

Health promotion strategies



Volume 6, Number 1
February 2006

In this issue:

Editorial—a focus on equity and health inequalities	1
VicHealth formalises position on health inequality	2
HIA—identifying the health effects of public policy	2
VCI Project update	2
Spotlight on the Diversity Unit	3
Physical health of people living with mental illness	3
Engaging high health risk populations	4
Realities... young parenting peer education project	5
Safety in public spaces	5
Exercise and obesity—where you live does matter	6
‘SKAART’—Young people taking the lead	6
Risky Business—youth, arts and wellbeing	7
Our Homes, Our Health—older people in public housing estates	7
What’s on—what’s new?	8
Koori Connections: Indigenous Equity Strategies—insert	
Nyemila Koories Kila Degaia (Listen up to Koories speak about health)	
Improving access to mainstream services	
Our Rainbow Place—engaging the Indigenous community	
Diabetes Service Improvement Program	
Addressing inequalities: ATSI health	
Partnership tackles chronic disease in Aboriginal community	
Project: Equity	

Editorial—a focus on equity and health inequalities

Welcome to the first edition of *Health promotion strategies* for 2006. This edition focuses on equity in health promotion practice and the role of health promotion in addressing health inequalities.

Health promotion has always been associated with achieving equity and eliminating inequalities. This is evident in foundation documents, like the Alma Ata Declaration and the Ottawa Charter, and in the policies that guide health promotion in Victoria today.

The persistence of inequalities in health, despite overall improvements, continues to pose a major challenge to us all. We know that particular groups in the community experience significantly poorer health, that their overall life expectancy is lower and that this poor health compounds disadvantage in other facets of life. We also know that the most substantial gains for health are achieved by influencing the social determinants of health. For health promotion practitioners, the crux of the challenge is to influence the levers of change, especially those that appear to lie outside our immediate grasp.

The articles in this edition (and many that we could not fit in) demonstrate that health promotion in Victoria has been, and can continue to be, at the forefront of making health more equitable. These articles identify at least three clear messages. The first is that engaging and involving the community in any service or process of change leads to the strongest outcomes. Better practice is about enhancing the capacity of the most disadvantaged. The second message is that health promotion provides endless opportunities for innovation. Every context has limitations but the science of health promotion is adaptive and this is its strength. The final message is a reminder that change is a gradual process. A life-course perspective on health points to the cumulative consequences of environments and actions. Turning disadvantage and inequality around takes time and sustained commitment.

Both the Victorian Government and VicHealth have made addressing social disadvantage a priority. Public Health has started a program to examine how to make strategies that address inequalities a part of practice, and we will continue to provide information and support so that health promotion practitioners can develop and deliver effective solutions. We are particularly interested in using Health Impact Assessment as a tool to create healthier and more equitable policies and programs.

I hope this edition gives you cause for critical reflection and also inspires your practice. As always we welcome your feedback. The next edition will focus on injury prevention.

Dr Robert Hall
Director Public Health
Chief Health Officer



VicHealth formalises position on health inequality

A commitment to address inequalities in health is an integral part of VicHealth's broader mission of improving the health of all Victorians. This commitment was formalised recently when VicHealth adopted the *Health Inequalities Position Paper*, which was developed in consultation with academic, government and community stakeholders.

Drawing on the latest national and international research and thinking, the paper is based on the understanding that health inequalities can be traced back to social and economic inequality. While this suggests that many of the solutions to this problem lie outside of the health system,

the paper maintains that VicHealth has an important role to play. For example, VicHealth is improving understanding of the broader causes of health inequalities through evaluation, monitoring and research as part of the VicLANES and Community Indicators projects (reported below and on page 6 of this bulletin).

VicHealth will also take opportunities to use its specialist knowledge to promote awareness of the link between broader social and economic factors and inequalities in health and work with policy makers across government. The position paper also proposes that VicHealth continues to support a range of programs and projects to

address inequalities and ensure that its own operations produce equitable outcomes.

VicHealth's approach to addressing health inequalities will involve targeting efforts to disadvantaged areas and to population groups affected by inequality, such as low income, Indigenous and refugee communities and people with disabilities.

Recognising that addressing health inequalities will require coordinated effort, knowledge sharing and strong cross-sectoral partnerships, VicHealth is also supporting the establishment of a Victorian Health Inequalities Network (see page 8).

A copy VicHealth's *Health Inequalities Position Paper* and information on VicHealth's investments to address health inequalities can be found at www.vichealth.vic.gov.au

HIA—identifying the health effects of public policy

HIA has been defined as:

'a combination of procedures, methods and tools by which a policy, program or project may be assessed and judged for its potential, and often unanticipated, effects on the health of the population, and the distribution of those effects within the population'

(modified Gothenburg definition in Mahoney & Morgan, 2001).

Health impact assessment (HIA) is a multidisciplinary activity that complements health promotion and public health practices, such as needs assessment and evaluation, by considering health at another step in the planning process.

Originally applied in the environmental field to assess potential hazards, HIA can assist health promotion by assessing and identifying the possible health impacts of policies, programs or projects.

A 2005 Deakin University research project explored the potential application of HIA within Victoria's local government sector. It found that local governments are key settings for HIA, as they are instrumental in controlling the determinants of health and are key agents for improving community health. In countries where HIA is being applied at the local level, it has

been found that health gains are more likely to occur if decision makers can consider, during the planning process, the health effects of their decisions.

HIA also has the potential to be used as a tool to engage the non-health sections of local government in discussions about the social model of health. Undertaking an HIA of a council policy, strategy, program or plan, such as a strategy to control the use of alcohol in public places, could provide a starting point for professionals from different backgrounds to get together and consider health impacts, and also discover that they have common goals and values.

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VCI Project update

The Victorian Community Indicators (VCI) Project is a VicHealth funded initiative designed to support local governments to develop and use community indicators for measuring health, wellbeing and sustainability and improving engagement, community planning and policy making.

The VCI Project has gathered and produced some useful resources that are now available on its website. These include a summary of consultation outcomes, a stocktake of local government indicators and the consultation discussion paper, *Measuring wellbeing, engaging communities*, which provides a project background and a draft set of community indicators.

The VCI is acting on the feedback received through the consultation and is refining the community indicators, identifying available data to populate the indicators, and identifying gaps and needs for data.

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Spotlight on the Diversity Unit

The Department of Human Services Diversity Unit brings together activities to develop policy, provide advice to government and promote service delivery that recognises and responds to the diversity of the Victorian population.

Highlights of the Diversity Unit's work include:

- **Women's Health and Wellbeing Strategy**—provides a framework to address inequalities in the health and wellbeing of Victorian women. To date, more than 145 initiatives have been undertaken. See www.health.vic.gov.au/vwhp
- The **Refugee Health and Wellbeing Action Plan**—provides an overview of refugee health and wellbeing issues, information about programs and initiatives and a framework for service development.

- **Cultural Diversity Guide—Multicultural Strategy and Language Services Policy**—provides guidance on culturally appropriate service provision to Victoria's multicultural population. See <http://www.dhs.vic.gov.au/multicultural/>
- Secretariat support to the **Ministerial Advisory Committee on Gay and Lesbian Health**—key publications are:
 - *What's the difference? Health issues of major concern to gay, lesbian, bisexual, transgender and intersex (GLBTI) Victorians* (July 2002)
 - *Health and sexual diversity: a health and wellbeing action plan for gay, lesbian, bisexual, transgender and intersex (GLBTI) Victorians* (July 2003).
 See www.health.vic.gov.au/macglh/

- **Gay and Lesbian Health Victoria**—provides education and training resources, a clearinghouse and database on research and resources and links to community and professional organisations. See www.glhv.org.au
- Secretariat support for the **Disability Advisory Council of Victoria** (DACV)—DACV provides advice to the Minister for Community Services to assist the Government achieve the policy objectives outlined in the *Victorian State Disability Plan 2002–2012*. See the DACV website www.dac.vic.gov.au/ and the Victorian State Disability Plan at www.dhs.vic.gov.au/disability

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Physical health of people living with mental illness

Most people living with mental illness have the extra burdens of low income, inadequate or insecure housing and poorer physical health. A landmark study¹ in Western Australia documented the poor physical health of people with mental illness, finding that:

- The age standardised mortality rate for mental health consumers is two and half times that of the general population.
- The life expectancy for a man with a mental illness is nearly 15 years shorter, and for a woman nearly six years shorter, than the general population.
- There has been no improvement in cardiovascular disease deaths in mental health patients over the last 25 years and, in fact, a rise in disease incidence in women with mental illness.

- Forty-four per cent of Hepatitis C notifications occurred in people with prior contact with mental health services.

Many factors contribute. Mental health service consumers are more likely to live alone and be unemployed. Physical health risk factors include smoking, diseases associated with drug and alcohol use, use of medications, suicide and cardiovascular disease.

In response to these facts and growing concerns about the physical health of its consumers, St. Vincent's Mental Health Service (SVMHS) is taking steps² to address physical health issues.

To improve identification of consumers' physical health problems, a range of screening tests are given and standard health monitoring indicators are taken on admission or intake to the service.

Health promotion activities have been introduced, including Quit training and Mind Body Life training; providing health promotion literature; the Acute Inpatient Service provides healthy snacks, in liaison with the dietitian and catering services; and nicotine replacement therapy is offered to some consumers during their inpatient stay.

The aims are to improve the quality of life of people with mental illness and, wherever possible, reduce rates of morbidity and premature mortality.

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1 Lawrence D, Holman CDJ, Jablensky AV 2001 *Preventable physical illness in people with mental illness*. Perth: The University of Western Australia.

2 Seccull, A 2004, Physical aspects of care project: literature review and recommendations. St. Vincent's Mental Health Service, unpublished

Engaging high health risk populations

Increasing community demand for health services has seen an ongoing push, via government policy, for community health services to target the most economically disadvantaged, and to do so in ways that are strategic in promoting population health and preventing illness and disadvantage.

Needle Syringe Program

Clients accessing the local Needle Syringe Program (NSP) were identified as a 'high needs' population with risk of health and social disadvantage.

Although attending the service on a regular basis via the NSP, a 2004 health survey identified that these clients had other health and psychosocial issues that they did not seek support for at Ranges CHS or elsewhere. Barriers identified as preventing these clients from engaging with broader health services included lack of knowledge about service availability, difficulties understanding and negotiating the system in general, reduced ability to identify health issues, reluctance to 'wait' for service or prioritise some of their other health concerns, reduced reliability in attending, and long wait lists for services.

To more effectively engage with these clients and move toward more equitable service delivery, several strategies were developed as part of a broader Priority Access Policy. These included improving the capacity for NSP clients to access the service via an intake enquiry or through fast track access to appointments using a Priority Referral Voucher. Once issued with a Priority Referral Voucher, for example to dental services, the client may either ring the dental service or present in person to obtain the next available appointment, regardless of current waitlist times. This is also the case for providing appointments in nursing, physiotherapy, podiatry and occupational therapy services.

The NSP is a secondary-funded exchange only and there is no funded drug and alcohol worker to facilitate client referrals. Administration staff and practitioners rostered to NSP had training to promote the Priority Referral Voucher when assisting clients. A visual display within the NSP room aids quick identification of services available.

Since the inception of the Priority Referral Voucher system several clients have begun accessing broader health services. Ongoing feedback from clients will assist Ranges CHS to provide more effective delivery of targeted and relevant services.

Link-Up—targeting families and children

Optimal growth and development in early childhood are critical to good health outcomes, and there is also a strong association with socioeconomic conditions of the family and the mental status of the parents and carers (Australian Institute of Health and Welfare; 2002).

Using a community development approach, Ranges CHS has developed strategies to target vulnerable families that do not readily access health services, or enter the service system at a time of crisis. The community was involved at the earliest stage to ensure investment in the project, as well as a shared vision and goal. Focus groups were held, surveys conducted and links established with other agencies working within the community.

The data collated indicated the need for establishing a reference group to guide service delivery and program development. Ranges CHS worked closely with other agencies to invite consumers to establish Link-Up to provide guidance and consultation to Ranges CHS. The reference group identified their goal as

'to support, empower, and encourage families to link up with resources within the community'. Link-Up members have all had experience navigating health and welfare services, and are passionate in wanting to assist families in times of need. To support their role, members have received training in effective consumer participation and advocacy.

Link-Up has participated in consultation and generation of information, including the selection of a 'priority health issue' to direct ongoing program development. The group has also produced promotional flyers and a new article published in the local paper. Feedback from Link-Up has been very positive, with participants expressing an increase in confidence, feelings of empowerment, and achievement in helping others.

In 2006, Link-Up will continue to inform service delivery and program development throughout RCHS and in other local health and welfare agencies, as well as assist those who are having difficulty navigating the increasingly complex service system.

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Koori Connections: Indigenous Equity Strategies



Nyernila Koories Kila Degaia (Listen up to Koories speak about health)

'Our health is determined by employment, connection to family and community, to housing, our connection to our land and our right to make decisions for ourselves. You fellas call it the 'social model of health'; we just call it commonsense.'

Melva Johnson at the opening of Njernda Health House, Echuca 2000

Koori health services were established more than 30 years ago with the aim of achieving equitable and accessible health care for the Koori peoples of Victoria. The story of these services is now the subject of an oral history compiled by the Onemda VicHealth Koori Health Unit and the Koorie Heritage Trust. *Nyernila Koories Kila Degaia (Listen up to Koories Speak about Health)* gathers the experiences of key people, including several Elders, who strove for the changes.

'They were pioneers and these stories reflect their struggles, hopes and perseverance', says Ian Anderson, Director of the Onemda VicHealth Koori Health Unit.

The book traces the development of Koori health care from the haphazard, remote and imposing mainstream services to today's more culturally sensitive and community-based services. It includes supporting information from Koori health workers and Koori hospital liaison officers, as well as Koori health data, a timeline of related events and extensive photographs.

In compiling the stories, the editors respected the oral tradition in Koori culture. *Nyernila Koories Kila Degaia* captures these experiences so that they can be shared with a wider audience.

As detailed in the history, the Koori concept of health is complex and holistic. Health services for Koories are effective because they encompass these complexities. Offering support services as well as clinical services, they are a critical part of community life.

'The community is very proud of their Koori health services,' says Ken Knight, former manager of the Mildura Aboriginal

Health Service. 'They are Aboriginal managed, Aboriginal staffed, and have empowered the community.'

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Improving access to mainstream services

Working with the community and across the organisation are keys to Darebin Community Health's (DCH) approach to address the health inequities experienced by the local Aboriginal community.

DCH's Strategic Plans and Health Promotion Plans demonstrate the support of the Board and management and ensure resources are allocated. DCH also plays a leadership role in supporting other agencies in this work.

DCH has implemented strategies to improve community access to services and programs and increase involvement in community needs identification and program planning. This includes:

- The Client Access Policy—identifies Aboriginal people for priority access to services.
- The Aboriginal and Torres Strait Islander Working Group—has representation from across the organisation and provides leadership.
- Aboriginal Liaison Worker—assists DCH and the community to identify access issues, develop policies and procedures,

and facilitate relationships with local Aboriginal organisations.

- Use of Aboriginal artwork, welcome plaques and a Koori information corner at each site.
- Cultural training to all staff on Indigenous health and access issues.

The work of DCH is well recognised. The centre's Planned Activity Program, which provides an opportunity for Aboriginal offenders to serve out their community-based orders, recently won a community participation award. Additional funding has been received under the Aboriginal Health Promotion and Chronic Care Partnership to employ an Aboriginal Health Worker to assist people with chronic diseases. A presentation on the work of DCH will be given at the National Health Promotion Conference in Alice Springs this year.

Further information

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Our Rainbow Place—engaging the Indigenous community

Our Rainbow Place, a partnership between the Aboriginal and Torres Strait Islander (ATSI) communities in the City of Port Phillip and the Inner South Community Health Service (ISCHS), is increasing connections between the Indigenous community members and the St. Kilda health service.

Our Rainbow Place is committed to self-determination and is supported by all levels of the ISCHS. It is governed and led by ATSI Elders and coordinated by an Indigenous Access Worker, funded through the Home and Community Care Program, and an Indigenous Access and Equity Working Group from ISCHS.

Feedback from an Indigenous community member captures the value of the program to the community: ‘Our Rainbow Place has given me back my community—it is the only place where the old and the young in my community come together.’

Recognising the importance of ‘place’ to Indigenous communities, Our Rainbow Place operates from a dedicated local facility and community meeting place, as well as in the area’s parks, gardens and community venues.

The activities of Our Rainbow Place are varied and evolve over time. They currently include a fortnightly lunch, outreach to settings where the community frequent, outings, an annual camp, and physical activities at local gyms and swimming pools. Flexible and responsive models of practice have been established including ‘drop in’ allied health and nursing appointments and priority access to community health services.

Over the five years of working together, the partners have faced successes and difficulties, which are all part of learning.

More than 200 Indigenous people have participated in Our Rainbow Place and its activities, and ISCHS staff and board members have grown in understanding of the ATSI communities through developing relationships and participating in cultural awareness activities and training. A valuable measure of ISCHS’s contribution is the increased feedback received from the community—as

members have assumed ownership and authority, there has been greater willingness to voice their thoughts and concerns.

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Diabetes Service Improvement Program

By building trust and acceptance, the Diabetes Service Improvement Program has helped to break down barriers that prevented many Indigenous people from accessing diabetes services.

In response to findings that very few Indigenous people were accessing diabetes services, due to them not being culturally acceptable, the South West Primary Care Partnership (SW PCP) worked with Aboriginal Health Services to identify and meet the needs of the local Aboriginal community.

The SW PCP worked with Kirrea Health Services, South West Healthcare and Gunditjmara Aboriginal Cooperative Ltd. to identify why Indigenous people with diabetes, their families and communities in the Corangamite, Moyne and Warrnambool regions were not using diabetic services, despite expected high incidence of the disease.

Activities included:

- bringing education and health services to the Indigenous communities
- employing staff who the community could relate to and trust
- building trust through a ‘buddy’ support network
- community activities centred around food
- health consultations, for example, blood glucose testing, referrals.

For the first time, the mainstream and Indigenous communities worked together to develop a new model. Benefits included a central, independent role and location for the project worker, which meant there was no perceived allegiance to any particular Indigenous group or Aboriginal Health Service. It also provided access to the facilities and staff of South West Healthcare away from the hospital. This project enabled opportunistic consultations with a diabetes educator to address an individual’s knowledge and status with regard to management checks.

According to Helen Steenbergen from the SW PCP, the close links between the PCP agencies, Aboriginal Health Services, Community Health Centre and between the buddy and the diabetes educator were critical to the success of the project ‘It was not a prefabricated model imposed by mainstream health, but one that evolved and adapted over the two years, allowing time for acceptance,’ she said.

The project will be used as a model for partnership to help address other health areas.

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Addressing inequalities: ATSI health

Life expectancy of Aboriginal and Torres Strait Islanders (ATSI) is 17 years less than that of non-ATSI people, with infant mortality, suicide and diabetes two to three times higher than for other Australians¹.

To address this inequity, Dianella Community Health is using a multidisciplinary, community development approach to improve health outcomes of the ATSI community living in the City of Hume.

Major areas of work include:

- submission writing to attract resources
- partnership development
- antenatal and postnatal care
- promotion of physical health and access to Dianella services
- promotion of social connectedness

Funding from the National Illicit Drug Partnerships Strategy 2003–2005 enabled the appointment of an Aboriginal Antenatal and Postnatal Support Worker at Dianella. The position was developed in response to data showing that ATSI babies are twice as likely to be born with a low birth weight as non-ATSI babies, which leads to greatly disadvantaged developmental and physical health status². The support worker has provided the essential link between Dianella staff and the Aboriginal community and enabled work with the community to grow. Partnerships with Aboriginal agencies and services and other local service providers have also been essential to support and inform service development.



KODE students performing with principal Barney Stephens.

A multidisciplinary team of health workers has become involved in curriculum development at the Koori Open Door Education (KODE) School, focusing on improved nutrition and physical activity education. Support has been planned in consultation with school staff and to date activities have included hearing screening for all students, an exercise program at the local leisure centre for adolescent boys, and a number of nutrition classes.

The KODE school staff expressed concern about identity issues experienced by the students and the lack of contact with Aboriginal elders. An Elder, introduced to the school by Dianella staff, now has a regular and active presence at the school.

Recent funding has been obtained for an ATSI Youth Arts and Culture program aiming to help young people develop a sense of identity and improve connections with peers, family and community networks.

There is much work still to be done. In 2006 there will be an increased focus on young people as well as efforts to improve access to the service for the local Aboriginal community by working with them to identify and respond to barriers.

Further information

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1 ABC Online, Tuesday 12 July 2005, 'AM—Indigenous health: lots of talk but no improvement,' www.abc.net.au/am/content/2005/s1412210.htm, accessed 15.07.05

2 Australian Medical Association, Report Card Series 2005, 'Lifting the weight: Low birth weight babies: An indigenous health burden that must be lifted' www.ama.com.au

Partnership tackles chronic disease in Aboriginal community

The Victorian Government has committed \$1.7 million in 2005–06 (\$7.06 million over four years) to prevent and better manage chronic disease in Aboriginal communities through a new initiative—the Aboriginal Health Promotion and Chronic Care (AHPACC) Partnership.

The AHPACC Partnership was developed through a consultative process between the Department of Human Services and the Victorian Aboriginal Community Controlled Health Organisation. The partnership will support community health services and Aboriginal Community Controlled Health Organisations work together to improve health outcomes for Aboriginal Victorians with or at risk of chronic disease.

The roles of partner organisations and the acknowledgement of Aboriginal cultural influences underpin the planning, implementation and evaluation of the AHPACC Partnership. This partnership model includes the establishment of new positions supporting health promotion and access to chronic disease prevention and management services by Aboriginal people.

The partnership is a response to the *Community Health Services—creating a healthier Victoria* policy and the *Aboriginal Services Plan*. Chronic disease prevention and management is also a key strategy of *A Fairer Victoria* in building new partnerships with Indigenous Victorians and helping to address disadvantage.

Further information about the AHPACC Partnership will soon be available on the Health Promotion website www.health.vic.gov.au/healthpromotion.

Further information

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Project: Equity

While the government and health organisations are increasing their focus on ensuring a fair and accessible health service, there are few resources to guide workers and organisations in understanding the principles and practice of equity.

Service providers need to ensure accessibility to all sections of the community, yet agencies are often so busy with direct service and waiting lists that there is no time to reflect on who is **not** coming to their services.

Project: *Equity* alerts health professionals to the possibility that their practices and schedules exclude certain community groups. An ‘equity lens’ is applied to identify gaps in participation and services are urged to consult with people from these under-represented groups to develop inclusive practices. Project: *Equity* ensures that services consider factors like gender, age, socioeconomic status, disability, sexual preference and geography when planning and delivering services.

Project: *Equity* began when Women’s Health Goulburn North East (WHGNE), in partnership with Upper Hume Community Health Service, developed the 2002–2004 Health Promotion and Planning and Evaluation Framework to guide workers in considering equity when planning and evaluating. WHGNE worked alongside project officers in falls prevention, older women carers and diabetes education to help them evaluate with an equity lens.

Half-day training sessions with managers are held to influence awareness of equity issues from the ‘top down’ while joint training sessions in equity principles and practice are targeted at many different health and community organisations. WHGNE has also worked with specialist organisations to deliver training on gender, heterosexism, disability and Aboriginal cultural awareness.

Organisations are supported to consider their policies against equity criteria and challenged to develop a client profile and

compare it to the community they serve. If the community has different ethnic or cultural groups, are they represented in their client data?

A Project: Equity case study

WHGNE and Mungabareena Aboriginal Corporation worked with one large community agency to deliver training and offer support to initiate change. Of those attending, 87 per cent stated they increased their understanding of equity, Aboriginal and cultural issues as a result of the training; 82 per cent indicated that the training had suggested ways to improve their organisation’s work practices and working relationship with Mungabareena. At the completion of the training, an ‘Equity Action Plan’ was developed. The plan outlines practical ways to strengthen the relationship between Mungabareena and the agency to improve services and support for Aboriginal clients. A workplace Diversity Group has taken on responsibility for implementing and monitoring the plan. Other outcomes include a checklist for working with Indigenous clients, and the creation of a painting for the training reception area as a symbol of welcome.

Through Project: *Equity*, workers at WHGNE have collaborated with networks and organisations across the north east of Victoria over the past five years to ensure health and community services are equitable.

Project: *Equity* is re-designed, re-trialed, re-evaluated continually. Evaluation of each component of the project informs the next stage.

Further information

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Talking Realities... young parenting peer education project

An innovative program is increasing young people's knowledge and understanding of parenting while improving the self-esteem and skills of young parents.

Talking Realities recruits, supports, trains and employs young parents (under 23 years) as peer educators to present a program to other young people to increase their capacity to make informed choices about parenting and health.

Talking Realities was developed at Parks Community Health Service in Adelaide and purchased in 2005 by the Kingston Bayside Primary Care Partnership for delivery in local secondary schools.

Having an early intervention and prevention focus, Talking Realities presents a realistic picture of the issues and responsibilities facing young parents. The peer educators challenge stereotypical attitudes and raise awareness of the consequences of pregnancy and parenthood. Many students stated that the presentation 'has really opened my eyes' and comments like 'I could relate to it more for it was real' suggest that students value the peer education model.

The peer educators also benefit from the education and employment opportunities this program offers, enhancing social health outcomes for them and their children by increasing confidence, parenting and life skills and their sense of connectedness with the community.

Worker observation and feedback from peer educators suggests that the program is empowering, significantly impacting on their sense of self-worth as parents and on their children. All reported increased self-confidence and a sense of pride as parents, with several sharing they now 'felt proud to be a young mother'. The opportunity to make new friends and

share experiences has provided social support and connection to the local community and has positively influenced their lives outside the program. The peer educators also state that their children benefited from improved social skills and access to good quality child care. 'I think for my child the major benefit has been how I feel about myself as a young parent due to being part of the program. As my confidence has built it has positively impacted on my relationship with him.'

Outcomes from the pilot program have been promising with 12 peer educators graduating and presenting to 230 male and female Year 9 and 10 students in five schools. Five peer educators have either chosen to enrol in further education or

commented that the training has had a positive impact on their employment prospects. Several have also chosen to continue their children's enrolment in child care.

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Safety in public spaces

The Young People's Health Service (YPHS), part of the Centre for Adolescent Health (Royal Children's Hospital), aims to improve the health and wellbeing of young people experiencing homelessness by providing accessible primary health care.

In Melbourne, a team of nurses, doctors and a counsellor provide clinical services from Front Yard Youth Services in the CBD, while health promotion initiatives are undertaken by the health promotion coordinator and youth peer worker.

Health promotion currently focuses on safety in public spaces. YPHS, as part of the Inner City Regional Youth Affairs Network, coordinated a survey of young people in inner city Melbourne, which found a high incidence of violent experiences in public domains, including public spaces and transport.

Building on this, the YPHS, with funding support from the City of Melbourne, will work with young people experiencing homelessness to identify their use of

public spaces and factors that contribute to those spaces being safe or unsafe.

Actions to be implemented include:

- a 'mapping' survey through outreach services
- together with young people, community safety assessments at selected sites, identifying factors that contribute to safe or unsafe public spaces
- video and photography to enable young people to capture images of public space use and safety issues
- a multimedia resource about public space use and safety amongst young people experiencing homelessness will be produced for targeted education and awareness-raising activities.

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Exercise and obesity—where you live does matter

How much does our local environment influence what we eat or how much we exercise? Until now, most research on diet, exercise and health inequalities has focussed on demographic factors, such as age, behaviour or education levels. The influence of area-level socio economic status and the local environment has generally been overlooked.

But a large multi-level study by University of Melbourne researchers at the Key Centre for Women's Health in Society has revealed some startling findings about health inequalities among Melbournians.

The study draws on data collected from the Victorian Neighbourhood Lifestyle Environment (VicLANES) Study, a VicHealth-funded project of 4913 participants in 50 census collection districts across 20 inner Melbourne local government areas.^{1,2}

It found that people living in Melbourne's poorest suburbs were far less likely to

exercise than those in wealthy suburbs. And people living in Melbourne's poorer suburbs were heavier than those living in richer areas—even when their own individual socioeconomic status was taken into account.

Only 46 per cent of people from the city's poorest areas did enough exercise to maintain good health. In contrast, 60 per cent of people living in high SES areas and 54 per cent in middle SES areas engage in physical activity deemed sufficient to maintain good health.

Analysis of the VicLANES data also found area-level variability in weight, with a difference in BMI rates between middle, high and low SES areas. In a paper published in the *International Journal of Obesity*², the authors state the effect is greater for women than for men.

The study found that a woman who was 1.65m tall who weighed 65kg would, if she lived in the most disadvantaged part of

Melbourne, be 3kg heavier than if she lived in the least disadvantaged area. Likewise, a man who is 1.75m tall, weighing 75kg would be almost 3kg heavier if he lived in the most disadvantaged area of Melbourne, compared with a man in the least disadvantaged area.

The next phase of the research involves more detailed analysis of the characteristics of the local environment, which promote or inhibit physical activity (the presence or absence of walking or cycling paths or recreation facilities) and people's access to, and the price of healthy and non-healthy food.

It is hoped that the information gleaned from the study will help health promotion practitioners to develop more targeted programs.

VicLANES researchers are also working with local government to ensure the findings are integrated into health planning and promotion activities of councils. The one-year "Local Environments, physical activity and diet" research translation project is funded by DHS and allows Brimbank and Knox City Councils privileged access to the VicLANES data.

The Victorian Local Governance Association, a partner in the project is hoping that the data will inform other public health projects aimed at reducing health inequalities.

For more information about VicLANES go to www.kcwhs.unimelb.edu.au/viclanes

'SKAART'—Young people taking the lead

A community arts, health and skate day—planned, organised and run by a group of young people from Geelong's northern suburbs—is set to become an annual health promotion event.

SKAART was held at Windsor Park in October 2005 and was a great success. It resulted from a partnership between young people from Norlane and local agencies and organisations. The aim of the Project was to build on the relationships between community groups accessing the park and give locals the opportunity to enjoy Windsor Park.

Historically, young people in Norlane have a very low school retention and educational achievement rate, common to areas of high socioeconomic disadvantage. This and other factors have contributed to their sense of isolation from the wider community. Their involvement in this project gave the young people a chance to exhibit their skills and contribute to their community. It also

provided an opportunity for local residents to become involved in the consultation about the redevelopment of Windsor Park.

As part of the project, eight young people were trained in interviewing techniques. They surveyed community members, asking them what they would like to see Windsor Park used for and recorded ideas to input to planning of the park upgrade.

Whilst SKAART is on the surface a one day event, the extensive work with young people to plan, run and evaluate the event is "health promoting", in itself. A Youth Council is involved with the planning of events, to increase access for all ages, ethnic groups and people with disabilities, and provide a pleasant, safe and welcoming environment for all to enjoy.

Further information

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1 Kavanagh, A M. et al (Urban area disadvantage and physical activity: a multilevel study in Melbourne, Australia. *J. Epidemiol. Community Health*, Nov 2005; 59: 934–940.)

2 King T, et al. ("Weight and place; a multilevel cross sectional survey of area-level disadvantage and overweight/obesity in Australia", *IJO* published on-line Dec 6, 2005. doi: 10.1038/sj.ijo.0803176)

Risky Business—youth, arts and wellbeing

Creative arts programs can be effective in increasing the personal, social and artistic skills of young people and can assist in reconnecting them to their communities and improving their mental health and wellbeing.

Risky Business, an Australian Research Council Linkage project, with VicHealth as a key industry partner, studied the potential impacts of diversionary programs for young people experiencing difficulties in their lives. Led by Associate Professor Angela O'Brien and Dr Kate Donelan from the University of Melbourne, the program involved 122 participants aged 17–21 years living in custodial and non-custodial settings. Many of these young people have limited schooling, a history of unemployment, family breakdown, various forms of substance abuse and related problems. Ten arts programs involving marginalised young people were conducted across Melbourne

and in rural Victoria. They focused on visual arts, creative writing, stand-up comedy, theatre performance and music.

The research found that arts intervention programs can be beneficial if they provide a safe place for participants to work, involve appropriate artists, match the aspirations and expectations of the young people and allow them to share their artistic outcomes with the community. The young people participating became artists-in-training with the opportunity to develop arts-based skills in association with established artists. The research outcomes support the exploration of creative, rather than corrective, diversionary programs.

Risky Business also recognises that arts work with marginalised young people can be challenging. To be successful, the programs must be well-organised and managed and must be part of an integrated service delivery that is

committed to meeting the individual needs of participants. This work requires multi-skilled artists with a high level of expertise, commitment and dedication.

The project was supported by VicHealth, Arts Victoria, the Melbourne Magistrates Court, the Department of Human Services, Juvenile Justice custodial centres in Parkville and Malmsbury, Whitelion and St Luke's Anglicare, Bendigo. The Risky Business final report, including individual reports of the ten case studies and overall findings will be available in April.

Further information

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Our Homes, Our Health—older people in public housing estates

Social connectedness has been a positive outcome of the VicHealth-funded Our Homes, Our Health project. Commencing in 2005, the partnership project between Darebin City Council, Darebin Community Health, Northcote Aquatic and Recreation Centre and SPAN Community House aims to increase physical activity and social connectedness amongst the 245 tenants in the Older Persons Public Housing Estates of Thornbury and Northcote.

After consulting with residents and service providers, the project identified that older people in the public housing estates experience significant barriers to positive health, including extreme social/cultural isolation, high levels of reduced mobility/ailing health/chronic illness, and little or no capacity to address low income status.

Activities developed to reduce these barriers include gentle exercise classes, healthy eating groups, social barbecues, free massages, craft group, collaborative art group, aquarobics and circuit training for seniors, gardening group, mosaic group and health and safety expos.

In its first year, the focus of Our Homes Our Health has shifted slightly towards improving social connectedness. The degree of social isolation amongst residents was higher than anticipated and more fundamental needs have to be addressed before initiatives addressing physical health can be implemented.

Consultations with residents provided lots of information; however, conflict amongst residents caused tension, which affected the residents, particularly the most isolated. As a result, additional partners including the *Salvation Army* and *Merri Outreach* were recruited to support relationship development to ensure positive group environments during activities.

As a result of the commitment by the partners, progress has been made in addition to the proposed delivery of activities. This includes:

- Department of Human Services funding used to acquire pool tables and table tennis tables and undertake major garden development works

- additional mosaic group established and funded by City of Darebin
- Health and safety expos held for safety month with additional funding from City of Darebin
- Long term delivery of gentle exercise class through SPAN HACC funding
- Additional term of healthy eating class funded by Jika Jika Community Centre.

The project steering committee has completed a strategic plan for 2006 which aims to investigate options for a community gathering space at one of the estates, promote healthy eating with the Good Food Alliance project of Darebin, deliver mini health clinics, coordinate health-themed social BBQs and continue building trustful and respectful relations with residents.

Further information

Contact: SPAN Community House
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What's on—what's new?

Health promotion priorities for 2007–12

The Department of Human Services Rural and Regional Health and Aged Care Services Division and VicHealth are hosting a series of consultations across the state to develop health promotion priorities for 2007–12.

A discussion paper has been developed to support this process and the consultation discussion will be structured around it. This paper, as well as the invitation, with all relevant details, can be downloaded from <http://www.health.vic.gov.au/healthpromotion/role/index.htm#hpps>

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Victorian Health Inequalities Network

The Victorian Health Inequalities Network will be established this year to build and disseminate knowledge and further develop and consolidate cross-sector partnerships to reduce health inequalities in Victoria.

VicHealth will fund the network for 18 months. The successful tenderer for the secretariat function will be announced in April 2006.

Further information

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HealthWorks events calendar

Do you have an event you'd like to promote? The 'HealthWorks' Events Calendar can help you to disseminate and obtain information on a range of health promoting workforce development events.

The calendar contains details on relevant education, training and other events that have a health promotion theme—this includes health promotion theory and practice, consumer health, health management to support health promotion practice, health information and social policy.

The calendar relies on event organisers—yes you!—to submit your events and allows the user to search for events occurring by month or in a particular DHS region.

Adding your event to the calendar is quick and easy, simply visit: <http://hnb.dhs.vic.gov.au/rrhacs/healthwk/healthwk.nsf/Home?open>

Evidence-based mental health promotion

The *Evidence-based mental health promotion resource* is a valuable tool to assist community organisations in promoting mental health and wellbeing. It provides a guide for program planning and evaluation; descriptions of interventions used and population groups and settings studied; an assessment of the promotion's effectiveness; discussion of implementation issues; new learnings; and promising practices and case studies.

To view the resource go to the Health Promotion website: <http://www.health.vic.gov.au/healthpromotion/quality/mhp.htm> or to request a hard copy, contact Theresa Fernandes on (03) 9637 4216.

Conference announcement

Violence Against Women Conference

Women's Health West, in partnership with WestBay Alliance and Moonee Valley/Melbourne Primary Care Partnership and with funding from VicHealth, is holding a conference to explore and enhance our knowledge of health promotion strategies for preventing violence against women. The conference also aims to encourage commitment to sustained collaborative action across the north and west of Melbourne.

If you're interested, keep Tuesday 6 June free and register your interest with Jane Howard, Women's Health West, tel: (03) 9689 9588 or email: jane@whwest.org.au

About this Publication

Editorial Committee

Health Promotion Unit, Department of Human Services; VicHealth.

Health Promotion Strategies is a quarterly production by the Public Health Group, Department of Human Services. This document can be accessed via the Internet at www.health.vic.gov.au/healthpromotion/resources_links/bulletin_index.htm

The **May 2006** edition will focus on injury prevention. Contributions are most welcome. The deadline for articles is 28 April.

Please contact Spiro Iliopoulos to contribute or for further information regarding this publication on Telephone: (03) 9096 5753

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