methods, as fliers and posters, but word of mouth has proved the most effective way of getting people involved.

For more information, please contact Sue Kent on (03) 9428 1676.

Everyone's a Winner

Urban Mission Unit was looking for ways to meet the needs of people searching for opportunities to bring activity into their lives. They found it didn't take much more than a collection of people and a few pieces of sporting equipment to get people going again.

Urban Mission Unit (UMU) has, in its own laid back style, made physical activity options available for individuals who visit its Credo Café in Melbourne's Collins Street for lunch. Credo Café serves lunch for some of Melbourne's most marginalised people, providing a supportive environment for individuals to eat and come together. The results of these activities have been positive, not only in the field of play but on the street as well.

Most sections of the community are aware that there are benefits to increased physical activity. But for some it's not lack of motivation that makes participating in regular physical activity difficult, it's access to equipment, space and a group to share the experience with that stifles their participation. That's where UMU's recreation project came into play. When people visiting the Café showed an inclination to participate in an activity, UMU's live-in workers, such as Brent Lee, were able to provide them with some opportunities in which to pursue it. In some cases that meant providing equipment, such as a cricket bat, pads and a ball or camping equipment. In some cases it meant organised trips to tenpin bowling or rockclimbing. In another instance it meant supporting the development of an indoor soccer team.

Lee says an unstructured approach works better with the type of people that hang out at Credo, so the emphasis is on being able to make the most of an opportunity when it presents itself rather than having a set agenda of activities to pursue.

'This is a chance to rekindle old interests or hobbies [for people] who haven't got the money at this point in time to do it,' says Lee. 'Some people may be fairly marginal, but often they're just going through a temporary down and out period. Physical activity can provide a focus and be a source of strength as people work through the period.'

The restorative power of the activities is sometimes compelling. An indoor soccer team calling themselves Urban Sports Club United were runners-up in a recent competition. The team was, according to Lee, a good mix of people who either use the lunch as a means for survival or who help out with lunch. Lee admits he's making a huge presumption but believes that involvement in the soccer team has helped some people formerly struggling with addictions such as heroin becoming more steadfast about staying off the drug.



RUNNERS-UP: The soccer team finds success.

Tenpin bowling, camping, bushwalking and a simple hit of cricket have all proved popular options. 'One of the things we loved doing during summer was just going up the nets to play cricket,' said Lee. 'After lunch we'd just ask if anyone wanted to come down for a session at the nets. It became a great step for relationship building. Involvement in physical activity can break down the barriers between social inclusion and social exclusion. Things like having a hit of cricket can be a great means for breaking that down.'

Initiative shown by individuals who wanted to participate in physical activity has been rewarded through the UMU recreation project which received a VicHealth Active Recreation Grant. Now UMU is able to invest in camping and sporting equipment to assist more people as they demonstrate an interest in becoming involved. This project has built relationships and re-energised lives. 'I think it's been fantastic,' said Lee.

If you want to find out more contact the Urban Mission Unit at Collins St Baptist Church on phone (03) 9650 1160, or fax (03) 9650 7936.

Sydney Olympics Boost

It is a challenge to manage Little Athletics program as numbers grow.



PARTICIPANTS: Smiling faces tell the story.

Little Athletics has the mission to ‘through the enjoyment of athletics, develop positive attitudes and a healthy lifestyle for our children, families and community’. The Victorian Little Athletics Association (VLAA) hopes that children will grow up with an appreciation for keeping fit and healthy, a love for sport and a sense of community spirit. Little Athletics, through its mission, has been very successful in providing children with skills that they can use in all other sports.

The 2000 Sydney Olympics presented the VLAA with a great opportunity to increase participation and, therefore, the level of physical activity in the community. In previous Olympic and Commonwealth Games years, membership of VLAA had grown slightly. The Sydney Olympics, however, created more of a bonanza than expected—in fact, there was a rush of registrations in Victoria. Some centres increased from just 150 participants to over 400. Overall, there was a 20 percent increase in a six-month period. There are now 27 000 participants in Little Athletics in Victoria taking part at over 107 venues.

The interest created by the Olympics being in Australia was reinforced through good performances by Australian track and field athletes and, more importantly, their attitude in media interviews. Athletes reinforced the personal bests, the fun, the friendships and the opportunities that the sport had created for them. This reflects the values of the VLAA and was promoted after the Olympics finished.

The Association also put in place a number of other strategies to ensure the promotion of track and field created by the Olympics would result in increased registrations. A marketing campaign directed towards parents highlighted the positives of the sport including family activity, friends, fitness and the start of a healthy lifestyle for their children. The Association also ran a radio campaign through Gold FM and TT FM immediately after the Olympics. These stations, in tandem, provided exposure of the VLAA to both parents and children.

The Association used past Little Athletics stars such as Steve Moneghetti, Melinda Gainsford-Taylor and Jai Taurima to encourage children to join. Radio promotion was combined with visits to 150 schools throughout Victoria, distribution of posters and pamphlets to parents, and media releases regarding the success of past Little Athletes in the Olympics.

The growth in numbers was encouraging for both Little Athletics and the community but presented centres with an immediate challenge: the growth in participation needed to be managed to ensure that each new participant had a quality experience.

Centres that doubled their membership post-Olympics had to modify their programs to cope with the influx of children. Some centres were forced to change the way they presented events and in some cases cut down the number of events that the children took part in on the weekend. This was only a short-term measure, however. With support in the form of event programs from bigger centres which had been coping with between 500 and 900 children for a number of years, those centres with dramatically increased numbers were able to change their programs and encourage more parents to help in order to cope with the extra children. Planning for an increase in numbers is vital in any promotion designed to increase participation.

The immediate focus of the VLAA is to increase retention levels and to build membership by promoting the fact that Little Athletics aims, through athletics, to develop positive attitudes and a healthy lifestyle for our children, families and community.

To find out more about the activities of the Victorian Little Athletics Association or to contact a Little Athletics centre near you, contact the Victorian Little Athletics Association on (03) 9419 4933.

Quick Runners, Short Explanation

Paralympians Don Elgin and Tim Matthews live physically active lives and the benefits are obvious.

Don Elgin starts our interview by saying he was born with 'half his left leg missing'. His fellow paralympian, Tim Matthews, is similarly straightforward with his first sentence: 'I was born in Orbost [country Victoria] with one arm'. Yet physical activity is an integral component of both their lives.

Both have, with these opening words, modestly failed to describe themselves as the world-class athletes they are. Elgin has represented Australia in athletics since 1994 at world championships and two paralympics. Matthews was ranked number one in the world over 100 metres going into the Sydney Paralympics before winning bronze medals in both the 100 and 200 metres. Both have won gold medals in the relay—Elgin at the 1994 World Championships, Matthews in the 1996 Atlanta Paralympics. Amazingly, Matthews only discovered how quick he was in 1995 when he played in an amputees' tennis tournament, made the final, and his opponent, a former paralympian, told him he looked pretty quick across the court and should take up running. A mere 15 months later he was representing Australia in Atlanta.

But it's not just natural talent that drives them. It is a recognition of the value sport has always provided to their lives. Participating in sport is vital to both their physical and mental wellbeing. Both admit to being fanatical sports lovers from an early age. Elgin's parents managed the swimming pool in Tocumwal and he was rarely out of the water, while Matthews, as a youngster, kept loosening the back brace that he was supposed to wear for 23 hours a day in order to play tennis and golf. It resulted in Matthews having a spinal fusion at the age of 16 and being out of sport for two years. 'I lived on sport and then not being able to play it was pretty hard,' he said.

The fascination with participating has stayed with them into adulthood. Elgin knows that being active and involved is good for him: 'It's just easier to get out of bed when you're fit. Sometimes, at the end of a training session, I struggle physically to stand up but mentally I feel so up. Playing sport, in terms of the physical and mental benefits, certainly outweighs anything else I've ever done.' This is a message taken to young people as part of the Victorian Institute of Sport's Activation Program, which used athletes as role models. Elgin understands that young people need to target their energy towards a positive outlet. 'All you really have to do is have a crack and try as many things as you want,' he says. 'Most issues that people confront are short-term things. They can be overcome. Being physically active can actually help you to overcome these.'

Matthews says he finds it hard to put into words how important sport is to him. 'I just love sport and have always loved sport,' he says. He's still chasing the elusive 100 metres world record that was set in 1992. This record stands at 10.72 seconds; Matthews' best time is 10.86. Matthews has a simple motto when it comes to attacking a challenge: 'Everyone faces different challenges. How you respond to them will set you apart from the person next to you.'

Don't be fooled, though. Sport is not the only thing these two engage in. Elgin loves tearing around on his motorbike, but he found out quickly after the Sydney Paralympics the dangers of relying on a vehicle for getting around. 'Two months after the Sydney Paralympics I just sat around and put on four kilograms. My biggest problem then was that I couldn't put on my artificial leg. My leg was too big,' he laughs.



RUNNING: Don Elgin (left) and Tim Matthews (right) move quickly. Photo courtesy of The Herald & Weekly Times Photographic Collection.

All Sports, All Involved

A school sports project in the Dandenong and Springvale areas is introducing youngsters to the benefits of staying fit and active and giving them a positive focus in life.



OPTIONS: People can play the sports in which they show talent.

Young people from culturally and linguistically diverse backgrounds in Dandenong and Springvale are being introduced to the benefits of sport and fitness.

The youngsters, aged 10 to 18, are being linked to an innovative school sports project which is giving them fresh hope in life while also keeping them physically active. The initiative, called 'Linking Young People into a Positive Future', joins youngsters with local sporting clubs and associations. It has almost 30 primary and secondary schools involved.

Run by Southern Health's Greater Dandenong Community Health Service in collaboration with the South Eastern Region Migrant Resource Centre, the project has youngsters playing sports such as table tennis, basketball, hockey, badminton, football, cricket, dancing, martial arts and soccer. Over 20 sports clubs and associations have become actively involved in supporting the initiative.

Glenn Taylor, coordinator of the youth health team, has seen the positive results of the project first-hand. 'The kids participating in the project really are improving their fitness and enjoying life a whole lot more,' he says. 'The sports they are involved in are physically demanding and many of them are moving from being socially adequate players to elite players.'

'When you are fit and strong it helps with confidence and these kids are approaching life in a whole new manner.'

Taylor says the aim of the project is much more than just encouraging students to play sport. 'The fundamental principle of the project is to engage young people in positive activities after school in order to reduce the potential risk of them becoming involved in drug-related and criminal street activity.'

'We want to show them that there is more to life and being involved in sport and physical activity is one way of making them realise that.'

'The model also addresses issues of access and equity by targeting disadvantaged young people from culturally and linguistically diverse backgrounds and those at risk of leaving school early.'

The initiative has been so successful it has won a Certificate of Merit in the Victorian Community Safety and Crime Prevention awards. It is also winning accolades from the community, which has embraced the idea. 'It really has become very popular with everyone,' Taylor said.

'The youngsters are enjoying throwing their energies into sport and the parents are loving being involved from the sidelines. The project is showing that if students are linked with positive adult role models in the clubs it will increase the support networks around the young person.'

Youngsters playing badminton in one school have even moved from being social players to competitive athletes, such has been their ability in the game. The culturally and linguistically diverse year eight students are now being trained for badminton tournaments at a state level.

Sarah Edwards, a sports project worker with the Linking Young People Into a Positive Future project, is enthusiastic about their prospects. 'They won the school's tournament last year and their talents were quickly recognised. We are now helping to raise money for them so they can go to tournaments. The kids are really working hard and they are much better off for it.'

Linking Young People into a Positive Future

Program Features

- Flexible time involvement (from two to eight hours), depending on family expectations
- Social interaction, competition and elite training
- Safe environment
- A sense of belonging
- Everyone is equal
- Positive peer role models and positive adult role models
- Variety of added support networks

Program Results

Students:

- have continued to play after they have left the school environment;
- have encouraged other members of the family to play;
- have developed extended friendships outside of the school;
- have found an environment where they are valued, which they belong to, and in which they are happy; and
- will continue as adults to value sport and will encourage their children to play.

Meeting Rural Challenges

New ideas are on the sporting horizon as community's jump obstacles

Written by Sharon Ruyg, Regional Sports Assemblies.

Many Victorians face a complex set of issues that are challenging their capacity to lead active lifestyles. For rural Victorians these issues are compounded by the myriad of challenges to the structures of their communities that came about as a result of the decline in services and support from centralised governments and the private sector during the latter stages of the last century. The need for rural communities to unite is perhaps as strong now as it has ever been in history, and, though driven largely by economic necessity, this united approach is having a significant impact across all sectors including health and sport and recreation.

The latest evidence from the health sector that physical activity could be today's best buy in public health is providing Victoria's rural communities with good reason to get involved in the promotion of physical activity. The health of rural Victorians is poorer in a number of areas potentially influenced by physical activity¹. In fact, the proportion of Victorians who are sedentary increases with increasing rurality². This is, as it should be, a great concern to community leaders and workers in rural areas.

Sport and recreation has been woven into the social fabric of rural Australia for many decades, but in recent times has been under threat in rural communities³. With demographic, social and economic variables regarded as strong indicators influencing sports participation in Australia,⁴ it is not surprising to see sport in rural communities struggling with participant numbers and volunteers. Increasing State and Federal Government support and interest in sport and physical activity at the participation level should allow communities to address the issues in rural Victoria.

In Victoria we are fortunate to have in place a unique sporting structure where unlike other states, we have an established network of community deliverers of sport and physical activity opportunities in **RSAs**. As part of the development of cross sectoral partnerships, RSAs are stepping forward as key players at the local level to promote physical activity. They are working with communities, local, State and Federal Governments to promote physical activity as part of Victoria's response to the Active Australia framework.

RSAs work in, with and for communities at the grass roots participation level of sport and recreation in this state. For example, RSAs are community partners in the Australian Drug Foundation's Goodsports program which works on improving club environments and approaches to harm minimisation.

RSAs are responding to issues in a variety of settings and are committed to working with the various service providers and population groups to come up with options that best meet their physical activity needs. In the Central Highlands Region, the RSA worked with the Ballarat Healthy Community Program to develop and trial 'Active Choices', a checklist for parents to assist them with what to look for when choosing a sport and recreation group for their children.

Through the creation of partnerships between the organisations and sectors already contributing to the provision of physical activity opportunities, and opening up collaboration with sectors not yet involved, there is scope for the provision of greater, more varied and more cost-effective opportunities for physical activity.

For more information on Regional Sports Assemblies, contact: Fiona McCarroll, Chairperson, Sports Assemblies Victoria 9349 5781 or 0407 824 871.

References:

^{1,2}Smith JR, Owen N, Leslie E and Bauman A (1999) *Active for Life: Physical Activity Patterns and Health Impacts in Victoria*. Melbourne, Victoria: Victorian Department of Human Services.

³Driscoll K and Wood L (1999) *Sporting Capital. Changes and challenges for rural communities in Victoria*. Melbourne: Centre for Applied Social Research RMIT.

⁴Australian Sports Commission (2000) *Active Australia The Numbers Game. A description of organised sport and physical activity participants in Australia*. Canberra: Australian Sports Commission.

Barriers

RSAs recently identified the following barriers facing rural communities in relation to participation in physical activity.

- Geographic isolation and distance
- Changing community demographics
- Technology as a source of entertainment and communication
- Costs—including the disposable income levels and registration fees
- Traditional club structures
- Value attributed to participation
- Lifestyle variances, changing work patterns and declining parental involvement
- Lack of volunteers and an increasing inability to attract leaders, coaches and administrators to structured physical activity
- Social pressures including unemployment and the impact of reduced services in rural and remote areas.
- Finding time to be active and the level of commitment required
- Personal and family obligations
- Availability, knowledge of what's available and how to become involved
- Community attitudes

All they do is Walk, Walk

There are many untapped opportunities to promote walking.

Australia: Walking the 21st Century 20–22nd February 2001, Perth WA

Those who attended the Conference in Perth from 20–22 February were left in no doubt that walking was a mode of travel to be encouraged in the 21st century. Developed to enable representatives from a range of sectors interested in walking initiatives to listen to experts discuss the topic; the World Walking Conference was a great success.

Walking is one of the most sustainable forms of physical activity. It is also an activity that can be undertaken by previously sedentary individuals, and people all socio-economic groups and most age groups. As such it remains at the heart of any attempts to increase the levels of physical activity by health promoters or governments.

Walking, as the conference heard, is not a "pedestrian activity". The range of papers, suggestions, planning initiatives, pilot programs and ideas raised at the World Walking Conference reinforced this idea. It's impossible to run (or walk) through the detailed ideas presented at the conference in full, however here's a quick snapshot of the range of initiatives from three different parts of the world.

Western Australia

In several Western Australian communities the idea of a monthly community walk has been developed. These walks attract between 30–70 participants each time. In Bunbury, which had tried the monthly community walk, the 'Walk It Bunbury,' program was established. This was a "three year program (aimed) at increasing the number of adults over 25 years in the City of Bunbury to walking for at least 30 minutes a day at moderate intensity.

United Kingdom

In Sonning, a program called Common Health Walks used the local environment as an incentive for people to walk more. It was based on the notion of increasing leisure walks as walking to work declines. Walks through the countryside were developed, each one graded between easy and difficult, and the best times of the day to complete the walks was also promoted. The timetable and range of walks available altered at regular intervals.

United States

In Rhode Island, the 'Path to Health' Program was developed as a pilot program to encourage walking. In this program existing footpaths were made more attractive, with the signs mapping out attractive routes that traverse historic sites, scenic parks, business districts and residential areas. It was effective when signs were promoted externally so they didn't blend in with the landscape and work was done to bring about cognitive and behavioural change.

Spenser Havlick's paper "A Pedestrian: The Forgotten Factor in Regional Transportation Planning" presented a list of 46 suggestions the community could adopt to encourage walking. We have listed ten practical examples from the list.

It's just a snapshot but the range of initiatives grows. Plenty of challenges remain, but promoting walking is still at the forefront of health promotion activities designed to lift levels of physical activity - and there's no shortage of ideas. The next Walking Conference is to be held in San Sebastian Spain in May 2002.

Further information about the World Walking Conference and the papers presented can be obtained from www.transport.wa.gov.au/conferences/walking.

Spenser Havlick's suggestions to promote walking.

1. Pedestrian Maps to show safe, direct routes to key destinations
2. Guaranteed ride home in unusual circumstances
3. Increasing parking fees
4. Effective passenger rail with pedestrian directions in several languages
5. Traffic humps, bumps, impediments to slow speeders
6. Pedestrian crossing lights with digital display of seconds remaining to cross
7. Bike and walk to work week and month
8. Dial-a-ride
9. One 'car free' day per week
10. Awards to local businesses or schools that have the highest per capita percentage of bike to work/walk to work employees or students.

VicHealth Moves

On 30 April 2001, VicHealth moved from its original home at 333 Drummond Street Carlton, where the organisation began in 1987, to take up residence at 15–31 Pelham Street Carlton.

The new contact details for VicHealth are:

Address: 15–31 Pelham St, Carlton 3053

Postal address: PO Box 154, Carlton South, Vic. 3053, Australia.

Phone: +61 3 9667 1333

Fax +61 3 9667 1375

Email: vichealth@vichealth.vic.gov.au

Website: <http://www.vichealth.vic.gov.au>

Launch of VicHealth's Mental Health Campaign

On Tuesday 12 June, VicHealth's 'Together We Do Better' Campaign was launched by the Governor of Victoria John Landy, AC, MBE, at the Melbourne Museum.

The campaign is a key part of VicHealth's Promoting Mental Health Strategy and will feature radio, cinema, magazine and print media advertising throughout metropolitan and regional Victoria.



LAUNCH: Dr Rob Moodie is joined by the Victorian Governor John Landy at VicHealth's Together We Do Better Campaign launch.

Join VicHealth's Promoting Mental Health Network

The Promoting Mental Health Network is for anyone and everyone who works or has an interest in the area of mental health promotion. Information is one of the essential tools for any advocacy initiative. With this in mind, VicHealth's Promoting Mental Health Network provides a forum to exchange information and ideas.

As part of this email-based network, you will receive regular correspondence relating to mental health promotion, including:

- updates on the progress of VicHealth's 'Together We Do Better' campaign;
- news bulletins providing summaries of mental health promotion related articles;
- briefings on relevant research findings;
- sample media releases and ideas for action; and
- issues open for discussion.

You will also have the opportunity to share information and ideas you have with other members of the network.

For more information or to join VicHealth's Promoting Mental Health Network, visit www.vichealth.vic.gov.au

Mental Health Symposium

**VicHealth Mental Health Promotion Symposium,
September 20 - 21, 2001**

**Darebin Arts and Entertainment Centre
Cnr Bell St and St Georges Rd, Preston**

This two day symposium will explore current debates and innovation in mental health promotion on both a global and a local level. Special attention will be paid to connections, communities and mental health and to the definition, measurement and communication of "wellbeing".

The program will focus on specific population groups, settings for action, intersectoral approaches, policy and advocacy, the determinants of mental health and the development of an evidence base for mental health promotion.

Speakers will include Eero Lahtinen, Principal Medical Officer of Finland's Ministry of Social Affairs and Health and Executive of the European Commission Network on Mental Health Policy, Robyn Archer, Artistic Director of the Melbourne Festival and Richard Ekersley, National Centre for Epidemiology and Population Health, The Australian National University.

A registration brochure will be available mid July, 2001.

Please contact VicHealth on (03) 9667 1333 for further details and/or to be included on the mailing list.

VicHealth Research Methods Seminars

Two VicHealth Research Methods Seminars were conducted in May and June respectively.

On 22 May, Adjunct Professor Yoland Wadsworth and Ms Sarah Brown discussed Participatory Action Research.

On 19 June, Dr Anne Kavanagh and Dr Theo Vos presented papers on the subject of social epidemiology.

Thai Health visit VicHealth

Thai Health were special guests of VicHealth from 31 May 2001 to 1 June 2001 as part of a fact finding visit to Australia.

The Thai Health delegation, Deputy General Manager Dr. Krissada Raungarereerat; Thai Health's Health Program Director Associate Professor Lakhana Thermsirikulchai; Contract and Monitoring Director, Mrs Ngamjit Chatrasatit; and Planning Specialist, Benjamaporn Jhantarapat spent three days at VicHealth learning about planning and management at VicHealth.

Dr Hans Saan visits VicHealth

VicHealth was fortunate to have Dr Hans Saan, a leading light in Health Promotion in the Netherlands, visiting Australia as the VicHealth Visiting Fellow in June. Dr Saan discussed Health Promotion in the Netherlands at a Health Promotion Seminar organised by VicHealth on June 12.

Dr Saan is a senior consultant at the Netherlands Institute for Health Promotion and Disease Prevention (NIGZ) specialising in policy, strategy, leadership and professional development.

VECCI/VicHealth Organisational Health Calendar of Events Seminars

VicHealth has a partnership with the Victorian Employers' Chamber of Commerce and Industry (VECCI) which combines the strengths of both organisations to enrich the health prospects of Victorians. The partnership aims to enhance the provision of organisational health information to business and industry, and provides an opportunity to expand organisational health initiatives. Seminars taking place this year include:

July 18	Parenting
August 15	Business and Community Partnerships
September 19	Back Care
October 17	Shift work and Fatigue
November 21	Change Management

For more information, contact Michelle Finnigan on (03) 8662 5228, fax (03) 8662 5461 or email MFinniga@vecci.org.au.

Changing Cultures Project

A new community project targeting both newly-arrived and refugee young people was launched in 2001.

The Northern Melbourne Institute of TAFE (NMIT) Youth Unit received a \$360 000 grant from VicHealth as the lead agency in the joint project called 'Changing Cultures.'

The project includes partners Victoria University (TAFE Division), Chisholm Institute of TAFE, Centre for Adolescent Health, Migrant Resource Centre North East, Brunswick Secondary College, Brunswick English Language Centre and the Mercy Hospital.

Changing Cultures aims to enhance mental health for refugee young people through education and training by addressing issues on three fronts:

- Developing appropriate and effective education programs;
- Community Development
- Research and Evaluation

At NMIT, the Changing Cultures project focuses on newly-arrived and refugee young people who study in the Youth Unit's Young Adult Migrant English Course (YAMEC).

For more information, contact Anne Giddens, the NMIT Youth Unit Development Officer on 9269 8320.

Boys' Health Train The Trainer Workshops

Darebin Community Health Service will be conducting a series of Boys' Health Train the Trainer workshops in July and August this year. Men who work with young boys and their families are encouraged to attend. The workshops run for three hours and aim to provide the skills needed by workers conducting health sessions with boys and their fathers and/or carers.

All participants will receive a resource manual which provides all the materials for facilitating boys' health workshops. This manual was developed in partnership with VicHealth. The workshop costs \$50 (including GST).

To find out more about these workshops, contact Lauren Cordwell at Darebin Community Health Service on 9478 5711, ext 206, or email lcordwell@darebinch.com.au.



Arts for Health Events Calendar Launched

The Arts For Health Events Calendar 2001, which was launched on 15 May, is an initiative of the Major Partnership Scheme of the VicHealth Arts for Health Program. The calendar details a range of free and low cost arts events taking place between 1 June and 31 December 2001 as part of the Major Partnership Scheme. Set out by month, it details the events, the venue and the ticket price.

The 10 organisations involved in this partnership with VicHealth and the Heart Foundation are the Footscray Community Arts Centre, Geelong Performing Arts Centre, Hothouse Theatre, Immigration Museum, Koorie Heritage Trust, Melbourne Festival, Mildura Wentworth Arts Festival, Playbox Theatre, Regional Arts Victoria and Victorian Arts Centre.

Through these two-year partnerships, VicHealth, together with the Heart Foundation, promotes the SmokeFree message, creates healthy environments and facilitates increased access to arts activities.

Promoting the SmokeFree message is extremely important as cigarette smoking is the largest single preventable cause of death in Australia, killing over 18 000 people a year. Healthy environments encourage people to make healthy lifestyle choices that are significant in reducing their risk of heart disease and stroke.

Increasing participation and involvement in arts activities can also break down social isolation, increase feelings of connection and belonging, and contribute to mental and physical health. Arts activities provide an opportunity for individuals and communities to explore, celebrate and reflect their identity, challenges and aspirations.

The Arts for Health Events Calendar is included in this edition of the VicHealth Letter. Further information is available on the VicHealth website at www.vichealth.vic.gov.au.

2001 VicHealth Awards

The VicHealth Awards recognise and thank our partners who provide valuable support to health promotion in this State. Nominations for the 2001 Annual VicHealth Awards are now open.

For information, contact Sharon Osman, Events Coordinator, on (03) 9667 1317 or email sosman@vichealth.vic.gov.au. Details are also available on the VicHealth website at www.vichealth.vic.gov.au.

A New Building. A Startling History.

VicHealth now resides in the historic St Nicholas Place. It is a building with a startling history.

The St Nicholas site was originally occupied by the Royal Children's Hospital which for many years provided what was for the time excellent medical care to thousands of children. When in 1964 the Royal Children's Hospital moved to its present site, the buildings were occupied by St Nicholas' Hospital, a residential centre for children with severe disabilities.

St Nicholas' was established at a time when institutions saw their role as sheltering society from the sight of people with disability, and for many years its inhabitants were entirely cut off from the world. Inside the hospital, care services were underfunded, overcrowded and understaffed. Staff were uneducated and unsupervised. Food was short, feeding time shorter. The patients could not complain. The death rate among residents was high, and for the first decade no activities at all were provided for the residents, who were simply laid on the floor in rows.

Since that time, our expectations of what constitutes appropriate care for people with disability have changed considerably. St Nicholas' was closed 16 years ago after Anne McDonald, a resident, took a *habeas corpus* action in the Victorian Supreme Court. The high glass-topped walls that used to surround St Nicholas' have been demolished, as have most of the buildings. The only surviving pieces are the Pelham Street façade that used to be the administration block and the wards on the corner of Pelham and Drummond Street, now apartments.

The old institutions are now being closed, one by one. St Nicholas' was the first, then Ararat and Caloola, and now, finally, 24 years after Anne McDonald's fight, Kew Cottages. For the first time Victorians with disabilities have a real chance to live in the community.

Obviously, some progress has been made but much remains to be done. There is a risk that, as has happened with other aspects of the Australian past, the experiences of the people who suffered these wrongs will be first forgotten and later denied. If we forget the past horrors too readily we can become too satisfied with ourselves and with our society. In our lifetimes children almost starved to death in the middle of Melbourne and nobody protested. We must ask—as with the stolen generation, as with White Australia—how society could have tolerated these abuses. We must also ask whether society now retains any of the flaws that made these horrors possible and what remedies we owe to the people who suffered them.

We need to start by paying attention to our history. VicHealth must acknowledge that it is now occupying a site where what would now be regarded as atrocities took place on a daily basis for 20 years. Our presence on this site places upon us an additional responsibility to ask ourselves what we are contributing to the situation of people with disabilities now.

2001 Active for Life grant scheme

The objectives of the VicHealth 2001 Active for Life Grants Scheme are to support projects that:

- increase participation in physical activity by people who are currently inactive
- increase opportunities for people to participate in physical activities that enhance their connection to others
- specifically recruit participants from the target groups specified in these guidelines

Applications are now open for grants up to \$5 000 and VicHealth estimates approximately 100 projects will be funded Statewide.

Applications close on Friday 10th August 2001 and successful applicants will be notified by mail by Wednesday October 24, 2001.

Only projects reaching people on low incomes will be eligible for funding and preference will be given to projects targeting **Older People**.

For more information look up the VicHealth Website on: <http://www.vichealth.vic.gov.au/funding/sports/active.htm>

VicHealth Research Fellowships and Scholars

VicHealth is inviting applications for Senior Research Fellowships, Public Health Fellowships and Public Health PhD Research Scholarships to commence in 2002.

Senior Research Fellowships

There are up to two five-year Senior Research Fellowships available. The Fellowship award is set at a maximum of \$165 000 per annum including salary (in the range of Academic Level C/Level D) and on-costs for the Fellow, travel expenses and research project costs.

Public Health Research Fellowships

There are up to two five-year Public Health Research Fellowships available. The Fellowship award is set at a maximum of \$100 000 per annum including salary (in the range of Academic Level B/Level C) and on-costs for the Fellow, and some research project costs.

Public Health PhD Research Scholarships

There are up to two three-year doctoral Scholarships available. The Scholarship award is set at the NHMRC Standard Stipend rate of \$17,267 per annum, plus allowances.

VicHealth Priority Areas

VicHealth has identified priority areas for these awards, which are detailed in the information sheets available from our website.

Eligibility

Applicants must be Australian citizens (or with permanent Australian resident status) and have a Sponsor (Fellows) or Supervisor (Scholars) in a Victorian institution which can provide accommodation and facilities appropriate for the Fellows'/Scholars' research. Further information regarding eligibility requirements are detailed in the information sheets available from our website.

Application Form And Instructions

The application forms and instruction sheets for these Schemes can be downloaded from our website at <http://www.vichealth.vic.gov.au>

CLOSING DATE: Friday 31 August 2001 for formal applications submitted by the appropriate administrative officer of the Victorian institution concerned.

For more information please contact: Ms Jacqui Randall, Research Coordinator, Research Program, VicHealth, PO Box 154, Carlton South, Victoria, 3053, Phone: 61 3 9667 1339, Fax: 61 3 9667 1375 or email: jrandall@vichealth.vic.gov.au.