

Health Promotion Strategies

Welcome

Welcome to the first edition of *Health Promotion Strategies*. This bulletin has been developed in response to views expressed by key stakeholders in health promotion in Victoria that communication on statewide policies, strategies and partnerships is inadequate. This has been seen as a major cause of fragmentation and a barrier to effective planning and delivery.

The bulletin is also a reflection of the strengthened leadership role of DHS in health promotion and the need to achieve this in an integrated way across all its Divisions and Regional Offices.

Through the bulletin we aim to present a diverse range of material focusing on policy and strategy development, major new programs and opportunities for funding, together with details of significant events and resources. While providing snapshots of relevant research and theory, the main purpose is to support practical program development and partnerships.

Speaking of partnerships, we hope to use the bulletin as a means of conveying and further fostering the important links between the Department, VicHealth – as the major statewide health promotion development agency – and the non-government and academic bodies that make Victoria's health promotion effort so effective.

This first edition comes at an exciting and extremely busy time as new policy directions and opportunities following the change in government become clear. The Labor Health Policy provides a sound base for health promotion effort and commits the Government to playing a very strong leadership role in this area.

In particular, Government has signalled a strong focus on social determinants of health. Health promotion is seen as a vehicle for achieving greater equity.

Specific initiatives have been identified for groups with identified social and health disadvantage, including rural populations, gay and lesbian people, the homeless and the aged. Gender based health promotion initiatives are also identified as a priority.

Significant developments of relevance to health promotion include the Primary Care Partnerships program, Community Health Plans, the Drug Policy Expert Committee, and the Ministerial Advisory Committee on Gay and Lesbian Health, to name just a few.

At the same time, the Public Health Division's new Health Development Section is managing a number of major new programs in areas such as rural health promotion and health promotion workforce development, as well as working with other DHS program areas on health promotion programs in settings as diverse as public housing and hospital emergency departments.

An important basis for our effort in building health promotion capacity is the report 'Strengthening Systems for Health Promotion', the product of the Key Stakeholder Forum initiated in 1998 and involving DHS, VicHealth and some 30 senior figures in the health field. The report is presented in the form of a three year agenda for change. We encourage you to read it, provide feedback and, most importantly, participate in its implementation.

Meanwhile we hope you find this bulletin informative and welcome your feedback and suggestions for improvement.



Professor John Catford
Director, Public Health Division

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Human
Services



Peoplefirst

Workforce Development: Making Health Promotion Work!

To improve health promotion practice across Victoria the health workforce needs to be skilled, supported and resourced to deal with the major task of delivering effective health promoting programs and services.

A new initiative from the Public Health Division of DHS aims to improve the effectiveness of health promotion efforts in Victoria through the development of workforce infrastructure, professional skills and leadership. The Health Promotion Workforce Development and Infrastructure program began in December 1999 with the arrival of program coordinator Cheryl Hutchins from Queensland. A total of \$3 M will be invested over the next three and a half years.

The direction of the program will be based upon the findings and recommendations of a couple of reports: the first, written by LaTrobe University's, Australian Institute of Primary Care titled *Education and Training for Health Promotion: A Workforce Development and the Strengthening Systems for Health Promotion* report (due for release in April), which was the result of deliberations by the Key Stakeholders Forum.

The program's Background Paper outlines the rationale for the program and highlights some of the issues surrounding health promotion workforce development. These include:

- a need for a more coordinated and systematic approach to education, in-service training and information dissemination through collaboration between key government agencies, universities and professional associations,

- better linking of the content and delivery of education programs with government policy initiatives,
- tailoring of education & training to meet the needs of professionals with differing roles in health promotion,
- support for appropriate health promotion strategies for groups worst off in our communities,
- the development of structures and systems that support the health promotion workforce within organisations in conjunction with health promotion education and training.

As with any good health promotion practice a multi-strategic approach and the development of partnerships will be essential to the program's success. Workforce development should be recognised as an essential element of a broader approach to building the capacity of organisations to support health promotion practice (NHMRC, 1996; DHS, in press).

The key elements needed to increase an organisation's capacity are organisational development, workforce development and resource allocation. All of these areas must be addressed to enable organisations to build the capacity to deliver effective health promoting programs. It will be important for this program to link with programs currently building health promotion infrastructure, to encourage the support of managers, to foster health promotion leadership and to advocate for supportive programs and service funding mechanisms.

What will this program mean for health workers in the health and community

sectors? The availability of continuing education programs about generic health promotion practice and preventing specific health issues will be increased. Information is currently being collated to produce guidelines for effective health promotion practice in specific issues such as oral health, children's safety and falls in older people. These guidelines will be published soon and widely disseminated. A searchable on-line calendar of education and training events will provide an integrated source of information for health promotion related seminars and training workshops. Training providers whose courses/seminars have a health promotion focus have been invited to place information about their programs on the website and the website is currently being designed and should be on-line by May, stay posted for advice about the website address.

This program will not be able to reduce all the barriers that stand in the way of good quality health promoting practice and services.

Local solutions to specific situations will need to be found. However, Cheryl is keen to hear from people who have instigated solutions within organisations to reorientate some of their work towards health promotion so these can be considered on a larger scale across and integrated into the health promotion workforce development program.

If you would like more information about the program including a copy of the Background Paper, an executive summary of the LaTrobe report or more about the Health Promotion Education and Training Calendar please contact Ms Cheryl Hutchins on ph. 9637 5561 or e-mail cheryl.hutchins@dhs.vic.gov.au.

Primary Health Care Redevelopment: *Focus on Health Promotion*

The recently announced Primary Care Partnerships development presents an unprecedented opportunity to enhance the capacity of the primary health sector to plan, develop and deliver effective health promotion programs. It promises to move Victoria from an enthusiastic but often fragmented and narrowly based health promotion effort to a more collaborative, strategic and more broadly based approach.

It is particularly pleasing that health promotion is seen as a key component of the new system, in conjunction with a major emphasis on population based planning, enhanced information provision and more integrated disease management. It is also recognised that health promotion approaches and values need to underlie the whole Partnerships strategy.

The approach to be adopted draws on the new Government's policy commitment in regard to health promotion and disease/injury prevention, in particular:

- Attacking the root causes of ill health, including unemployment, job insecurity, workplace stress, poor schooling, family breakdown and a polluted environment.
- Expanding the role of community health services in health promotion based on local community needs as identified in local area health planning.
- Funding health promotion activities that will help prevent chronic illnesses such as diabetes, asthma and heart disease in the community.

It also responds to the recommendations in the ministerial review of the Primary Health and Community Support

Redevelopment undertaken by RMIT Adjunct Professor Hayden Raysmith and released on 24 December last year. While this report focussed primarily on the basic building blocks for primary care reform – planning, funding, functional integration and governance – the importance of improved information and funding mechanisms for health promotion was highlighted.

To support the implementation of the overall policy on community-based health care, the Government recently released a blueprint for the Primary Care Partnerships strategy entitled *Going Forward* (April 2000), which was informed by the Raysmith Report and by feedback on the report. As the document explains, the Primary Care Partnerships strategy aims to create a genuine primary care service system. Funding and support will be provided to groups of primary care providers that form, or have formed, voluntary alliances in their local communities. These alliances, known as Primary Care Partnerships, will bring together a range of providers who will plan and deliver services based on community health plans for their catchment areas of 2–3 local government areas.

The main goals of this reform are to:

- Improve the experience and outcomes for people who use primary care services.
- Reduce the preventable use of hospital, medical and residential services through a greater emphasis on health promotion programs and by responding to the early signs of disease and/or people's need for support.

In terms of health promotion, the emphasis in Primary Care Partnerships is on collaborative effort between partnership agencies and between partnerships and other key service sectors. To support the planning and delivery of more integrated health promotion programs, the Department of Human Services is:

- Providing funds of \$4.5 million over the next three financial years to partnerships.
- Enhancing the skills of the health promotion workforce in primary care through a workforce development program.
- Providing up-to-date information on health promotion models and interventions, such as evidence-based reviews.
- Facilitating relationships between partnerships and statewide health advancement organisations.
- Supporting the coordination of activity through regional health promotion plans and planning processes.

This is an exciting time for health promotion in Victoria. Through consolidated effort in the Primary Care Partnership strategy, the goal of improving the health and wellbeing of local communities can become a reality.

The Health Development Section of Public Health Division will continue to work in close collaboration with the Department's Primary Health Branch to guide the implementation of this initiative.

Injury Prevention – It's a Lifesaver

Injury is a complex public health issue which requires not only programs aimed at reducing injury rates within the population but also resources to ensure that the programs developed are supported, including encouraging organisations who share an interest in injury to work together. Adequate resources are also vital to the development of essential infrastructure that will provide the foundations for long term injury prevention and control.

Injury prevention and control has been identified as a National Health Priority Area in recognition of the enormous impact that injury has on our society. The 1997 National Health Priority Areas report into Injury Prevention and Control commented that:

Injury is the principal cause of death in people under 45 years of age, a leading cause of mortality, morbidity and permanent disability in Australia, and a major source of health care costs. Injuries cause a range of physical, cognitive and psychological disabilities that seriously affect the quality of life of injured people and their families.¹

In addition, injury was identified as the sixth leading cause of death in 1997 behind malignant neoplasms, ischaemic heart disease, cerebrovascular disease, chronic obstructive pulmonary disease and pneumonia and influenza². The impact of injury at young ages is reflected in the average of 31 years of potential life lost (YPLL) before age 75 years due to each injury or poisoning death. This compares with 9 YPLL for cancer and 5 YPLL for ischaemic heart disease³.

However, injury is preventable and therefore, primary prevention is considered to be the best means of injury control⁴. In this context, substantial gains in public health may be achieved through the prevention of injury. The Victorian Injury Prevention Program works towards developing strategies at State and National levels, to reduce the incidence of injury in the Australian population.

The Victorian Injury Prevention Program is located within the Public

Health Division of the Department of Human Services. The program engages in a diverse range of activities including the provision of policy advice, the development of strategies, funding of various programs and projects, research support, stakeholder liaison, monitoring and evaluation.

The program has links with an extensive range of stakeholders and

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adopts a collaborative approach in the development and implementation of injury prevention initiatives.

The following is a snapshot of a few activities that the Injury Prevention Program is involved with at a State and National level.

At a State Level

- In 1994 a State strategy for injury prevention Taking Injury Prevention Forward was released. This strategy provided stakeholders with clear objectives, targets and a strategic framework that formed a basis for directing effort and interagency/intersectoral collaboration. This strategy has now reached the end of its planning term and a new State strategy for injury prevention is being developed. A broad range of stakeholders will be consulted as part of this development process.

- The Injury Prevention Program also has an important role in the provision of policy advice. To this extent, the program is a participant on a number of steering groups, including:
 - Farmsafe Victoria
 - Victorian Smartplay Steering

Committee, which focuses on preventing injuries in sport.

- Falls in Older Persons Reference Group, which focuses on preventing falls in older persons
- Road Safety
- National Health Priority Area advisory processes
- Violence prevention
- Community Safety and

- Acute Health on injury related issues

- The Injury Prevention Program recently formed a Child Injury Prevention Partnership Group. This group will undertake a range of activities including strategic planning, research, provision of advice and where appropriate, coordinate implementation of child injury prevention initiatives across the State. While consisting of a small core team, the Partnership Group will establish communication channels with the broader child injury prevention network.

- The Injury Prevention Program has funded a Regional Grants Scheme for injury prevention projects/programs at the local level for the past four years to encourage local level injury prevention initiatives.

- The Program also funds a Chair of Injury Prevention position at the Monash University Accident and Research Centre as part of its commitment to furthering research into injury prevention.

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Strategic directions for VicHealth in partnership with DHS

The Victorian Health Promotion Foundation (VicHealth) is a statutory body established with bipartisan support under the Tobacco Act of 1987. It was set up as an independent body with a Board of Trustees to replace tobacco sponsorship of Victorian sports and arts events and to provide a resource for health promotion and illness prevention.

The Tobacco Act set out the following objectives for the Foundation:

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

The Tobacco Act requires that VicHealth acquit not less than 30% of the health promotion appropriation as payments to sporting bodies and not less than 30% as payments to bodies for the purposes of health promotion.

From its inception in 1987 until June 1992 VicHealth was funded by a hypothecated percentage of Victorian *ad valorem* tobacco franchise fees. Since July 1992 the annual amount allocated to VicHealth from tobacco franchise fees has been determined by the Treasurer. In 1997 the High Court of Australia invalidated State and Territory business and licence fees, including tobacco fees. Subsequently annual funding for VicHealth has been decided by the Treasurer and appropriated as part of Victoria's annual budget within the appropriation for the Department of Human Services (DHS).

VicHealth Strategic Directions 1999–2002

Developed through a process of consultation over nine months the Strategic Directions 1999–2002 document sets out VicHealth's mission and articulates priority outcomes and strategies.

With an emphasis on partnerships to create environments to improve population health, five key outcome areas focus on:

- leadership in health promotion innovation and knowledge transfer
- making a demonstrable contribution to population health
- increased investment in population groups most in need
- brokerage of investment in health promotion across settings and sectors, and
- development of an organisational culture within VicHealth which ensures that learning enhances decision making.

Supporting Statewide and Commonwealth Health Promotion Priorities

VicHealth's programs are aligned with Commonwealth and State health promotion priorities and strategies. The five VicHealth priority areas are:

- tobacco control
- mental health
- physical activity
- healthy eating
- substance misuse.

VicHealth investments in these priority areas complement those of DHS. For example, VicHealth supports the Active for Life strategy to increase physical activity through its sports program and community grants programs, which are designed to strengthen partnerships between sports, recreation and community health agencies. VicHealth has made a significant and innovative contribution, in partnership with Sport and Recreation Victoria and sporting organisations, to linking the agendas of the sports and health sectors.

In the area of food and health, VicHealth has contributed to implementation of the DHS Healthy Eating, Healthy Victoria strategy by funding initiatives in schools and local government as well as community health centres. In addition, provision of healthy food options is included in the requirements of many VicHealth sports and arts grants.

VicHealth has made a major commitment to support mental health promotion in Victoria which is outlined in its Mental Health Promotion Plan 1999–2002. Roll out of the first stage of the Plan has included collaboration with the Department of Immigration and Multicultural Affairs to develop and evaluate a grants program for new arrivals to Australia.

DHS and VicHealth—working in partnership

DHS has the lead role for development of policy, priorities and strategic frameworks for health promotion in Victoria and has responsibility for the public health delivery system.

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VicHealth's focus is on knowledge generation and diffusion through research and on strengthening capacity for health promotion through investment in and evaluation and dissemination of innovation.

These roles are distinct and offer clear opportunities for partnership and value-adding but there are also risks of duplication. Several mechanisms underpin the partnership between DHS and VicHealth to ensure they work synergistically to promote the health of Victorians taking account of their distinctive and different roles and mandates.

Formal agreement between VicHealth and the Minister for Health

VicHealth's program of work and linkages with DHS are formalised through an annual Performance Agreement between VicHealth and the Minister for Health, negotiated through the Public Health Division DHS. This underpins planned, complementary investment and communication channels.

Regular liaison

The Agreement stipulates regular (at least quarterly) meetings between the

Director, Public Health and the Chief Executive of VicHealth and a number of other mechanisms for ensuring strategic liaison.

Committee representation

Cross representation on committees and working parties creates an important channel of communication for ensuring that opportunities for synergistic investment and value adding are identified and jointly developed.

Joint consultation

Complementary work on health promotion planning may result in specific joint consultation initiatives, such as the major forum to be held in April this year on food and health. DHS and VicHealth have commissioned several key background papers to inform discussion and consultation about future developments and investment in public health nutrition.

Enhancing the capacity of the health promotion workforce

VicHealth supports DHS to enhance the capacity of the Victorian health promotion workforce. VicHealth is committed to developing and supporting methods for transferring knowledge and evidence to advance

health promotion practice. For example, currently four centres of excellence in public health research are funded by VicHealth to coordinate and initiate new research, develop strategies for interdisciplinary public health research and ensure research is translated into policy and practice.

Joint investment in health promotion initiatives

DHS and VicHealth have jointly invested in a number of innovative health promotion initiatives. Recently a number of projects on positive ageing were jointly funded. In line with its objective of knowledge generation and dissemination, VicHealth also funded a worker to synthesise and document key learnings from these projects.

In order to achieve its goal of partnerships for improved population health, VicHealth works with a number of sectors and agencies across Victoria and internationally. Its relationship with DHS, as the lead Government department for public health in Victoria, is clearly significant. Coordinated planning and complementary investment are essential to achievement of better health outcomes for all. There is commitment to ensuring that this happens.

Injury Prevention

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At the National Level

- A draft national Injury Prevention Action Plan 2000–2002 was developed by the National Injury Prevention Advisory Council (NIPAC). The action plan identifies Falls in Older Persons, Falls in Children, Poisoning in Children and Drowning and Near Drowning as the four priority areas for action in 2000–2002. This document will go before the National Public Health Partnership (NPHP) for approval in the first instance and then be forwarded to the Australian Health Ministers' Advisory Council (AHMAC) and the Australian Health Ministers' Conference (AHMC) for endorsement.

- A supporting implementation plan is currently being developed by the Commonwealth and State governments. The Injury Prevention Program Manager is Victoria's representative in this process.

So What Does This Mean?

Strategic plans developed at the national and state levels are joint efforts involving the key stakeholders in injury. These plans are an important source of information for community health planning about what injury issues are considered a priority and which prevention measures will have the greatest impact upon population health. They assist organisations with shared interests to coordinate their efforts to maximise outcomes and avoid duplication of activities.

The Injury Prevention Program is a complex and extremely diverse one. The above has simply been a brief snapshot

of some of the Program's current activities. If you would like to know more about any of the activities mentioned in this article or the injury prevention program in general, please contact Ms Nicola Rabot the Injury Prevention Program Manager on (03) 9637 4251 or email: nicola.rabot@dhs.vic.gov.au.

1 Commonwealth Department of Health and Family Services, Australian Institute of Health and Welfare (1997) National Health Priority Areas Report: Injury Prevention and Control, Commonwealth of Australia: 5

2 Australian Injury Prevention Bulletin, National Injury Surveillance Unit, Issue 20, October 1999: 1

3 Ibid: 1

4 Commonwealth Department of Health and Family Services, Australian Institute of Health and Welfare (1997) National Health Priority Areas Report: Injury Prevention and Control, Commonwealth of Australia: 23

Promoting Rural Health

Rural Victorians have higher rates of illness and death from heart disease, stroke, lung cancer and injury than Victorians who live in metropolitan areas. Reducing this difference in the health of rural and metropolitan Victorians is a key priority for the Victorian Government.

Within the Department of Human Services, the newly formed Rural Health and Development Branch (Policy Development and Planning Division) and the Health Development Section (Public Health Division) are jointly responsible for developing and funding rural health promotion activities.

The Program

The key objective of the Rural Health Promotion Development Program (RHPDP) is to start to address the differentials in health status between rural and metropolitan Victoria with a particular emphasis on reducing cardiovascular disease.

In rural Victoria, the rates of coronary heart disease are higher than for metropolitan Victoria – 11 per cent higher for men and 17 per cent higher for women.

The overall focus of the RHPDP is to find new and innovative ways for local organisations to work together to address the cardiovascular health of rural Victorians. Projects funded throughout rural Victoria will help to develop new working relationships and reorient existing partnerships at the local level to improve the ability of services to prevent cardio-vascular disease in local rural communities. In the longer term, the Program is aiming to strengthen the capacity of rural services to address other key population health issues and develop strategic partnerships between key health organisations and the community. The program will also support broader health redevelopments, such as Primary Care Partnerships, General Practitioners Divisions (GPDs) Multi Purpose Services, and other major organisations, at the local level to form strategic partnerships.

The Program was designed and initiated by the Public Health Division with funding of \$1 million provided by the Commonwealth under the Public Health Outcomes Funding Agreement.

The RHPDP funded 10 health promotion projects, these have been running for a year and now have six months to go. Work is progressing and an interim report by the program's evaluators the Australian Institute of Primary Care has indicated that key stakeholders from public hospitals, primary health, local government, community groups and support services, industry and workplaces have been working together to promote health in rural Victoria. These projects illustrate one of rural health promotion's key objectives which is to encourage a social model of health that involves health, community, transport, industry, education and other groups and organisation in supporting and delivering relevant services to the community.

Ralph McLean, Assistant Director of the Department's Rural Health and Development Branch, welcomes the opportunity to work with Public Health on a joint program that is creating partnerships between health organisations and community agencies. 'The Rural Health and Development Branch develops and coordinates the Department's response to rural and regional health issues and responds to the issues in health status in the country. A key focus of our policy and program development is supporting and resourcing the process of redevelopment of rural and regional health services and the development of sustainable local communities and services. I believe the Rural Health Promotion Development Program is providing invaluable experience in the

processes that are required to orient health services and communities into effective partnerships that address key health needs,' he said.

Two interlocking components of RHPDP

1. Local Initiatives

Ten projects – two in each of the Department's five rural Regions – have been formed with each project focusing on the heart health needs across two to three local government areas. The projects are being conducted by teams of local agencies including health organisations, local government, General Practice divisions, Koori cooperatives and industry groups. Each project has developed an Action Plan for implementing interventions and strategies. A list of the projects is given below.

2. Technical Support and Evaluation

La Trobe University Consortia, involving the university's rural campuses, was selected to undertake statewide evaluation of the RHPDP and to provide technical assistance to the pilot projects. The Consortia has already held forums for the participating agencies to share information and expertise, develop rural health promotion networks and build a body of knowledge of rural issues.

Coordination and Management

A Steering Committee, with members from the Department's Public Health Division, Rural Health and Development Branch, Regional Offices, Commonwealth Department of Health and Aged Care and VicHealth, oversees the projects and the broad direction of the Program. The Health Development Section of the Public Health Division, Department of Human Services, is responsible for managing the Program and the Department's rural Regional Offices are providing support and advice to the projects.

For more information about the RHPDP, contact Margaret Smyth, Health Development Section, Public Health Division.

Telephone: (03) 9637 4015
e-mail: Margaret.Smyth@dhs.vic.gov.au

"Strengthening Systems for Health Promotion"

The Department of Human Services, in association with VicHealth, engaged collaboratively with key stakeholders in the health promotion field in a variety of workshop and small working groups over a twelve month period for the purpose of identifying the major infrastructure, capacity and service development needs for health promotion in Victoria.

The process brought together a group of 35 highly experienced practitioners and leaders from a range of sectors, representative of academia, community health, public health, peak bodies and non-government organisations. The outcome of their collective efforts, "Strengthening Systems for Health Promotion: Strategic Agenda for Health Promotion Development in Victoria 2000-2004" has now been published. The agenda requires further input at many levels for successful implementation.

Recommendations have been made in eight action areas: strategy coordination and prioritisation; financing the health promotion system; program planning and delivery structures; data collection, analysis and dissemination; research, evaluation, and evidence-based practice, workforce training and development; communication systems and rural health promotion.

If you require a copy of this document, it can be obtained electronically (<http://www.dhs.vic.gov.au/phd/9903034/index.htm>) or by calling the Health Development Section on 9637 4022.

If you wish to play a role in further development of any of the report's recommendations, please contact Julie Hoy on 9637 4046.

Evidence-Based Resources

The first of a series of evidence-based resources for health promotion planning, "Oral Health" has been recently launched. If you would like a copy of this document it can be accessed electronically on

(<http://www.dhs.vic.gov.au/phd/0001045/index.htm>) or by contacting the Health Development Section on 9637 4022.

The second, "Adolescent Health" has recently become available and can be found on <http://www.dhs.vic.gov.au/phd/0003097/index.htm> or by calling the above number.

Other topics in the series to be available this year include childhood injury and falls prevention in the elderly.

Preliminary Announcement – The 12th National Health Promotion Conference

29 October – 1 November 2000, Hotel Sofitel, Melbourne

Health Inequalities – Reflecting Back, Stepping Forward

One of the most pressing challenges facing the promotion of health at both the local and global level is the rapidly growing inequality in health. Despite many of our successful outcomes and more than 20 years of robust health promotion policy and practice, the gaps between those who have benefited from these activities and those who have not, are widening. The 12th National Health Promotion Conference will tackle these

issues and the program committee has secured a group of outstanding leaders in this field including Sir Donald Acheson, Professor Richard Wilkinson and Dr Pamela Hartigan from WHO amongst many others.

Registration brochures are now available from the Conference Secretariat ICMS Pty. Ltd. (Fax (03) 9682 0288 or e-mail health@icms.com.au) or the Conference Website

<http://www.icms.com.au/health>.

Abstract Deadline 27 June 2000,
Deadline for Early Registration 31 August 2000

Falls Prevention Conference

The Victorian Conference on Preventing Falls Among Older People will be held on 23 June, 2000 at the Moonee Valley Functions and Events venue.

For further information please contact Victorian Healthcare Association on 9696 2799.

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The address for editorial matters, requests for copies of *Health Promotion*

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