

Health Promotion Strategies

Healthy Ageing

In this issue of *Health Promotion Strategies*, we focus on health promotion and older people. Why? For starters, health promotion practitioners and primary care providers are showing a growing interest in this area. Moreover, there are many good stories to tell, as this issue reveals.

Second, as the proportion of older people increases—with an estimated one in four Victorians to be aged 60 years or over by 2021—debate rages over how this change will affect society. Will older people be a burden or an asset? The answer may never be conclusive. Older people, like other groups, are not homogeneous. They vary in health status, they have diverse needs and they both contribute to and rely on the community in different ways.

Health promotion has a role in ensuring today's and tomorrow's seniors enjoy the best possible health. Effective health promotion reduces costs to society and increases people's capacity to contribute to the community.

The examples featured in this issue show that many health practitioners are already creatively engaged in resolving older people's issues, particularly in terms of societal attitudes to ageing, physical exercise, mature-age employment, chronic disease, aged care services, mental health, community capacity building, research and policy making.

As our efforts in this area of health promotion increase, we will need to learn more about what works with older people. This will mean applying what we already know about health promotion generally, but adapting this knowledge to a specific population group.

Compared with younger people, older people may have different expectations and perceptions of what it means to be healthy. We need to tailor the way in which health promotion messages and information are communicated. Creating environments that support health promotion could take us into uncharted areas, such as aged care facilities and urban planning. New partnerships will be needed to shape our health promotion practices and to reach older people in a variety of settings.

The challenges are many. Nevertheless, the current level of interest and activity is a good platform from which to move forwards.

Mature Age Workers Hold the Key to Prosperity

The continuation of current trends will lead to mature age workers making the largest contribution to Australia's overall labour force growth in future decades. By 2011, the proportion of workers aged 45–64 years is forecast to rise by 34 per cent—with the rise predominantly among 55–64 year olds—while the proportion of younger workers (aged 15–24 years) is forecast to decline to 18 per cent. The projected skills shortage caused by the movement of 'baby boomers' into retirement and a declining birth rate could threaten our economic growth.

Despite these projections, many older workers experience discrimination in the workplace. They receive less on-the-job training, are the first to be retrenched and often experience long periods of unemployment. Workers over the age of 45 years who lose their jobs are often not eligible for safety net payments until they have exhausted their savings, and they experience high levels of depression and distress.

The Office of Senior Victorians is working with other government departments and non-government agencies to foster employment

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Government's Strategy for Seniors Adopts a 'Wellness' Perspective

The peak year for 'baby boomers' turning 55 years old was 2002. In the next 20 years, the proportion of the Victorian population over the age of 60 years is expected to rise to 25 per cent from the current 16 per cent. The trend towards longer life expectancy, coupled with the ageing of Victoria's population, presents significant opportunities and challenges.

The Victorian Government's strategy document *Making This the Age to Be in Victoria: A Forward Agenda for Senior Victorians* builds on existing achievements and provides strategic directions for future whole-of-Government efforts in partnership with local government, business, non-government organisations and the community.

The Government's strategy focuses on meeting the challenge and grasping the opportunities that accompany an ageing population, rather than on specific issues of health and the aged care service system.

Promoting good health and wellbeing among older Victorians is one of five themes of the Forward Agenda. Under the theme 'The Age to Be Active', the Forward Agenda encourages increased links among planning, community development and wellbeing to facilitate older Victorians' access to sporting, recreational and other social activities in their communities. Other themes of the Forward Agenda are 'The Age to Be Valued', 'The Age to Be Involved', 'The Age to Be Productive' and 'The Age to Be Consumer Wise'.

Examples of proposed action under the Forward Agenda include:

- Encouraging greater social participation through local seniors groups and access to local activities.
- Devising strategies to provide increased access to community transport where appropriate.
- Promoting positive attitudes to mature age workers through the establishment of 'age aware' employer champions.
- Promoting walking among seniors as a means of contributing to street activity, and promoting the development of networks and safer neighbourhoods.
- Funding additional falls prevention activities for older people.
- Developing an on-line mechanism for seniors to air their views on how the media and advertising industries represent older people.

To facilitate greater involvement and social participation, the Forward Agenda presents initiatives based around enabling and supportive environments, emphasises the need for innovative options for the housing and living environments of older people, and promotes a positive view of ageing. It also proposes the further development of accessible and affordable transport for older people.

The overall aim of Victorian policies for seniors is to create more opportunities for all senior Victorians to live active and fulfilling lives in the community. The wealth of knowledge, diversity, expertise

and wisdom that comes with maturity will be one of Victoria's greatest strengths.

Copies of the Forward Agenda are available on the website
www.seniors.vic.gov.au

Mature Age Workers Hold the Key to Prosperity *from page 1*

opportunities for older workers. The Working for Ages project has involved a number of creative initiatives to increase awareness of the barriers experienced by older workers, the existence and requirements of the Victorian Equal Opportunities Act 1995, and the looming skills shortage.

As the population ages, the development of an increased range of flexible and ongoing work arrangements will be a key factor in maintaining individual and community wellbeing.

Further Information

Helen Hargreaves, Office of Senior Victorians
Telephone: 03 9616 8274
Email: helen.hargreaves@dhs.vic.gov.au

Older Person's Health Promotion Program

The Department of Human Services funds the Older Person's Health Promotion Program, which aims to assist older persons to lead healthy and independent lives. The program is intended to support local communities in developing innovative approaches to improving the physical and mental health of older people.

The program contains two key elements: a grants program and Statewide support and evaluation. The 10 projects outlined below were successful in obtaining grants. The Centre for Health Program Evaluation at Melbourne University has been contracted to provide the program's Statewide support and evaluation.

Grants Projects

Delivered by a mix of local and Statewide organisations, the following funded projects involve a diversity of activities, addressing a broad range of conditions and risk factors.

Project Title: Wellness Project

Agency: School of Nursing, Deakin University—Barwon and Otway Centre for Community Wellness

Aim: Undertake a comprehensive needs analysis of older careers in the Barwon and Otway area and utilize this information to develop, implement and evaluate a Wellness Guide. For further details about this project see the article in this publication, titled 'The Health and Wellbeing of Older Persons who are Carers'.

Project Title: Connecting for Health: Ageing Well

Agency: Inner South Community Health Services

Aim: Using an action research approach, improve the knowledge, skills, participation and health-promoting behaviours of socially isolated older people living in public housing.

Project Title: RDNS Continence Health Promotion Strategy

Agency: Royal District Nursing Service

Aims: (1) Develop a health promotion model that establishes a health-promoting approach to providing care, education and support for clients and carers. (2) Create a

health promotion policy within the Royal District Nursing Service.

Project Title: Una Vita Migliore: A Better Life

Agency: CoAslt

Aim: Among older Italians living in metropolitan and regional Victoria, develop sustained awareness of the prevention, early detection, care and management of Alzheimer's disease, dementia and diabetes.

Project Title: Supporting Supported Residential Services

Agency: National Ageing Research Institute

Aim: Strengthen the capacity of Supported Residential Services staff to promote and encourage health-promoting behaviours and activities among older people in Supported Residential Services accommodation.

Project Title: Participatory Physical Activity and Education Program for Older Women

Agency: YWCA

Aim: Improve the physical activity levels of women aged 50–65 years who are recruited through the YWCA's rural and metropolitan Victoria membership base.

Project Title: See to the Future

Agency: Optometrists Association Australia

Aim: Target older people who are physically and socially active in rural and remote areas and provide education to improve their knowledge, skills, participation and health-promoting behaviours in relation to eye and vision health.

Project Title: Living Well at Home, Living Well in the Community

Agency: Nillumbik Shire Council

Aims: (1) Facilitate the residency of older people in the shire by removing barriers to poor housing/landscape design. (2) Reduce the isolation of rural older people and encourage participation and social connectedness.

Project Title: New Ways of Thinking and Working with Diabetes

Agency: Ovens and King Community Health Service

Aims: Work with diabetic men to improve self-management skills and develop sustainable structures to improve service provision.

Project Title: PowerPals

Agency: MonashLink Community Health Service

Aim: Develop an intensive two-day training program for volunteers and paid workers to provide them with the knowledge and skills to safely and effectively conduct strength training in local organisations.

Further Information

Jane Price, Department of Human Services

Telephone: 03 9637 4022

Email: jane.price@dhs.vic.gov.au

Strength Training for Older People: What's All the Huffing about?

Research abounds in Australia and overseas about the benefits of strength training for people aged over 50 years. This research includes the US Surgeon General's 1996 physical activity statement, in which he noted that all people in this age group (especially those who are 'frail' or deconditioned) should undergo strength training before they begin any activity (including walking) to ensure the activity is safe.

The key benefits of strength training are:

- Increased or preserved muscle mass.
- Maintained or increased metabolic rate.
- Decreased fat mass.
- Preserved or increased bone density.
- Improved strength and balance (which help reduce injuries).
- Improved glucose control and lipid profile.
- Reduced arthritis symptoms.
- Improved mental state and decreased depression.
- Increased strength for daily living activities.

The Council on the Ageing Victoria (COTA) created and implemented the Living Longer Living Stronger program in 1999 as part of the International Year of Older People. Aimed at people aged over 50 years, the program facilitates the development of progressive resistance strength training that is safe, effective and accessible in terms of cost, location and attitude. Eighty-four endorsed LLLS providers now operate across Victoria, with weekly participation of over 3000 people aged over 50 years.

These providers include fitness centres, community health centres and residential care facilities.

The Living Longer Living Stronger program provides partners with regular research updates, media promotion of their programs, seminars and in-service training, forums for the discussion and sharing of ideas and issues, and networks across the fitness, health, medical and community sectors. These initiatives help maximise the opportunities for older people to be healthier and stronger for life.

The research by people such as Dr David Dunstan (from the International Diabetes Institute) and Dr Miriam Nelson (author of the Strong Women series) shows that the benefits of strength training derive from progressive resistance strength training. Individuals start with an appropriate weight, which is steadily and progressively increased as the muscles become stronger. Muscle and bone respond to work, and this loading of muscle and bone provides the health and strength results. The research also clearly shows that the use of light weights for a prolonged period does not produce the health or strength benefits.

The Community Health and Health promotion sectors have enthusiastically become involved in developing strength training programs at the local level. These programs are a fantastic 'starter' for older people, because many older people perceive community health centres as friendly and safe places to go for their programs.

To be endorsed under the Living Longer Living Stronger program, the minimum qualifications for instructors are either (1) a Fitness Instructor Certificate 3 that includes a strength training module or (2) a physiotherapy qualification plus experience in strength training for older people.

The Living Longer Living Stronger program is working with its partners to ensure older people have a choice of training locations, can start at their level of deconditioning/activity and can progress through the system to enjoy continued strength and health benefits. The challenge for service providers is to continue thinking about what is possible and what is in the best interest of the older person.

Further Information

Karen Byrush, Living Longer Living Stronger Program Coordinator
 Telephone: 03 9655 2105
 Email: llls@cotavic.org.au

The Health and Wellbeing of Older Persons Who Are Carers

This project focuses on promoting the health and wellbeing of carers who are older than 60 years. The aim is to develop a model of health promotion to assist older carers to gain knowledge, skills and increased participation in health-promoting behaviours. This three-year project, which is supported by the Department of Human Services, is being conducted in two stages.

The first stage involved a needs analysis of older persons who are carers. The survey used to collect data for the analysis consisted of three sections: (1) an assessment of the general demographic characteristics of the carer and the care recipient; (2) an assessment of the physical and mental health status of the carer; and (3) questions relating to the carer's participation rates in social and/or health-type activities, as well as their use of services and support.

Of the 226 surveys sent to carers over the age of 60 years in the Barwon Otway region, 85 were completed and returned—a response rate of 38 per cent. Most respondents were female (70 per cent) and most were aged 65 years or older (85 per cent). Health problems beset 75 per cent of the older carers, including arthritis (which affected 26 per cent of respondents), high blood pressure (25 per cent) and mobility problems (21 per cent).

Of the care recipients, 60 per cent were male and almost all lived with the carer (95 per cent). The main illness or disability of care recipients was categorised as one of seven types: Alzheimer's disease/dementia,

physical disability, mental illness, stroke/heart disease, intellectual disability, visual impairment and frail aged.

The SF-12 scale was used to assess the physical and mental health status of the older carers (those aged 65 years or older). A cut-off score of 50 or below was used to indicate low physical health and a cut-off score of 42 or below was used to indicate low mental health. For this group of older carers, the mean physical health score was 39.55 and the mean mental health score was 45.08. The low mean physical health score was not unexpected, given the age of the cohort. A concern, however, was the closeness of the mean mental health score to the low cut-off score of 42.

Almost half of the older carers indicated that they regularly participated in social and/or health-type activities. The most common reported activities were walking and having coffee or meals with friends. Common reported activities for relaxing included reading, talking to friends or family, and gardening. Reasons given for nonparticipation in social and/or health-type activities included being unable to leave the care recipient alone, being unable to take the care recipient along to the activity, or being too tired or lacking energy.

Most older carers indicated that they use services on a weekly or fortnightly basis to assist with their caring role. These services included home help, respite and half-price taxi fares. The older carers indicated that some carers might not be using services

because they believed they could cope on their own, they did not know about the services available, or the care recipient would not accept the use of services.

The second stage of this project will involve the development, implementation and evaluation of a Wellness Guide for older carers.

Further Information

Dr Bev O'Connell, Dr Susan Bailey,
Arlene Walker and Helen Fennessy
School of Nursing, Deakin University
Telephone: 5227 8419
Email: fennessy@deakin.edu.au

The Well for Life Dissemination Project

The National Ageing Research Institute (NARI) has received funding from Public Health, Department of Human Services, to build the capacity of residential aged care staff to change practices, so as to increase nutrition and physical activity opportunities for older residents and to enhance their social and physical health. For this work, NARI will establish a sustainable model for the dissemination and use of relevant organisational resources that the institute and the Dietitians Association of Australia, Victorian Branch, developed through the Well for Life project in 2000.

The resource kit includes Working Together for Change: Discussion Framework and Help Sheets, which contains:

- A good practice checklist, which has been designed as a self-assessment tool for a facility to identify key areas of nutrition and physical activity practice that could be improved.
- A discussion guide, which has been designed to help staff solve relevant workplace problems.
- Evidence-based guidelines for best practice, in the form of thirty-two help sheets covering topics on nutrition, activity and other areas relevant to best practice.

The following two education packages support these resources:

- The Promoting Independence at Mealtimes: Inservice Package, which includes a checklist, presentation resources and case studies designed to assist staff to develop assessment and management skills. An occupational therapist is required to conduct the training.
- The Physical Activity in Aged Care Facilities: Seminar Package, which

includes both presentation resources and case studies designed to guide staff through the research evidence on the benefits of physical activity.

The dissemination strategy will be concentrated in two regions of the Department of Human Services (Loddon Mallee and Southern Metropolitan). Key staff, such as unit managers, activities officers or diversional therapists from residential aged care facilities, will be invited to participate in a professional development program that will equip participants with the skills to use continuous improvement processes to enhance nutrition and physical activity opportunities for residents.

Participants will be supplied with the Continuous Improvement Education Package developed by the Aged Care Standards Agency, in addition to the abovementioned Well for Life products. They will also be linked into networks with key health and community service providers within their local and regional areas, so they can develop cooperative arrangements.

The project will commence in selected regions in February 2003. The Well for Life resources will be available on the Public Health web pages of the Department of Human Services website in early 2003 (see www.dhs.vic.gov.au/phd/nutrition).

Further Information

Joan Nankervis, Research Officer,
National Ageing Research Institute
Telephone: 03 8387 2383
Email: j.nankervis@nari.unimelb.edu.au

Promotion of An Active Life!

The North Central Metropolitan Primary Care Partnership (NCMPCP) embarked on the health promotion project An Active Life! in January 2002. The project aims to encourage older adults in the catchment to increase their participation in regular physical activity and to ensure services provide appropriate and sufficient physical activity options for older people.

The project was intended to achieve its aims through organisational development, health education and skill development, and social marketing. The latter tool became the major focus, however, and the NCMPCP developed a social marketing guide for health professionals that demonstrates ways of marketing a program or service simply and effectively.

Sustainable Outcomes

The most sustainable aspect of the project occurred in an unexpected way. The project worker accepted a position with the Northern Division of General Practice (NDGP) in July 2002 and then was seconded back to the NCMPCP on a part-time basis until the end of 2002. As a result, An Active Life! has become embedded in the health promotion focus of the NDGP.

A key aspect of the success of integrating health promotion across the two agencies has been the SNAP (Smoking, Nutrition, Alcohol and Physical Activity) Framework developed for general practice. This framework provides a new way of thinking that can more easily incorporate general practice into the integrated health promotion planning and activities of the Primary Care Partnerships.

As part of its SNAP focus, the NDGP established a gentle Walk & Talk group specifically aimed at older people who have not been exercising recently for reasons such

as recent illness or surgery. The group has been marketed through general practices, senior citizens groups and local papers. The papers have proven to be a most effective method of recruitment, as has old-fashioned word of mouth!

The NDGP will continue to encourage general practitioners to refer their senior patients to the walking group. This age group remains difficult to target but participation rates have been steadily increasing. Battling the recent windy weather conditions, the group reached its highest rates of participation as soon as the sun came out.

Other Key Achievements

An Active Life! has been a successful project, surpassing targets set at the beginning of 2002. Some key achievements are:

- The provision of the social marketing guide for health workers.
- The launch of the guide/SNAP forum.
- The development of the social marketing branch of the NCMPCP website.
- The publication of articles in the Preston Leader, the Ethnic Communities Council of Victoria Golden Years newsletter and the NDGP newsletter.
- An interview on the Ethnic Communities Council of Victoria 'Golden Years' radio station.
- The sponsorship of Tai Chi classes at the Aboriginal Community Elders Service.
- The provision of assistance to establish Tai Chi classes at the Barry Road Community Activities Centre, Thomastown.
- The promotion of available physical activity opportunities for older adults.
- Over 12 visits to senior citizens meetings.

Further Information

Kate Halasa, Northern Division of General Practice and North Central Metropolitan Primary Care Partnership
Telephone: 03 9416 7689
Email: kate.halasa@ndgp.org.au

Strong People Stay Healthy

Without intervention, muscle strength declines with age. Older adults may have reduced balance and strength, and thus face an increased risk of falls and related injuries. To promote the wellbeing of older adults, the Banyule Community Health Service implemented a strength training program for older people. The service based the program on the well researched program Strong Women Stay Young but modified it to involve both women and men. The program was thus named Strong People Stay Healthy.

Aims and Objectives

The aim of the program was to provide a supervised strength training program, which is shown by research to improve muscle strength, balance, agility, mental health, weight control and bone density.

Program Overview

The Banyule Community Health Service offered the eight-week program at the West Heidelberg and Greensborough centres. Participants attended a compulsory introductory session followed by hourly sessions twice a week for eight weeks. They performed a series of strengthening exercises for the upper and lower limbs, using light weights. The weight that an individual client was able to lift for each exercise was recorded throughout the program, so the client's progress could be monitored against their starting weights.

Program Effectiveness

Over the past 18 months, the physiotherapists at the Banyule Community Health Service have run 11 programs, with

150 older people participating. The Strong People Stay Healthy program has proved so popular that a self-help group was established. Attended each week by around 15 clients, the group has been running for the past year.

People with chronic conditions such as diabetes, arthritis, hypertension and osteoporosis are finding the program highly beneficial. Participants with these conditions have reported improved blood glucose levels, decreased arthritic pain and improved blood pressure control.

After hearing that strengthening exercises were good for osteoporosis, 62-year-old Jan thought that the program would be a good way in which to improve her upper arm strength and, at the same time, improve her general health. She is unable to do aerobic exercise due to a medical condition.

After eight months participation in the strength training program, Jan reported a marked improvement in her strength. Describing a recent holiday, Jan remarked that 'I could lift luggage more easily'. Not only does Jan feel stronger, but she also says that the self-help group is 'always fun to come along to and this helps me to keep going with the exercises. I absolutely recommend it to others'.

Further Information

Meni Stefanovski, Banyule Community Health Service
Telephone: 03 9450 2016
Email: Meni.Stefanovski@bchs.org.au

Community Action Project: Unemployed Men

The Central West Gippsland Primary Care Partnership established a project to optimise mental health and wellbeing in the communities of Latrobe and Baw Baw using a social model of health. Research indicated high incidents of depression and mental issues associated with unemployment, so unemployed men aged 35–55 years were chosen as the project's target group.

A Project Advisory Group was established from service providers to oversee the project and establish a project framework. The group members were the Gippsland Migrant Resource Centre (the lead agency), Quantum Support Services Inc., Gippsland Psychiatric Services, Latrobe Personnel and the Gippsland Research and Information Service.

Following extensive advertising and personal approaches by staff of employment agencies, volunteers from the target group were enlisted for discussion groups. Focus groups were subsequently conducted in the Warragul and Latrobe areas, with the aim of exploring the impact of unemployment on people's wellbeing.

The focus groups discussed:

- The negative aspects of unemployment on areas including health, family and leisure.
- The positive actions that individuals might have taken that helped with these factors.
- Any assistance that individuals might have had and whether it was useful.
- Any assistance that individuals thought would be useful.

Results of the Focus Groups

Given that much of the information provided in the focus groups applied specifically to agencies involved in the payment of benefits and/or search for employment by the men, it fell outside the jurisdiction of the project. The information has been divided therefore into three groups: (1) feedback to agencies, to inform them of issues that were raised; (2) suggestions for agencies, covering issues that the men perceived could be addressed; and (3) the project recommendations.

Project Recommendations

It is recommended that:

1. An aim of any future project undertaken by the Central West Gippsland Primary Care Partnership be to create an awareness of the social connectedness, respect and support required by unemployed men.
2. The Latrobe Valley Neighbourhood Renewal Project experience be examined to determine areas within this project approach that would benefit long-term unemployed men aged 35–55 years.
3. The provision/inclusion of practical social and emotional support for the target group be investigated through further research with agencies involved in opportunity shops and community gardens.

4. Service providers be fully trained in how to provide information about their services to the target group in a manner that is accurate, meaningful, respectful and helpful.
5. Practitioners be made aware of their responsibility to uphold the worth of an individual through the use of highly skilled interpersonal communication skills.
6. Information be compiled and made available to the target group on where and how to access self-help literature, tapes, videos and websites.

Issues associated with the recruitment of the men need to be noted. Further, any future research projects should be approved by the target group and implemented in a manner that is respectful, supportive and understanding of the needs and difficulties encountered by the men.

Further Information

Linda McCoy, Chair, Central West Gippsland Primary Care Partnership
Telephone: 03 5625 0250
Mobile: 0418 361 958
Email: linda.mccoy@wghg.com.au

Preventing Falls among Senior Victorians

Victoria's ageing population is healthier, better educated and living longer than previous generations. As a result, more older people will want to live in their own home rather than an aged residential care facility. An injurious fall, however, can have an impact on a person's ability to live in the residence of his or her choice. The Department of Human Services Aged Care Branch is supporting activities that aim to prevent falls among older people so as to enhance their independence and continued participation in the community.

Aged Care is implementing a comprehensive falls prevention program that it has developed over a number of years. It funds major projects across four settings:

- Local communities.
- Public sector residential aged care facilities.
- Sub-acute facilities.
- Acute hospitals.

Since 1999, the department has funded Foothold on Safety projects through Primary Care Partnerships. This falls prevention initiative has involved service providers and communities in the 32 Primary Care Partnerships across Victoria. Aged Care considers that this partnership approach is vital. To deal with the complex personal and environmental factors known to contribute to falls, a complementary range of services need to participate in planning falls prevention strategies and delivering interventions. Where a project's planning and implementation stages involve older people, communities and

service providers have an opportunity to work together to better coordinate and deliver falls prevention services.

The department's falls prevention program supports the health promotion principles outlined in the Ottawa Charter for Health Promotion (1986):

That health is a positive concept emphasising social and personal resources, as well as physical capacities. Health promotion is the process of enabling people to increase control over, and to improve, their health. It is not just the responsibility of the health sector, but goes beyond healthy life-styles to well being.

For a number of years, research has suggested that multiple prevention strategies, which simultaneously address a range of risk factors for falls, may be the most effective population-based intervention to reduce those risk factors. Some researchers have suggested that a multi-strategic intervention should include an assessment and modification of intrinsic factors and extrinsic risk factors (such as the safety of an environment), and a review of any previous falls in terms of their circumstances.

A rural community in Victoria formed an intersectoral partnership involving health, sport and recreation, and transport organisations to promote better health among older adults living in their own homes. Using the Foothold on Safety project as a vehicle to empower the community, the partnership initiated a strength training program for older people to:

- Get together to catch up and enjoy each other's company.
- Perform simple exercises to improve their muscle strength, balance and flexibility.
- Learn new personal skills to keep up with the activity of daily living.

The partnership used outreach, home visits, personal care and transport assistance to motivate older people to attend the weekly group exercise classes. It added a social stimulus by providing morning tea at the end of the sessions. The Foothold on Safety project enabled older people in the community to access qualified strength training personnel and gym exercise facilities. Other services included home hazard assessment and modification, vision assessment and correction, and medication review.

The project is being considered for inclusion in a study by Dr Joseph Levy, York University Canada, for the Wellness Centre for Active Living. The scope of the study includes community services provided to the well elderly to facilitate their continued 'ageing in place'. 'Ageing in place' is part of an evolving continuum of care to keep well older people living in the community for as long as possible.

In 2002–03, Aged Care has initiated projects in collocated rural acute hospitals and public sector residential aged care facilities. The aim of this strategy is to promote: cooperative practices across a range of settings; efficient use of resources; and shared learning opportunities.

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Preventing Falls among Senior Victorians

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Future challenges include the development of sustainable falls prevention practices through partnerships in local communities, to:

- Increase the proportion of older people who enjoy an independent and healthy lifestyle.
- Reduce intrinsic and extrinsic risk factors for falls.
- Increase community self-reliance and social control over the infrastructure and technology of primary health care.
- Improve the capacity of health services to deliver an integrated approach to falls prevention, which will involve building partnerships with sectors other than health.
- Target key population groups with specific health needs.
- Increase community understanding that falls are not an inevitable part of growing older.

The Monash University Accident Research Centre's and National Ageing Research Institute's evaluations of falls prevention projects will be released in the near future.

Further Information

Margaret Thomas, Service Development, Aged Care.
Telephone: 03-9616-7391
Email: Margaret.Thomas@dhs.vic.gov.au

Body Image and Mental Health

Body image management is a tool that can help nurture strong, positive, confident people who have healthy self-esteem and healthy bodies. Does body image matter? Absolutely—there is clear evidence that body image dissatisfaction is linked to serious health problems, including poor mental health.

Research shows that:

- Body image dissatisfaction and extreme dieting are associated with depression in adolescents and adults.
- Body image dissatisfaction is associated with low self-esteem in women and men of all ages, and predicts the later development of depression, anxiety and low self-esteem.

Body image can also affect mental health more broadly through its impact on:

- Social connectedness—that is, people who feel inadequate about their body and appearance may feel that they don't 'fit in' and thus they avoid social activities that involve revealing their bodies.
- Discrimination—that is, 'weight-ism' or 'look-ism' can be considered a form of prejudice that affects life experiences such as job opportunities and the quality of service from retail stores or health services.

The influence of body image on mental health, as well as on eating behaviour, participation in physical activity and weight loss practices, highlights that the way in which we think and feel about our bodies orchestrates many of our health behaviours.

The Department of Human Services recently recognised the importance of body image to many of Victoria's public health priorities by funding a review of the Evidence Base for Promoting Positive Body

Image. The resulting resource, which will soon be available on the department website, describes what we know about body image dissatisfaction (the problem) and the most promising strategies being used to promote positive body image.

The resource will contain two parts: (1) a review of evaluated projects designed to promote positive body image, describing some of the more promising programs in detail; and (2) a planning tool designed to help health promotion practitioners develop, promote and evaluate their body image programs.

This resource is designed to be user friendly and practical. It contains links among health promotion theory, past intervention programs and the settings in which the work needs to occur. Included are a planning checklist (which has been adapted for body image programs), tips on improving program effectiveness and building sustainable programs, ideas for communicating body satisfaction messages, a discussion of theories and suggestions for program evaluation.

We do not have all the answers. The demand to address the growing problem of body dissatisfaction among both sexes is running ahead of our knowledge of large-scale, multi-faceted solutions. Evaluation of small programs, however, is definitely pointing the way ahead.

Further Information

Thea O'Connor, Body Image Consultant, Corporal
Telephone: 03 9411 4029
Email: thea@corporeal.com.au

Thea can discuss the provision of a facilitated workshop to help you design a body image program for your

What's on—what's new? *from page 12*

Daily News Bulletin

VicHealth produces a daily news bulletin, offering a quick look at health promotion issues that are making the headlines across Australia. If you are interested in subscribing to the VicHealth news bulletin, please email mcorkum@vichealth.vic.gov.au.

You can also view the daily news bulletins on the VicHealth website:
<http://www.vichealth.vic.gov.au/>.

Further Information

Melissa Corkum, Public Relations
Coordinator, VicHealth
Telephone: 03 9667 1319
Fax: 03 9667 1375
Mobile: 0413 838 662

Greatest Week of the Year

The Victorian Seniors Festival returns for its 21st year in 2003 with a wide range of events, forums and activities—everything that people have come to expect and more from the greatest week in Victoria for seniors.

The 2003 Victorian Seniors Festival will be living proof of its theme 'The Age to Be'.

Free or at a nominal cost, theatre, film, dance, literary, sporting and concert programs will entice hundreds of thousands of Victorian seniors to get out and about between Sunday 16 March and Sunday 23 March 2003. Free public transport for Seniors Card holders will be a further incentive for participation.

The Victorian Government, through the Office of Senior Victorians, organises the Victorian Seniors Festival with the support of local government, business and the community. In 2003, the festival has truly come of age as one of the great weeks in Victoria's event calendar.

Further Information

Free program booklets will be available from mid-February from all Coles Supermarkets, as well as from Information Victoria, 356 Collins Street, Melbourne (telephone: 1800 136 762). The booklet lists over 100 great reasons for this being 'The Age to Be'.

New Seniors Card Tourism, Leisure and Recreation Directory

The inaugural Victorian Seniors Card Tourism, Leisure and Recreation Directory was released in January 2003. The directory lists all the discount offers to Seniors Card holders by participating businesses and services from the tourism, leisure and recreation sectors. The discounts available range from tourist accommodation and attractions in Victoria, overseas destinations, tours and package holidays, to fishing, ten-pin bowling, courses and classes. The new directory is one of three discount directories that the Seniors Card Program produces and publishes.

Further Information

Seniors Card Program
Telephone: 03 9616 8241
Website:
www.dhs.vic.gov.au/seniorscard

New Report on the Achievements of Primary Care Partnerships

Enclosed with this bulletin is the report Positive Outcomes from Integrated Health Promotion. This report provides a snapshot of health promotion achievements of Primary Care Partnerships across Victoria, including documented outcomes for consumers.

This document can also be accessed on the 'Health Promotion' web page of the Primary Health Knowledge Base at www.dhs.vic.gov.au/phkb. The web page features information, guidelines, publications, good practice cases and Internet links related to health promotion through the Primary Care Partnership Strategy, Community Health Services and Women's Health Services.

Also, check the Primary Health Knowledge Base web page for additional Primary Care Partnership reports, including reports focusing on older people and rural health.

Further Information

Holly Piontek-Walker, Project Officer,
Primary and Community Health,
Department of Human Services
Telephone: 03 9616 8573
Email: holly.piontek-walker@dhs.vic.gov.au

Body Image Resource

The latest evidence-based resource in the series by the Department of Human Services is available on-line at <http://n036.csv.au/net/phd/ebhp/06bodyimage.htm>. The resource deals with body image—an important concept that has an impact on a range of physical and mental health problems (see the article 'Body Image and Mental Health' on page XX of

this bulletin). The resource comprises an overview (Best Bets) and a program planning guide (Shapes), along with two additional documents: a research review and a summary of the evaluated prevention intervention literature.

Further Information

Thea O'Connor
Telephone: 03 9411 4029
Email: thea@corporeal.com.au

Guide to Social Marketing

The North Central Metropolitan Primary Care Partnership has developed a guide to social marketing for health professionals. Copies of the guide are available from the Primary Care Partnership and its website www.ncmpcp.org.au.

Further Information

North Central Metropolitan Primary
Care Partnership
Telephone: 03 9471 0522

Announcement of 2004 Conference in Melbourne

The International Union of Health Promotion and Education (IUHPE) has globally announced that it will hold its XVIII World Conference on Health Promotion and Education, in Melbourne on 25–29 April 2004. The call for abstracts and further information will be circulated in May 2003.

Further Information

Conference Manager
Telephone: 03 9667 1313
Fax: 03 9667 1375
Email: 2004wchphe@vichealth.vic.gov.au

Office of Senior Victorians Website

The Office of Senior Victorians administers the Victorian Seniors Card Program, coordinates the Victorian Seniors Festival and supports the Ministerial Advisory Council of Senior Victorians. Its website is www.seniors.vic.gov.au/home.htm.

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About this Publication

Editorial Committee

Julie Hoy and Martin Horrocks
Partnership Development, Department of
Human Services

Jane Price
Health Development, Department of Human
Services

Catherine Thompson
Service Development Aged Care, Department
of Human Services

Sue Edwards
Office of Senior Victorians, Department of
Human Services

Holly Piontek-Walker
Primary and Community Health, Department
of Human Services

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The topic of the next edition will be 'Health-promoting Practice to Reduce Emergency Demand'. Contributions for this edition are most welcome. The next edition will include an evaluation form, from which the editorial committee will determine the publication's content for the coming 12 months.

Julie Hoy
Partnership Development, Department of
Human Services
Phone: 03 9637 4046
Email: julie.hoy@dhs.vic.gov.au