

ANNUAL REPORT 2001-2002



VISION

VicHealth's vision is of a community where:

- health is valued as a primary resource for living;
- responsibility for creating conditions which support good health is shared across different sectors; and
- improved health outcomes are shared equally across the community.

MISSION

VicHealth's mission is to build the capabilities of organisations, communities and individuals in ways that:

- change social, economic and physical environments so they improve health for all Victorians; and
- strengthen the understanding and the skills of individuals in ways that support their efforts to achieve and maintain health.

The Victorian Health Promotion Foundation is an organisation committed to promoting the health of all Victorians.

2001-2002 ANNUAL REPORT

VicHealth's strategic directions list five anticipated outcomes by 2002:

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

The 2001-2002 Annual Report highlights activities that represent VicHealth's efforts during the year towards achieving these aims.

Cover Image: Young people are a key target group for VicHealth

CHAIR'S REPORT	VICHEALTH BOARD OF GOVERNANCE	CEO'S REPORT	INVESTMENTS AT A GLANCE 2001-2002
02	04	06	08
15 YEARS OF VICHEALTH 1987-2002	CASE STUDIES	2001 VICHEALTH AWARDS	PRESENTATIONS AND ARTICLES
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PROJECT SUMMARIES VICHEALTH INVESTMENTS 2001-2002	VICHEALTH REPORT OF OPERATIONS 2001-2002	VICHEALTH FINANCIAL STATEMENTS 2001-2002	ORGANISATIONAL CHART
34	57	61	78

CHAIR'S REPORT

We are in the final year of the current strategic plan, and the summer agenda for board and staff is to reflect on its successes and weaknesses, and to craft the next strategic plan on the back of this analysis.



MESSAGE TO THE MINISTER

In accordance with the *Tobacco Act 1987*, I have pleasure in submitting to you the Victorian Health Promotion Foundation's Annual Report for the 12 months of operation to 30 June 2002.

The report reviews the progress made by the Foundation in the promotion of health for all Victorians.

A financial statement for 2001–2002 is included in the report with the Auditor-General's Report.

Professor John Funder Chair

The year just ended has been one of consolidation on a number of fronts, and of advances on others. In terms of consolidation, the Victorian Health Promotion Foundation's move in early 2001 into the new, larger premises in Pelham Street has borne fruit in a number of ways. For the staff, working conditions are much better – airy, open, inviting rather than cramped and time-worn. For our shareholders and those we serve, the move has been an enormous boon, in allowing groups to use the meeting rooms, boardroom and seminar space on site.

We are now in the final year of the current strategic plan, and the summer agenda for board and staff is to reflect on its successes and weaknesses, and to craft the next strategic plan on the back of this analysis. To this end, the Board over the past year has spent time auditing its own internal workings, as well as surveying the operations of VicHealth as a whole. Last year we made the change from standing (often like silos) subcommittees to time-limited, task-specific panels. This year we have reviewed the panels, reconstituted most but not all, using a mix of continuing and new members, with at least one interstate member on each panel. The continuing subcommittees – Finance and Human Resources, and Audit – have moved smoothly into new areas of responsibility, and have addressed various areas of governance at the request of – and the subsequent strong endorsement by – the Board.

Among these new responsibilities has been a thorough, ongoing analysis of intellectual property issues which involve the work of the Foundation. We have completed a detailed assessment of the range of risks which we could encounter at both the governance and the operational levels. This year has also seen an exhaustive 1:1 (Chair:Board member) enquiry into views of the organisation across a wide range of areas, from direction to strategy to people to process and succession planning. All current Board members (with the exception of the political representatives) have terms expiring in early 2003. On this basis, Board members and staff have spent a considerable amount of time and effort on succession planning. This has included opening up the field by advertisement and attempting to achieve a balance between continuing and new Board appointments.

Other significant issues for the VicHealth Board over the past year have been the appointment of Jane Fenton as Deputy Chair and the appointment to the Board of Belinda Jakiel, whose background is in sport, in regional Victoria and in the Koori community in lieu of Maxine Crouch, who died very prematurely of breast cancer; and Susan Holmes, also a major contributor to the Board and the Foundation, who recently died from the same disease. Both Maxine and Susan were inspirational women, never more so than in their last months of life. Their courage and dignity touched everyone within the VicHealth family, and we are all very much the lesser for their passing.

On a less sombre note, one of the most recent initiatives has been to, every six months, hold a Board meeting in regional Victoria – Bendigo, Wodonga, Warrnambool – adding an extra day for meeting and listening to the local people involved in health, health promotion and community building. This initiative is designed to complement and reinforce the excellent relationships between grantees in rural and regional Victoria and VicHealth staff. It emphasises that the Foundation is VicHealth, not Melbourne health, and it appears to be widely appreciated.

In terms of the future, we have been fortunate in having reappointed Rob Moodie for a second four year term, to continue the outstanding contribution he makes as CEO. His role is necessarily not confined to Victoria, but spills over onto both the National and International stage. Melbourne has won the right to host the 2004 World Health Promotion Conference which Rob will co-chair with Marilyn Wise, and the Secretariat is to be located at VicHealth. The Foundation is internationally recognised as at the cutting edge of health promotion; the wider the ripple effect, the more Victoria's contribution to a healthier world will be.

This report has focussed on Board operations to a large part; what the muscle and bone and sinews of VicHealth do is covered in the remainder of the Annual Report. In three major areas of activity – sport, tobacco, and mental health – the Foundation has been a major contributor. Smoking rates have fallen, for the first time, to less than 20% in Victoria: VicHealth provides the majority of the funds for the Quit campaign, and the two institutions and the Cancer Council Victoria (CCV) work very closely together. In sport the emphasis is very much on participation, team building, and inclusiveness. With membership of churches, trade unions and voluntary organisations at historic low levels, sporting groups have an enormously important role to play in promoting connectedness. In many ways, our emphasis on sport is equally on promoting mental health and wellbeing as on physical health.

In closing, a note of thanks to all on board – to Rob Moodie, tireless, surefooted, a great leader; to the staff of VicHealth, professional, dedicated, hard working to a fault; to the Board, engaged, contributory, collegial; and finally thank you to all those in metropolitan, rural and regional Victoria who put in, and make the range of VicHealth programs in sports, the arts and the community the success that they are.

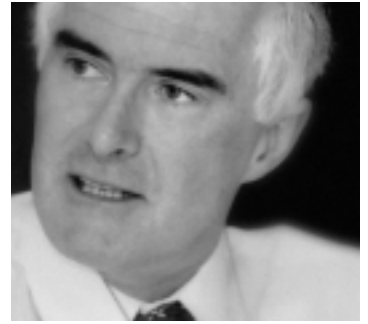


Professor John Funder

Chair

VICHEALTH BOARD OF GOVERNANCE

TOP ROW LEFT TO RIGHT: PROFESSOR JOHN FUNDER, THE HON. GERALD ASHMAN MLC, THE HON. RON BEST MLC, PROFESSOR ROBERT BURTON, MS ELAINE CANTY, MS JANE FENTON



CHAIRMAN

PROFESSOR JOHN FUNDER

John Funder was Director of the Baker Institute (1990–2001), working in the areas of endocrinology and cardiovascular disease. He is currently involved in research in Melbourne, Sydney and overseas, and in addition serves as a consultant to major pharmaceutical companies and philanthropic foundations.

THE HON. GERALD ASHMAN MLC

Gerald Ashman is the Liberal Member for Koonung Province in the Victorian Parliament. He has extensive management experience with industry associations and the private sector.

THE HON. RON BEST MLC

Ron Best, MLC for North Western Province, is a National Party Member of State Parliament and Secretary of the Parliamentary Party.

PROFESSOR ROBERT BURTON

Robert Burton was, until August, 2002, the Director of the Cancer Council of Victoria. He is taking up a position as Strategic leader, Union Internationale Contre Le Cancer. He is also a member of the National Cancer Control Initiative Management Committee, the Medical and Scientific Committee of the Clinical Oncological Society of Australia/Cancer Control Australia, the National Breast Cancer Centre, and the Cancer Strategies Group and the National Health Priority Action Council of the Commonwealth Department of Health and Aged Care.

MS ELAINE CANTY

Elaine Canty is a lawyer, broadcaster and journalist. She is Foundation Director of the Victorian Institute of Sport and a member of the Australian Football League Tribunal.

DEPUTY CHAIR

MS JANE FENTON

Jane Fenton is the principal of Fenton Communications, a strategic communications and reputation management consultancy with offices in Melbourne and Sydney. Jane is a Director of the Murdoch Childrens Research Institute.

MR LINDSAY GAZE

Lindsay Gaze is coach of the Melbourne Tigers in Australia's National Basketball League, a member of the Sport Australia Hall of Fame and one of Australia's most prominent and experienced coaches. He represented Australia in basketball as a player in three Olympic Games and as a coach in four.

BOTTOM ROW LEFT TO RIGHT: MR LINDSAY GAZE, PROFESSOR HELEN HERRMAN, MR TIM JACOBS, MS BELINDA JAKIEL, MS JENNIFER LINDELL MLA, PROFESSOR GRAEME RYAN, MS SUSAN HOLMES



PROFESSOR HELEN HERRMAN

Helen Herrman is a public health physician and psychiatrist who is Professor and Director of Psychiatry at St Vincent's Hospital and Community Psychiatric Service and the University of Melbourne.

MR TIM JACOBS

Tim Jacobs is the Chief Executive of the Victorian Arts Centre. He has an extensive background in the arts and in related policy and management areas.

MS BELINDA JAKIEL (FROM 11 DECEMBER 2001)

Belinda Jakiel is a Wotjobaluk woman born and raised in Ballarat. She currently works as program manager at Athlete Development Australia, is a qualified teacher, and an elite athlete.

MS JENNY LINDELL MLA

Jennifer Lindell is the ALP Member for Carrum (MLA). She is a qualified medical radiographer and former president of the Chelsea Community Health Centre.

PROFESSOR GRAEME RYAN

Graeme Ryan is the Director of Research Strategy, Alfred Hospital, and Chairman of the Board of Directors, Royal Victorian Eye and Ear Hospital. He was previously Chief of Clinical Services, Inner and Eastern Health Care Network. He is a former Dean of the Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne.

RESIGNED DURING 2001-2002

Gerard Healy (resigned 22 January 2002)

TRIBUTE

MS SUSAN HOLMES 1945-2002

VicHealth was saddened when respected Board member Ms Susan Holmes passed away on Thursday 19 September 2002.

Susan made an extraordinary contribution both to VicHealth, where she had served on the Board since April 2000, and to Victoria. She was Chair of VicSport, the Federation of Victorian Sporting Associations, Executive General Manager – Support Services and Communications at the RACV, and a Board member of Melbourne University Press.

All at VicHealth will remember Susan fondly for her enthusiasm, her advice, particularly in matters relating to sport and communications, and her vitality.

CEO'S REPORT

The Victorian Health Promotion Foundation reached two milestones this year: it turned 15 years old and it reached the end of a three-year strategic planning cycle which profoundly changed the way the organisation promotes health. These milestones enable us to reflect upon what we've achieved in such a short time and demonstrate our current approaches to promoting health.



We use innovative health promotion strategies to respond to current social, economic and technological trends.

Research shows that regular physical activity equals better physical and mental health. It also shows that as a community we're engaging in less regular physical activity: driving the car more and staying indoors longer. Children are playing computer games in their leisure time and walking less.

Powerful external trends are therefore impacting upon the community's capacity to engage in regular physical activity. Having completed the buyout of tobacco sponsorship of elite sporting teams VicHealth is now investing in getting Victorians moving. The need has arisen because of the health issues, but the opportunities it presents are exciting. Sport is a key part of Victoria's culture. We celebrate the achievements of our elite athletes winning gold medals in international arenas. VicHealth wants to support the community to win a gold medal for participation in physical activity. That's another sporting success we are now chasing.

Our Health through Sport and Active Recreation program has built partnerships with state sporting associations, regional sports assemblies, community groups and government to find innovative ways to get more Victorians participating in sport and other physical activities. Our investment in the program will be \$25 million over the next three years. We have also created healthy sporting environments, making clubs become smoke-free and encouraging them to develop responsible alcohol, healthy eating, sun protection or injury prevention policies and practices.

Pushing down rates of smoking remains a critical objective of our work.

The reduction of smoking rates through VicHealth's partnership with Quit (Cancer Council of Victoria) remains crucial to the Foundation. Despite declining smoking rates, tobacco is still the number one preventable cause of death and disease in the country. Our recent evaluation of the Quit program was very positive and the Foundation will continue its major investment in both Quit and tobacco control research.

VicHealth played a major role in the removal of tobacco sponsorship of the sport and the arts in our formative years, but recently, along with Quit, also lent significant support to legislative change which has established smoke-free dining, smoke-free sporting environments such as the Melbourne Cricket Ground and smoke-free gaming rooms. Research shows that support for these initiatives amongst the community is growing. The Minister for Health, the Hon. John Thwaites, has led the changes in this area and all parties should be congratulated for lending tri-partisan support to such important developments in improving public health.

Less than 20% of the Victorian population now smokes¹. This is a great overall result but our target is now to have less than 15% of the population smoking. Reaching this 15% figure will mean we've made real inroads into the smoking rates of specific population groups where smoking levels are currently much higher than 20%.

We must continue to show Victorians the benefits of a strong public health system and the significant value of prevention and health promotion policies.

It is important that all in public health continue to emphasise to the Victorian community the benefits flowing from strong public health programs. It is through our investment in health promotion and public health initiatives that Victorians actually get an enormous benefit from their health dollar. Time and again they have proven effective and a great buy², yet it is often difficult to get them up on the political and bureaucratic agenda. A quick look at just one success story in public health can demonstrate the impact. In the early 1960s, 58% of Australian males and 28% of Australian females smoked. Now just on 20% of Australians smoke.³ Investing resources in smoking prevention is between 500 and 1000 times more cost effective than treating the end stage of lung cancer.

If we apply the same long-term strategic and cooperative approach to addressing issues around physical activity, obesity, substance misuse, and mental health and wellbeing, we will see positive results on both our health and the bottom line.

We have significantly advanced the promotion of mental health and wellbeing in three years.

The significant activity generated through VicHealth's Mental Health Promotion Plan has seen VicHealth develop projects, advocate for change, create community awareness around mental health and wellbeing, and build partnerships across a broad range of organisations both within and outside Victoria. This has firmly established mental health and wellbeing as a key issue for health promotion.

Many developments have shown we are on track. Our evaluation of the Together We Do Better campaign saw positive results emerge, with renewed acknowledgement that the work tackling the issue of promoting mental health and wellbeing is widely supported and assists other organisations, states and countries to take on the issue.

Board member, Professor Helen Hermann and I are working with the World Health Organization to document evidence for mental health promotion, which examines the impact of actions such as advocacy, communication, policy and project development, legislative reform and research and evaluation in countries at all stages of their economic development. This will contribute to the current evidence base.

Other states and countries have shown interest in picking up strands of the Together We Do Better campaign, with some investigating how they can apply it to local conditions.

The importance of health promotion is being recognised by other countries.

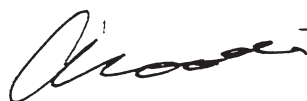
My attendance at the International Network of Health Promotion Foundations in Bangkok in 2002 underlined the growing recognition outside Australia of the benefits of health promotion. This network has been developed to strengthen the capacities of countries to promote population health through health promotion foundations at national and sub-national levels. Thailand has established a new health promotion foundation based on the original VicHealth model of replacing tobacco sponsorship with health messages in the past year. Many other countries are close to following their lead. Melbourne will also host the World Health Promotion Conference in 2004, giving further opportunity to enhance our work and networks.

VicHealth is now developing an overall strategic plan for our next phase of operation.

The 15-year milestone provides me with an opportune time to thank those who have been involved with the Foundation during that period or who played a role in establishing VicHealth.

As we begin to review our strategic directions, we want to thank the State Parliament for the continuing tri-partisan support of the Labor, Liberal and National parties that we have enjoyed during this important phase in our evolution. This support is critical as it enables us to undertake long-term planning in all areas—a critical component of good health promotion.

Finally I'd like to thank our staff, the board, particularly our chair Professor John Funder, and our advisory panels for their expertise and commitment to improving the health of Victorians.



Dr Rob Moodie

Reference

1. AIHW 2001 National Drug Strategy Household Survey: State and Territory Supplement, Australian Institute of Health and Welfare, Canberra 2001.
2. Population Health Division Report, Returns on Investment in Public Health: An Epidemiological and Economic Analysis, Commonwealth Department of Health and Aged Care, Canberra, 2001
3. <http://www.aihw.gov.au/publications/phe/ndshs01sts/index.html>

INVESTMENTS AT A GLANCE 2001–02

VicHealth has been successful since its beginning 15 years ago at implementing programs that promote health. Examples of what we have achieved in partnership with Quit, in the area of tobacco control is well documented – smoking rates have declined from 31.5% in 1986 to the current rate of 19.4%.¹

VicHealth's commitment to public health research has seen five centres of excellence in research and practice established along with a variety of research fellowships. In sport we have shifted from a model buying out tobacco sponsorship to increasing participation in physical activity through the Promoting Health through Sport and Active Recreation program. VicHealth has also worked in partnership with over 100 organisations to develop a mental health promotion plan which includes the Together We Do Better campaign promoting mental health and wellbeing.

These are significant changes driven by a growing evidence base and shifting public health priorities between 1987 and 2002. VicHealth has been able, with tri-partisan support, to adapt to the changing circumstances and maintain our long-term and leading edge approach to promoting health.

The Annual Report provides a snapshot of the organisation's activity over the past 15 years. During this period we have been active in advocating for legislative and policy change to promote health; investing in public health research to underpin our programs; assisting Quit to change community attitudes around smoking and Sunsmart those around sun protection; leading the way in promoting mental health and wellbeing – a significant health issue for this century; and investing in projects that directly involve people in physical activity and the arts.

VicHealth's activity in 2001–2002, shown here at a glance, demonstrates the way we are working now. We invest in projects, research, build partnerships and advocate for change to improve health. Our projects are collaborative efforts focusing on reaching people in their communities. We have formed a variety of partnerships with bodies as diverse as local government, sporting clubs, arts organisations, community groups, the research community and government departments in areas such as Education, Sport and Recreation, and Human Services.

The investments are designed to address a broad range of public health issues such as tobacco control, physical activity, mental health and wellbeing, healthy eating, sun protection, substance misuse, and sport injury prevention in ways that are innovative and relevant. As you can see in the table on page 9 investments in tobacco control, physical activity and mental health and wellbeing command 65% of our grant funds.

As well as investing in population-wide approaches VicHealth focuses on reaching specific population groups such as those with a low socio-economic status, Kooris, people who live in rural and regional areas and new arrivals which often have a poorer health status. Addressing inequalities in health is important as it can lead to a healthier population overall and facilitate significant improvements in the quality of life for many people.

We have also included case studies (pages 12–31) that showcase our current way of working.

Reference

1. AIHW 2001 National Drug Strategy Household Survey: State and Territory Supplement, Australian Institute of Health and Welfare, Canberra, 2001

NUMBER OF FUNDED PROJECTS ACCORDING TO PROGRAM AREA

The Victorian Health Promotion Foundation invested across a range of sectors and directed funds to identified priority groups and health issues.

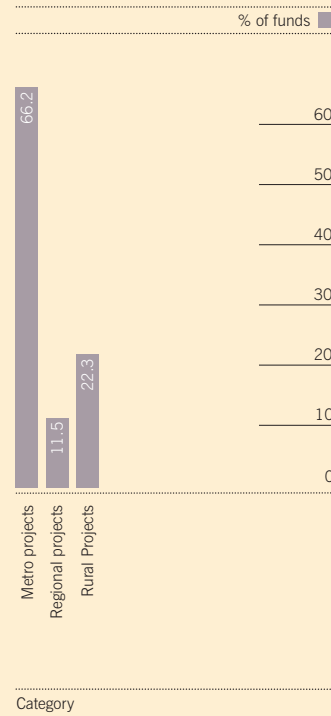
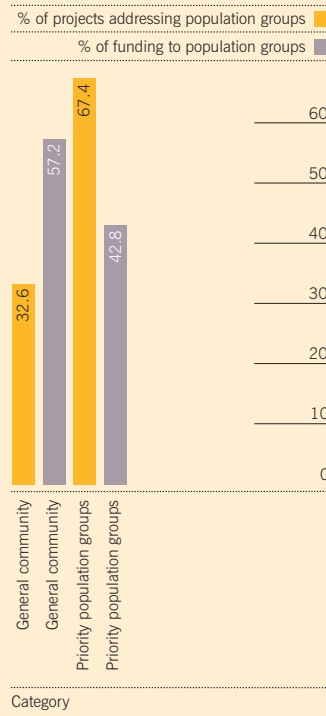
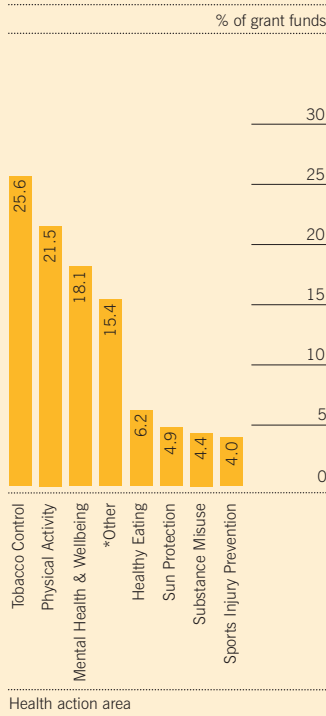
In 2001–2002 the Foundation invested in 461 projects. It also funded 366 sporting clubs under the Sport Safety Equipment Grants. The total amount of funding to these projects was \$21,115,982.

Program Area	Funded projects No. of Grants	Grant Monies	Proportion of total Grant Monies (%)
Community and Arts	128	\$3,519,021	17
Sport and Active Recreation	249*	\$8,756,345	42
Research	64	\$4,939,599**	23
Education, Local Government and Health	20	\$3,901,017***	18

* An additional 366 sporting clubs were also funded under the Sports Safety Equipment Grants and are part of the total Grant monies expenditure

** \$1,581,861 on VicHealth Centres of Excellence in Research and Practice

*** \$2,863,600 to QUIT and SunSmart Programs



VICHEALTH'S INVESTMENTS IN PRIORITY HEALTH ACTION AREAS

The Foundation's programs are aligned with Commonwealth and State public health and health promotion priorities and strategies.

VicHealth's current priority investment areas include:

- tobacco control
- mental health promotion
- physical activity
- healthy eating
- drug and alcohol misuse
- sun protection
- injury prevention

Priority issues include:

- social, environmental and economic factors that impact upon our health;
- identifying and addressing factors which cause inequalities in health across the population; and
- urban planning, transport and the built environment and how they impact on our health.

* Other relates to investments in projects focusing on the amelioration of chronicity and disablement, Communicable disease prevention, health services evaluation and health economics, prevention of cancer, reproductive and sexual health and projects with a multiple focus.

INVESTMENT IN PRIORITY POPULATION GROUPS

VicHealth invests in the general community as well as targeting population groups with:

- low socio economic status,
- people in rural and regional communities
- Kooris
- culturally and linguistically diverse groups with lower health status

INVESTMENTS IN RURAL AREAS AND REGIONAL CENTRES

VicHealth is committed to building strong partnerships and links with community, local government, education, transport, built environment, arts, sport and a range of other sectors. By establishing strong partnerships and a shared understanding across the community, efforts to promote health can be sustained in the long-term.

VicHealth does this across the state in metropolitan, regional and rural areas. The locality of each project was based on ABS's Australian Standard Geographical Classification.

15 YEARS OF VICHEALTH 1987–2002

■ 1987

Victorian Tobacco Act passed in parliament – the Victorian Health Promotion Foundation established with bi-partisan political support.

■ 1988

VicHealth, together with Quit, were preparing to buy out tobacco company sponsorship of sports and the arts.

Anti-Cancer Council of Victoria receives funding from VicHealth to expand its successful SunSmart program.

■ 1989

Tobacco billboard advertising replaced after legislation bans it.

Tobacco replacement program through sponsorship buy-out extends to the arts.

Senior Research Fellowships are granted to build knowledge and expertise in health promotion.

■ 1990

A government ban is placed on all tobacco advertising in the print media.

Centre of Excellence – Adolescent Health established.

- DECREASED SMOKING PREVALENCE
- FOCUS ON INCREASING PHYSICAL ACTIVITY



- FOCUS ON PROMOTING MENTAL HEALTH AND WELLBEING



■ 1997

SmokeFree signage at the Melbourne Cricket Ground prompts 69% of MCG patrons to say that there should be more non-smoking areas.

Federal Government and Quit agencies in the States and Territories collaborate to develop the National Tobacco Campaign.

Health Promoting Schools program run in partnership with Deakin and Department of Education.

■ 1998

VicHealth-sponsored sporting organisations are encouraged to promote smoke-free environments.

The first six months of the National Tobacco Campaign is estimated to have paid back its \$9 million investment two times over, preventing 920 premature deaths and resulting in 190,000 smokers quitting.²

VicHealth works with over 100 organisations to develop mental health promotion plan.

■ 1999

Melbourne Cricket ground becomes 100% smoke-free.

Depression will constitute one of the largest health problems worldwide by the year 2020.³

VicHealth develops a mental health promotion plan for Victoria focusing on social connection, freedom from discrimination and violence, and economic participation as major factors impacting on mental health.

VicHealth's strategic directions 1999-2002 focus on physical activity, healthy eating, substance misuse, tobacco control and mental health and wellbeing.

Focus moves to increasing participation in sport and active recreation and participation in and access to the arts. Priority population groups targeted to improve levels of physical activity and mental health and wellbeing.

VicHealth publishes the results of a two-year study by Dr John Fitzgerald, *Regulating the Street Heroin Market in Fitzroy/Collingwood*.

International Network of Health Promotion Foundations meets in Melbourne for the first time.



■ **1991**

Centre of Excellence – Mothers' and Childrens' Health established.

Victoria's smoking prevalence between 1986-1991 declines at the rate of one percent per year from 31.5% to 25.6%¹

■ **1992**

Federal Government bans tobacco sponsorships and most remaining forms of advertising to take effect in 1995.

Centre of Excellence – Study of Sexually Transmissible Diseases established.

■ **1993**

75% of Australia's top companies based in Victoria now totally smoke-free (increase of 25% in one year).

■ **1994**

World Health Organization calls for other countries to adopt VicHealth model.

■ **1995**

VicHealth begins to focus on health in the workplace.

■ **1996**

World Health Organization Medal presented to the Premier of Victoria for VicHealth's work.

■ **FOCUS ON BUILDING EVIDENCE FOR HEALTH PROMOTION AND PUBLIC HEALTH**



■ **INCREASED ACCESS AND PARTICIPATION IN ARTS FOR HEALTH**



■ **2000**

The VicHealth Centre for Tobacco Control is opened to focus on legal, economic and social research to strengthen tobacco control initiatives.

Thirty-nine projects funded under VicHealth's Mental Health Promotion Plan are launched.

Federal Minister for Health and Aged Care, Dr Michael Wooldridge, amends the Tobacco Advertising Prohibition Act in order to sever the last remaining link between sport and tobacco advertising.

New Arts for Health program begins with focus on participation and access.

Government of Victoria amends the Victorian Tobacco Act to enable it to introduce smoke-free dining, bans on point-of-sale advertising and increased penalties for retailers who sell to minors.

VicHealth publishes its position on tobacco control in the *VicHealth Letter*.

■ **2001**

Sport program redevelopment is announced: a shift from a sponsorship model to increasing participation in physical activity through the Health through Sport and Active Recreation program.

Introduction of smoke-free dining in Victoria.

Together We Do Better campaign promoting mental health and well being launched.

VicHealth holds a Mental Health and Wellbeing Symposium – 'Thinking Well' A two-day symposium exploring current debates and innovation in mental health promotion in Australia and overseas.

■ **2002**

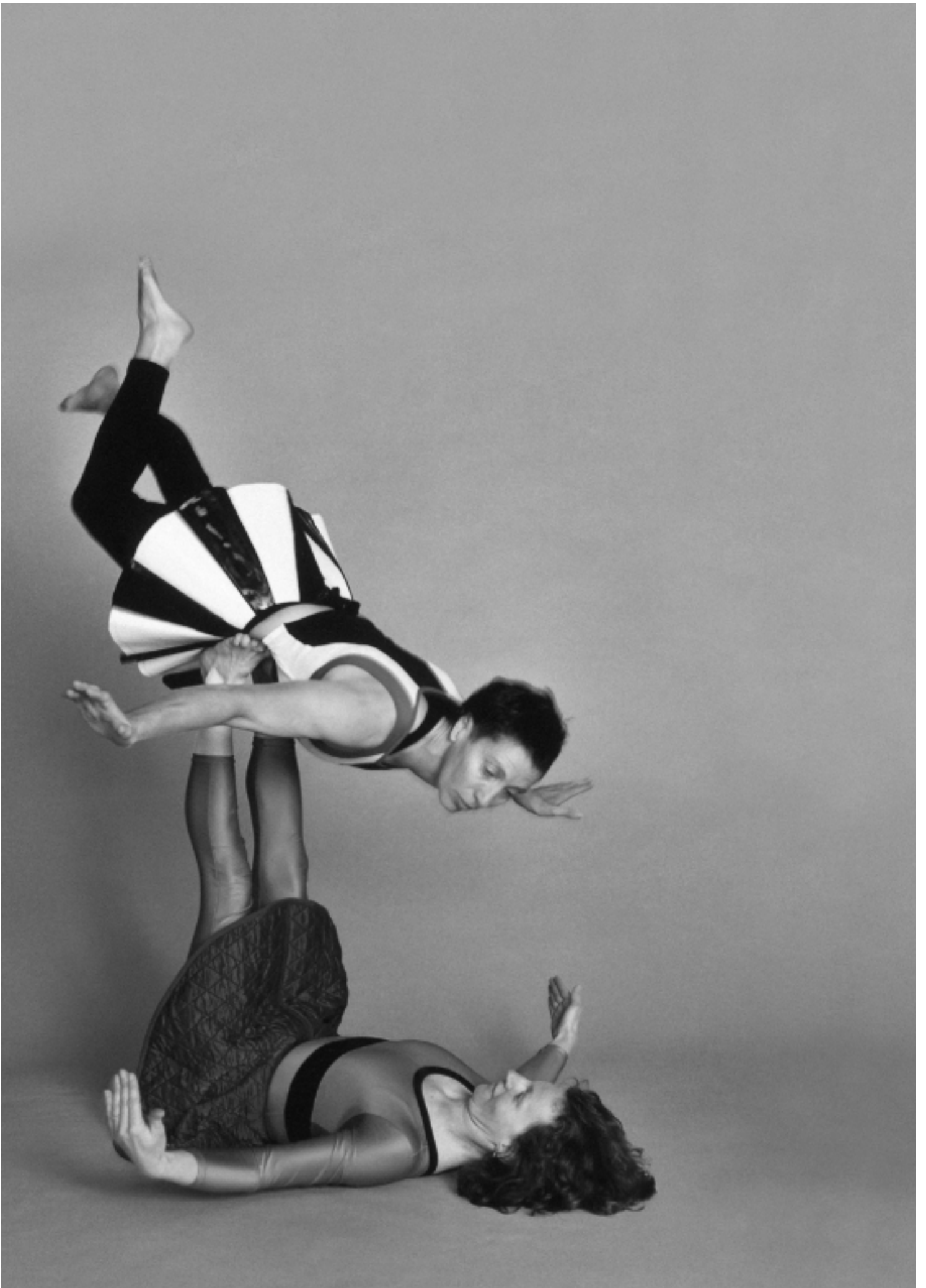
On the first anniversary of smoke-free dining in Victoria, research commissioned by VicHealth shows that the majority of Victorians (89%) – support laws banning smoking in dining areas.

Reference

1. Victoria Smoking and Health Program. Quit Evaluation Studies, Melbourne: Victorian Smoking and Health Program, No.1 1985, No.2, 1986, No.3 1987, No.4 1988, No. 5 1989, No. 6 1992.

2. Murray, C & Lopez, A. (eds) the Global Burden of Disease: A comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020, Harvard School of Public Health on behalf of World Health Organization and the World Bank, distributed by Harvard University Press, 1996.

3. Australia's National Tobacco Campaign, Evaluation Report Vol 2 p203.



VicHealth made an investment of \$3,519,021 in 128 Community and Arts projects in 2001–02.

Community and Arts, under the Mental Health Promotion Plan 1999–2002, has supported the ongoing development of the Koori Leadership scheme, Youth Economic Participation scheme, Rural Partnerships scheme and a range of other community based projects being undertaken with new arrivals to Australia.

It has also supported the Community Arts Participation, Community Festivals, Major Arts Partnership and Art and Environment schemes all under the umbrella of the Arts for Health program.

During this period, a major focus of Community and Arts was to strengthen the capacity of a range of organisations to contribute to improving mental health and wellbeing across specific population groups.

The program has contributed to this work by focusing on the social and economic factors which impact upon mental health and wellbeing at an individual and a community level. This is achieved by developing a range of quality programs with local government, arts and community based organisations that promote participation and allow access to the arts for those restricted as a result of geographic, social or economic factors.

It also supports the creation of healthy environments in which the arts take place.

The Women's Circus (picture left) is one of the projects funded under the Community Arts Participation scheme in 2001–02. It is profiled on pages 14–15.

COMMUNITY AND ARTS WOMEN'S CIRCUS

Healthy Balance: Kate Casson, a 49 year-old mother of one child, balances on the feet of Jenny McLeod, a 42-year old mother of two children. Both women train and perform with the Women's Circus.

WOMEN'S CIRCUS

STRONGER, HIGHER, FURTHER

Involvement in a community such as the circus improves people's mental health and wellbeing and their physical health.

Tania Raquel, 31, has been a member of the Women's Circus since 1997. She admits to being 'scared' when she first arrived. She recalls that she was not very well physically, emotionally or mentally when she began as part of a new intake of women to the phenomenally successful circus. 'All of a sudden I was in this community of women who were so accepting of where people were at. The Circus became my safe place,' said Raquel.

Initially set up for survivors of sexual assault in 1991, the Women's Circus, located at Footscray Community Arts Centre, is open to women from all backgrounds and gives priority membership to women over 40, women who are survivors of sexual abuse and those from culturally and linguistically diverse backgrounds. Over 150 women are involved annually, with 50 new women taken in each year. The Circus presents a major annual performance season developed by the art director in association with the women themselves.

The Circus was established as an innovative strategy to support survivors of sexual assault to form a new and positive relationship with their body after experiences of trauma. The effects of sexual assault are complex and can be related to problems of low self-esteem, eating disorders and self-harm. They are often connected with mental illness and social isolation. The Circus sets up a journey of empowerment that can lead to change in people's lives.

Research confirms that participation in quality arts and cultural activities can breakdown social isolation, improve feelings of connection and belonging, and create a sense of positive achievement.

While the Circus was initially designed specifically to support survivors of sexual abuse, the philosophy of the Women's Circus is broadly applicable. 'What the Circus has found is that the majority of women do not have a positive relationship with their body,' said Emma Heughan the Circus' administrator. Circus training and performance requires the body to be used physically. It also requires trust and support from others.

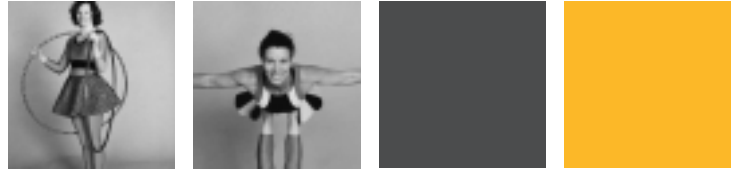
The Circus encourages women to set their own goals, in training and everything else. 'We continually emphasise that we're not a counselling service; we're an arts organisation. We encourage women to deal with feelings and issues in their own way. In this framework, healing becomes a responsibility to empower oneself. Support structures have evolved and every member is responsible for sustaining our culture as one of safety and care. The trainers that we employ are employed because of their ability as circus trainers not as pseudo social workers. We consistently work with some of Australia's most talented artists,' said Heughan.

The Women's Circus is about much more than the individual. Its whole philosophy is about constructing a community with the Circus at its core. In this community everyone is valued for the skills they bring to the Circus. Diversity in age, culture, background and experience is celebrated.

This is critical to the success of the Circus. Facing the fears that come with learning new circus skills means a supportive environment must exist. Every aspect of the Circus encourages a commitment to the community. In the new women's program the training is geared towards the women gaining confidence in their ability to do things. 'After the first year of training together the new women develop a strong connection with one another. This is important support for many women who are performing live for the first time to audiences of up to 500 people,' said Heughan.

**JULY 2001
SMOKE-FREE DINING
INTRODUCED BY THE VICTORIAN
GOVERNMENT. VICHEALTH
SUPPORTS QUIT VICTORIA AND
THE DEPARTMENT OF HUMAN
SERVICES TO ADVOCATE FOR
MORE VICTORIAN SMOKE-FREE
ENVIRONMENTS AND
PUBLIC SPACES.**





Raquel says the impact on her health and sense of wellbeing has been enormous. At one level she knew she had to keep in good physical shape to perform well in training. This meant eating before each session. At another level she could allow herself to feel safe within the Circus and develop her identity. 'I'm more accepting of myself and my body,' said Raquel. Raquel's favourite place is up in the web spinning around. 'The world might be spinning but I'm able to spin too,' she declares confidently, and laughs, amused at the audacity of the skills she's developed, saying: 'I dance on stilts too'.

It's not only these skills that Raquel has acquired. Recently she gained her rigger's ticket, which opens up employment opportunities for her. She also teaches circus skills to young people, a process she just loves.

Heughan says the success of the Women's Circus can be seen through women like Raquel. She measures its success by the pathways that are opened up for these women in the outside world. 'Some have become circus trainers, and they're great circus trainers because they've faced the fear and the vulnerability that the people they are training face. Many learn technical skills, such as rigging,' said Heughan. 'Once people find something good in their lives, such as the Circus, they are able to take up other opportunities in their lives.'

This is why the stability of the Circus is so important to its success. Because of its continuous presence, women can stay with the Circus for three or four or five years or even twelve years. 'It allows the Circus to have an ongoing impact on people's lives,' said Heughan.

The biggest moment for the Circus each year is its major performance which runs to packed houses for three weeks. The performance comes from stories the women bring to the Circus themselves which the artistic director moulds into a performance. 'It's great art,' says Heughan. For Raquel it's a highlight. 'At the performance the biggest buzz is going out there. The energy really carries you through. It was amazing to see how the work culminates in a three-week period performing to 500 people a night.'

VicHealth's Sue Ball is responsible for managing the Community Arts Participation program. She is enthusiastic about the Women's Circus and its link to people's mental health and wellbeing: 'The Women's Circus is such a great program because it gives women the opportunity to be part of something bigger than themselves that celebrates women's abilities, diversity and strength. Public health research shows that social factors play an important role in influencing both our physical and mental health. The Circus delivers to the community a show each year that gives voice to sometimes difficult issues in a way that is non-threatening, often funny, and with performers exhibiting great skill and artistic endeavour.'

HEALTH BENEFITS OF THE WOMEN'S CIRCUS

- POSITIVE IMPACT ON MENTAL HEALTH AND WELLBEING OF ALL PARTICIPANTS
- INCREASED PHYSICAL ACTIVITY
- BUILDING A SENSE OF COMMUNITY
- CREATIVE EXPRESSION OF INDIVIDUALS' STORIES AND UNTOLD HISTORIES



SEPTEMBER 2001
THINKING WELL – MENTAL HEALTH AND WELLBEING EVERYBODY'S BUSINESS, A TWO-DAY SYMPOSIUM
 EXPLORING CURRENT DEBATES AND INNOVATION IN MENTAL HEALTH PROMOTION FROM THE GLOBAL TO THE LOCAL LEVEL, IS ATTENDED BY 270 PEOPLE FROM ACROSS AUSTRALIA.



OCTOBER 2001
NEW WEBSITE WWW.VICHEALTH.VIC.GOV.AU LAUNCHED
WALKING SCHOOL BUS PROGRAM LAUNCHED



VicHealth made an investment of \$8,756,345 in 249 projects funded under Sport and Recreation in 2001–02. In addition, VicHealth made 366 small grants to sporting clubs under its Sport Safety Equipment program.

This year, Sport and Recreation continued its transition from sponsoring sporting events to a program focusing on increasing participation in sport and active recreation.

Final rounds were held for Active Recreation and Active for Life projects with these projects being incorporated into a new scheme with a regional focus. The new Promoting Health through Sport and Active Recreation program was launched in April.

The emphasis for this new program is to increase levels of participation in physical activity and to create healthy and safe environments in which to participate. Healthy environments means clubs will be 100% smoke-free indoors and have healthy eating, injury prevention, responsible alcohol management or sun protection practices and policies in place.

In 2002-03 new initiatives such as an Outdoor Shade for Sports' Clubs grants program and the joint VicHealth/ Australian Sports Commission Out of School Hours program are planned within the Health through Sport and Active Recreation Program.

Other initiatives such as the Sports Safety Equipment program will be incorporated into one of the four program schemes: Partnerships for Health; Participation in Community Sport and Active Recreation; Innovation in Sport and Active Recreation; and Health Enhancing Clubs and Venues.

The Foundation invests directly in state sporting associations, regional sports assemblies, community based providers of sport and active recreation, and a variety of sporting venues through these schemes.

The Victorian Baseball Association (pictured left) is focused on increasing participation among young people under the Partnerships for Health scheme which is part of the new Health through Sport and Active Recreation program.

Its programs are profiled on pages 18–19.

SPORT AND ACTIVE RECREATION BASEBALL VICTORIA

A big hit: Matthew Bott, 14, plays baseball for Fitzroy in the Victorian Baseball Association competition.

BASEBALL VICTORIA PARTNERSHIPS FOR HEALTH

A lot of these children might see that what they're doing now they can continue to do, which might lead to regular physical activity over the long-term.

It's a Wednesday morning in October at the Victorian State Baseball Centre in Altona. The thud of a ball nestling into a baseball glove's soft spot is just one of the sounds being heard. Laughter and the occasional yell also fills the airspace as 220 children aged between 12 and 15, most new to the game of baseball, go about their warm-up before playing their regular weekly game. In fact for many of these children it's the most sport they'll play that week. Drawn from 13 special schools that make up the Northern Special Schools Association these children are involved in one of the three programs initiated by the Victorian Baseball Association to encourage young people to join clubs, and therefore participate in regular physical activity, as part of the Foundation's Partnerships for Health scheme.

Young people were the key target group identified by Baseball Victoria under the Partnerships for Health scheme. Their programs are designed specifically to attract a new group of young people to the sport.

So far, says Grant Weir, the Victorian Baseball Association's (VBA) Development Manager, six of the children that began playing baseball in the Wednesday competition have joined mainstream clubs. For him that's a real highlight and a small indication that they're providing a strong program. For John Strachan, VicHealth's project officer responsible for the scheme, the fact that 220 children from these schools who normally wouldn't play sport are engaging in physical activity at all is a great result. 'Our focus with this initiative is on encouraging more young people to participate in regular physical activity,' said Strachan. Michael Sertori, vice-principal of Croxton Special School and president of the Northern Special Schools Association, says the program is one of the best his school has been involved with. 'The VBA has taken the next step and helped some of the children join clubs. Weir sees the kids as active participants, not as kids with disabilities,' he said.

Weir's approach to the competition however, he freely admits, was not that special at all. 'We just said 'let's advertise, get some kids down there, run some come'n try days, run some registration days and get the kids interested and sign 'em up.' It's really just a matter of going in and having a go at it.'

Sertori says his work has been unbelievable: 'When the kids first got down there they were struggling to throw the ball and you're wondering how it's going to work. Somehow by explaining the basic principles, they've managed to improve each child's skill level. Now there are eight games going on, there's a buzz around the ground, and the whole thing's running smoothly.'

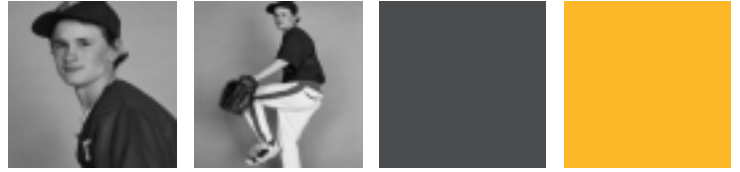
The same 'have a go' philosophy saw the VBA in partnership with Autism Victoria run a successful Saturday morning baseball competition involving 30 autistic children. Weir says the children's skill development can be seen immediately. 'It's really measurable. You can tell by radar guns that they can throw the ball harder and you can just see them mature and develop skills. It's really good. A lot of these children might see that what they're doing now they can continue to do which might lead to regular physical activity over the long-term.'

Baseball's other projects instigated under VicHealth's scheme also directly cater for young people and are geared towards attracting new people to the sport. It has worked closely with Girls' Sport Victoria and baseball clubs to entice under 14 girls to play baseball and will launch the under 14 girls' competition this year. It aims to have 80 girls join up in year one. Each team will be coached by a member of the Australian women's baseball team and Weir says it's a great example of clubs and schools working together for mutual benefit.

Its T-ball program, a modified game where a softer ball sits on a stand to be hit rather than being thrown by a pitcher, is attracting large numbers of children aged between 7 and 11 years old. 'As soon as the ball gets hit into play someone has to field it, someone's got to run, someone has to catch it. Getting the ball into play is the key,' said Weir. In Geelong alone clubs have gone from having zero children playing T-ball to having 150 boys and girls registered to play. It's a huge jump but local clubs are working to make sure that the experience leads to bigger numbers at club level in the future.

**OCTOBER 2001
VICHEALTH CONTRIBUTES
TO INTERNATIONAL CONGRESS
ON AIDS IN THE ASIA PACIFIC
THROUGH ITS CONFERENCE
SUPPORT SCHEME. OVER 2000
DELEGATES ATTEND THE
MELBOURNE CONGRESS.**





Weir sees vibrant healthy clubs as a vital part of the community. 'It's the sense of community we're losing all over the place and clubs provide that community. This sense of belonging and stability is good for our mental health and the physical activity – getting out there and running around – that takes care of itself,' he says.

All three programs being run by Baseball Victoria are successfully attracting people to sport who would not normally play. Increasing participation is a major objective of VicHealth's Partnerships for Health scheme – part of VicHealth's Health through Sport and Active Recreation program. Another objective is to make clubs healthier environments to be in. State Sporting Associations are expected through this scheme to work with clubs so they become 100% smoke-free indoors, and focus on creating policies and practices around injury prevention, healthy food choices, responsible alcohol management and preventing sunburn.

VBA clubs have become 100% smoke-free indoors and focus on several initiatives around injury prevention. It has a heat policy in place for its junior competitions where play is called off if the temperature reaches a certain point at a certain time. This is particularly relevant as many junior games are played on a Friday night. It also ties much of its injury prevention policy into its coaching accreditation programs.

Weir says that it's important that clubs understand the background to the policies to ensure they're implemented successfully and for the Foundation to continue to be flexible as to how outcomes are achieved: 'I think VicHealth has evolved to the point where there are many ways of doing things now. There's not a prescribed way of doing things; the result is what's important.

VicHealth's changed focus in sport and active recreation is certainly a positive step says Weir. 'It used to be about branding and awareness raising through health messages - now it's about the number of kids participating, or the number of kids that are safer because of this initiative. It's a lot more practical. It's what it should be all about,' said Weir.

For project summaries of all our initiatives designed to improve physical activity see pages 45-53.

GETTING BACK INTO CALISTHENICS

It's a familiar story. Play a sport while young, drop out for a variety of reasons, enjoy it as a spectator, and never participate again. Calisthenics Victoria is rewriting the script.

Sharon Brasher, Calisthenics Victoria's Executive Officer, knew this trend applied in her sport. Over 90% of participants in the sport were less than 24 years old. An opportunity to encourage older people to participate therefore existed. Calisthenics Victoria devised a non-competitive calisthenics program for people aged over 30. It was aimed initially at those who had competed in a former era, were friends and relatives of current participants or former coaches. The emphasis was to begin small, keep the options open, modify where necessary and allow people to play a role in creating programs that suited their needs. Over 40 people have now moved from being just spectators to being participants.

'It's great to give people the ability to get back into a sport that a lot of them had been heavily involved in and then finished at an early age,' said Brasher. 'Calisthenics allows people to improve their fitness, flexibility and coordination within a social setting.'



NOVEMBER 2001
VICHEALTH PARTICIPATES IN VICTORIAN WALKING FORUM, SETTING THE AGENDA FOR THE STATE OF WALKING. THE FORUM EXPLORED WALKING FROM HEALTH, RECREATION, TRANSPORT, PLANNING, EDUCATION AND ENVIRONMENTAL PERSPECTIVES.





The VicHealth Research program underpins VicHealth's health promotion investments.

VicHealth made an investment of \$4,939,599 in 64 projects funded under Research in 2001–02.

VicHealth supports a mix of investigator-led research, strategic research and evaluation research to build evidence for health promotion interventions.

The Research program funds VicHealth Centres for Research and Practice, provides grants for public health research, as well as offering Fellowships and PhD Scholarships.

The VicHealth Centres for Research and Practice are:

- VicHealth Centre for Tobacco Control
- Centre for Adolescent Health
- Centre for Mothers' and Children's Health
- Australian Research Centre for Sex, Health and Society

VicHealth also funds the Koori Health Research and Community Development Unit.

The program aims to improve or establish new means for translating research knowledge into practice. Research grants generally are made to universities, hospitals and research institutions.

The research project 'Reducing Sedentary Behaviour in 10-year-old Children: A Randomised Control Trial (RCT)' (picture left) led by Dr Jo Salmon, a VicHealth Public Health Fellow, is one of the programs funded as part of the 2001–02 research program. It is profiled on pages 22–23.

RESEARCH CHILDREN AND PHYSICAL ACTIVITY

In Focus: A research project funded by VicHealth is discovering whether switching off the television and improved skills increases rates of physical activity amongst youngsters.

CHILDREN AND PHYSICAL ACTIVITY

SWITCH BACK TO PLAY

The research program will, when completed, be able to establish the level of connection between reduced television, electronic games and computers and improved skills and rates of physical activity.

A research project called 'Switch-Play', led by Deakin University's Dr Jo Salmon, is encouraging children to switch off their television sets, electronic games and computers and go outside and play. The project is being conducted in three schools west of Melbourne and involves 400 children in grade 5 in an effort to discover ways to increase physical activity among youngsters and prevent unhealthy weight gain.

The basic question is: 'Does switching off the television and/or improved movement skills lead to greater rates of physical activity amongst children?'

By 2003, Salmon, Crawford, Ball, Booth and team will have some definitive answers to this question which will help in developing policy and projects to increase physical activity among children.

At the beginning of the project the children were randomly assigned to one of four groups (by class). Members of group one are involved in a behavioural modification program for one hour per week aimed at reducing the time they spend watching television, playing electronic games or using their computers. Children in group two are involved in the fundamental motor skill mastery program aimed at improving their ability to kick, dodge, jump vertically and perform an overhand throw, two-hand sidearm strike and forehand strike. Members of group three participate in both the programs, while members of group four are in the control group.

Similar programs have been conducted on a smaller scale in the USA; however, they focused mainly on the effects of switching off the television. None of those programs were successful in increasing physical activity. As the focus of her efforts, says Salmon, is on both switching off the TV and increasing activity, it's important that the research has multiple strategies for increasing activity.

Salmon says the hypothesis is that members of group three who experience the benefits of both programs will have the most success in increasing physical activity and maintaining a healthy body weight. 'Evidence suggests that an improvement in fundamental motor skills is linked with greater enjoyment of sport and physical activity. However, there is no evidence yet showing improved motor skills lead to increased participation in physical activity,' said Salmon. By having four different groups the research team will be able to ascertain the effect of each program separately as well the combined effects.

To establish some baseline figures before the program began, each child filled out a questionnaire. It asked them a range of questions to establish physical activity patterns; dietary habits; their attitudes to and use of television, electronic games and computers; their neighbourhood environment and how conducive it is to engaging in physical activity (for example, do they have a park nearby where they can play); and some questions relating to their perception of body image. Although there is no mention or focus at all on body weight, Salmon wants to ensure the program has no negative impact in this area.

The behavioural modification program began with the children talking about how much television they watched or how often they played electronic games. Over three weeks they self-monitored, with the help of parents, how much time they spent sitting still in front of a screen. Gayle Shaw is responsible for running the intervention programs in the schools. She says that studies have shown that Australian 10-year-old boys average 3.5 hours per day watching television—many of the boys in this program were registering at least that figure. 'We generated an awareness of how much time they spent doing sedentary activities,' said Shaw.

The next step was to encourage the children to turn off the television or computer games for prescribed periods and do something active. The children themselves had to develop alternatives to the television that involved being physically active. 'We asked them what they could do around the house that was safe and more active,' said Salmon. A whole range of Switch-Play activities were developed—enough, in fact, to fill a book. The second stage involved the children finding a television show they watched each week and agreeing to switch it off for that week. With the assistance of parents, the children agreed through a 'contract' to miss an hour of television in the first week building to four hours a week. To fulfil the contract the children not only had to miss their television show but fill the time by doing something active. Shaw says the response was fantastic: 'I'd say each week, "did you find it difficult to go without a show", and they'd say, "no, no, it was easy". They'd go out to play with the dog, Mum might take them for a walk or they'd arrange to spend the time playing with someone else in the group'.

DECEMBER 2001
VICHEALTH RECOGNISES
OUTSTANDING ACHIEVEMENTS
IN VICTORIAN HEALTH
PROMOTION RESEARCH AND
INNOVATION AT THE 2001
VICHEALTH AWARDS
PRESENTATION (SEE PAGE 32)





Children participating in the fundamental motor skills mastery program were involved in an extra hour's physical education per week. The hope, says Shaw, is that as the children improve their skills they'll get more enjoyment out of using those skills and therefore participate more. It stands to reason: most people who have stood over a golf ball on the first tee at a crowded golf course can relate to the possibility that less skill equals less fun equals less inclination to play.

Each child in this group was filmed performing skills at the start of the year—for example, throwing a ball at a target against the wall—and assessed by independent assessors as to their skill level. These assessments were based on criteria established to measure each action. 'Kids who aren't skilled won't go outside and engage in certain activities. Their self-esteem says, "I can't do this. I can't participate",' said Shaw. 'Hopefully, by improving their skills it might increase their self-esteem and their confidence to be able to do these things.'

Through coaching and practice they have been given the chance to improve these skills during 2002 before another testing session measuring their skill levels occurs in November.

Salmon says the research program will establish the level of connection between reduced use of television, electronic games and computers and improved skills and rates of physical activity. The children's level of physical activity is measured by a technical device called an accelerometer—for one week at the start of the program and again at the end of the program each child wears a matchbox-sized device during all waking hours to test their physical activity levels. A post-program survey will also be conducted to assess changes in patterns of behaviour and perceptions. The research team also intends in the long-term to follow up the participants to see whether being involved in the research program has had a lasting impact.

ADDING TO KNOWLEDGE ABOUT TOBACCO

A project by Senior Research fellow, Dr Melanie Wakefield is investigating anti-smoking advertising and news coverage on tobacco issues and their relationship with population measures of smoking, such as smoking prevalence and consumption among adults and schoolchildren. The first two years of the project have focused on developing measures of anti-smoking exposure and a system for measuring extent and tone of news coverage on tobacco issues.

One sub-study seeks to identify characteristics of ads associated with higher rates of ad-liking and, at a one-week follow-up, ad-recall, ad-related discussion and thinking about the ad. The study is comparing responses to the same 50 anti-smoking ads among adolescents in Australia, the USA and Britain and will help to determine whether similar ad characteristics produce similar responses. If so, this will strengthen the case for sharing ads between different countries. Ultimately, these results will be used to weight anti-smoking ads according to their potential to influence adolescents, using analyses of the relationship between Target Audience Rating Points (a standard measure of estimated exposure to television advertising) and adolescent smoking outcome measures.

Good progress has been made on the development and implementation of a system to monitor news coverage on tobacco, focusing on newspaper coverage as a proxy for all news coverage. Case studies of news coverage of the Marlene Sharp trial in May 2001 (awarding a non-smoking bar worker damages for laryngeal cancer attributable to passive smoking at work) and the Rolah McCabe trial in April 2002 (awarding a smoker damages for development of lung cancer) have been completed. Eventually, measures of news coverage will be related to population smoking measures to determine the extent to which media advocacy might influence smoking outcomes.

FEBRUARY 2002
 VICHEALTH JOINS FORCES
 WITH EDUCATION, ADOLESCENT
 AND WELFARE ORGANISATIONS
 TO HIGHLIGHT BULLYING
 BEHAVIOUR AS A SIGNIFICANT
 MENTAL HEALTH ISSUE FOR
 VICTORIANS THROUGH AN
 EXTENSION OF THE *TOGETHER*
WE DO BETTER CAMPAIGN.





Promoting mental health and wellbeing is one of VicHealth's priority areas. VicHealth invested 18.06% of our grant funds into promoting mental health and wellbeing in 2001–02, our third highest investment behind tobacco control (25.62%) and physical activity (21.51%).

The benefits of promoting mental health include improvements in physical health as well as reduced mental ill-health and its associated social and economic costs.

During the development of VicHealth's Mental Health Promotion Plan 1999–2002, three themes emerged as having an impact on mental health and wellbeing.

They are:

- social connectedness (a sense of belonging and/or community participation, a social network);
- valuing diversity and working against discrimination (physical security and control of one's life); and
- economic participation (access to money necessary to feed, clothe and participate in community life).

VicHealth's activity in the area of mental health and wellbeing has focused on these factors. The first phase of the plan has now been completed and evaluation reports will be released through 2002–03.

The Together We Do Better campaign conducted as part of this activity encouraged higher levels of social connectedness as a way of establishing and maintaining good health and highlighted the impact of bullying on our mental health. It has received widespread support for its impact on tackling the issue of mental health and wellbeing.

The Cobram – A Country Welcome project (picture left) is another project funded under the Mental Health Promotion Plan to improve social connectedness. A Country Welcome – In Profile appears on pages 26–27.

MENTAL HEALTH AND WELLBEING A COUNTRY WELCOME

Settling in: Ameara Al-Hassany arrived in Cobram five years ago and has recently participated in a VicHealth project to improve social connection and promote mental health and wellbeing. The project is called A Country Welcome.

A COUNTRY WELCOME

ARRIVING AT A NEW PERSPECTIVE

Evidence has shown that having social connections has a positive impact on each individual's mental health. It can act as a protective factor in managing the stressful time of resettlement.

Cobram, a Victorian rural community on the banks of the Murray River, is the focus of a project to encourage social connection. Social connection is one of the three determinants of mental health identified in VicHealth's Mental Health Promotion Plan. The other two are economic participation and freedom from discrimination and violence. VicHealth invested in specific projects to address these three issues: A Country Welcome is one such project.

Cobram's population of 4500 has increased by at least 250 people in just a few years with new arrivals to Australia, mainly from Iraq, settling in the area. For new arrivals resettling into their new home is a difficult phase, but it is critical for their long-term mental health and wellbeing. Many have suffered significant trauma, including torture in their country of origin, and are concerned about family members left behind, as well as grappling with a new environment and culture. The newly arrived community members are closely connected among themselves; however, among the existing community, where access to vital information and services exists, their connection is low. This lack of connection can be compounded in a small rural community where their presence is so visible.

Evidence has shown that having social connections has a positive impact on each individual's mental health. It can act as a protective factor in managing the stressful time of resettlement. That's where A Country Welcome, a project designed to facilitate connections between the new arrivals and the established community of Cobram, has become so vital. Lisa Jobson, the project coordinator, says her role is to make the 'unknown known'. 'It's to make newly settling people feel part of the community and the existing community to feel connected to the newly arrived community. It has to work both ways,' said Jobson.

The settlement of new people in the area is not unusual. Cobram has a migrant history. As far back as the 1920s, Italian immigrants began settling in the area, a trend that gathered pace post-1945. However, A Country Welcome recognises that simultaneously supporting both the existing community and the new arrivals is crucial if connections are to be successfully established and the community is to prosper. Jobson, along with the newly arrived community, has worked hard to overcome any misconceptions and deal with any concerns in the existing community about the new arrivals, as well as informing new arrivals about their new home. The objective is to lift the level of understanding among all people in Cobram, regardless of their background. 'It's one of those things. You're not going to change people overnight. It's just about chip, chip, chipping away,' said Jobson.

The project started with three priorities—raising cultural awareness, overcoming language barriers and providing opportunities for access to employment and education—to build the foundation for connections to develop.

To begin with, the project focused on the very practical. A service directory brochure was developed in Arabic that has the potential to be applied to other languages if required. It included material on basic details such as real estate, hospitals, medical facilities, schools and Centrelink. Real estate agents were provided with material written in Arabic to give to applicants and an Arabic community newsletter was developed. 'Just physically walking in somewhere to find a place to live was potentially made enormously difficult because of the language barrier,' said Jobson. 'We concentrated on making this easier for everyone.'

MARCH 2002
DR MARK PETTICREW,
ASSOCIATE DIRECTOR,
MEDICAL RESEARCH COUNCIL,
SOCIAL AND PUBLIC HEALTH
SCIENCES UNIT, UNIVERSITY
OF GLASGOW, VICHEALTH'S
4TH VISITING FELLOW LEADS
SEMINAR ON INEQUALITIES.

VICHEALTH LETTER ON
INEQUALITIES IN HEALTH
PUBLISHED.





From there the project worked in partnership with local schools and kindergartens to encourage the use of pre-school facilities and to help with the transition into the school system. A local Arabic-speaking women's group worked in partnership with maternal and child health nurses: information such as when to have their baby immunised and when to get young babies weighed was provided. 'They had previously had trouble getting the women in with their babies to the maternal and child health centre in Cobram. [As a result of this program] these women began to come to the mainstream services themselves because the unknown had become the known through that program,' said Jobson.

Some Iraqi women joined the local new mothers group after their experience in the program—a development that Jobson said was enormously beneficial to both groups in the community. 'It is great to see the Arabic-speaking mum and, I guess, the Aussie mum walking down the street chatting because they met at the new mums group. I know it seems a really small thing but to know someone's face down the street and just be able to say hello is very positive from a mental health and wellbeing perspective,' said Jobson.

Ameara Al-Hassany is one of the new arrivals. She arrived from Iraq five years ago with her two sons. Her reasons for liking her new home are in one way simple, in other, enormous: 'I like Cobram because it is quiet. I feel free and live in peace,' she says. She agrees making connections within the local community is important and encourages Iraqi women to socialise with Australian women. To facilitate these connections, a fashion parade was organised and attended by local women from all backgrounds in October 2001. On display were Arabic fashions. It was fun. It was educational, and it helped display a side of the community that was often hidden. Ameara says the Australian women have encouraged her to organise a second one.

On Harmony Day, held in March, the Arabic community invited the whole Cobram community to a gathering, provided food for all who attended and displayed many of the few precious items they were able to bring from their country of origin. On a separate occasion, young people from the newly arrived community attended a council meeting to talk about where they'd come from, their families and where they wanted to go. Jobson says all these activities have had a positive impact on the community's sense of connection and understanding of each other.

Jobson admits she's noticed a change in the town as a result of the project. 'A lot of the misconceptions have been blown away but there is still a way to go.' Ameara and Jobson have become good friends as a result. 'We laugh a lot,' says Jobson as Ameara breaks into a grin.

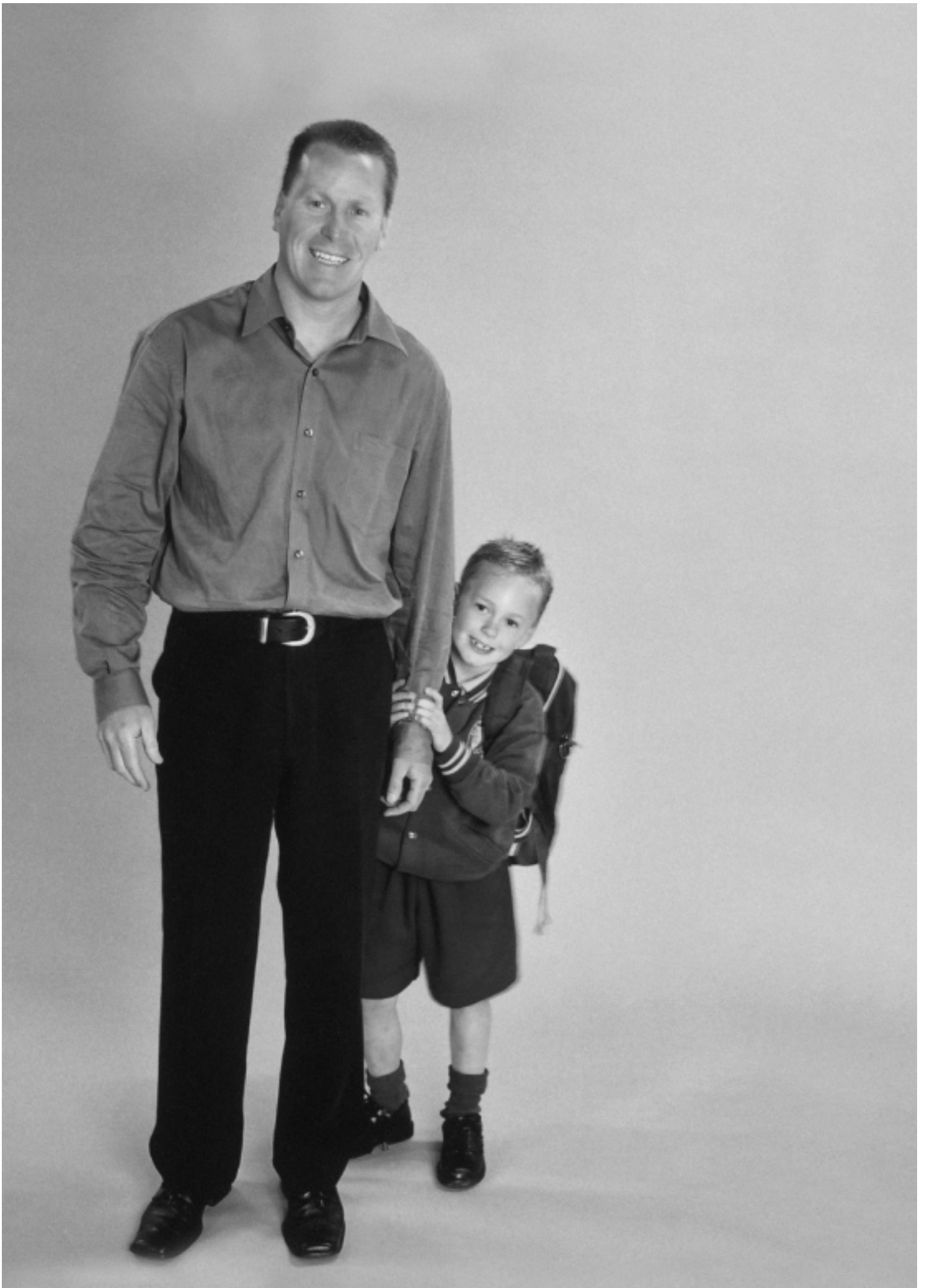
FASHION PARADE

On 30 October 2001, about 150 women, more than half from Australian rural backgrounds, crowded into the Cobram Consolidated School for a 'women's only' night of fashion, food and an insight into the Muslim culture. For many in the audience from an Australian background, including VicHealth's Irene Verins, the night was revelatory. 'As more fashions were displayed the level of diversity within the Muslim community became more and more obvious. It was a great awareness raising strategy because it unpacked slowly, both visually and through the women's descriptions, the diversity that exists among the community. It allowed us to recognise that perceptions about other communities are often wrong. It also gave all women in the community, regardless of their background, an opportunity to interact in a comfortable social setting.'



APRIL 2002
VICHEALTH LAUNCHES ITS NEW DIRECTIONS IN SPORT AND ACTIVE RECREATION WITH A THREE YEAR INVESTMENT OF \$25 MILLION TO ENCOURAGE MORE VICTORIANS TO PARTICIPATE IN PHYSICAL ACTIVITY AS PART OF WORLD HEALTH DAY CELEBRATIONS.





VicHealth invested \$3,901,017 into 20 projects under the Education, Local Government and Health (ELGH) program in 2001–02. This includes the significant investment of \$2,863,600 made to the QUIT and SunSmart programs.

A core objective for VicHealth is to share responsibility for health across other sectors. Much of our activity in the ELGH program is designed to develop partnerships at a systems/organisational level. For example, in 2001–02 a resource for local government – Leading the Way: Creating Healthier Communities – was developed in partnership with local council representatives. This resource will assist local government to understand the positive influence they can have on the social factors that influence the community's health.

The Connecting Through the Middle Years of Schooling project – a joint initiative with the education sector – aims to enhance young people's learning, physical and mental health outcomes by building significant relationships between teachers and students. This alignment of interests between sectors is critical for success.

ELGH, in partnership with the Department of Human Services, developed two Food insecurity demonstration projects so that specific sections of the local community would have improved access to healthy eating options. ELGH's advocacy role extends to ensuring the health impacts of transport and built environment are considered an important component in future development.

The Walking School Bus projects (picture left) are a part of the ELGH program. In 2001–02, 16 Walking School Bus projects were conducted by four local councils. One of the Walking School Bus Programs is profiled on page 30–31.

EDUCATION, HEALTH AND LOCAL GOVERNMENT WALKING SCHOOL BUS

Walk the Talk: VicHealth is promoting physical activity amongst children through the Walking School Bus program.

WALKING SCHOOL BUS

GETTING FIT BY TAKING THE BUS

I'm trying to get my kids out to walk. They're not big on sport. Just to get them out and walking, off their backsides and away from the TV at an early age is important.

In Echuca and Kyabram, two rural communities just over 200 kilometres north of Melbourne, children are starting to walk to school again. It's all because of a program called the Walking School Bus developed by VicHealth to improve levels of physical activity amongst children.

A Walking School Bus is a simple concept. It consists of two volunteers, a 'driver' and a 'conductor' – one walking at the front and one at the back – and a group of children walking in the middle. The routes are developed by the school community so that the bus passes by each child's house and picks them up at the front gate. In Kyabram, the leader of the bus blows a whistle as they approach each passenger's house. Locals say it's not unusual to see the kids running out of their houses to join the group which, with a walk of three kilometres, covers the most territory of any Walking School Bus in the area.

Sally Draper is the Walking School Bus coordinator at the Campaspe Shire Council in Echuca. She had the task of engaging the local school communities to ensure their involvement in the program. The response was positive and she now has four local primary schools – two in Echuca and two in Kyabram – participating, with about 16 children from each school walking to and from school with the bus one day a week. 'The main things I pushed are the things I'm pretty passionate about,' said Sally. 'The children are getting regular exercise; they're socialising with friends and neighbours, and hopefully getting some sort of road sense. We're also reducing some of the traffic congestion around the school.'

The decrease in the numbers of children walking to school – more than 80% of trips made to accompany children to school in Melbourne are by car – has removed one of the ways in which previous generations of children engaged, without even thinking about it, in regular physical activity.

The health impacts of such trends are now becoming apparent as childhood obesity soars and adult participation rates in physical activity decline. Research has shown that opportunities for school children to be physically active provide a good foundation for the development of healthy physical activity habits which may persist into later years. Studies show that less active children tend to remain less active as they grow older¹.

VicHealth is not turning back the clock, however. We understand that the enormous social and economic changes within the community forcing these types of trends are irresistible. We therefore work with the community to develop ideas to get kids moving. VicHealth invited tenders from local governments to conduct a Walking School Bus pilot program in their municipalities. The four municipalities selected to run the pilot program were the Cities of Greater Dandenong, Port Phillip and Whittlesea and the Shire of Campaspe.

Each of the councils appointed a person to coordinate the program. This person was responsible for engaging the schools in the area, explaining the program, gaining their support, assisting them to organise volunteers and facilitate a volunteer training program, developing safe routes and getting the children walking. Sally explains: 'It was just a case of going into the school, getting someone excited about the program and making it simple for them to organise in the future'.

Sheryl Hatch is a parent in Kyabram. After hearing Sally explain the idea she took on the role as coordinator of the program at the Kyabram primary school. Every Tuesday a group of around 16 children walk the one and a half kilometres to the local school. At the beginning the children were singing to keep them occupied. Now it's a quieter group but the miles are still getting into the young legs. Sheryl's interest in the program sums up its potential benefits. 'I'm trying to get my kids out to walk. They're not big on sport. Just to get them out and walking, off their backsides and away from the TV at an early age is important.'

JUNE 2002

VICHEALTH, ALONG WITH THE MUNICIPAL ASSOCIATION OF VICTORIA AND DEPARTMENT OF HUMAN SERVICES, LAUNCHES *LEADING THE WAY*, A RESOURCE TO PROVIDE LOCAL GOVERNMENT LEADERS WITH THE TOOLS NEEDED TO CREATE HEALTHY COMMUNITIES.





Volunteers are crucial to the success of the program. All undergo a police check and many are older people within the community. The impact on their health is a positive spin-off according to Sally. 'The volunteers thoroughly enjoy it. They feel quite special and a part of the community.'

VicHealth will continue to work very closely with those running the program on the ground to support councils, principals, teachers, parents, kids, volunteers and community agencies such as the police to make the program work in their area.'

To this end, VicHealth is bringing the coordinators of the programs together every three months to compare notes and, as Sally says, pinch each other's ideas. 'I really get a lot out of those meetings because you can see what other areas are doing.'

The Walking School Bus Network, consisting of representatives from the Department of Tourism, Sport and Commonwealth Games; Department of Infrastructure; Department of Education and Training; VicRoads; Environment Protection Authority; Environment Victoria; Department of Justice; Department of Human Services; Heart Foundation Victoria; Parents Victoria and VicFit, acts as a sounding board for the big picture issues such as insurance that impact upon the program. It allows cooperation and support to exist across the State, giving the program an even greater chance of success.

VicHealth's Kellie-Ann Jolly says the potential benefit to community and individual health and wellbeing through the Walking School Bus is significant. 'There's the increased levels of physical activity, the social impacts through volunteers, parents and children, the environmental impact of reduced traffic congestion and a greater awareness within councils of the impact of the built environment on their community's level of physical activity.'

Sally says the concept is starting to grow. Parents at one of the schools are asking about the possibilities of setting up another bus route. 'They need to come to me and say "wouldn't it be great if we had a Walking School Bus in this direction for it to succeed". That's what's happening. I just steer them in the right direction.'

For project summaries of all our initiatives designed to improve physical activity see pages 45–53.

Reference

1 Pate R, Baranowski T, Dowda M, Trost S. Tracking of physical activity in young children. *Medicine and Science in Sports and Exercise* 1996.

WALKING SCHOOL BUS – THE BENEFITS

- CHILDREN ENGAGE IN REGULAR PHYSICAL ACTIVITY
- CHILDREN SOCIALISE, IMPROVING MENTAL HEALTH AND WELLBEING
- LESS TRAFFIC AROUND SCHOOLS, IMPROVING SAFETY AND ENVIRONMENTAL POLLUTION



2001 VICHEALTH AWARDS

Each year, VicHealth presents awards to recognise and thank those who have made outstanding contributions to health promotion in Victoria.

2001 VICHEALTH EXCELLENCE IN HEALTH PROMOTING RESEARCH AWARD

WINNER:

The Centre for Adolescent Health – The Gatehouse Project

The Gatehouse Project focused on building positive social relationships at school. It aimed to promote emotional wellbeing and to prevent behavioural problems by working to strengthen a sense of positive connection to the school. This innovative research project now involves over 60 Victorian secondary schools and is continually creating new partnerships and building on the Gatehouse design. The Gatehouse Project has informed health promotion research by describing a rigorously evaluated intervention that has the potential to substantially reduce the illness associated with the use of tobacco, alcohol and illicit drugs by young people. The project has provided an understanding of the influence of social environments on emotional wellbeing and other important health risk factors of adolescents.

HIGHLY COMMENDED:

Monash University Accident Research Centre – Victorian Injury Surveillance and Applied Research Systems Project

2001 VICHEALTH EXCELLENCE IN HEALTH PROMOTION AWARD

WINNER:

The Victorian Country Football League – Health Promoting Sponsorship Package

This project generated a radical change in Victorian country football through the development and implementation of smoke-free policies across all leagues and clubs in only one year. The program works to dramatically improve the environment at clubs and leagues across the State, in keeping with a healthy and happy family environment.

The SmokeFree promotion has been the most consistently visible program throughout the Victorian Country Football League in its history.

HIGHLY COMMENDED:

Ballarat and District Aboriginal Cooperative – Makin Pitchas Project

2001 VICHEALTH HEALTH PROMOTION THROUGH COMMUNITY PARTICIPATION AWARD (SECTION 1)

WINNER:

Warrnambool Alternative School – Traditional Games Project

The Traditional Indigenous Games Program focused on fostering a relationship between sporting activity, Indigenous culture and identity within Warrnambool and District Primary Schools. Physical Education teachers and student leaders were instructed in the delivery of a range of Indigenous sporting and recreational activities, culminating in the coordination of an interschool Traditional Indigenous Games competition. The project provided school students and staff with insight into, and knowledge of, Aboriginal and Torres Strait Islander cultures, as well as providing Koori participants with an avenue to celebrate their cultural traditions.

HIGHLY COMMENDED:

Surf Coast Shire – Torquay High Tide Festival

2001 VICHEALTH HEALTH PROMOTION THROUGH COMMUNITY PARTICIPATION AWARD (SECTION 2)

WINNER:

The Polyglot Puppet Theatre – High Rise Project

The Polyglot Theatre Group worked closely with the residents of the Carlton high rise housing commission flats to create 'High Rise', a visual outdoor puppet performance created from the resident's talents and stories. Incorporating the architecture of the site, this project opened the flats to a wider public, allowing residents, especially children, to express the way they live to people who perhaps have little understanding about their lifestyles and cultures.

ENCOURAGEMENT AWARD:

The Bouverie Centre – Breaking Through Project

2001 VICHEALTH INNOVATION IN HEALTH PROMOTION AWARD

WINNER:

Somebody's Daughter Theatre Company – Breaking the Cycle Project

This project involved female prisoners and ex-prisoners working with professional artists to produce and perform the play 'So Full of Brave' and exhibit their artwork. The art exhibition (produced from classes that were conducted in prison) and the play took place at the Victorian Arts Centre. The project also involved a series of interactive workshops and discussions within communities across Victoria. The project worked to raise community awareness of underlying issues leading to gambling, drug addiction and their consequences. The project also aimed to motivate individuals who find themselves on self-destructive journeys to make positive and empowering changes in their lives.

HIGHLY COMMENDED:

Whitelion Inc. – Whitelion Project



VicHealth Award: Wathaurong Glass design 'My Homeland' by Joel Apma Hayes

PRESENTATIONS AND ARTICLES

VicHealth staff made a significant contribution to the discussion around public health during 2001–2002

BOOKS/CHAPTERS

Walker L, Rowling L, Martin G. Mental Health Promotion and Young People, McGraw Hill, Sydney 2001.

Walker R, Gardner H, Robinson Y. Strategic alliances in public health. In Gardner H, Barraclough S, editors. Health policy in Australia. 2nd ed. Oxford University Press; 2002.

ARTICLES

Verins I. Mental health promotion plan. Ausinet E-Journal for Advancement of Mental Health 2002 Jan.

Verins I. Issues faced by same-sex attracted youth. Department of Human Services' Health Promotion Strategies Newsletter.

Verins I. VicHealth's response to the mental health of refugees and new arrivals to Australia. Australian Children's Rights News: Newsletter of the Australian Section of Defence for Children International about Social Connectedness and Freedom from Discrimination 2001 Dec.

CONFERENCE PAPERS AND PRESENTATIONS

Corkum M. Keynote address, Together We do Better – Marketing meets mental health promotion; Mental Health Promotion Symposium; 2002 March. Perth.

Corkum M. Together We Do Better – Marketing and promoting mental health; Mental Health Promotion Symposium; 2001 September; Melbourne.

Corkum M. Making the Media Connection; Youth Affairs Council of Victoria – Reversing the Drift; 2002 May; Shepparton.

Harris A, Hulme A. The potential for upstream inter-sectoral approaches to reduce road trauma among youth. 2001 Road Safety Research, Policing and Education Conference; 2001 Nov; Melbourne.

Hulme A. The potential for collaborative, preventative approaches to reduce road trauma among youth. 6th Annual Local Government Road Safety Conference; 2001 Aug; Newcastle, NSW.

Hulme A. How an unlikely partnership is finding common solutions to multiple problems: the Australian experience. 20th National Conference on Health Education and Health Promotion; 2002 Jun; New Orleans, USA.

Kent R. Tobacco taxes and health promotion. WHO; 2001 Sep; Malta.

Maier, S. From sponsorship and spectators to programs and participants in Victorian sport – reflections on why and how. National Conference on Health Promotion; 2002 June; New Orleans USA.

Maier, S. Bringing women on board - facilitators and barriers for female representation on State Sporting Association Boards in Victoria. Sport Management Australia and New Zealand; 2001 Nov; Melbourne.

Mundy, T and Maier, S From sponsorship and spectators to programs and participants in Victorian sport - reflections on why and how. Sport Management Australia and New Zealand; 2001 Nov; Melbourne.

Moodie R. What VicHealth does in relation to public health. Australian Rheumatology Association Annual Scientific Meeting; 2001 Aug; Melbourne.

Moodie R. Overview of local drug strategies; in our backyard. Local Drug Strategies Conference; 2001 Sep; Melbourne.

Moodie R. Co-chair final session. International Congress on AIDS in Asia and the Pacific (ICAAP); 2001 Oct; Melbourne.

Moodie R. Promoting the mental health of children and their families [keynote address]. Holding it Together Conference; 2001 Apr; Melbourne.

Moodie R. Promoting the health of alcohol and other drugs workers. Who us? You've got to be joking! National Centre for Education and Training in Addiction Symposium – Keynote Address, 2001 May; Melbourne.

Moodie R. VicHealth and current mental health issues in our state [keynote address]. Grampians Region 2002 Mental Health Industry Forum; 2001 May; Victoria.

Robinson Y. The arts and public funding. The Great Debate, Shepparton Arts Festival; 2002 Mar; Shepparton, Victoria.

Robinson Y. The role of tobacco foundations in tobacco control. WHO Western Pacific Region Workshop on Tobacco Control; 2001 Oct; Sydney.

Verins I. From margin to mainstream: the potential of mental health promotion strategies to integrate people who are newly arrived to Australia. Australian Diversity Conference; 2001 Nov; Geelong, Victoria.

Verins I. Promoting mental health in young people. VicHealth Seminar; 2002 Feb; Melbourne.

Verins I. beyond blue. Promoting mental health in the workplace. Victorian Employers Chamber of Commerce and Industry workshop; 2002 Mar; Melbourne.

Verins I. Children of parents with a mental illness partnership project. Holding It Together Conference; 2002 Apr; Melbourne.

PROJECT SUMMARIES
VICHEALTH INVESTMENTS 2001–2002

INVESTMENT HIGHLIGHTS

VicHealth invested \$21,115,982 across 461 projects during 2001–2002. The following highlights demonstrate the range of investments designed to promote health.

- VicHealth provided \$498,724 to 366 sports clubs in Victorian to provide and promote healthy and safe environments and prevent injury.
- VicHealth invested \$2.4 million into the Quit Campaign conducted by the Cancer Council of Victoria.
- VicHealth invested on average \$6000 each to 36 Community Festivals throughout Victoria.
- VicHealth invested \$250,000 across three racing codes to the Rural Racing – Health Enhancing Clubs and Venues Scheme.
- VicHealth invested \$124,000 into a Department of Education and Training Project – Connecting through the Middle Years to improve the social connectedness of young people in years 5-9.
- VicHealth invested \$78,600 through its conference support fund to encourage learning and networks around a variety of health issues.
- VicHealth invested in 140 Active for Life and Active Recreation Projects to encourage physical activity. A total of 41 percent of grant funds were invested in sport and recreation.
- VicHealth invested \$305,000 in partnership with the Australian Sports Commission to provide new sports activity options for primary school children in out-of-school time.
- VicHealth invested \$225,000 into the Good Sports Program conducted by the Australian Drug Foundation to encourage responsible alcohol usage and serving practices within the club environment.
- VicHealth invested \$450,000 to the SunSmart Campaign conducted by the Cancer Council of Victoria.



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FUNDED PROJECTS 2001–2002

AMELIORATION OF CHRONICITY AND DISABLEMENT

THE BURDEN OF EYE DISEASE IN VICTORIA

Centre for Eye Research Australia

Dr J Keefe. This project involves the development of a questionnaire that ascertains needs and assesses the outcomes of rehabilitation for people who have impaired vision.

■ \$75,000

COMMUNICABLE DISEASE PREVENTION

CHILD HEALTH EPIDEMIOLOGY AND NEW VACCINES IN AN ASIAN COUNTRY (SENIOR FELLOWSHIP)

University of Melbourne

Prof K Mullholland. This project aims to describe the epidemiology of childhood illness and injury in an urban and rural Asian community, define the burden of disease due to important respiratory and enteric pathogens in the same communities, and conduct trials of new vaccines and vaccination strategies that have the potential to improve child health in both Australian and Asian societies.

■ \$165,000

CONFERENCE SUPPORT SCHEME: 3RD AUSTRALASIAN CONFERENCE ON HEPATITIS C

The Burnet Institute

This conference promoted dialogue and interaction between the major academic and professional disciplines, as well as affected communities, providing knowledge about hepatitis C.

■ \$2,000

HEALTH SERVICES EVALUATION AND HEALTH ECONOMICS

RESEARCH

COCHRANE COLLABORATION HEALTH PROMOTION – PUBLIC HEALTH FIELD

Murdoch Childrens Research Institute

Dr E Waters. Funding for the financial and administrative support for the relocation of the Health Promotion and Public Health Field of the International Cochrane Collaboration from Canada to Victoria and for the further development of the Field.

■ \$120,000

CONNECTING FOR HEALTH: THE ROLE OF NETWORKS AND PARTNERSHIPS IN IMPROVING HEALTH AND WELLBEING (PUBLIC HEALTH FELLOWSHIP)

The University of Melbourne

Dr J Lewis. This joint VicHealth and Department of Human Services Public Health Fellowship will analyse the role of collaborative arrangements in improving health and wellbeing in Victoria by examining public networks and policy development and investigating case studies of partnerships.

■ \$100,000

EVALUATION OF COMMUNITY-BASED ORAL HEALTH PROMOTION PROGRAM FOR MIGRANT OLDER ADULTS

Dental Health Services Victoria

Prof C Wright. A study evaluating a community-based oral health promotion program to improve access of elderly people of Italian and Greek background to oral health services and to provide information on oral health status, knowledge, attitudes and practices in older adults from these communities.

■ \$114,798

HEALTHY EATING

COMMUNITY FESTIVALS SCHEME

The following festivals received funding under the Community Festivals Scheme. They are community based arts festivals designed to increase social connection, promote healthy eating and create a festival environment which is conducive to good health.

10TH APOLLO BAY MUSIC FESTIVAL

Apollo Bay Music Festival Inc.

■ \$6,000

ART IS A CIRCUS—JUGGLING THE ELEMENTS

Horsham Art is ... Festival

■ \$6,000

AUTUMN EQUINOX HARVEST FESTIVAL

CERES

■ \$6,000

BEECHWORTH CELTIC FESTIVAL

Beechworth Arts Council

■ \$4,500

BIRRALEE

'Birralee' Goulburn Valley Children's Festival

■ \$6,000

BIRREGURRA WEEKEND FESTIVAL

Birregurra and District Action Group

■ \$6,000

BROADMEADOWS COMMUNITY FESTIVAL

Hume City Council

■ \$5,000

BUCHAN FOOTHILLS FESTIVAL

Buchan and District Art and Craft Inc.

■ \$6,000

COMMUNITY EXPO AND HEALTHY LIFESTYLES DAY

Ballarat and District Aboriginal Co-Op.

■ \$5,470

CULTURAL CELEBRATION SERIES 2002

Broadmeadows Health Service

■ \$6,000

DEANS MARSH PIONEER FESTIVAL

Deans Marsh Community Cottage

■ \$6,000

EXPLODING MYTHS

Shepparton Arts Festival

■ \$6,000

FESTIVAL OF KITES

City of Darebin

■ \$6,000

HAPPENING HESSE ST

Queenscliff Music Festival

■ \$6,000

HIGH TIDE FESTIVAL

Surf Coast Shire

■ \$6,000

MALDON FOLK FESTIVAL

Maldon Folk Festival

■ \$6,000

MORTLAKE BUSKER'S FESTIVAL

Mortlake Busker's Festival Inc.

■ \$6,000

NATIMUK FRINGE FESTIVAL

Arapiles Community Theatre

■ \$6,000

NGAN GIRRA FESTIVAL

Mungabareena Aboriginal Corporation

■ \$5,900

PAKO FESTA 2002

Geelong Ethnic Communities Council

■ \$6,000

RED CLIFFS FOLK FESTIVAL

Red Cliffs Folk Festival

■ \$6,000

RETURN OF THE SACRED KINGFISHER FESTIVAL

CERES

■ \$6,000

RYE BEACH SANDSCULPTING

Rye Beach Community Action Inc.

■ \$6,000

SHAKESPEARE ON THE RIVER FESTIVAL

Stratford Shakespeare Association

■ \$6,000

SUNNY SEDGWICK MUSIC FESTIVAL

The Sarah Cuffley Foundation Inc.

■ \$6,000

SYDNEY RD STREET PARTY—CLUB WILD STAGE

Moreland City Council

■ \$6,000

THE SEA FESTIVAL

Frankston City Council

■ \$6,000

THE WARRNAMBOOL INTERNATIONAL CHILDREN'S FESTIVAL—FUN 4 KIDS KITCHEN

Warrnambool City Council

■ \$6,000

TRIPLE E FESTIVAL

MADA

■ \$6,000

VICTORIAN SENIORS FESTIVAL

Department of Human Services

■ \$6,000

WANGARATTA FESTIVAL OF JAZZ

Wangaratta Festival of Jazz

■ \$6,000

WHITTLESEA COMMUNITY FESTIVAL

City of Whittlesea

■ \$6,000

WICKED FESTIVAL

Gasworks Arts Park

■ \$6,000

YACKANDANDAH FOLK FESTIVAL

Yackandandah Folk Festival Committee

■ \$2,500

YOUTH ARTS FESTIVAL

Shire of Strathbogie

■ \$6,000

YOUTH FESTIVAL

Mallacoota Art Council

■ \$6,000

PUBLIC HEALTH NUTRITION POLICY ANALYSIS FOR CHILDREN

National Heart Foundation Victorian Branch

Project to identify potential settings to support the development of public health nutrition policy, analyse existing nutrition-related policy, and identify public health nutrition gains that could be achieved through improved public health nutrition policy and related activity across age groups and settings.

■ \$80,000

ENVIRONMENTAL AND INDIVIDUAL DETERMINANTS OF PHYSICAL ACTIVITY AND DIETARY BEHAVIOUR

La Trobe University

Dr A Kavanagh. A project which aims to determine why socioeconomic groups differ in their physical activity participation and food purchasing behaviours by estimating the contributions of environmental, inter-personal and intra-personal factors.

■ \$184,592

SOCIOCULTURAL FACTORS IN THE PREVENTION OF CHILD AND ADOLESCENT OBESITY

Murdoch Childrens Research Institute

Dr E Waters. A study that examines the role of sociocultural influences as determinants of eating/food habits and physical activity.

■ \$48,439

THE INFLUENCE OF THE FAMILY ENVIRONMENT ON CHILDREN'S EATING AND PHYSICAL ACTIVITY

Deakin University

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

■ \$72,394

THE PREDICTORS OF HEALTHY EATING AND PHYSICAL ACTIVITY IN HEALTH 2000

The Cancer Council of Victoria

Prof G Giles. This project is a follow up of 40,000 people in the Health 2000 cohort and a repeat of measures of eating habits and physical activity along with additional questions about health beliefs in order to investigate why some people's patterns of eating and physical activity improve or worsen with age.

■ \$77,000

HEALTHY VENUES

Projects to promote and provide healthy eating choices, as well as other health promotion outcomes, at thoroughbred or greyhound racing venues.

EAT WELL LIVE WELL KYNETON CUP

Kyneton District Racing Club

■ \$10,000

EAT WELL LIVE WELL MILDURA GOLD CUP

Mildura Racing Club

■ \$10,000

EAT WELL LIVE WELL GRAND ANNUAL STEEPLECHASE

Warrnambool Racing Club

■ \$25,000

HEALTH PROMOTING SPONSORSHIP

Pakenham Racing Club

■ \$17,000

HEALTH PROMOTING SPONSORSHIP PACKAGE

Melbourne Greyhound Racing Association

■ \$32,000

MANIKATO STAKES

Moonee Valley Racing Club

■ \$65,000

PARTNERSHIPS FOR HEALTH: HEALTHY EATING – CREATING HEALTHY ENVIRONMENTS IN SPORTING CLUBS AND VENUES

National Heart Foundation of Australia Victorian Division

Support function role for state sporting associations involved in the Partnerships for Health scheme to deliver sporting environments providing healthy eating choices.

■ \$85,000

PARTNERSHIPS FOR HEALTH: HEALTHY EATING – CREATING HEALTHY ENVIRONMENTS IN SPORTING CLUBS AND VENUES

Diabetes Australia- Victoria and International Diabetes Institute (DAV/IDI)

Support function role for state sporting associations involved in the Partnerships for Health scheme to deliver sporting environments providing healthy eating choices.

■ \$85,000

INTERVENTIONS TO IMPROVE CARDIOVASCULAR HEALTH IN ABORIGINAL PEOPLE (PUBLIC HEALTH FELLOWSHIP)

The University of Melbourne

Dr K Rowley. This project evaluates the effectiveness of programs run by Aboriginal communities which aim to improve opportunities for better diet and exercise.

■ \$100,000

INJURY PREVENTION

CONFERENCE SUPPORT SCHEME – AUSTRALIAN CONFERENCE OF SCIENCE AND MEDICINE IN SPORT

Sports Medicine Australia

Conference aims to promote knowledge and practice in sports medicine and sports science through an interactive and interdisciplinary education forum, and provide knowledge transfer on injury prevention in sport and physical activity for epidemiologists, researchers, policy-makers and those in the field.

■ \$5,000

THE EFFECTIVENESS OF HEADGEAR AND MOUTHGUARDS FOR PREVENTING FOOTBALL INJURIES

Monash University

A/Prof C Finch. This study is a formal evaluation of the effectiveness of protective headgear and/or mouthguards in preventing Australian football injuries to the head/face/neck/dental regions.

■ \$29,008

VICTORIAN INJURY SURVEILLANCE AND APPLIED RESEARCH PROGRAM (VISAR) 2001–03

Monash University

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

■ \$165,000

'HOW TO BECOME A SMARTPLAY CLUB' WORKSHOPS

VicHealth used the Regional Sports Assembly (RSA) network to provide education on injury prevention across Victoria. The following networks ran workshops: The Melbourne Sports Network, Gippsport, Valley Sport, Mallee Sports Assembly, South West Sports Assembly, Wimmera Regional Sports Assembly, Sports Focus, Leisure Networks, Eastern Leisure Network and Central Highlands Sports Assembly.

■ \$18,080

PARTNERSHIPS FOR HEALTH—INJURY PREVENTION— CREATING HEALTHY ENVIRONMENTS IN SPORTING CLUBS AND VENUES

Sports Medicine Australia

Support function role for state sporting associations involved in the Partnerships for Health scheme to deliver environments in sport which are safer and reduce injury.

■ **\$90,000**

SPORT SAFETY EQUIPMENT PROGRAM: 2002 GRANTS

Provision of small grants to 366 sports clubs to provide and promote healthy and safe environments.

■ **\$498,724**

VICTORIAN SPORTS INJURY PREVENTION PROGRAM

Sport and Recreation Victoria

Project to raise awareness of and activity in sports injury prevention throughout the state in partnership with Sport and Recreation Victoria, the Department of Human Services and Sports Medicine Australia.

■ **\$40,000**

MENTAL HEALTH

BALLARAT BEGONIA FESTIVAL

Ballarat Begonia Festival

Project designed to increase social connection, promote healthy eating and create a festival environment which is conducive to good health and wellbeing.

■ **\$10,000**

BENDIGO EASTER FAIR

Bendigo Easter Fair Inc.

Project designed to increase social connection, promote healthy eating and create a festival environment which is conducive to good health.

■ **\$10,000**

CULTURAL DEVELOPMENT NETWORK (VICTORIA)

City of Melbourne

The project is designed to build the capacity of local governments across Victoria to develop and implement effective policy and practice relevant to community cultural development.

■ **\$30,000**

PRODUCTIONS 2001

The Production Company

The project aims to facilitate interest in and attendance at theatre productions for young people who are working in the arts and who currently have limited opportunities to engage with mainstream arts activity.

■ **\$15,000**

THE ROYAL MELBOURNE SHOW 1999–2001

Royal Agricultural Society of Victoria

Support to buy out the tobacco supply right of Philip Morris and further improve the smoke-free areas in indoor and outdoor facilities and to promote the SmokeFree message. Also to work on structural change particularly around improving the variety of food available during the Show.

■ **\$20,000**

COMMUTING CONNECTION: THE PHYSICAL ENVIRONMENT AND OUR COMMUNITY'S HEALTH

Mount Alexander Shire Council

Project to support and document creative and participatory approaches to enhancing the physical environment by councils and shires in order to improve and promote community mental health and wellbeing.

■ **\$80,000**

ROBINVALE COMMUNITY ACTION THROUGH INVOLVEMENT

Swan Hill Rural City Council

Project to support and document creative and participatory approaches to enhancing the physical environment by councils and shires in order to improve and promote community mental health and wellbeing.

■ **\$80,000**

COMMUNITY ARTS PARTICIPATION SCHEME

The following projects received funding under the Community Arts Participation scheme. Community arts include a range of activities which involve communities participating in the creation and execution of arts projects in collaboration with professional artists to improve individual and community health and wellbeing. People living in rural and regional Victoria, young people and those who are socially and economically disadvantaged are targeted.

'OFF TO A HEALTHY START' PROJECT

Deakin University

■ **\$13,500**

THE POPPY CROP PROJECT

Westside Circus

■ **\$25,000**

10 YEARS ON—A COMMUNITY CELEBRATION AND PERFORMANCE

Apollo Bay Music Festival Inc.

■ **\$20,000**

2002 GASWORKS INDIGENOUS ARTS PROGRAM

Gasworks Arts Park

■ **\$18,000**

A MOTHER'S PUBLIC ART

Mount Alexander Shire Council

■ **\$25,000**

BELONGING

Brimbank City Council

■ **\$25,000**

BURN

HotHouse Theatre

■ **\$25,000**

BUTE UTES

Regional Arts Victoria

■ **\$50,000**

CAR ART TO DRIVE AND TO WEAR

Shepparton Arts Festival

■ **\$20,000**

CCD PRACTICE RESEARCH AT ARTFUL DODGERS STUDIO

Jesuit Social Services

■ **\$15,000**

COMEBACK KIDS*Somebody's Daughter Theatre*

■ \$25,000

COMMUNITY SINGING ACROSS VICTORIA*Community Music Victoria*

■ \$60,000

CREATIVE ARTS FOR YOUTH AT RISK*University of Melbourne*

■ \$51,000

DO WE SPEAK THE SAME LANGUAGE?*Arts Access*

■ \$25,000

FAST [24-HOUR ACTIONS]*Geelong Arts Alliance Inc.*

■ \$16,250

HOME SHOWS*Next Wave Festival*

■ \$50,000

LA MAMA MENTORING*La Mama*

■ \$55,000

LEADING SINGING GROUPS IN COMMUNITY SETTINGS*Grapevine Music*

■ \$6,000

MEETINGS*Outreach Victoria*

■ \$25,000

MEGABITE-PLUS*Collingwood Neighbourhood House*

■ \$25,000

NATURE VERSUS CULTURE*Jesuit Social Services*

■ \$24,980

NO!*Melbourne Workers Theatre*

■ \$21,000

NOT AT HOME*Cultural Development Network (Vic)*

■ \$25,000

PAST/PRESENT: FIRST IMPRESSIONS*The City of Whittlesea*

■ \$10,000

PUSH IT! PUSH IT REAL GOOD!*The Push Inc.*

■ \$25,000

RISING HIGHER*Polyglot Puppet Theatre Ltd*

■ \$25,000

SCRAYP*SCRAYP/ Footscray Community Arts*

■ \$45,000

SEVEN DAYS*City of Darebin*

■ \$25,000

SIGNATURES*The Courthouse Project Inc.*

■ \$25,000

SMARTARTS MUSIC PROJECT*North-East Support and Action For Youth*

■ \$50,000

SUCH LIVES COMMUNITY THEATRE SHOW*Belgium Avenue Neighbourhood House/Finbar Neighbourhood House*

■ \$25,000

THE DISTANCE TOGETHER*Axiom Gallery Incorporated*

■ \$14,080

**THE GEORGE FAIRFAX MEMORIAL SCHOOLS
DRAMA FESTIVAL***Swan Hill Rural City Council*

■ \$6,000

THE GRAND FEELING*Paradigm Productions*

■ \$12,042

THE TORCH*Brotherhood of St Laurence*

■ \$50,000

TRAINING AND DEVELOPMENT PROGRAM*Back To Back Theatre*

■ \$25,000

URBAN DREAMING*Centre for Creative Ministries*

■ \$25,000

WEAVING LANDS*Hume City Council*

■ \$17,394

**WOMEN'S CIRCUS NEW WOMEN'S TRAINING PROGRAM
AND ANNUAL PERFORMANCE SEASONS***Women's Circus*

■ \$75,000

COMMUNITY ARTS PARTICIPATION SCHEME – EVALUATION*Effective Change Pty Ltd*

Evaluation of the effectiveness of the Community Arts Participation scheme to meet the objectives of the Arts program and of the Foundation. Involves production and dissemination of a final report.

■ \$35,000

WELL-PLACE PRESTON

City of Darebin

This project is designed to support and document creative and participatory approaches to enhancing the physical environment by councils and shires in order to improve and promote community mental health and wellbeing. The emphasis of the project is on engagement of older residents in the production of artwork which reflects the diversity of the community. The artwork will be placed within the City of Darebin at a site to be determined by the participants.

■ \$50,000

AFRICAN EMPLOYMENT DEVELOPMENT PROJECT

Maribyrnong City Council

Project to establish an African Employment Development Program and World Market, targeting African women in the Cities of Maribyrnong and Moonee Valley with the aim of enhancing the mental health and wellbeing of participating women.

■ \$50,000

AMES STRENGTHENING COMMUNITIES PROJECT

Adult Migrant Education Services

Evaluation of a mental health promotion project designed to decrease isolation experienced by older people who are new arrivals to Australia and to increase skills which are then applied to economic participation activities.

■ \$30,000

ARTSPACE: THE CORANGMITE YOUTH ENTERPRISE PROJECT

Terang Resources Inc.

Project to enhance young people's mental health through economic participation in a series of youth identified activities which focus on the arts, youth organisation and community development processes and practices within the region.

■ \$45,000

ASSET BASED COMMUNITY DEVELOPMENT (ABCD) PROJECT

Rural City of Ararat

An asset based community development project which monitors and matches local skills with local industry requirements. Conducted in seven small towns in Ararat and District, the project has secured resources to implement a three-year strategic plan.

■ \$3,000

CHANGING LANES PROJECT

Nagle College

Project to enhance the mental health of young people through economic participation in the engineering field, particularly that of metal fabrication.

■ \$45,000

CHILDREN OF PARENTS WITH A MENTAL ILLNESS

Murdoch Childrens Research Institute / Centre for Adolescent Health

Project to implement, evaluate and document a model of cross-sectoral collaboration in five sites across Victoria which will engage and support young people (12–18 years) whose parents have a mental illness.

■ \$100,000

CONFERENCE SUPPORT SCHEME: REVERSING THE DRIFT SUMMIT

Youth Affairs Council of Victoria

Summit Conference addressing issues confronting young people in rural and regional Victoria and supporting youth workers, community builders and organisations with youth issues. Three key themes were addressed: claiming a place for young people in rural and regional Victoria; social connection—strategies to combat social isolation; and sustainability—creating long-term opportunities and long-term solutions.

■ \$10,000

EVALUATION OF THE KOORI COMMUNITY LEADERSHIP PROJECT

Monash University

The multi-site evaluation of the five Koori community leadership projects which target young Kooris and are based in communities in rural and metropolitan areas. Activities include support and resourcing of individual projects, identification of common themes and models of Indigenous leadership, and dissemination of findings among Indigenous communities in Victoria and nationally.

■ \$41,500

HUMAN RIGHTS ORATION—EVERYBODY, EVERYDAY

Equal Opportunity Commission Victoria

Project to establish links between social determinants of mental health and human rights.

■ \$30,000

KDSV STATEWIDE CONSULTATION AND STRATEGIC PLAN

Koorie Diabetes Services Victoria

A project which involves broad consultation among Koori communities in Victoria for the development of a strategic plan for Koori Diabetes Services Victoria, identifying priorities and future activities for the statewide organisation to ensure future sustainability.

■ \$20,000

KOORI PROGRAM SUPPORT

Pilican Consulting Service

A project to resource and support the Promotion of Emotional and Spiritual Wellbeing in Koori Communities Program, undertake the development of the Koori Network for the Future, and provide expert advice and support across the program areas.

■ \$50,000

KOORI HEALTH UNIT COMMUNITY CAPACITY DEVELOPMENT PROGRAM

The University of Melbourne

The Community Development Program provides a critical link between the research activities of the VicHealth Research and Community Development Unit and the Aboriginal community controlled health sector by supporting and resourcing community activities, providing advice and guidance to mainstream health researchers and services, developing and facilitating community forums and seminars, producing community publications on health issues and maintaining community links through regular liaison with Koori communities across Victoria.

■ \$100,797

MENTAL HEALTH PROMOTION IMPLEMENTATION PROJECT

Victorian Foundation for the Survivors of Torture

Developing ways to enhance the capacity of health and community support professionals to support new arrivals to access resources required for positive mental health.

■ \$45,538

MOUNT STREET PROJECT

Banyule City Council

Project to support and document creative and participatory approaches to enhancing the physical environment by councils and shires in order to improve and promote community mental health and wellbeing.

■ **\$80,000**

MUM AND DAD GOT THE BANK BACK

Lead On

Project to build the capacity of a rural community to both lift the profile of and better support its young people to become engaged in economic activity and therefore enhance their mental health and wellbeing.

■ **\$25,000**

PARTNERSHIPS FOR RURAL MENTAL HEALTH AND WELLBEING PROGRAM

Ovens and King Community Health Service

Project conducted in partnership with secondary colleges and health and welfare agencies to develop an integrated online youth information/health advice service for all young people in Wangaratta and District which ensures a safe and inclusive environment for same sex attracted young people and their families.

■ **\$22,500**

MAKIN' PITCHAS

Ballarat and District Aboriginal Co-Operative Ltd

Project to produce a video of short films dealing with the mental health issues experienced by young Kooris in Ballarat and District. A group of young people developed the scripts, acted in and produced the films which have been widely distributed to Indigenous communities and education and training services statewide and nationally for use in cross-cultural education activities.

■ **\$25,631**

PROMOTION OF EMOTIONAL AND SPIRITUAL WELLBEING IN KOORI COMMUNITIES PROGRAM—THE VICTORIAN KOORI COMMUNITY LEADERSHIP PROJECT

Winda Mara Aboriginal Corporation

The project targets young Kooris in Heywood and District, providing leadership training, mentoring and supported experiential learning in leadership activities. The project is based on strong collaborative relationships between Koori organisations, local secondary colleges and mainstream health, welfare and justice organisations.

■ **\$50,000**

PUSH 'N' VICTORIA

The Push

Support for The Push to conduct alcohol and drug free music events targeting young people and including regional events.

■ **\$25,000**

RURAL MENTAL HEALTH PROMOTION CLUSTER EVALUATION

McLeod Nelson and Associates Pty Ltd

Project to evaluate the mental health projects funded under the Rural Partnerships program.

■ **\$15,000**

SCOPING STUDY

The Australian Council for Children and Youth Organisations Inc.

Project to build the capacity of child and youth focused services through the development of a quality improvement framework.

■ **\$5,000**

SOCIAL DEVELOPMENT PROJECT FOR NEW ARRIVALS TO AUSTRALIA – COMMUNITY GUIDES FOR NEW ARRIVALS PROGRAM IN THE WESTERN REGION

Inner Western Region Migrant Resource Centre

Project to enhance the capacity of the leaders of new arrival communities, to support their community members and to link them to services and social and recreational activity, thereby improving their sense of connectedness and wellbeing.

■ **\$45,000**

SOCIAL DEVELOPMENT PROJECT FOR NEW ARRIVALS TO AUSTRALIA—MIGRANT INFORMATION CENTRE MENTAL HEALTH PROMOTION PROJECT

Migrant Information Centre (Eastern Melbourne)

Through youth and parent peer support and leadership programs, the project will support both young people and their parents to access local social support networks and recreational activities.

■ **\$50,000**

STRENGTHENING FAMILIES AND SCHOOL COMMUNITIES FOR REFUGEE CHILDREN

Victorian Foundation for Survivors of Torture and Trauma

Organisational capacity building project designed to improve the response of English language centres to young refugees and new arrivals to Australia. Project is also focusing on strengthening the capacity of centres to form positive links with community organisations and the families of students.

■ **\$60,000**

THE COLLINGWOOD HOUSING ESTATE ARTS PRECINCT PROJECT (CHEAP)

City of Yarra

Project to support and document creative and participatory approaches to enhancing the physical environment by councils and shires in order to promote mental health and wellbeing among residents of the Collingwood Housing Estate.

■ **\$80,000**

THE VICTORIAN KOORI NETWORK FOR THE FUTURE

Victorian Aboriginal Youth Sport and Recreation Co-Op Ltd

An Indigenous 'think tank' of Koori community leaders, academics and community members to coordinate leadership activities in Koori communities and facilitate cross-community discussion of community agendas and future planning to ensure the ongoing growth and development of cultural strength and self-determination within individuals, families and communities.

■ **\$60,000**

VAHS HEALTHY LIFESTYLE COMMUNITY DAY

Victorian Aboriginal Health Service Cooperative

A community event attended by Koori community members from across metropolitan Melbourne which involved planning and participation by a wide range of health agencies and services, focusing on healthy eating, exercise and access to services in a family and community context.

■ **\$500**

WHITELION PROJECT

Whitelion Inc.

Project to support the recruitment, training and education of sporting and community identities to act as role models/mentors to clients of Victorian juvenile justice centres, promoting the notion of connectedness as a building block towards young people developing resilience and healthy behaviours.

■ **\$50,000**

YARRAM AND DISTRICT YOUNG PEOPLE'S ENTERPRISE

Victorian Small Rural Communities Health Project

Project to enhance the mental health and wellbeing of young people by establishing a sustainable rural small business employing young people regarded as being at risk.

■ \$45,000

YOUTH COMMUNICATION PROJECT – BRIGHTEN THE FUTURE LIVE LIFE WELL

Brophy Family and Youth Services

Project to enhance young people's mental health by increasing the economic participation of young people in the Warrnambool area, through the development of youth enterprises in information technology, media and marketing.

■ \$45,000

CHANGING CULTURES PROJECT

Northern Melbourne Institute of TAFE (NMIT)

Project to build partnerships across secondary education, TAFE and training sectors to coordinate and enhance the educational and training experiences of young people who are new arrivals to Australia.

■ \$120,000

CONNECTING THROUGH THE MIDDLE YEARS

Department of Education and Training

A partnership with the Department of Education and Training to improve the social connectedness of young people in years 5 to 9 within both their school and their community. The project involves a direct one-to-one relationship between the young person and their advocate who will assist them with academic, personal and social issues. A range of computer tools are being developed to assist in the process of enhancing their learning potential and increasing their sense of belonging.

■ \$124,000

ROLE OF SCHOOLS AS CORE SOCIAL CENTRES

Catholic Education Office

A partnership with the Catholic Education Office to support a cluster of inner-city primary schools to implement and evaluate an innovative model successfully trialled in 2001 in a semi-rural cluster. The project is designed to encourage the promotion of mental health and wellbeing as a core function of schools (including the establishment of partnerships with community-based agencies).

■ \$50,000

EVALUATION OF YOUTH ECONOMIC PARTICIPATION FOR MENTAL HEALTH

Australian Youth Research Centre

Project to evaluate the Youth Economic Participation projects funded under the Mental Health Promotion Plan.

■ \$25,000

WORKING FOR AGES

Equal Opportunity Commission Victoria

Development of strategies that address barriers to employment opportunities for workers 45 years and over.

■ \$50,000

WHITELION INC

Whitelion Inc.

Project to promote economic participation and enhance the mental health of young people residing at Parkville Youth Residential Centre by facilitating links between community agencies, business leaders and young people.

■ \$45,000

CONFERENCE SUPPORT SCHEME: DYING, DEATH AND GRIEVING—A CULTURAL PERSPECTIVE

Australian Multicultural Foundation

Conference to provide knowledge transfer on the needs, particularly in relation to mental health and wellbeing of settled and new arrival communities on issues related to grief.

■ \$1,000

CONFERENCE SUPPORT SCHEME: STOP THE TRAFFIC— ADDRESSING TRAFFICKING IN WOMEN FOR PROSTITUTION

Project Respect Inc.

Conference focused on the health impacts of trafficking in women for prostitution and possible responses from health services. Issues addressed from the Mental Health Promotion Plan include freedom from discrimination and violence, women and violence, new arrivals and human rights.

■ \$3,000

HEALTH AND WELLBEING IMPACTS OF RETIREMENT: A LONGITUDINAL STUDY

La Trobe University

A/Prof D de Vaus. A study identifying the health and wellbeing impacts of retirement over the short to medium term and the implications for interventions, building on the sample of retirees already recruited for the Healthy Retirement Project.

■ \$74,994

KOORI HEALTH RESEARCH AND COMMUNITY DEVELOPMENT UNIT

The University of Melbourne

A/Prof I Anderson. The Koori Health Research and Community Development Unit's key goal is to integrate high quality health services research with a community development program focusing on Koori issues throughout south-east Australia. The building of credible partnerships between Koori Communities, health services and research academics is critical to effective research in Koori Health.

■ \$160,000

IMPLEMENTING AND EVALUATING SYSTEM-LEVEL CHANGE TO IMPROVE ADOLESCENT HEALTH AND WELLBEING (PUBLIC HEALTH FELLOWSHIP)

The University of Melbourne

Dr L Bond. This joint VicHealth and Department of Human Services Public Health Fellowship is a project developing and refining research and evaluation methods to assess social systems (such as schools) for population-based interventions in order to develop and evaluate a generic system-level intervention and evaluation framework.

■ \$100,000

PROMOTING LONG-TERM HEALTH AND WELLBEING IN REFUGEES AND ASYLUM SEEKERS: INFORMING POLICY AND PRACTICE (PUBLIC HEALTH FELLOWSHIP)

The University of Melbourne

Dr P Allotey. Research examining the mental and physical health outcomes of refugees and humanitarian settlers in Australia through programs such as women at risk, the community refugee settlement scheme, the special humanitarian program and mandatory detention followed by temporary protection visas.

■ \$100,000

'A GAP IN THE CALENDAR' PROGRAM

Greyhound Racing Victoria

One of three initiatives in VicHealth's Rural Racing—Health Enhancing Clubs and Venues scheme that aims to link family-friendly community race meets with local community groups and organisations.

■ \$50,000

CULTURAL COUNTRY RACE DAYS

Country Racing Victoria

One of three initiatives in VicHealth's Rural Racing—Health Enhancing Clubs and Venues scheme that aims to link family-friendly community race meets with local community groups and organisations.

■ \$150,000

RURAL RACING SCHEME

Harness Racing Victoria

One of three initiatives in VicHealth's Rural Racing—Health Enhancing Clubs and Venues scheme that aims to link family-friendly community race meets with local community groups and organisations.

■ \$50,000

MULTIPLE FOCUS

CAROLE BAILEY SCHOLARSHIP

Australian Health Promotion Association

The award is to be conferred on two students of health promotion – undergraduate and mature-aged – for the purposes of professional development.

■ \$1,000

PUBLIC HEALTH RESEARCH AND EDUCATION INITIATIVE

Victorian Public Health Research and Education Council

A council providing promotion and advocacy services to strengthen public health education, training and research in Victoria and to manage selected collaborative projects.

■ \$25,000

SOCIAL DETERMINANTS OF HEALTH AND THE ROLE OF LOCAL GOVERNMENT PROJECT PHASE 1

PDF Management Services Pty Ltd

This project will develop and trial a resource package directed to senior managers and councillors that demonstrates opportunities for integrating responses designed to address the social determinants of health across local councils. Particular emphasis will be placed on strengthening the relationship between the social factors which impact upon health, Municipal Public Health Plans and other core planning processes.

■ \$120,000

SUPPORT FOR HEALTH PROMOTION PLANNING IN PRIMARY CARE PARTNERSHIPS PROJECT

Centre for Health Program Evaluation, The University of Melbourne

This project offers an integrated support program to Primary Care Partnership (PCP) projects. These include delivering practical knowledge and skills to key players in PCP health promotion, building networks between health promotion practitioners and creating opportunities for ongoing learning, reflection and action around health improvement goals.

■ \$99,897

CONFERENCE SUPPORT SCHEME – WOMEN'S HEALTH VICTORIA GENDER IN HEALTH THINK TANK

Women's Health Victoria

Forum to discuss the theory of gender sensitivity in health and strategies for advancing policy and practice in Victoria, progressing discussion beyond health problems for men and health problems for women.

■ \$7,600

CONFERENCE SUPPORT SCHEME – FIFTH WONCA WORLD CONFERENCE ON RURAL HEALTH

World Organisation of Family Doctors

Enhanced professional networks for those involved in rural and remote health around the world providing an opportunity to showcase the multidisciplinary and national nature of rural health in Australia, transfer knowledge between the Indigenous community and non-Indigenous workers, and make an input to local and international policy-making in rural health.

■ \$5,000

CONFERENCE SUPPORT SCHEME – YOUTH CONFERENCE

Vietnamese Community in Australia

Conference to launch the Australian/Vietnamese Youth Policy developed in consultation with mainstream agencies, community leaders and organisations. Identified issues facing young Australian Vietnamese in Victoria.

■ \$3,000

CONFERENCE SUPPORT SCHEME – BUILDING SOCIALLY COMPETENT SCHOOLS

Department of Education and Training

This conference will focus on how schools can build a socially competent environment in which learning and social development are fully integrated. Primary and secondary educators will hear from pilot schools about their research, view a range of support materials and learn how best to use a range of programs to build social competence into all facets of school life.

■ \$10,000

CONFERENCE SUPPORT SCHEME – CULTURAL ACTION FOR COMMUNITY HEALTH

Cultural Development Network (Vic)

Forum to foster research on strategies for community arts to address health and social issues, enable practitioners to describe and reflect on ways in which art and community cultural development promote health and wellbeing, and provide knowledge transfer for artists and healthcare professionals on potential outcomes of community arts practice in health.

■ \$5,000

CONFERENCE SUPPORT SCHEME – THE ANNUAL SCIENTIFIC CONFERENCE

The Australian Health and Medical Research Congress

This conference provides knowledge transfer within public health sessions on clinical management and prevention of childhood obesity.

■ \$2,000

CONFERENCE SUPPORT SCHEME – WOMEN'S WELLNESS CONFERENCE

Women's Health East

Conference aims to improve the health of women in Victoria by educating service providers on existing best practice models in women's health, identifying gaps within existing services, increasing awareness of gender-specific health promotion projects and policies, and raising awareness of access and equity issues in service provision to marginalised women.

■ \$4,000

CONFERENCE SUPPORT SCHEME – YOUTH HEALTH CONFERENCE 2002

Berry Street Victoria

This conference provides an opportunity to explore issues relating to young people's health and wellbeing, and information about the range of health and welfare services to facilitate easier access of services.

■ \$6,000

CONFERENCE SUPPORT SCHEME—EXPANDING THE VISION FOR YOUTH AND WELLBEING CONFERENCE

Royal Children's Hospital

This conference aims to provide a forum for debate and agenda-setting for professionals working with young people in health, community and school settings; transfer knowledge on new interventions around a range of young people's health and wellbeing issues; and re-orient practice towards prevention and promotion of positive development.

■ \$5,000

HOW RESEARCH METHODS SHAPE PUBLIC HEALTH KNOWLEDGE AND PRACTICE

La Trobe University

Dr A Kavanagh. This study describes the use of research methods across health issues and settings. Through interviews with opinion-shapers in public health research, the research team is identifying ways to reorientate public health research to use a broader range of methods so that it can better contribute to public health practice.

■ \$57,305

VICHEALTH AND VECCI ORGANISATIONAL HEALTH ALLIANCE

Victorian Employers Chamber of Commerce and Industry

Alliance furthering VicHealth's objectives in the business and industry sector organising and conducting the Partnerships with Healthy Industry Calendar of Events.

■ \$25,000

VICHEALTH PROFESSOR OF ADOLESCENT HEALTH RESEARCH—CENTRE FOR ADOLESCENT HEALTH 2002–06

Murdoch Childrens Research Institute

Prof G Patton. The Centre for Adolescent Health's mission is to improve the health of young people, through research, health promotion, education, training, advocacy and clinical services. This funding provides support for the creation of a VicHealth Professor in Research at the Centre for the period 2002 to 2006.

■ \$100,000

INTEGRATED, COMMUNITY BASED APPROACHES TO HEALTH PROMOTION FOR VICTORIAN BLUE-COLLAR WORKERS (SENIOR FELLOWSHIP)

Monash University

Dr A LaMontagne. This research is developing new community-based approaches to address the parallel patterns of high health behavioural risks and adverse working conditions among low status workers.

■ \$165,000

A MODEL HEALTH PROMOTING VENUE

Melbourne Cricket Club

A partnership initiative between VicHealth and the Melbourne Cricket Club to create a healthy environment at the Melbourne Cricket Ground.

■ \$100,000

HEALTHY LIFESTYLES PROGRAM AND MANAGEMENT

Rumbalara Football and Netball Club

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

■ \$150,000

HEALTHY SPORTING VENUE PROJECT

Iconica Pty Ltd

Provision of support to the Melbourne Cricket Club for the creation of the Melbourne Cricket Ground as a model health promoting venue.

■ \$25,280

SHORT COURSE IN HEALTH PROMOTION

Deakin University

Delivery of a 5-day health promotion course to staff and board members of Victorian regional sports assemblies in preparation for the commencement of the Participation in Community Sport and Active Recreation scheme.

■ \$12,000

PHYSICAL ACTIVITY

COCHRANE COLLABORATION—SYSTEMATIC REVIEW OF THE IMPACT OF HEALTH PROMOTION ON HEALTH INEQUALITIES

Murdoch Childrens Research Institute

Dr E Waters. A systematic review examining the contribution of health promotion interventions to health inequalities, focusing specifically on physical activity and tobacco.

■ \$20,000

CONFERENCE SUPPORT SCHEME—SPORT IN THE CITY 2002

Victorian Region Parks and Leisure Australia

Conference aims to enhance the knowledge of professionals in the areas of sport, recreation, facility management, open space planning and horticultural areas that deal in community recreation; and develop strategies for policy, planning and service provision.

■ \$10,000

EVALUATION OF A COMMUNITY BASED STRENGTH TRAINING MODEL FOR TYPE 2 DIABETES

International Diabetes Institute

Prof P Zimmet. This study investigates the effects of an innovative physical activity maintenance model that combines strength training and healthy lifestyle education for people with Type 2 diabetes.

■ \$70,038

PHYSICAL ACTIVITY AND WELLNESS OPPORTUNITIES FOR CHILDREN PLACED IN CARE

Monash University

Dr V Temple. A project examining the environments into which children are placed when in day care, determining barriers and opportunities for meaningful movement and designing, implementing and evaluating an intervention designed to foster the development of motor skill competence.

■ \$9,759

PILOT OF RANDOMISED CONTROLLED TRIALS (RCT) TO DETERMINE WHICH EXERCISE PROGRAM/S FOR OLDER PEOPLE BEST PREVENT/S FALLS

Monash University

Ms E Cassell. A pilot to test methods and procedures for a subsequent RCT to determine whether four modified exercise programs for older people – three styles of Tai Chi and a strength (weights) training program – prevent falls.

■ \$24,753

REDUCING SEDENTARY BEHAVIOUR IN 10-YEAR-OLD CHILDREN: A RANDOMISED CONTROLLED TRIAL

Deakin University

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

■ \$57,624

RURAL AND REGIONAL YOUTH—THE MEANINGS AND EXPERIENCE OF PARTICIPATION IN PHYSICAL CULTURE

The University of Melbourne

A/Prof J Wyn. Support to extend the longitudinal study (funded by the Australian Research Council) of young people in rural, regional and metropolitan locations and their perceptions and experience of participation in physical activity.

■ \$74,986

THE INFLUENCE OF THE ENVIRONMENT ON CHILDREN'S PHYSICAL ACTIVITY

Deakin University

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

■ \$18,842

THE RELATIONSHIP BETWEEN THE BUILT, SOCIAL AND POLICY ENVIRONMENT AND PHYSICAL ACTIVITY IN FAMILIES (PUBLIC HEALTH FELLOWSHIP)

Deakin University

Dr J Salmon. This research aims to establish a much needed evidence base of the relationship between the built, social and policy environment and physical activity in families. The focus is on young families living in low socioeconomic areas and consists of an environmental intervention in collaboration with Parks Victoria.

■ \$100,000

BUILDING LOCAL GOVERNMENT CAPACITY FOR PEDESTRIAN AND BICYCLE FRIENDLY ACTIONS

International Council for Local Environmental Initiatives (ICLEI)

This project aims to increase the implementation of pedestrian and bicycle-friendly local government areas developed through the Cities for Climate Protection projects.

■ \$7,850

WALKING SCHOOL BUS PROGRAM

City of Port Phillip

This Walking School Bus project will be implemented in four primary schools in the City of Port Phillip which has a large and diverse population. The project will complement the City's efforts to integrate health promotion, community safety and sustainable transport.

■ \$35,000

WALKING SCHOOL BUS PROGRAM

Shire of Campaspe

This Walking School Bus project will be implemented in four primary schools within the towns of Echuca and Kyabram which are located in the Shire of Campaspe. A key focus of the project will be the building of relationships between education and local government in the area. A comprehensive training program for volunteers using the expertise of local people will also be an important feature.

■ \$35,000

WALKING SCHOOL BUS PROGRAM

City of Whittlesea

This Walking School Bus project aims to enhance physical activity and social networking opportunities, contribute to changed commuter patterns and improve children's safety in and around four primary schools within the Mill Park precinct, an area which is characterised by a high number of families with young children. Commitment from partners such as RMIT, VicRoads, Proactive Policing Unit and four Mill Park primary schools has been engaged in the initial development of the project.

■ \$34,860

WALKING SCHOOL BUS PROGRAM

City of Greater Dandenong

This Walking School Bus project will be implemented in four primary schools within the City of Dandenong where 25% of primary aged children in the locality are from non-English speaking families. A key emphasis of this project will be creating and enhancing opportunities for diverse communities to participate in physical activity such as walking.

■ \$34,840

WALKING SCHOOL BUS PROGRAM MULTI PROJECT EVALUATION (PHASE 1)

Victoria University - Department of Psychology

A multi project evaluation of the Walking School Bus Program (Phase 1) to: identify key elements important to the successful establishment of A Walking School Bus; determine factors which lead to successful engagement of primary schools; and assess behavioural, social, organisational and environmental outcomes. An evaluation framework for future phases will also be developed. The evaluators will use a participatory action research design consisting of process and outcome evaluation using qualitative and quantitative methods.

■ \$49,970

ACTIVE RECREATION

The following projects received funding under the Active Recreation Grants Program. The program aims to increase opportunities for people to participate in physical activities that enhance their connection to others by encouraging and supporting community recreation projects that enhance participation in physical activity, especially for those who have restricted access as a result of geographic, social or economic factors. A key feature of the program is building and strengthening collaboration between sport and active recreation providers and health or community organisations to encourage greater integration of planning and delivery of new recreation opportunities.

ACHIEVING BALANCE PROJECT

Upper Hume Community Health Service

■ \$25,000

ACTIVE ACHIEVERS PROGRAM

Womensport and Recreation Victoria

■ \$30,000

ACTIVE AQUATICS PROGRAM

Karingal Inc.

■ \$25,000

ACTIVE BEGINNINGS

Melbourne Sports Network

■ \$24,590

ACTIVE COMMUNITIES—SURF COAST SHIRE

Surf Coast Shire

■ \$10,000

ACTIVE RECREATION FOR ADULTS WITH AN INTELLECTUAL DISABILITY

Division of Exercise Sciences, RMIT University

■ \$21,235

ACTIVE RECREATION FOR YOUNG PEOPLE IN MAROONDAH

Maroondah City Council

■ \$25,000

ACTIVE RECREATION PROJECT FOR OLDER CAMBODIANS AND CAMBODIAN WOMEN

Cambodian Association of Victoria

■ \$25,000

ACTIVE YOUNG AFRICANS

City of Banyule

■ \$25,000

ACTIVE YOUTH IN SWAN HILL

Swan Hill District Hospital, Health Promotion Department

■ \$9,480

ALIVE

Wathaurong Aboriginal Cooperative Ltd

■ \$24,903

ANNUAL KOORI SPORTS CALENDAR

Victorian Aboriginal Youth Sport and Recreation Co-Operative Ltd

■ \$40,000

BALANCE 4 LIFE

Glen Eira City Council

■ \$24,280

BENALLA VOLUNTEER FRIENDS PROGRAM

Community Accessibility Inc. Volunteer Friends Program

■ \$24,505

BEYOND THE BARRIERS

Outdoor Recreation Centre Inc.

■ \$25,000

BEYOND THE FARM GATE

South-West Sports Assembly

■ \$25,000

BREAKING THE BARRIERS

South-Eastern Region Migrant Resource Centre

■ \$6,781

CARLTON COMMUNITY RECREATION PROGRAM

*Carlton Baths Community Centre
(Victorian YMCA Community Programming)*

■ \$25,000

CIRCUS TARRANGOS

Circus Oz

■ \$24,009

COMMUNITY ACCESS INITIATIVE

Wellington Shire Council

■ \$24,154

DAREBIN PRAM WALKERS

Maternal and Child Health Service, Darebin

■ \$13,300

ENMARALEEK SPORT AND RECREATION

Enmaraleek Association Inc.

■ \$25,000

GETTIN' OUT

Inner-South Community Health Service

■ \$19,944

HEALTH AND WELLBEING—TRY TENNIS

Heatherdale Tennis Club Inc.

■ \$4,700

HORACE PETTY DANCE GROUP

Inner-South Community Health Centre

■ \$22,000

ICANVIRONMENTS (INCLUSIVE CLUBS AND ENVIRONMENTS)

Sports Focus

■ \$25,000

INTRODUCTION TO STRENGTH TRAINING

Nathalia District Hospital

■ \$25,000

KCRC AFTER-SCHOOL RECREATION PROGRAM

Kensington Community Recreation Centre

■ \$12,920

KIDS KICKING GOALS

The Children's Protection Society.

■ \$25,000

KKIC NARP—KOORI KIDS IN CARE NEW ACTIVE RECREATION PROJECT

Victorian Aboriginal Child Care Agency

■ \$24,673

KOORIS BE IN IT

Central Gippsland Aboriginal Health and Housing Cooperative

■ \$25,000

LAKE CONDAH MISSION SPORTS DAYS

Winda Mara Aboriginal Corporation

■ \$14,280

LET'S GET PHYSICAL SCHOOL ACTIVITY PROGRAM

Gippsland Latrobe Basketball Inc.

■ \$25,000

MULTI-SITE EVALUATION—RECREATION

Victoria University

■ \$10,566

MULTI-SPORTS FOR CITY OF YARRA MULTICULTURAL COMMUNITIES

Jesuit Social Services

■ \$24,915

ON SIDE SOCCER PROGRAM

Magistrates Court of Victoria

■ \$25,000

RECREATION ACCESS PROJECT

Migrant Resource Centre North-West Region

■ \$24,657

SKATE BOARD PROJECT

Victorian YMCA

■ \$25,000

SPORT AND RECREATION OPPORTUNITIES FOR WENDOUREE WEST

Central Highlands Sports Assembly

■ \$25,000

TAKE YOUR PARTNER

Yarraville Community Centre

■ \$24,640

TIME TO MOVE ON ...

East Gippsland Arts and Recreation Access Group Inc.

■ \$25,000

THE 'DIAMOND RING' PROJECT

Dandenong Basketball Association Inc.

■ \$11,792

THE BODY SMART PROJECT

North-East Support and Action for Youth

■ \$25,000

ACTIVE FOR LIFE

The following projects received funding under the Active for Life Grants program. The program aims to assist community based groups to develop projects and activities which will increase the number of Victorians who are physically active. The Active for Life Grants program supports the delivery of projects that serve to promote and provide opportunities for currently inactive individuals to participate in physical activities. Projects aim to enhance participant's connection to others and specifically recruit participants from the target groups specified in the schemes guidelines.

ACTIVE AGAIN

Inner East Community Health Service

■ \$5,000

ACTIVE ERITREAN WOMEN

The Yarra Region Eritrean Women's Group

■ \$5,000

ACTIVE THROUGH CULTURE

Outdoor Recreation Centre Inc.

■ \$5,000

ACTIVE FOR LIFE MARYBOROUGH GIFT

Maryborough Highland Gathering

■ \$4,000

AGE IN ACTION

Ovens and King Community Health Service

■ \$2,700

BAIRNSDALE KEEN-AGERS TABLE TENNIS CLUB

Bairnsdale Keen-Agers Table Tennis Club

■ \$3,110

BETHANGA ACTIVE SENIORS

Tallangatta Health Service

■ \$5,000

BOOGIE DAYS AND NIGHTS

Ethnic Council of Shepparton and District Inc.

■ \$5,000

BRAYBROOK PARK GARDENING CLUB

Western Region Tool Library Inc.

■ \$5,000

BRIAGOLONG SENIOR CITIZENS AQUA AEROBICS

Wellington Shire Council

■ \$1,000

CARERS CARING FOR THEMSELVES

Central Bayside Community Health Services

■ \$4,350

EXERCISE FOR EVERYBODY

Welshpool and District Advisory Group

■ \$3,820

EXERCISE FOR LIFE

Council on the Ageing (Victoria)

■ \$5,000

EXERCISE FOR LIFE—GIVE TAI CHI A TRY

ISIS Primary Care

■ \$5,000

EXERCISING FOR HEALTH

South-west Health Care

■ \$4,540

EXERCISING NOW

Victorian Aboriginal Health Service

■ \$5,000

EXPLORING AND ENJOYING THE NATURAL ENVIRONMENT OF THE BARWON REGION

Greek Elderly Club of Geelong

■ \$4,350

FIRST STEP FITNESS

Westgarth Fitness

■ \$3,000

FIT FOR A LIFETIME

Ballarat Aquatic Centre

■ \$2,387

FITNESS FOR CULTURAL WALKS

Dandenong District Aborigines Co operative Ltd

■ \$4,970

FULL OF LIFE

Northern Mallee Migrant Services Group

■ \$5,000

FUN AND FITNESS FOR THE NEIGHBOURHOOD GROUP

Swan Hill Community House Inc.

■ \$4,800

FUN AND FITNESS FOR THE OVER 50'S

Beaufort Community Learning and Leisure Inc.

■ \$4,270

THE BALLARAT SCENIC CYCLISTS ASSOCIATION*Ballarat Scenic Cyclists Inc.*

■ \$1,425

GATEBALL*Terang Croquet*

■ \$3,100

GENTLE EXERCISE FOR OLDER PEOPLE*Yarraville Community Centre*

■ \$4,100

GENTLE EXERCISE GROUP*Plenty Valley Community Health Service Inc.*

■ \$4,395

GET BUSY LIVING*Winda Mara Aboriginal Corporation*

■ \$5,000

HEALTHY LIFESTYLE FOR OLDER INMATES IN PRISON*CORE—The Public Correctional Enterprise*

■ \$5,000

MOORoopNA COMMUNITY GROUP INC.

■ \$4,900

GETTING ACTIVE AND CONNECTED*Eastern and Central African Communities of Victoria Inc.*

■ \$5,000

GETTING PHYSICAL WOMEN 50+*Women's Health in the South East*

■ \$5,000

GONE FISHIN'*Brotherhood of St Laurence (Coolibah Day Centre)*

■ \$3,420

HEALTHY LIFESTYLE FOR KOORIE ELDERS*Ninde Dana Quarenook Indigenous Co-Operative Ltd*

■ \$5,000

HEAVY HAND FOR GOLDEN GROOVERS*Mallee Sports Assembly Inc.*

■ \$1,000

**HYDRO EXERCISES AND BEACH WALKING,
BELLARINE PENINSULA***Greek Elderly Club of the Bellarine Peninsula*

■ \$4,950

IN THE BALANCE*Sunbury Community Health Centre*

■ \$5,000

IRAQI WOMEN'S GROUP*Victorian Foundation for Survivors of Torture*

■ \$5,000

JEWISH WALKING GROUP*Caulfield Community Health Service*

■ \$5,000

KOORI HEALTHY LIFESTYLE PROGRAM*Koori Diabetes Service Victoria*

■ \$5,000

KURDISH WALKING FOR GOOD HEALTH*Kurdish Association of Victoria*

■ \$5,000

LET'S GET MOVING*The Basin Community House*

■ \$3,200

LIFETIME ACTIVITIES IN THE PARKS*Life Activities Club Darebin*

■ \$5,000

LIFT, WALK AND TALK*Bellarine Peninsula Community Health Service Inc.*

■ \$5,000

LIGHT EXERCISE PROGRAM*Western Region Health Centre*

■ \$2,850

LIVING LONGER LIVING STRONGER*Ararat and District Recreation Centre*

■ \$5,000

LIVING LONGER LIVING STRONGER*Violet Town Bush Nursing Centre Inc.*

■ \$5,000

MALDON COMMUNITY PHYSICAL ACTIVITY ALLIANCE*Sports Focus*

■ \$5,000

MIXED ACTIVITY GROUP*South West Health Care—Manifold Place*

■ \$5,000

MOVE TO THE BEAT*Leisure Link Up (SEDS)*

■ \$3,917

MOVING FOR A HEALTHY LIFE*Active Afghan Association of Victoria*

■ \$5,000

MOVING ON—MULTICULTURAL EXERCISE PROGRAM*Migrant Resource Centre North West Region*

■ \$4,950

OLD-TIME MUSIC AND DANCE CLASSES*Mitchell Community Health Services*

■ \$5,000

OLDER ADULTS RECREATION SERVICE (OARS)*Central Goldfields Shire Council*

■ \$5,000

PHYSICAL ACTIVITY, SUPPORT AND EXTENSION PROGRAM*Wimmera Regional Sports Assembly*

■ \$5,000

POLE WALKING – PHYSICAL ACTIVITY FOR OLDER AND ELDERLY FINNS

Finnish Friendly Visiting Service Inc.

■ \$4,300

PROGRAM FOR ELDERLY DISADVANTAGED MEN

San Remo and District Community Health Centre

■ \$5,000

PROMOTING MENTAL AND PHYSICAL WELLBEING OF OLDER DISADVANTAGED HARARIANS

Australian Saay Harari Association

■ \$5,000

'REDISCOVER EXERCISE', OLDER ADULT EXERCISE PROJECT

Manningham Community Health Service

■ \$4,700

REMOVE THE BARRIERS TO MOBILITY

Castlemaine Community Health Centre Inc.

■ \$4,835

RURAL AVENEL'S LIVE STRONGER LIVE LONGER PROGRAM

Avenel Neighbourhood House Inc.

■ \$5,000

SHALL WE DANCE?

Kew Neighbourhood House

■ \$4,980

SHOE STRING

West Victoria Division of General Practice and Horsham Rural City

■ \$5,000

SOCIAL HEALTH EXERCISES FOR NEWLY ARRIVED REFUGEES OF IRAQI BACKGROUND

Ahul Bait Islamic Association Inc.

■ \$5,000

SPLASH FOR LIFE—AN INTRODUCTION TO LIGHT WATER EXERCISE FOR OLDER AFGHAN WOMEN

Afghan Support Group

■ \$4,980

SRS COMMUNITY BASED EXERCISE PROGRAM

Inner-South Community Health Service

■ \$1,590

STEADY AS YOU GO

Upper Hume Community Health Service

■ \$5,000

STRENGTH TRAINING FOR OLDER ADULTS

Warrnambool City Council

■ \$5,000

STRENGTH TRAINING FOR OLDER PEOPLE IN CHILTERN AND BARNAWARTHA DISTRICTS

Chiltern and District Bush Nursing Hospital Inc.

■ \$4,680

STRENGTH TRAINING FOR OLDER PEOPLE IN RUTHERGLEN DISTRICT

Glenview Community Care Inc.

■ \$4,410

STRENGTH TRAINING FOR SENIORS

Corinella and District Centre Inc.

■ \$5,000

STRENGTH TRAINING PROGRAM FOR OLDER ADULTS

Yarrawonga Community Health Centre

■ \$2,596

STRENGTHENING FOR HEALTH

Cobaw Community Health Service

■ \$4,990

SWIMMING AND LIGHT EXERCISE GROUP

Serbian Welfare Association of Victoria

■ \$5,000

SWIMMING CLASSES FOR OLDER TURKISH WOMEN

North Richmond Community Health Centre

■ \$4,984

SWIMMING SESSIONS FOR OLDER ETHIOPIAN, SOMALI AND IRAQI WOMEN

Western Region Health Centre

■ \$5,000

TAI CHI AT ERRINGTON PARK

Vietnamese/Chinese Elderly Association in the West

■ \$5,000

TAI CHI FOR ARTHRITIS

Portland and District Community Health Centre

■ \$4,480

TAI CHI FOR OLDER ADULTS

Murchison DP Jones Nursing Home Inc.

■ \$2,158

THE HUME MORELAND MULTICULTURAL SOCIAL DANCE AND PHYSICAL EXERCISE PROGRAM

Northern Metropolitan Migrant Resource Centre Inc.

■ \$5,000

TIMORESE TAI CHI

East Timor Chinese Middle and Aged Association

■ \$4,510

TWYLIGHTERS

Balgarnie Centre

■ \$5,000

VOLUNTEER TRAINING PROGRAM FOR EXERCISE CLASS LEADERS

Goulburn Valley Rural Health Team

■ \$5,000

WALKING GROUP FOR OLDER VIETNAMESE PEOPLE

Western Region Health Centre

■ \$4,950

WALKING WELLINGTON

Central Gippsland Health Service

■ \$5,000

WATER EXERCISE PROGRAM FOR THE ELDERLY

Port Fairy Water Aerobics and Fun Group

■ \$3,520

WATER FUN

Colac Arthritis Self-Help Group

■ \$610

YEA MEN'S HEALTH FORUM

Murrindindi Community Health Service

■ \$5,000

'WALK IT' CASEY

Casey Community Health Service—A Service of Southern Health

■ \$5,000

UP AND AT IT!

Latrobe Community Health Service Inc.

■ \$4,422

VENUS BAY SENIORS EXERCISE CLASSES

Venus Bay Community Centre Management Committee

■ \$2,595

WATER FUN

Colac Arthritis Self-Help Group

■ \$610

YEA MEN'S HEALTH FORUM

Murrindindi Community Health Service

■ \$5,000

PICSAR

The following Regional Sports Assemblies (RSA's) received seeding funding under the new Participation in Community Sport and Active Recreation Scheme (PICSAR). This initial funding was to enable the RSA's to undertake significant training and development, community consultation and preparatory work prior to the commencement of the three year PICSAR scheme.

MELBOURNE SPORTS NETWORK

■ \$3,640.00

SPORTS FOCUS

■ \$8,855.00

WIMMERA REGIONAL SPORTS ASSEMBLY

■ \$11,270.00

VALLEY SPORT

■ \$8,945.00

LEISURE NETWORKS

■ \$10,369.00

MALLEE SPORTS ASSEMBLY

■ \$14,270.00

CENTRAL HIGHLAND SPORTS ASSEMBLY

■ \$8,825.00

EASTERN LEISURE NETWORK

■ \$10,904.00

GIPPSPORT

■ \$8,795.00

SOUTH WEST REGIONAL SPORTS ASSEMBLY

■ \$10,931.00

PARTNERSHIPS FOR HEALTH

The following State Sporting Associations received funding under the newly developed Partnerships for Health Scheme. The scheme's design results from significant consultation with State Sporting Associations. It focuses on areas of mutual interest which include increasing rates of participation in community sport within safe and healthy environments. This year 39 State Sporting Associations (SSAs) entered into two year partnerships with VicHealth. A range of agencies were engaged to support the SSAs in developing policies, practices and programs at state, regional and club levels. Participation programs spanned all ages whilst the following issues were the focus of healthy environments: being smoke-free indoors, serving alcohol responsibly, healthy food choices, sun protection and injury prevention policies and practices. Each SSA focused on two health issues to facilitate participation taking place in healthy sporting environments.

ATHLETICS VICTORIA

■ \$52,800

BADMINTON VICTORIA

■ \$18,042

HANDBALL FEDERATION OF VICTORIA

■ \$4,050

HOCKEY VICTORIA

■ \$43,300

LACROSSE VICTORIA

■ \$36,272

NETBALL VICTORIA

■ \$72,600

PONY CLUB ASSOCIATION VICTORIA

■ \$14,784

ROLLER SPORTS VICTORIA

■ \$13,580

VICTORIAN WEIGHT LIFTING ASSOCIATION

■ \$14,420

ROWING VICTORIA INC

■ \$13,200

ROYAL LIFE SAVING SOCIETY AUSTRALIA

■ \$70,776

SCHOOL SNOWSPORTS DEVELOPMENT FOUNDATION

■ \$47,080

TAEKWONDO VICTORIA

■ \$31,111

TRIATHLON VICTORIA

■ \$23,727

VICTORIAN ORIENTEERING ASSOCIATION

■ \$29,651

VICTORIAN BASEBALL ASSOCIATION

■ \$70,000

VICTORIAN LITTLE ATHLETICS

■ \$49,500

VICTORIAN YACHTING COUNCIL

■ \$50,800

VICTORIAN TOUCH ASSOCIATION

■ \$15,224

VICTORIAN SOFTBALL ASSOCIATION

■ \$32,510

VICTORIAN AMATEUR FENCING ASSOCIATION

■ \$8,000

VICTORIAN CANOE ASSOCIATION

■ \$41,920

VICTORIAN RUGBY LEAGUE

■ \$8,925

VICTORIAN WATER POLO

■ \$12,705

VOLLEYBALL VICTORIA

■ \$49,000

WOMEN'S GOLF VICTORIA

■ \$120,000

VICTORIAN GYMNASTIC ASSOCIATION

■ \$67,320

BOCCE FEDERATION OF VICTORIA

■ 8,000

INSPORTZ VICTORIA

■ \$35,000

MOTORCYCLING VICTORIA

■ \$16,500

ROYAL VICTORIAN BOWLS ASSOCIATION

■ \$22,974

VICTORIAN RUGBY UNION

■ \$56,000

VICTORIAN SOCCER FEDERATION

■ \$96,000

VICTORIAN SQUASH FEDERATION

■ \$52,250

TABLE TENNIS VICTORIA

■ \$35,000

SURF LIFE SAVING VICTORIA

■ \$120,000

CALISTHENICS VICTORIA

■ \$8,085

BASKETBALL VICTORIA

■ \$96,000

VICTORIAN CROQUET ASSOCIATION

■ \$8,400

**REGIONAL GAMES AND HERALD SUN TOUR
AGENCY SUPPORT***Goulburn Valley Community Health Service*

To provide support to organisers of the Goulburn Valley Regional Games and during the region's stage of the Herald Sun Tour to promote physical activity and other health promotion outcomes.

■ \$2,000

OUT-OF-SCHOOL-HOURS SPORTS PROGRAM*Australian Sports Commission*

A joint initiative between VicHealth and the Australian Sports Commission concerned with providing new sports activity options for primary school children in out-of-school time, particularly immediately after school.

■ \$305,000

RECREATION PROGRAM EVALUATION*Sacred Heart Mission St Kilda Inc.*

Project to identify the variables critical to the improved health status of Sacred Heart Mission Sport and Recreation Program clients and to develop a framework for the evaluation of the program.

■ \$25,000

THE VICTORIAN KOORI COMMUNITY LEADERSHIP PROJECT*Victorian Aboriginal Youth Sport and Recreation Co-Op Ltd*

The project targets young Kooris in the north-west, south-east and north-east metropolitan areas, providing leadership training, mentoring and supported experiential learning in leadership activities and aims to provide a foundation for improved spiritual and emotional wellbeing.

■ \$50,000

**COMMUNITY PARTICIPATION IN SPORT AND ACTIVE
RECREATION—A DEVELOPMENTAL INITIATIVE***Victoria University*

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

■ \$25,000

**LITERATURE REVIEW—COMMUNITY PARTICIPATION IN
SPORT AND ACTIVE RECREATION***RMIT University*

Completion of an international literature review and scoping study of programs and strategies aimed at increasing participation in community sport and active recreation options.

■ \$15,000

SCOPING OUT OF SCHOOL HOURS SPORT AND RECREATION OPTIONS

Swinburne University of Technology

Preparation of a report scoping before school, after school and holiday program sport and active recreation opportunities in metropolitan and rural Victoria.

■ \$4,000

HEALTH PROMOTING SPONSORSHIP PACKAGE

VicSport

Activities to raise awareness of health promotion strategies in sport through member and industry forums, newsletters and the VicSport website.

■ \$55,000

HERALD SUN TOUR

Caribou Publications

Project to promote and support physical activity, as well as other health promotion outcomes, during this elite cycling race, via the media and within the towns riders pass through.

■ \$150,000

VICHEALTH PARTNERS IN HEALTH PROMOTION – ATHLETES WITH A DISABILITY PROGRAM

Victorian Institute of Sport Ltd.

Sponsorship to assist in the skill development of elite athletes within Victoria, in particular, athletes with a disability.

■ \$70,000

GIFT CARNIVAL

Burramine Sports Club

Participation in physical activities in a local rural athletic carnival.

■ \$4,160

WANGARATTA ATHLETIC CARNIVAL

Wangaratta Sports Club Inc.

Participation in physical activities by people from local communities in a local rural athletic carnival.

■ \$4,000

PREVENTION OF CANCER

DETERMINANTS OF BREAST CANCER RISK (SENIOR FELLOWSHIP)

The University of Melbourne

Dr D Gertig. A study of the modifiable risk factors of breast cancer and common genetic factors which may identify subgroups of younger women at higher risk of breast cancer in order to enable targeted screening.

■ \$165,000

THE PREDICTORS OF PROSTATE CANCER IN THE MELBOURNE COLLABORATIVE COHORT STUDY

The Cancer Council of Victoria

Prof G Giles. A study of how diet, lifestyle, physical measures (e.g. body fat, waist circumference), levels of various substances (e.g. hormones, antioxidants, fats) in the blood and genetic variation affect the risk of prostate cancer in 17,000 middle-aged men born in Australia, Greece and Italy.

■ \$19,025

REPRODUCTIVE AND SEXUAL HEALTH

AFFIRMING DIVERSITY IN HEALTH AND SEXUALITY EDUCATION: FROM RESEARCH TO POLICY TO PRACTICE

La Trobe University

Ms D Ollis. A project evaluating the ability of professional development to translate research into policy and practice in health and sexuality education, and the effectiveness of a framework for bringing about change that leads to better health outcomes for same sex attracted young people.

■ \$350,000

AUSTRALIAN RESEARCH CENTRE IN SEX, HEALTH AND SOCIETY

La Trobe University

Prof M Pitts. The Centre undertakes multidisciplinary research into social and behavioural aspects of sexually transmissible diseases, their prevention and their consequences; to focus resources and to provide leadership on both a State and National level in the study of sexually transmissible diseases; and provide a firm foundation of knowledge, skills and resources upon which other organisations can draw to assist them in health promotion, STD prevention education and the formulation of public health policies.

■ \$350,000

CENTRE FOR THE STUDY OF MOTHERS' AND CHILDREN'S HEALTH

La Trobe University

Prof J Lumley. The Centre is a multidisciplinary research centre which aims to undertake and interpret research on mothers' and children's health, to contribute to policy development and provide advice and resources to researchers in related fields.

■ \$421,462

EPIDEMIOLOGY AND CONTROL OF GENITAL CHLAMYDIAL INFECTION IN VICTORIA

MacFarlane Burnett Centre for Medical Research

Dr N Crofts. A project which examines genital chlamydial infection in Victoria in order to address major gaps in data currently available to inform control strategies, including the estimation of prevalence, collection of testing activity and behavioural data, and evaluation of GP diagnostic and treatment practices.

■ \$150,000

IRON IN PREGNANCY: DOES IT INFLUENCE NEURODEVELOPMENT OF THE OFFSPRING?

Royal Women's Hospital

Dr R Morley. A research project involving a randomised trial to test the hypothesis that maternal iron supplementation during pregnancy improves developmental outcomes of the offspring.

■ \$55,801

WOMEN'S HEALTH AND FERTILITY 6 AND 12 MONTHS AFTER SPONTANEOUS MISCARRIAGE

La Trobe University

Dr J Shelley. A study investigating the consequences for the health and fertility of 2000 women who received treatment in Melbourne for spontaneous miscarriage.

■ \$73,340

MATERNAL NUTRITION IN PREGNANCY AND GROWTH IN INFANCY OUTCOME IN CHILDREN (SENIOR FELLOWSHIP)

The University of Melbourne

Dr R Morley. A series of inter-linked projects investigating the role of maternal nutrition and infant growth in determining outcomes for children from twin and singleton pregnancies.

■ \$165,000

SUBSTANCE MISUSE

A STUDY EXPLORING THE CULTURAL BASIS OF DRUG AND ALCOHOL CONSUMPTION AND HEALTH OUTCOMES IN A RURAL CENTRE

The University of Melbourne

Ms N Welch. Research examining the cultural basis of drug and alcohol consumption using a number of qualitative tools in order to provide evidence for a relationship between culture and health outcomes.

■ \$18,842

ALCOHOL CONSUMPTION CONTEXTS

Monash University

Dr J Lyndsay. A research project examining public alcohol consumption contexts for young people in metropolitan Melbourne, with particular attention to the way social class and gender shape these drinking contexts.

■ \$69,876

AN ETHNOGRAPHIC STUDY OF HEROIN MARKETS AND HEALTH RELATED HARM IN MELBOURNE

Deakin University

Dr D Moore. A detailed ethnographic study of the public health effects of the retail heroin market currently operating in St Kilda in order to inform public health responses around reducing the harmful effects of heroin use.

■ \$74,992

ENQUIRY INTO PURCHASING OF ALCOHOL BY ADOLESCENTS

Australian Drug Foundation

Dr G Munro. A study that identifies the proportion of underage young people who spend money on alcohol, the circumstances in which they do so and the implications of these purchases on their lifestyle.

■ \$10,000

ENVIRONMENTAL DETERMINANTS OF ALCOHOL USE

La Trobe University

Dr A Kavanagh. A project that describes the contribution of characteristics of the local environment (density of alcohol outlets, sales and price of alcohol) in explaining socioeconomic variations in acute and chronic alcohol misuse.

■ \$33,352

THE OUTCOMES ASSOCIATED WITH NON-FATAL HEROIN OVERDOSE IN MELBOURNE (PUBLIC HEALTH FELLOWSHIP)

Turning Point Alcohol and Drug Centre

Dr P Dietze. Research designed to provide a more complete understanding of non-fatal heroin overdose and its consequences by following a group of people who experience non-fatal heroin overdose in Melbourne over three years.

■ \$100,000

PARTNERSHIPS FOR HEALTH: RESPONSIBLE ALCOHOL – CREATING HEALTHY ENVIRONMENTS IN SPORTING CLUBS AND VENUES

Australian Drug Foundation

Support function role for state sporting associations involved in the Partnerships for Health scheme to deliver environments in sport which serve alcohol responsibly.

■ \$90,000

GOOD SPORTS PROGRAM

Australian Drug Foundation

Pilot project to assist sporting clubs to develop and implement policies to promote responsible alcohol usage and serving practices, as well as other health promotion strategies, within the club environment.

■ \$225,000

HEALTH AGENCY SUPPORT

Australian Drug Foundation

To provide sponsorship support and expert advice to the Victoria Titans promoting the Booze Less message as part of their sport sponsorship.

■ \$27,500

BOOZE LESS TITANS SPONSORSHIP PACKAGE

Victoria Titans

Project to promote responsible drinking behaviour via naming rights of an elite basketball team, signage, education, clinics and other strategies.

■ \$275,000

SUN PROTECTION

SUNSMART CAMPAIGN 2000/01–2002/03

The Cancer Council of Victoria

Major statewide skin cancer prevention program using media and community based strategies to promote behaviour change and to influence structural barriers and social factors which affect skin cancer risk.

■ \$450,000

SUNSMART PROGRAM AGENCY SUPPORT

The Cancer Council of Victoria

To provide sponsorship support and expert advice to a group of state sporting associations, promoting the SunSmart message as part of their sport sponsorship.

■ \$101,500

HEALTH PROMOTING SPONSORSHIP PACKAGE

Victorian Women's Cricket Association

Sponsorship to promote and support SunSmart environments, policies and behaviours as well as other health promotion activities through the Victorian Women's Cricket Association clubs and events.

■ \$20,000

PARTNERSHIPS FOR HEALTH: SUNSMART– CREATING HEALTHY ENVIRONMENTS IN SPORTING CLUBS AND VENUES

The Cancer Council of Victoria

Support function role for state sporting associations involved in the Partnerships for Health scheme to deliver environments in sport which are SunSmart.

■ \$85,000

TOBACCO CONTROL

The following projects are part of VicHealth's Major Partnerships. Ten Arts organisations are in two-year partnerships with VicHealth and the Heart Foundation to promote the SmokeFree message, create healthy environments and facilitate increased access to arts activities.

12-MONTH EXHIBITION PROGRAM

Koorie Heritage Trust Inc.

A partnership with the Koorie Heritage Trust to promote health and access to the Koorie community through the range of exhibitions and events held by the Trust. Partnership will include an exhibition tour to regional Victoria.

■ \$50,000

ARTS—MAJOR PARTNERSHIPS

Footscray Community Arts Centre

A partnership with Footscray Community Arts Centre to promote health and access to a range of community arts activities, particularly through the come-and-try days and projects targeting the culturally diverse communities in the area.

■ \$50,000

COMMUNITY ACCESS PROGRAM

HotHouse Theatre

A partnership with Hothouse Theatre to promote health and access to the range of artistic activities and productions for people in the Albury/Wodonga area, and to surrounding towns through the touring of the small towns program.

■ \$50,000

FEDERATION FESTIVAL 2001 AND 2002 MELBOURNE FESTIVAL

Melbourne Festival

A partnership with the Melbourne Festival to promote health and support access through a range of free and accessible events and programs associated with both the Federation Festival and the Melbourne Festival.

■ \$50,000

MILDURA WENTWORTH ARTS FESTIVAL

Mildura Arts Festival Ltd

Partnership with the annual Mildura Wentworth Arts Festival and the year-round cultural activities in the Sunraysia area to promote health and access to the large and remote rural community in north-west Victoria.

■ \$50,000

PLAYBOX 2001–02

Playbox Theatre Company

A partnership with Playbox Theatre to promote health and promote access to high quality Australian theatre to young audiences in the education program and regional communities through its touring program.

■ \$50,000

RED—THEATRE FOR YOUNG PEOPLE

Geelong Performing Arts Centre

A partnership with Geelong Performing Arts Centre to promote health and access particularly to young people through a range of arts activities involving schools and professional development for teachers.

■ \$50,000

SUMMERTIME ROCKS

Victorian Arts Centre

A partnership with the Victorian Arts Centre to promote health and access to the free outdoor program, Summertime Rocks, which takes place from November to March attracting a wide audience to the lawns of the Arts Centre.

■ \$50,000

VICHEALTH CULTURAL CONNECTIONS 2001–02

Immigration Museum

Partnership with the Immigration Museum to promote health and promote access to a calendar of events which are accessible and appealing to people from diverse cultural backgrounds and incomes.

■ \$50,000

WHERE GOOD HEALTH MEETS GREAT ART

Regional Arts Victoria

A partnership with Regional Arts Victoria to promote health and access to arts activities and productions across Victoria.

■ \$50,000

MAJOR PARTNERSHIPS SCHEME – PROJECT SUPPORT

Heart Foundation of Australia

Project to provide support for the implementation of the Major Arts Partnerships program, particularly in relation to the promotion of the SmokeFree message and the creation of healthy environments.

■ \$80,000

MAJOR PARTNERSHIPS SCHEME—EVALUATION

McLeod Nelson Associates

Evaluation of the Major Partnership program to assess the effectiveness in meeting the aims of the scheme and the aims of VicHealth.

■ \$10,000

QUIT CAMPAIGN PROGRAM (HEALTH) 2002–04

The Cancer Council of Victoria

The Quit program aims to reduce the prevalence of smoking in Victoria and to reduce the exposure of non-smokers and smokers to the harmful substances in tobacco smoke. A broad range of policy and program initiatives are used to achieve objectives adding up to a comprehensive program on tobacco addressing cessation, prevention, exposure reduction and policy advancement.

■ \$2,413,600

VICHEALTH CENTRE FOR TOBACCO CONTROL

The Cancer Council of Victoria

Dr R Borland and Ms M Scollo. The aim of the VicHealth Centre for Tobacco Control is to contribute to the decline in smoking levels by carrying out research and development to identify and promote innovative ways of reducing exposure to tobacco, thus reducing the adverse health and social effects of tobacco use in Australia.

■ \$500,000

EFFECT OF INTRODUCTION OF VARYING SMOKE-FREE POLICIES ON RESPIRATORY AND SENSORY SYMPTOMS OF BAR AND GAMING WORKERS

The Cancer Council Victoria

Dr M Wakefield. A research proposal to determine whether non-smoking bar/gaming workers working in smoke-free and partially smoke-free workplaces experience a decline in short-term respiratory and sensory symptoms compared with workers employed in workplaces where smoking is still permitted.

■ \$65,747

EFFECT OF SMOKE-FREE NIGHTCLUBS/PUBS ON SMOKING CONSUMPTION BY YOUNG PEOPLE

The Cancer Council Victoria

Dr M Wakefield. Research that aims to determine the extent to which attendance at a smoke-free venue compared with a smoking-permitted nightclub might reduce cigarette consumption by young people.

■ **\$50,000**

IMPACT OF CHANGES IN ANTI-SMOKING ADVERTISING – EFFECTS ON ADULTS AND CHILDREN (SENIOR FELLOWSHIP)

The Cancer Council of Victoria

Dr M Wakefield. This project aims to better describe and understand the influence of the media (i.e. anti-smoking advertising; news coverage about tobacco on television, radio and in newspapers; and film, television and music video clip portrayal of tobacco) on tobacco smoking in Australia.

■ **\$165,000**

PHYSICAL ACTIVITY AND SMOKING CESSATION

Cancer Council of Victoria

Exploratory research into known and potential links between physical activity and smoking cessation.

■ **\$45,000**

HEALTH AGENCY SUPPORT

National Heart Foundation

To provide sponsorship support and expert advice to the Professional Golfers Association promoting the SmokeFree message as part of their sport sponsorship.

■ **\$10,000**

PARTNERSHIPS FOR HEALTH: SMOKEFREE—CREATING HEALTHY ENVIRONMENTS IN SPORTING CLUBS AND VENUES

The Cancer Council of Victoria

Support function role for state sporting associations involved in the Partnerships for Health scheme to deliver environments in sport which are smoke-free indoors.

■ **\$200,000**

QUIT PROGRAM SPONSORSHIP

The Cancer Council of Victoria

To provide sponsorship support and expert advice to a group of Australian Rules football associations promoting the SmokeFree message as part of their sport sponsorship.

■ **\$153,750**

COLONIAL STADIUM

Boyer Sports Media

Purchase of a signage package to promote the SmokeFree message at Colonial Stadium, Melbourne.

■ **\$210,000**

DANDENONG RANGERS SPONSORSHIP

Dandenong Basketball Association

Project to promote smoke-free policies and behaviour via naming rights of an elite basketball team, signage, education at clinics as well as other health promotion strategies.

■ **\$30,000**

HEALTH PROMOTING SPONSORSHIP PACKAGE

Victorian Football Development Foundation

Sponsorship to promote and support smoke-free environments and behaviours as well as other health promotion activities through the Victorian Football Development Foundation clubs and events.

■ **\$431,090**

MELBOURNE CRICKET GROUND SIGNAGE

Boyer Group Pty Ltd

Purchase of advertising at the Melbourne Cricket Ground to promote the SmokeFree message.

■ **\$80,000**

SMOKEFREE PRO-AM SERIES

Professional Golfers Association

Project to support smoke-free environments and behaviours, as well as other health promotion outcomes, in golf clubs using the SmokeFree Pro-Am Tournaments to promote the SmokeFree message more widely.

■ **\$75,000**

SMOKEFREE SPONSORSHIP PACKAGE

South Melbourne Hellas Soccer Club

Project to promote smoke-free environments and behaviour, as well as other health promotion outcomes, through the club and at their events.

■ **\$80,000**

VICHEALTH
REPORT OF OPERATIONS 2001–2002

REPORT OF OPERATIONS

1. ESTABLISHMENT OF THE VICTORIAN HEALTH PROMOTION FOUNDATION

The Victorian Health Promotion Foundation is established by the Tobacco Act 1987 No. 81.

The relevant Minister is the Minister for Health, Hon John Thwaites MP.

2. OBJECTS

The objects of the Foundation, as set out in the Tobacco Act, are:

- (a) to fund activity related to the promotion of good health, safety or the prevention and early detection of disease; and
- (b) to increase awareness of programs for promoting good health in the community through the sponsorship of sports, the arts and popular culture; and
- (c) to encourage healthy lifestyles in the community and support activities involving participation in healthy pursuits; and
- (d) to fund research and development activities in support of these objects.

3. FUNCTIONS

The functions of the Foundation, as set out in the Tobacco Act, are:

- (a) to promote its objects;
- (b) to make grants from the Health Promotion Fund for activities, facilities, projects or research programs in furtherance of the objects of the Foundation;
- (c) to provide sponsorships for sporting or cultural activities;
- (d) to keep statistics and other records relating to the achievement of the objects of the Foundation;
- (e) to provide advice to the Minister on matters related to its objects referred by the Minister to the Foundation and generally in relation to the achievement of its objects;
- (f) to make loans or otherwise provide financial accommodation for activities, facilities, projects or research programs in furtherance of the objects of the Foundation;
- (g) to consult regularly with relevant Government Departments and agencies and to liaise with persons and organisations affected by the operation of this Act;
- (h) to perform such other functions as are conferred on the Foundation by this or any other Act.

The Foundation performs and manages these functions by:

- (a) developing a strategic plan, including concept, context and operations;
- (b) initiating, facilitating and organising the development of projects and programs to fulfil the strategic plan;
- (c) ensuring an excellent standard of project management for all project and program grants paid by the Foundation;
- (d) developing systems to evaluate the impacts and outcomes of grants;
- (e) ensuring that such knowledge is transferred to the wider community.

4. POWERS

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

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

5. NATURE AND RANGE OF SERVICES

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

6. MEMBERS OF BOARD OF GOVERNANCE

As at 30 June 2002

Professor John Funder	<i>Chair</i>
The Hon. Gerald Ashman MLC	
The Hon. Ron Best MLC	
Professor Robert Burton	
Ms Elaine Canty	
Ms Jane Fenton	<i>Deputy Chair</i>
Mr Lindsay Gaze	
Mr Gerard Healy	(until 22 January 2002)
Professor Helen Herrman	
Ms Susan Holmes	
Mr Tim Jacobs	
Ms Belinda Jakiel	(from 11 December 2001)
Ms Jenny Lindell MLA	
Professor Graeme Ryan	

7. CHIEF EXECUTIVE OFFICER

Dr Rob Moodie

8. SENIOR OFFICERS AS AT 30 JUNE 2002

Director: Research and Development, Dr Julia Shelley

Director: Planning, Ms Barbara Mouy

Director: Programs, Ms Yvonne Robinson

Acting Director: Communications and Marketing, Ms Jackie Van Vugt

Director: Finance and Administration, Mr Randall Kent

9. WORKFORCE DATA

	30 June 2002		30 June 2001	
	No.	EFT	No.	EFT
Staff establishment	42	34.8	40	35.9
Cost recovery and special projects	2	1.6	2	1.6
Total	44	36.4	42	37.5

Note: Workforce data represents actual numbers of staff employed.

10. APPLICATION OF MERIT AND EQUITY PRINCIPLES

The Foundation is an equal opportunity employer.

The Foundation complies with relevant Government guidelines and employment principles.

11. FREEDOM OF INFORMATION

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

12. FINANCIAL INFORMATION

	2001-02 \$ 000s	2000-01 \$ 000s	1999-00 \$ 000s	1998-99 \$ 000s	1997-98 \$ 000s
(A) SUMMARY OF FINANCIAL RESULTS					
Income					
Health promotion grant	26 216	25 400	24 761	24 040	23 340
Investment income	362	485	369	274	241
Other	993	715	1 413	760	1 206
Total Income	27 571	26 600	26 543	25 074	24 787
Expenditure					
Grants and Associated Expenses	23 091	23 663	21 879	21 232	21 190
Operating	3 717	3 614	3 720	3 325	3 176
Total Expenditure	26 808	27 277	25 599	24 557	24 366
Surplus (Deficit)	763	(677)	944	517	421
Balance Sheet as at			30/6/02 \$ 000s	30/6/01 \$ 000s	Change \$ 000s
(B) SUMMARY OF SIGNIFICANT CHANGES IN FINANCIAL POSITION					
Current Assets			2 553	3 739	(1 186)
Non-Current Assets			2 611	1 496	1 115
Total Assets			5 164	5 235	(71)
Current Liabilities			989	1 908	(919)
Non-Current Liabilities			320	235	85
Total Liabilities			1 309	2 143	(834)
Equity			3 855	3 092	763
Total Equity and Liabilities			5 164	5 235	(71)

(C) OPERATIONAL OBJECTIVES, SIGNIFICANT ACTIVITIES AND ACHIEVEMENTS

The Foundation's primary operational objectives for 2001–02 were to contribute to:

- advancing knowledge and building evidence for interventions;
- supporting innovative contributions in a range of settings and sectors;
- systematically transferring health promotion knowledge to targeted spheres of influence; and
- advocacy for health promotion

Research, development and implementation activity was primarily focussed in the health promotion action areas of:

- tobacco control
- mental health
- physical activity
- healthy eating
- substance use (alcohol and illicit drugs)
- sun protection
- injury prevention

The key delivery sectors and settings were:

- sport
- recreation
- education
- community
- local Government
- health
- the arts

These were consistent with Victorian Government priorities and National Health Priority Areas.

Significant activities and achievements in relation to these objectives are set out elsewhere in the Foundation's 2001–02 Annual Report.

(D) SUMMARY OF MAJOR CHANGES

There were no major changes or factors which affected the achievement of the Foundation's operational objectives for the year.

(E) EVENTS SUBSEQUENT TO BALANCE DATE

There have been no events subsequent to balance date that may have a significant effect on the operation of the Foundation in subsequent years.

(F) CONSULTANCIES


Seven consultancies costing less than \$50,000 were engaged during the year. The total cost of consultancies was \$134,000 (2000/01 \$132,000).

(G) COMPLIANCE WITH PROVISIONS OF THE BUILDING ACT 1993

To the best of my knowledge all relevant provisions of the *Building Act 1993* have been complied with.

(H) OTHER INFORMATION

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



Dr Rob Moodie
Chief Executive Officer

Signed at Melbourne this 16th day of September 2002.

VICHEALTH
FINANCIAL STATEMENTS 2001–2002

CERTIFICATION

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

- (i) have been prepared in accordance with Directions of the Minister of Finance under the *Financial Management Act 1994* and Australian Accounting Standards; and
- (ii) present fairly the results of the financial transactions of the Foundation for the year ended 30 June 2002 and the financial position as at that date.

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



Professor John Funder
Chairman



Dr Rob Moodie
Chief Executive Officer



Mr Randall Kent
Director: Finance and Administration

Signed at Melbourne this 26th day of September 2002

AUDITOR-GENERAL'S REPORT

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

Audit Scope

The accompanying financial report of the Victorian Health Promotion Foundation for the financial year ended 30 June 2002, comprising the statement of financial performance, statement of financial position, statement of cash flows and notes to the financial statements, has been audited. The Members of the Board are responsible for the preparation and presentation of the financial report and the information it contains. An independent audit of the financial report has been carried out in order to express an opinion on it to the Members of the Parliament of Victoria, responsible Ministers and Members of the Board as required by the Audit Act 1994.

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

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

Audit Opinion

In my opinion, the financial report presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia and the financial reporting requirements of the *Financial Management Act 1994*, the financial position of the Victorian Health Promotion Foundation as at 30 June 2002, its financial performance and cash flows for the year then ended.



J.W. CAMERON
Auditor-General

MELBOURNE 2 October 2002

STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2002

	Notes	2001/02 \$000s	2000/01 \$000s
Revenue From Ordinary Activities			
Operating Revenue			
Health Promotion Grant	1(k)	26 216	25 400
Other	2	941	672
		27 157	26 072
Non-Operating Revenue			
Investment Income		362	485
Proceeds of Sale of Assets	2	52	43
		414	528
		27 571	26 600
Expenses From Ordinary Activities			
Grants and Associated Expenses	4	23 091	23 663
Operating Expenses	3	3 717	3 614
		26 808	27 277
Net Result for the Year	5	763	(677)
Total changes in equity other than those resulting from transactions with the Victorian State Government in its capacity as owner		763	(677)

The accompanying notes form part of these financial statements.

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2002

	Notes	2002 \$000s	2001 \$000s
Current Assets			
Cash Assets	6	87	66
Receivables	7	440	558
Lease Incentive	14(b)	-	58
Prepayments		28	77
Other Financial Assets	1(h),8	1 998	2 980
Total Current Assets		2 553	3 739
Non-Current Assets			
Other Financial Assets	1(h),8	1 500	500
Furniture, Fittings, Equipment and Motor Vehicles	11	1 111	996
Total Non-Current Assets		2 611	1 496
Total Assets		5 164	5 235
Current Liabilities			
Payables	1(f),9	787	1 629
Deferred Lease Benefit	14(b)	18	19
Provisions	1(d),10	184	260
Total Current Liabilities		989	1 908
Non-Current Liabilities			
Provisions	1(d),10	179	72
Deferred Lease Benefit	14(b)	141	163
Total Non-Current Liabilities		320	235
Total Liabilities		1 309	2 143
Net Assets		3 855	3 092
Equity			
Funds Held For Restricted Purposes	1(e),5	965	510
Retained Earnings		2 890	2 582
Total Equity		3 855	3 092

The accompanying notes form part of these financial statements.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2002

	Notes	2001/02 \$000s Inflows (Outflows)	2000/01 \$000s Inflows (Outflows)
Cash Flows From Operating Activities			
Receipts from health promotion grant		28 838	27 940
Investment income		356	525
Other receipts		1 222	610
Total Receipts		30 416	29 075
Payments of grants and associated expenses		(25 168)	(26 261)
Payments to suppliers and employees		(4 670)	(1 881)
GST remitted		(238)	(495)
Total Payments		(30 076)	(28 637)
Net Cash Provided By Operating Activities	15(b)	340	438
Cash Flows From Investing Activities			
Proceeds from sale of assets		52	43
Proceeds from redemption of investments (investment outlays)		(18)	1 551
Payments for purchase of fixed assets		(353)	(866)
Net Cash Provided By (Used in) Investing Activities		(319)	728
Net Increase in Cash Held		21	1 166
Cash at 1 July		66	(1 100)
Cash at 30 June	15(a)	87	66

The accompanying notes form part of these financial statements.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2002

1. STATEMENT OF ACCOUNTING POLICIES

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

(a) Accrual Basis of the Preparation of the Accounts

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

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

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

(c) Fittings, Equipment and Motor Vehicles

The Foundation has adopted a capitalisation policy for fixed assets for capital purchases in excess of \$1,000 (2000/01 \$1,000).

Furniture, fittings, equipment and motor vehicles are carried at cost in accordance with AASB 1041. Assets are depreciated at rates based upon their expected useful economic lives to the Foundation, using the straight-line method. The Foundation reviews the remaining useful lives of assets each year. There has been no change in estimated useful lives of assets since 2000/01.

Fixed Asset Category	Depreciation Rate (%)
Office Furniture	10.0
Fixtures and Fittings	10.0
Computer Equipment	33.3
Other Office Equipment	20.0
Motor Vehicles	17.5

(d) Employee Entitlements

Calculations of provisions for annual leave and long service leave are based on pay rates current at balance date and include on-costs such as Workcover and superannuation in accordance with Australian Accounting Standard 30, Accounting for Employee Entitlements.

(i) Annual Leave

Annual leave which is estimated to be payable to employees on the basis of statutory and contractual requirements is classified as a current liability at balance date.

(ii) Superannuation

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

State Superannuation Fund Revised Scheme

State Superannuation Fund New Scheme

Victorian Superannuation Fund VicSuper Scheme

In the case of employees who are members of the State Superannuation New Scheme the notional share of unfunded liabilities attributable to the Foundation, as assessed by the State Superannuation Scheme as at 30 June 2002, was nil.

The State Superannuation VicSuper Scheme is fully funded and there are no unfunded liabilities with this scheme.

During 2001-02 the Foundation's contributions to the above schemes totalled \$180,000 (2000/01, \$173,000).

No contributions were outstanding at 30 June 2002 (2000/01, \$19,000).

The policy adopted for calculating employer contributions is based on the advice of the Scheme's actuary. The employer contribution rates for 2001/02 varied from 8% to 15.5% depending on the scheme and the rate contributed by each employee (2000/01 8% to 14%).

(iii) Long Service Leave

Provision for long service leave has been calculated in accordance with Australian Accounting Standard 30, Accounting for Employee Entitlements. The entitlement, under the Foundation's enterprise agreement, becomes payable upon completion of ten years' service.

The proportion of long service estimated to be payable within the next financial year is a current liability. The balance of the provision is classified as a non-current liability, measured at the present value of the estimated future cash outflow arising from employees' service to date, using Commonwealth Bond rates to discount future cash flows.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2002

(e) Funds Held for Restricted Purposes

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

The proportion on which the health promotion grant is to be paid is as follows:

In accordance with the *Tobacco Act*

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

In accordance with Foundation policy

Public Health Research grants	17%.
-------------------------------	------

(f) Trade and Other Creditors

(i) Creditors and accrued expenses

Creditors and accrued expenses represent liabilities for goods and services provided to the Foundation prior to balance date and which are unpaid. The amounts are unsecured and are usually paid within 30 days of recognition.

All creditors are payable within one year.

(ii) Grants payable

Grants payable represent grant instalments which have been approved for payment during 2001/02. These instalments were unpaid as at 30 June 2002 and have been disclosed as a current liability. The accrued grants are expected to be paid within 12 months.

Grants approved for funding in 2002/03 and subsequent years have been recognised in the notes to these financial statements as commitments (see Note 13).

(g) Receivables

Trade debtors are carried at amounts receivable. The collectability of debts is assessed on an ongoing basis. Debts which are known to be uncollectable are written off. Normal credit terms are 30 days.

(h) Investments

Investments are brought to account at cost. Interest revenue is recognized as the interest accrues.

Investments consist of four commercial bank bills. Maturity dates range from 45 days to 8 years.

(i) Leases

Expenditure relating to leases deemed to be operating leases is expensed as incurred.

(j) Goods and Services Tax

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

(k) Health Promotion Grant

From its inception in 1987 until June 1992, the Foundation was funded by a hypothecated percentage of Victorian ad valorem tobacco franchise fees. Since July 1992, the annual amount allocated to the Foundation from tobacco franchise fees has been determined by the Treasurer.

On 5 August 1997, the High Court of Australia invalidated State and Territory business franchise and licence fees, including tobacco fees. In order to maintain the Foundation's funding, the Victorian Treasurer arranged for funds to be transferred from the Consolidated Fund for the remainder of the 1997/98 year.

Since 1 July 1998, annual funding for the Foundation has been decided by the Treasurer, appropriated as part of Victoria's annual budget within the appropriation for the Department of Human Services and transferred electronically in equal monthly instalments to the Foundation. The health promotion grant is recognised as revenue upon receipt.

(l) Comparatives

Where necessary, the figures for the previous year have been reclassified to facilitate comparison. In accordance with this year's presentation of financial information the 2000-01 comparative for Other Revenue is now further disaggregated.

(m) Rounding

All amounts shown in the financial statements are expressed to the nearest \$1,000.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2002

	2001/02 \$000s	2000/01 \$000s
2. OTHER REVENUE		
Operating Revenue		
Government Project Grants	725	570
Consulting and Training Fees	90	20
International Projects	-	42
Other	126	40
Total Operating Revenue	941	672
Non-Operating Revenue		
Proceeds of Sale of Assets	52	43
Total Revenue	993	715
3. OPERATING EXPENSES		
General Administration	128	147
Occupancy Costs	309	316
Office Costs	252	238
Personnel Costs	2 564	2 472
Transport Costs	99	116
Members Fees	86	71
Depreciation	188	116
Provision of		
Long Service Leave	41	28
Written Down Value of Assets Sold	50	110
Total	3 717	3 614

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2002

	2001/02 \$000s	2000/01 \$000s
4. GRANTS AND ASSOCIATED EXPENSES		
Sport Settings		
Payments to Sporting Bodies		
Grants and Sponsorships	5 744	5 404
Safety and Training Equipment Grants	517	1 006
Active for Life Grants	381	449
Recreation Grants	963	601
Total Payments to Sporting Bodies	7 605	7 460
Education, Local Government, Community, Arts and Health Settings		
Payments to Bodies for Purposes of Health Promotion		
Grants	7 600	7 773
Sponsorship Support	990	920
Total Payments to Bodies for Purposes of Health Promotion	8 590	8 693
Public Health Research		
Grants to External Bodies		
Clinical Research Grants	75	334
Public Health Research Project Grants	1 538	2 170
Centres for Research and Practice	1 426	1 665
Surveillance and Applied Research Grants	165	555
Fellowships and Scholarships	1 481	832
Total Public Health Research Grants	4 685	5 556
Research Dissemination Expenses	98	106
Evaluation Expenses	125	47
Total Payments for Public Health Research	4 908	5 709
Associated Expenses		
Developmental Activities	589	542
Communications and Marketing	1 399	1 259
Total Associated Expenses	1 988	1 801
Total Grants and Associated Expenses	23 091	23 663

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2002

	2001/02 \$000s	2000/01 \$000s
5. EQUITY AND MOVEMENTS IN EQUITY		
RETAINED EARNINGS		
Balance at 1 July	2 582	2 268
Surplus (Deficit) for the Year	763	(677)
Transfer (to) from Funds Held for Restricted Purposes	(455)	991
Balance at 30 June	2 890	2 582
FUNDS HELD FOR RESTRICTED PURPOSES		
Sporting Bodies Commitments Fund		
Balance at 1 July	110	382
Transfer (to) from Retained Earnings	103	(272)
Balance at 30 June	213	110
Public Health Research Commitments Fund		
Balance at 1 July	400	1 119
Transfer (to) from Retained Earnings	40	(719)
Balance at 30 June	440	400
Common Solutions Commitments Fund		
Balance at 1 July	-	-
Transfer (to) from Retained Earnings	31	-
Balance at 30 June	31	-
IUHPE Conference Commitments Fund		
Balance at 1 July	-	-
Transfer (to) from Retained Earnings	281	-
Balance at 30 June	281	-
Total Equity	3 855	3 092

The Sporting Bodies Commitments Fund represents the difference between 30% of the health promotion grant and payments to sporting bodies, on a cumulative basis. The transfer of \$103,000 from Retained Earnings to the Sporting Bodies Commitments Fund represents the amount by which payments to sporting bodies, and associated sport expenses, for 2001/02 were less than 30% of the health promotion grant for 2001/02.

The Public Health Research Commitments Fund represents the difference between the percentage of the health promotion grant allocated to public health research and public health research expenditure, on a cumulative basis. The transfer of \$40,000 from Retained Earnings to the Public Health Research Commitments Fund represents the amount by which public health research expenditure, and associated research expenses, for 2001/02 was less than the amount allocated to public health research for 2001/02.

The Common Solutions Commitments Fund represents the difference between grants received for the Common Solutions project and the expenditure incurred for this project in 2001/02. The transfer of \$31,000 from Retained Earnings to the Common Solutions Commitments Fund represents the difference between grants received, and the expenditure incurred, for the Common Solutions project, during 2001/02.

The IUHPE Conference Commitments Fund represents the difference between grants received for the purpose of organising the 2004 international IUHPE conference and the expenditure incurred for this project in 2001/02. The transfer of \$281,000 from Retained Earnings to the IUHPE Conference Commitments Fund represents the difference between grants received, and the expenditure incurred, for the IUHPE conference project during 2001/02.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2002

	2001/02 \$000s	2000/01 \$000s
6. CASH ASSETS		
Bank Balance	(1 517)	(308)
At Call Deposits	1 604	374
Total	87	66
7. RECEIVABLES		
Sundry Debtors	347	471
Accrued Income	93	87
Total	440	558
8. OTHER FINANCIAL ASSETS		
Current Investments		
Commercial Bank Bills	1 998	2 980
Total	1 998	2 980
Non-Current Investments		
Commercial Bank Bills	1 500	500
\$965,000 of financial assets relate to Funds Held for Restricted Purposes (2000/01 \$510,000)		
9. PAYABLES		
Trade Creditors	457	1 443
Grants Payments Accrued	218	45
Accrued Salaries	25	33
Other Accrued Expenses	87	108
Total	787	1 629
10. PROVISIONS		
Current		
Employee entitlements		
Annual Leave	153	163
Long Service Leave	31	97
Total	184	260
Non-Current		
Employee entitlements		
Long Service Leave	179	72
Total	179	72
Aggregate Carrying Amount of Provisions		
Current	184	260
Non-Current	179	72
Total	363	332

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2002

	At Cost \$000s	Accumulated Depreciation 30/06/02 \$000s	Written Down Value 30/06/02 \$000s	Written Down Value 30/06/01 \$000s
11. FURNITURE, FITTINGS, EQUIPMENT AND MOTOR VEHICLES				
a) Written Down Value				
Office Furniture	136	38	98	81
Fixtures and Fittings	808	86	722	709
Office Equipment	445	279	166	63
Motor Vehicles	180	55	125	143
Total	1 569	458	1 111	996

	Balance 1 July \$000s	Additions \$000s	Disposals \$000s	Depreciation \$000s	Balance 30 June \$000s
b) Reconciliations					
2002					
Office Furniture	81	30		(13)	98
Fixtures and Fittings	709	90	-	(77)	722
Office Equipment	63	192	(23)	(66)	166
Motor Vehicles	143	41	(27)	(32)	125
Total	996	353	(50)	(188)	1 111
2001					
Office Furniture	20	68	(2)	(5)	81
Fixtures and Fittings	87	708	(65)	(21)	709
Office Equipment	99	22	-	(58)	63
Motor Vehicles	150	68	(43)	(32)	143
Total	356	866	(110)	(116)	996

12. FINANCIAL INSTRUMENTS

a) Interest Rate Risk Exposures

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

	Floating Interest Rate \$000s	Fixed Interest maturing in 1 year or less \$000s	Fixed Interest maturing in more than 1 year \$000s	Non-Interest Bearing \$000s	Total 30/06/02 \$000s	Total 30/06/01 \$000s
Financial Assets						
At-call deposits (refer note 6)	1 604				1 604	374
Receivables				440	440	558
Investments		1 998	1 500		3 498	3 480
Total	1 604	1 998	1 500	440	5 542	4 412
Weighted Average Interest						
Rate %	4.50	5.2	6.32			
Financial Liabilities						
Bank balance (refer note 6)				1 517*	1 517	308*
Payables				787	787	1 629
Total				2 304	2 304	1 937

*Amount relates to un-presented cheques. The Foundation has not operated on overdraft during the year. Accordingly no interest has been charged.

(b) Credit Risk Exposures

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

(c) Net Fair Values of Financial Assets and Liabilities

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

13. FUTURE GRANT COMMITMENTS

The Foundation has entered into certain agreements for funding of grants for multiple years. The payment of future years' instalments of these grants is dependent on the funded organisations meeting specified accountability requirements.

Instalments of grants to be paid in future years subject to the funded organisations meeting accountability requirements are:

	2001/02 \$000s	2000/01 \$000s
Payable within one year	9 500	10 452
Payable later than one year but not later than five years	6 696	7 227
Payable later than five years	-	-
	16 196	17 679
Grants approved for funding in 2002/03 or later years, but where funding agreements are yet to be executed are:		
Payable within one year	1 134	3 240
Payable later than one year but not later than five years	900	3 176
Payable later than five years	-	-
	2 034	6 416

14. LEASES

(a) The Foundation has an operating lease of its premises. Lease commitments are as follows:

	2001/02 \$000s	2000/01 \$000s
Payable within one year	229	175
Payable later than one year but not later than five years	916	932
Payable later than five years	859	1 106
	2 004	2 213

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

15. CASH FLOW INFORMATION

(a) Reconciliation of Cash

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

	2001/02 \$000s	2000/01 \$000s
Bank balance	(1 517)	(308)
At Call Deposits	1 604	374
Cash at 30 June	87	66

15. CASH FLOW INFORMATION (continued)

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

	2001/02 \$000s	2000/01 \$000s
Net Result for the year	763	(677)
Adjustments for non-cash income and expense items		
Depreciation	188	116
Increase in provisions	31	54
Net loss (profit) on sale of assets	(2)	67
Increase (decrease) in grants payments accrued	173	(210)
Decrease (increase) in prepayments	49	(69)
Net decrease (increase) in accrued income	(6)	42
Increase (decrease) in trade creditors and accruals	(1 015)	1 325
Increase (decrease) in deferred lease benefit	(23)	182
Net decrease (increase) in trade debtors	124	(334)
Decrease (Increase) in lease incentive	58	(58)
Net Cash Provided By Operating Activities	340	438

16. CONTINGENT LIABILITIES

As at 30 June 2002 the Foundation had no legal matters outstanding and is not aware of any other contingent liabilities (Nil 2000/01).

17. RESPONSIBLE PERSONS AND RELATED PARTY DISCLOSURES

(a) Responsible Minister

The Hon John Thwaites MLA, Minister for Health, is the responsible Minister.

(b) Members of Board of Governance

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

Professor John Funder	<i>Chairman</i>
The Hon. Gerald Ashman MLC	
The Hon. Ron Best MLC	
Professor Robert Burton	
Ms Elaine Canty	
Ms Jane Fenton	<i>Deputy Chairman</i>
Mr Lindsay Gaze	
Mr Gerard Healy	<i>(until 22 January 2002)</i>
Professor Helen Herrman	
Mr Tim Jacobs	
Ms Belinda Jakiel	<i>(from 11 December 2001)</i>
Professor Graeme Ryan	
Ms Susan Holmes	
Ms Jenny Lindell MLA	

17. RESPONSIBLE PERSONS AND RELATED PARTY DISCLOSURES (continued)

(c) Remuneration of Members of Board of Governance

The total remuneration paid by the Foundation to Members of the Board of Governance was \$68,000 (2000/01 \$65,000). No payment was made to Parliamentary Members.

Remuneration \$	2001/02	2000/01
0-9 999	10	10
10 000-19 999	1	1

(d) Related Party Transactions

The Foundation paid certain grants to organisations which employ certain Members of the Board of Governance. All such grants were at arm's length from the relevant Members and were made in accordance with the Foundation's normal procedures and policy on declarations of interests.

Board Member	Amounts paid to	2001/02 \$000's	2000/01 \$000's
Prof R Burton	The Cancer Council of Victoria	4 165	4 226
Ms S Holmes	Sports Federation of Victoria	241	240
Mr T Jacobs	Victorian Arts Centre	50	100
Total		4 456	4 566

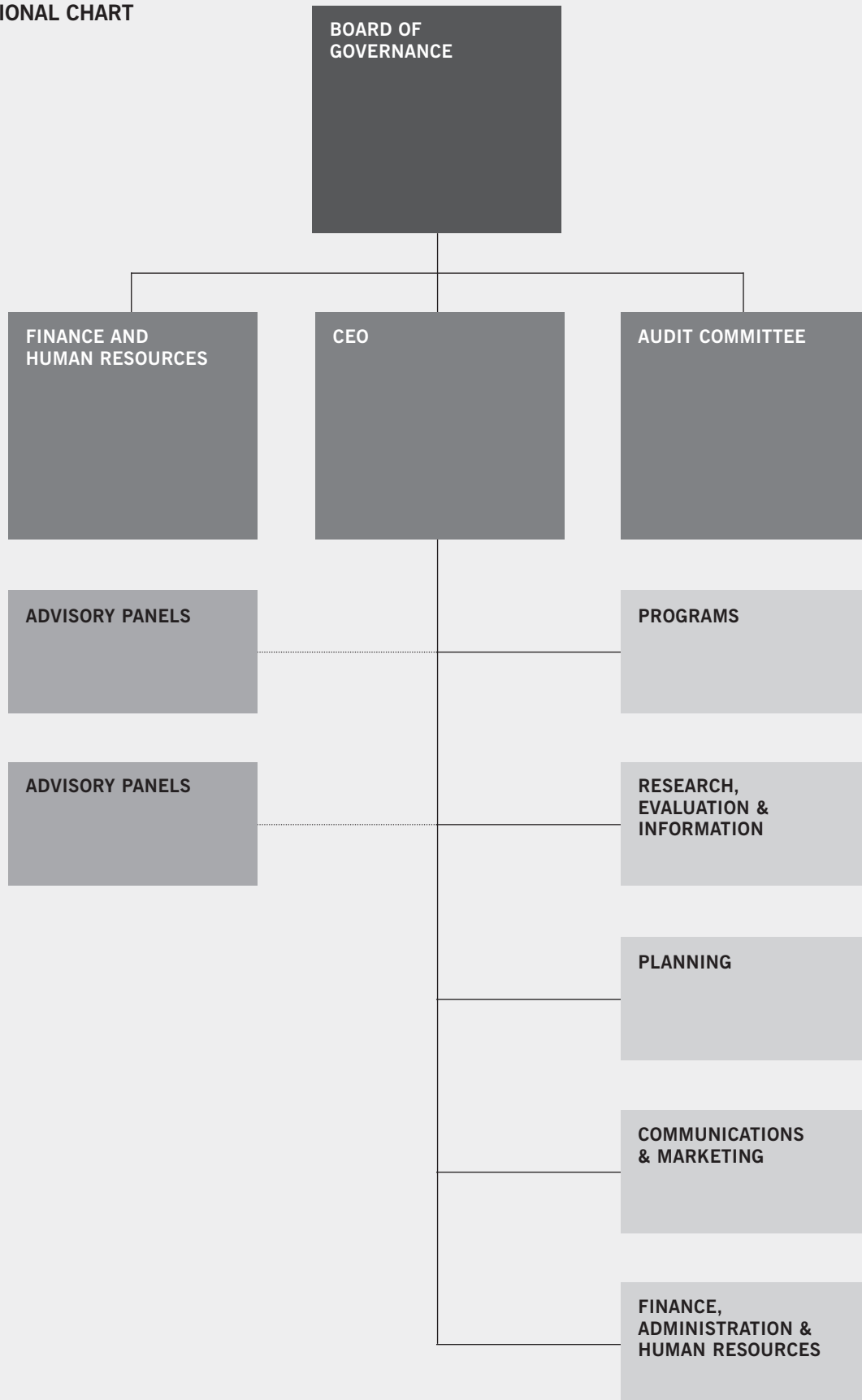
(e) Executive Officers

Remuneration Band \$	2001/02 No.	2000/01 No.
100 000–110 000	1	–
150 000–160 000	1	1
Total Remuneration	\$263 000	\$159 000

18. AUDITOR'S REMUNERATION

	2001/02 \$000s	2000/01 \$000s
Audit fees paid or payable to the Victorian Auditor-General's Office for the audit of the Foundation's financial statements	10	9

ORGANISATIONAL CHART



BOARD APPOINTED STANDING COMMITTEES

FINANCE AND HUMAN RESOURCES COMMITTEE

Prof John Funder	Chair
Prof Graeme Ryan	
Ms Jane Fenton	
Mr Tim Jacobs	
Mr John Hayes	
Ms Linda Berry	
Ms Anne Fairhall	

AUDIT COMMITTEE

Mr William Phillips	Chair
Prof John Funder	
Ms Jenny Lindell	
Mr Gerald Ashman	
Mr Ron Best	
Mr John Kehoe	
Ms Margaret Crossley	
Ms Carol Pagnon	
Mr John Hayes	

BOARD APPOINTED ADVISORY PANELS, 2001–2002

RESEARCH EXCELLENCE/WORKFORCE DEVELOPMENT

Panel Membership

Prof. Terry Nolan	University of Melbourne	Chair
Dr John Carnie	DHS	
Prof. Sandy Gifford	Deakin University	
Prof. Graeme Ryan	VicHealth Board	
Prof. Nick Saunders	Monash University	
Dr Andrew Wilson	Chief Health Officer, NSW	
Dr Julia Shelley	VicHealth staff	
Ms Jacqui Randall	VicHealth staff	Convenor

VICHEALTH CENTRES FOR RESEARCH AND PRACTICE

Panel Membership

Prof. John Funder	VicHealth Board	Chair
Prof. Robert Burton	VicHealth Board	
Prof. Glen Bowes	Women's and Children's Network	
Prof. Doreen Rosenthal	La Trobe University	
Prof. Helen Praetz	RMIT University	
Dr Stephen McMahon	Institute of International Health	
Dr John Carnie	DHS	
Dr Julia Shelley	VicHealth staff	
Ms Yvonne Robinson	VicHealth staff	
Ms Jacqui Randall	VicHealth staff	Convenor

SPORT AND RECREATION PARTNERSHIPS FOR HEALTH

Panel Membership

Mr Michael Cahill	Sport and Recreation Victoria	Chair
Mr Lindsay Gaze	VicHealth Board	
Mr Ron Best	VicHealth Board	
Mr Bill Bellew	Department of Health, NSW	
Ms Julie Sarll	VicSport	
A/Prof. Caroline Finch	Deakin University	
Mr Paul Vear	Victorian Squash Federation	
Ms Lisa Hasker	Victorian Little Athletics	
Ms Jill Evans	Leisure Networks, Geelong	
Ms Kaye Graves	Bendigo Community Health Service	
Ms Yvonne Robinson	VicHealth staff	
Ms Shelley Maher	Deakin University secondee	
Mr John Strachan	VicHealth staff	
Ms Trish Mundy	VicHealth staff	Convenor

COMMUNITY PARTICIPATION IN SPORT AND RECREATION

Panel Membership

Ms Susan Holmes	VicHealth Board	Chair
Mr Gerald Ashman	VicHealth Board	
Ms Belinda Jakiel	VicHealth Board	
Ian Campbell	Bairnsdale Regional Sports Assembly	
Prof. Neville Owen	University of Wollongong	
Mr Gavin Brown	Victorian Aboriginal Youth Sport and Recreation Co-op	
Ms Carmel Guerra	Centre for Multicultural Issues	
Ms Jane McInnis	Sport and Recreation Victoria	
Mr Adam Pickvance	Outdoor Recreation Victoria	
Mr Ian Kett	Victorian Council on Fitness & General Health (VicFit)	
Mr John Smith	North Central Primary Care Partnership	
Ms Yvonne Robinson	VicHealth staff	
Ms Trish Mundy	VicHealth staff	
Ms Caroline Sheehan	VicHealth staff	Convenor

SPORTS SAFETY AND EQUIPMENT PROGRAM

Panel membership

Ms Jenny Lindell	VicHealth Board	
Mr Ron Best	VicHealth Board	
Mr Gerald Ashman	VicHealth Board	
Ms Trish Mundy	VicHealth staff	Convenor
Mr John Strachan	VicHealth staff	

MENTAL HEALTH PROMOTION

Panel membership

Ms Jane Fenton	VicHealth Board	Chair
Prof. Helen Herrman	VicHealth Board	
Assoc. Prof. Ian Anderson	University of Melb.	
Ms. Vivienne McCutcheon	Co-Alition 99	
Prof Johanna Wynn	Youth Research Ctre, Uni of Melb	
Mr. Paris Aristotle	Vic. Foundation for Survivors of Torture	
Ms. Suzanne Cooper	Oven & King Com. Health Services	
Prof. Ian Hickie	Beyond Blue	
Ms Kerry Webber	Dept. of Health & Family Services	
Mr John McGrath	Mental Health Council of Australia	
Fr Peter Norden SJ	Jesuit Social Services	
Mr Stephen Gianni	Brotherhood of St Laurence	
Dr Brian Howe	University of Melbourne	
Ms Jenny Smith	DHS	
Ms Lyn Walker	VicHealth staff	Convenor
Ms Irene Verrins	VicHealth staff	

PRIMARY CARE PARTNERSHIPS

Panel Membership

Ms Jane Fenton	VicHealth Board	Chair
Ms Sylvia Barry	Aged Community & Mental Health Branch, DHS	
Ms Sue Heward	Primary and Community Health, DHS	
Ms Bronwyn Diffey	Aged Community and Mental Health Branch, DHS	
Ms Darnelle Eckersall	Banyule City Council	
Ms Gail Roberts	General Practice Divisions-Victoria	
Ms Helen Walsh	Barwon South Western, DHS	
Ms Penny Anderson	Maroondah City Council	
Ms Karen Riley	Bendigo Community Health	
Ms Julie Hoy	Health Development, Public Health, DHS	
Mr Jonathon Pietsch	Central East PCP	
Mr Phil Brown	Upper Hume Community Health Services	
Ms Yvonne Robinson	VicHealth staff	
Ms Kellie-Ann Jolly	VicHealth staff	
Ms Lee-Choon Siau	VicHealth staff	Convenor

LOCAL GOVERNMENT

Panel membership

Ms Clare Hargreaves	Municipal Association of Victoria	Chair
Mr Jim Smith	Municipal Association of Victoria	
Mr Neville Kurth	City of Whittlesea	
Mr David Williamson	City of Darebin	
Mr Tony McBride	Dept Health and Aged Care	
Ms Jan Norton	Social & Environmental Health, Public Health, DHS	
Mr Gerald Ashman	VicHealth Board	
Mr Tony Diamond	Aged & Disability Services, City of Ballarat	
Ms Yvonne Robinson	VicHealth staff	
Ms Kellie-Ann Jolly	VicHealth staff	Convenor

HEALTHY EATING

Panel Membership

Prof Robert Burton	VicHealth Board	Chair
Ms Cathy Cooper	National Heart Foundation	
Ms Veronica Graham	Public Health, DHS	
Ms Beverley Woods	Consultant, Food, Nutrition and Dietetics	
Dr David Hill	Cancer Control Research Institute, ACCV	
Prof. Vivian Lin	La Trobe University, Public Health Faculty	
Ms Sue Noy	Consultant	
Ms Sue Booth	PhD Student, Flinders University, SA	
Ms Meredith Budge	Consultant, Nutrition	
Dr Julia Shelley	VicHealth staff	
Ms Yvonne Robinson	VicHealth staff	
Ms Kellie-Ann Jolly	VicHealth staff (HE panel)	Convenor
Ms Jacqui Randall	VicHealth staff (PA sub-panel)	Convenor

MAJOR PARTNERSHIPS IN ARTS

Panel membership

Ms. Katherine Crawford-Grey	Arts Victoria	
Dr. Peter Thompson	University of Melbourne	
Mr. Peter Mathews	Regional Arts Victoria	
Ms. Sue Beal	City of Melbourne	
Ms. Nettie Horton	Council for Homeless Persons	
Ms Patria Gough	Health Promotion S.A.	
Ms Lyn Walker	VicHealth staff	Convenor
Mr Tim Jacobs	VicHealth Board	

FESTIVALS

Panel membership

Ms. Katherine Crawford-Grey	Arts Victoria	
Ms Kay Graves	Community Health Bendigo	
Ms Lindy Bartholomew	City of Yarra	
Ms Victoria Jones	Brimbank City Council	
Mr Steven Richardson	Next Wave Festival	
Ms Yvonne Robinson	VicHealth staff	Convenor

COMMUNITY ARTS PARTICIPATION

Panel membership

Ms. Vic Marles	Circus OZ	Chair
Ms Elaine Canty	VicHealth Board	
Ms. Elizabeth Jones	Arts Victoria	
Mr Paul Morgan	SANE Australia	
Ms. Bin Dixon-Ward	Regional Arts Victoria	
Ms. Patience Harrington	City of Wodonga	
Mr. Mark Wilkinson	City of Darebin	
Ms Fiona Beckwith	Arts Victoria	
Ms Sue Ball	VicHealth staff	Convenor

VICHEALTH STAFF

Executive

Dr Rob Moodie
Chief Executive Officer (p27 R)

Jenny Williams
Executive Assistant (p27 R)

Communications and Marketing

Jackie Van Vugt
Director Communications & Marketing (p27 L)

Melissa Corkum
Media Coordinator (p18 L)

Peter Ryan
Publications Coordinator (p18 R)

Sharon Osman
Corporate Events and Production Coordinator

Chris Borthwick
Mgr Editor - AHPA Journal

Joanne Cackett
Admin Asst - Communications & Marketing (p9 L)

Helene Finnie
Receptionist

Finance, Human Resources and Administration

Randall Kent
Director Finance, Human Resources & Admin

Chris Huggins
Office Manager

Ajay Vazirani
Finance & Administration (p30 R)

Sandra Burston
Finance Admin Asst

Lisa Pittard
HR Admin Officer (p11 R)

Norma Bradley
Records Officer

Chris Davis
Admin Assistant (Records Officer)

Robyn Flett
Admin. Assistant (p35 L)

Xa Dinh
Information Technology Administrator (p11 R)

Gerry Tyler
Information Systems Officer (p14 R)

Planning

Barbara Mouy
Director Planning (p35 L)

Ali Barr
Senior Project Officer Policy (p23 R)

Research, Evaluation and Information

Dr Julia Shelley
Director Research, Evaluation and Information

Irina Ross
Senior Project Officer Evaluation (p11 L)

Nita Eng
Research & Evaluation Support Officer

Edith Fry
Library

Michele Agustin
Research Admin Assist (p26 L)

Sue Murray
Senior Project Officer - Policy & Information

Michelle Callandar (P/T)
Project Officer

Ngare Knight
Admin Officer

Melinda Evans
Admin Assistant

Programs

Yvonne Robinson
Director of Programs (p19 L)

Kellie Ann Jolly
Group Leader Education, Health and Local Government

Lee Choon Siau
Senior Project Officer, Education, Health and Local Government (p19 R)

Rita Butera
Project Officer, Education, Health and Local Government

Maggie McNamee
Admin Assistant, Education, Health and Local Government

Trish Mundy
Group Leader, Health through Sport and Active Recreation (p9 R)

Caroline Sheehan
Senior Project Officer - Health through Sport and Active Recreation (p15 R)

John Strachan
Senior Project Officer - Health through Sport and Active Recreation

Shelley Maher
Senior Project Officer - Health through Sport and Active Recreation (p35 R)

Sarah Johnson
Project Officer Health through Sport and Active Recreation

Megan Kerr
Out of School Sports Hours Initiative

Jo Poxon
Admin Co-ordinator - Health through Sport and Active Recreation (p14 R)

Lyn Walker
Group Leader, Community & Arts, Settings Program

Dot Campbell
Snr Project Officer-Community & Arts Settings Program (p22 R)

Irene Verins
Mental Health Project

Sue Ball
Snr Project Officer - Arts/Community Program (p22 R)

Betty Bougas
Admin Asst - Comm & Arts, Settings Program (p31 L)

Alana Hulme
Project Officer - Common Problems/Solutions (p19 R)

Cochrane Collaboration

Jodie Doyle
Field Administrator

Victorian Public Health Research and Education Centre

Rebecca James
Director VPHREC

Sunita Varlamos
Project Officer/Assistant VPHREC

Michelle Callandar (P/T)
Project Officer VPHREC

Note: Photos of members of the VicHealth staff run through the Annual Report. The page number indicates where the person's photo appears. L – Left picture, R – Right picture. Staff list current at time of publication.



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